



Hahn School of Nursing and Health Science
DNP, MSN, MS, and APRN Certificate
Programs
Student Handbook

2021/2022

STUDENT HANDBOOK

Dear Students:

Welcome to our School! We are delighted that you have chosen to take this journey with us in expanding nursing knowledge. Please know that we are here for you and are happy to help at any time. Keep this handbook in a place where you can access it often. Here's a few things to know about this Student Handbook:

- This handbook was written just for **you!** It will be valuable toward experiencing a rewarding, successful personal and academic journey at USD. **Consult it often and keep it in a place that is easy to access.**
- This handbook is a supplement to the current University of San Diego (USD) **Graduate Course Catalog** for students in the Hahn School of Nursing and Health Sciences. You can find the **Graduate Course Catalog** online at: <https://catalogs.sandiego.edu/graduate/>
- Please **carefully** review the information in this handbook and the **Graduate Course Catalog**. Our expectation is that each student will review the handbook and course catalog and be held responsible for the content. We require that all students abide by the policies and procedures written in this handbook and the Graduate Course Catalog. Not adhering to an established policy/procedure may result in penalties.
- Each student is responsible for following the Student Code of Rights and Responsibilities. Please see: <http://www.sandiego.edu/conduct/>.
- The **Academic Calendar**, located at (https://catalogs.sandiego.edu/graduate/calendar/2020_2021/), provides dates and deadlines that may facilitate smooth and timely movement through your program of study. Official University holidays are listed, dates are specified for applying for financial aid, and deadlines are indicated for events such as receiving tuition refunds, removing incomplete grades, and petitioning for graduation.
- It is the individual responsibility of each student to keep abreast of any and all changes made in the handbook and course catalog. If we do make revisions, we will notify you via your USD email.

Need more info or can't find it? Please contact your program office.

OK! Important! Please read the handbook and sign the Docusign that will be sent to your USD email.

I wish you all the best as you join us in expanding the frontiers of nursing knowledge. Together, we can make our visions of nursing a reality.

With warmest regards,

Jane

Jane M. Georges, PhD, RN
Dean, Hahn School of Nursing and Health Science

CONTENTS

STUDENT HANDBOOK	0
CONTENTS	1
MISSION STATEMENT	6
CORE VALUES	7
The Standards of Education for Graduate Nursing Students	8
Master of Science in Nursing Program Outcomes	8
Doctor of Nursing Practice Program Outcomes	9
Hahn School of Nursing and Health Science and Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation	9
USD POLICIES & PROCEDURES	11
Academic Integrity	11
Honor Code	12
Academic Integrity and Netiquette Standards	13
Policy Prohibiting Discrimination and Harassment	13
Sexual Harassment, Dating Violence, Domestic Violence and Stalking	13
Retention and Dismissal (Academic Probation and Disqualification)	14
Dismissal	14
Grade Point Average (GPA)	15
Grievance Policies	15
Grade Grievance	15
Hate Crimes and Acts of Intolerance Grievance	15
Graduation/Completion of Degree Requirements	16
HSON POLICIES AND PROCEDURES	16
Attendance Policy	16
Leave of Absence	16
Grading Policy for Clinical and Theory Course	17
Management of Problems Related to Theory or Clinical Coursework	19
Scope of Registered Nursing Practice	20
Essential Abilities and Professional Conduct Policies	20
ANA Code of Ethics for Nurses	20

Appeal of Dismissals that occur through the Student Expectation and Improvement Plan (SEIP) Process.....	22
The SEIP Process and FERPA	22
Course Repetition Policy	22
Leave of Absence	22
Readmission Policy	23
Publishable Papers, Posters, & Presentations	23
UNIVERSITY RESOURCES.....	24
SCHOOL OF NURSING RESOURCES.....	28
Dickinson Family Foundations Lizbeth Dickinson Smoyer Nursing Simulation Center	28
HEALTH, LIABILITY, AND CERTIFICATION REQUIREMENTS	29
Criminal History/Background Check & Drug Screening	30
CA RN Licensure	31
AHA BLS Certification.....	31
Malpractice Insurance	32
Student Insurance Plan.....	32
COVID-19	33
TECHNOLOGY REQUIREMENTS	34
ExamSoft	34
Typhon	34
EHR Go	35
ANA Tips for Using Social Media.....	35
Handheld Electronic Devices Policy	35
Transportation & Communication.....	37
STUDENT ORGANIZATIONS.....	38
Graduate Nursing Student Association (GNSA)	38
Sigma Theta Tau Honor Society/Zeta Mu Chapter-At-Large	38
Financial Assistance Available to Students	39
Master’s Entry Program in Nursing.....	40
Core Values	38
The Clinical Nurse Leader Role (CNL).....	41
Program Outcomes for Students in MEPN.....	41
MEPN Outcomes	42

MEPN Curriculum	44
Course Descriptions	45
MEPN Clinical Experience	51
MEPN Student Advising	52
Other Requirements	52
Other Information.....	60
Conferences and Conventions	62
Executive Nurse Leader	63
Overview of the Executive Nurse Leader Track	64
ENL Track Outcomes:.....	64
ENL Competencies	64
ENL Faculty and Staff.....	64
ENL Curriculum.....	65
Course Descriptions for ENL Track.....	66
Certification:	69
Nursing Informatics/Health Care Informatics.....	70
Program Outcomes for Students in the MSN NI, MS HCI, MS HCA, and MS HCL Tracks	71
Health Care Informatics and Nursing Informatics Tracks	71
Goals and Objectives:.....	72
Student Learning Outcomes	72
GPA and Failing Grade.....	73
Program Plans	73
Course Descriptions MS in Health Care Informatics, and MSN in Nursing Informatics Programs:.....	77
Capstone Project Description.....	82
Student Advising and Registration.....	84
Certification	84
APPENDICES.....	85
Clinical Nurse Specialist	87
Overview of USD CNS Track	88
AG-CNS Track Outcomes	89
AG-CNS Competencies	90
AG-CNS Faculty and Staff	90

Academic Advising	90
AG-CNS Track Curriculum.....	92
AG-CNS Track Courses	93
Clinical Practicums	96
Guidelines for Planning Evidence-Based Practice Project	100
AG-CNS Track Evaluation	101
Professional Organizations	103
Credentials and Certification	103
Nurse Practitioner.....	104
Graduate Learning Outcomes & Objectives	108
Program Description.....	109
Roles of Various DNP & MSN NP Faculty/Staff.....	113
Program Plans for the Nurse Practitioner Tracks and APRN ENP Certificate Program	117
Family Nurse Practitioner	118
Family Nurse Practitioner in Emergency Care	119
Dual Track: Family Nurse Practitioner & Adult/Gerontology Nurse Practitioner Full-Time Plan	120
Dual Track: Family Nurse Practitioner & Pediatric Nurse Practitioner Full-Time Plan.....	121
Psych Mental Health Nurse Practitioner	122
Family Nurse Practitioner	123
Family Nurse Practitioner in Emergency Care	124
Dual Track: Family Nurse Practitioner & Adult/Gerontology Nurse Practitioner Part-Time Plan	125
Dual Track: Family Nurse Practitioner & Pediatric Nurse Practitioner Part-Time Plan.....	126
Psych Mental Health Nurse Practitioner.....	127
Post Masters Certificate in Emergency Care for Family Nurse Practitioners	128
Program Plan.....	128
Advanced Practice Nursing Core Courses.....	129
Curriculum for NP Program.....	130
Graduate NP Courses.....	130
DNP Core Courses & Scholarly Practice Course	131
NP Program Curricula.....	132
Lecture Live Streaming or Recording:.....	139
Number	140
Academic Advising.....	143

Clinical Component of the BSN to DNP NP, MSN NP and APRN ENP Certificate Programs	144
Clinical Experience Requirements	146
Selection of Preceptors	152
Clinical Mentoring and NP Faculty Evaluation of Students	154
Guidelines for Planning the DNPC 630 Scholarly Practice	160
Conferences and Conventions	166
Credentials and Certification	167
NP and APRN ENP Certificate Program Evaluation	168
Financial Assistance Available to Students	170
APPENDICES	171
Doctor of Nursing Practice	175
Learning Outcomes & Objectives	178
Program Description	178
Roles of Various DNP Faculty/Staff	180
Program Plans for the DNP Tracks	184
DNP Courses	192
Academic Advising	197
Clinical Scholarly Practice	197
DNP Project Requirements	198
DNP Program Evaluation	202
Financial Assistance Available to Students	203
APPENDICES	204

MISSION STATEMENT

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

FACULTY MISSION & PHILOSOPHY

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

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

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

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

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

CORE VALUES

- Cultural respect and sensitivity to self and others
- Ethical, moral, behaviors
- Commitment and loyalty
- Compassion, empathy, advocacy, support
- Honesty and integrity
- Flexibility and creativity
- Professionalism
- Leadership
- Excellence
- Self-directed learning
- Teaching/learning/praxis
- Critical thinking
- Scholarship

Accreditation/Approval

USD has been accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WSCUC) 985 Atlantic Avenue, Suite 100, Alameda, CA 94501; (510) 748-9001 and is approved for veterans.

(<https://www.wscuc.org/contact>).

The master's degree program and Doctor of Nursing program at the University of San Diego's Hahn School of Nursing and Health Science: Beyster Institute for Nursing Research are accredited by the Commission on Collegiate Nursing Education 655 K Street NW, Suite 750, Washington, D.C. 20001; (202) 887-6791.

(<http://www.ccneaccreditation.org>).

“The BRN has the authority to approve registered nursing and advanced practice nursing programs in California. The purpose of approval is to ensure the program's compliance with statutory and regulatory requirements.” The USD MEPN and NP programs maintain BRN approval.

The Society for Simulation in Healthcare has conferred upon the Dickinson Nursing Simulation Center (DNSC) for having demonstrated the standards set forth by the Council for Accreditation of Healthcare Simulation Programs in the areas of Assessment the designation of SSH Accreditation.

The Standards of Education for Graduate Nursing Students

The American Association of Colleges of Nursing (AACN) DNP Essentials Document (AACN, 2006) to learn more please visit the following link:

<https://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf>

The American Association of Colleges of Nursing MSN Essentials Document (AACN, 2011) to learn more please visit the following link:

<http://www.aacnnursing.org/portals/42/publications/mastersessentials11.pdf>

Master of Science in Nursing Program Outcomes

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

Doctor of Nursing Practice Program Outcomes

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

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

Hahn School of Nursing and Health Science (HSON) and the Betty and Bob Beyster Institute for Nursing Research, Advanced Practice, and Simulation (BINR) includes the Hahn Main and the Beyster Institute for Nursing Research buildings. Hahn Main is a recently renovated, 26,000 sq. ft., two-story facility that houses administrative office suites, office space for 35 faculty and administrative personnel, class, seminar, and conference rooms, a library with video-conferencing capabilities, and student, faculty, and staff terrace, patios, kitchens, and lounges. Each classroom is a “Smart Classroom,” e.g., equipped with whiteboards, electronic screens, overhead projectors, ceiling-mounted data projectors, speakers, and a media cabinet containing a computer, document camera, and media player. All faculty have office space equipped with networked desktop computers and printers. Other equipment consists of Interactive Conferencing, Software (Access, Excel, PowerPoint, Word, SPSS, Respondus, Typhon, and EHR GO), copiers, color printers, fax machines, and a Wi-Fi for the building.

The BINR is a state-of-the-art, LEED gold, 30,000 square foot, three-story Spanish Renaissance building and Plaza annexed to Hahn Main. The Beyster Institute’s beauty reflects the caliber of the school, which has been consistently ranked as a “Best” Graduate Nursing School by U.S. News & World Report.

BINR’s first floor is dedicated to the Dickinson Family Foundation’s Lizbeth Dickinson Smoyer Nursing Simulation Center, the keystone of the school’s clinical teaching facilities and a national model for nursing education. The Dickinson Nursing Simulation Center (DNSC) houses an

eight bed clinical skills classroom equipped with high-fidelity human patient simulators, six primary care exam rooms, three acute care hospital rooms, a nursing and medication station, three debriefing rooms, a “Green Room” lounge for patient-actors, and a faculty office suite. It provides faculty observation workspaces, technology to video student-patient encounters, supply storage rooms and gives direct access to the BINR Plaza. The Dickinson Center has developed Simulation residencies for doctoral students enabling them to learn simulation methodology as an educational strategy and conduct research on experiential learning in health care education and its impact on patient care. The Dickinson Center fosters interprofessional shared learning opportunities with community health care academic and service partners.

The BINR Second Floor features the Lizbeth and Walter Smoyer Family, Advanced Practice Registered Nurse (APRN) Education Center focusing on diagnosis and treatment, management of chronic illnesses, preventive care, and leadership of interdisciplinary health teams. More than 1,000 APRNs, including 100 with the Doctor of Nursing Practice Degree, have graduated from USD since 1984. The Smoyer APRN Education Center contains a high-tech Specialty Classroom and modern adaptable classrooms separated by electronic folding room dividers. Classrooms access a large exterior plaza for meetings or informal gatherings. The NP and HCI main office, APRN faculty offices and a large work room are housed here, along with a conference room and faculty lounge. The second floor provides a “Mother’s Room” for infant care and access to Hahn Main through a connecting bridge.

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

BINR Third floor showcases four Nursing Research units including the Hervey Family San Diego Foundation Military and Veteran Health Unit, the Women and Children’s Health Unit, the Kaye M. Woltman and Melisa R. McGuire Hospice and Palliative Care Education and Research Unit, and the Senior Adult Research Unit and Functional Assessment Apartment. A most unique space, this apartment contains a small kitchenette, bathroom, and bedroom/living area outfitted with equipment and furniture that enhances safety for older adult research participants. A Psychiatric APRN psychotherapy research room adjoins the apartment. The third floor also features a large workroom area where nurse scientists, research staff, assistants, and doctoral students can communicate and collaborate. The Director of Nursing Research, Patricia A. Chin Endowed Professor of Nursing Research, and Senior Nurse Scientist offices are located on the third floor so that they can not only conduct research, but also model for doctoral students the adventure of “hands-on” clinical nursing research. A large secured area for efficient data filing systems is housed here.

USD POLICIES & PROCEDURES

Academic Integrity

The University is an academic institution, an instrument of learning. As such, the University is predicated on the principles of scholastic honesty. It is an academic community whose members are expected to abide by ethical standards both in their conduct and in their exercise of responsibility towards other members of the community.

Academic dishonesty is an affront to the integrity of scholarship at USD and a threat to the quality of learning. To maintain its credibility and uphold its reputation the university has procedures to deal with academic dishonesty which are uniform and which should be understood by all. This document outlines the University's sanctions against cheating and the procedures by which they are implemented.

1. Academic Dishonesty: An act of academic dishonesty may be either a serious violation or an infraction. The instructor or supervisor of the academic exercise will have responsibility for determining that an act is an infraction or may be a serious violation. Serious violations are the following acts:
 - a. **Examination Behavior.** Any intentional giving or use of external assistance during an examination shall be considered a serious violation if knowingly done without the express permission of the instructor giving the examination.
 - b. **Fabrication.** Any intentional falsification or invention of data, citation, or other authority in an academic exercise shall be considered a serious violation, unless the fact of falsification or invention is disclosed at the time and place it is made.
 - c. **Unauthorized Collaboration.** If the supervisor of an academic exercise has stated that collaboration is not permitted, intentional collaboration between one engaged in the exercise and another shall be considered a serious violation by the one engaged in the exercise, and by the other if the other knows of the rule against collaboration.
 - d. **Plagiarism.** Any intentional passing off of another's ideas, words, or work as one's own shall be considered a serious violation.
 - e. **Misappropriation of Resource Materials.** Any intentional and unauthorized taking or concealment of course or library materials shall be considered a serious violation if the purpose of the taking or concealment is to obtain exclusive use, or to deprive others of use, of such materials.
 - f. **Unauthorized Access.** Any unauthorized access of an instructor's files or computer account shall be considered a serious violation.
 - g. **Serious Violations Defined by Instructor.** Any other intentional violation of rules or policies established in writing by a course instructor or supervisor of an academic exercise is a serious violation in that course or exercise.
2. Infractions are the following acts:
 - a. Any unintentional act is an infraction that, if it were intentional, would be a serious violation.

- b. Any violation of the rules or policies established for a course or academic exercise by the course instructor or supervisor of the academic exercise is an infraction in that course or exercise if such a violation would not constitute a serious violation.
3. Academic Dishonesty: Sanctions and Procedures
4. Academic dishonesty, and allegations of academic dishonesty, are matters of university-wide concern in the same way that academic integrity is a matter of university-wide concern. Students bear the responsibility not only for their own academic integrity but also for bringing instances of suspected academic dishonesty to the attention of the proper authorities. Members of the faculty are obligated; not only to the University but also to the students they supervise, to deal fully and fairly with instances and allegations of academic dishonesty. The University administration bears the responsibility of dealing fairly and impartially with instances and allegations of academic dishonesty.

The University's Academic Integrity Policy, applicable to all students in the HSON, can be found at: <https://catalogs.sandiego.edu/graduate/academic-regs/>

To get into the website please use your USD username and password.

Alternatively, you can also access the pdf below:

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Adb344ce1-43c3-40fc-9a0f-dfbd6bc01e55>

For further information about this policy contact Associated Students at 619-260-4715 or

<http://www.sandiego.edu/associated-students/>

Honor Code

The Honor Code of the University of San Diego (USD) is the product of an extensive history of dedication by the USD Honor Council and its predecessor organizations. The Honor Code is built upon the ideals of the USD Academic Integrity Policy and reflects research of established Honor Codes and knowledge gained from the Center for Academic Integrity national conferences. The development of the Honor Code also reflects significant contributions by the appointed Faculty Committee and Board of Trustees have also helped shaped this document. The culmination of these influences has resulted in a document that is intended to initiate and maintain a campus-wide culture of integrity.

The Honor Code serves as a model of integrity applying to both undergraduate and graduate students; however, it remains separate from the established Honor Code of the USD Law School.

The Honor Council expresses its gratitude to all those who contributed to our deliberations, but especially faculty, administrators, and trustees who have so long been supportive.

For the full Honor Code please go to <https://www.sandiego.edu/conduct/documents/Honor-Code.pdf>

Academic Integrity and Netiquette Standards

<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:a1a8e56e-4c91-44ca-a3e8-dc175a7586a3>

Policy Prohibiting Discrimination and Harassment

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

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

All members of the university community are expected to uphold this policy. Engaging in unlawful discrimination or harassment will result in appropriate disciplinary action, up to and including dismissal from the university.

Complaints should be made in accordance to the University's Policy Prohibiting Discrimination and Harassment. The university's Policy Prohibiting Discrimination and Harassment can be found at:

<https://www.sandiego.edu/titleix/documents/Policy%20Prohibiting%20Discrimination%20and%20Harassment.pdf>

Sexual Harassment, Dating Violence, Domestic Violence and Stalking

Title IX of the Educational Amendments of 1972 prohibits discrimination on the basis of sex in education programs and activities operated by recipients of federal financial aid assistance.

Sexual harassment, including sexual violence, is a form of prohibited sexual discrimination. The Violence Against Women Reauthorization Act of 2013, including the Campus Sexual Violence Elimination Act, requires colleges and universities to have procedures in place to respond to incidents of sexual assault, domestic violence, dating violence, and stalking.

In order to address its responsibilities under these laws, the university has implemented standards, reporting procedures, and response protocols that apply to incidents of sexual assault, domestic violence, dating violence, stalking, and sexual exploitation. For more information, please see the university's Sexual Misconduct and Relationship Violence Reporting and Response Standards and Protocols. <https://www.sandiego.edu/conduct/the-code/university-policies/sexual-assault-standards.php#introduction>

You may also contact the university's Title IX Coordinator in Maher Hall, Room 101; by telephone at (619)260-4594; by email at: titleix@sandiego.edu; or through the university's Title IX webpage at: <http://www.sandiego.edu/titleix/>

Retention and Dismissal (Academic Probation and Disqualification)

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

Students may fail a clinical course because of significant clinical and/or professional deficits. A "failing" grade is considered any grade less than 80%. A failed grade in the clinical component of the course results in a failure of the theory portion of the course, and conversely, if a student fails the theory portion of a course, they fail the clinical component. Students who wish to appeal academic disqualification must do so in writing to the Dean of the School of Nursing within 5 calendar days of receiving such notice.

In addition to dismissal for academic reasons student can be dismissed for violating university policies or for failing to meet the expectations of the Essential Abilities and Professional Conduct Policy (as set forth in this Handbook). Appeals from those dismissal decisions shall be handled in a manner consistent with those policies.

Dismissal

In addition, to dismissal for academic reasons (see Retention/Academic Probation and Disqualification above), students can be dismissed from the University for violating any of the following university policies:

- Rules of Conduct
- Academic Integrity Policy
- Honor Code
- Alcohol Policy

These policies are available to students in the Graduate Course Catalog. Procedural Guidelines for the Disciplinary Process and Disciplinary Sanctions are also outlined in the Graduate Course Catalog. Dismissal from the program is the most extreme form of sanction for violation of these policies, but less extreme sanctions may be employed if warranted.

Students who wish to appeal their disqualification must do so in writing to the Dean of the College or School in which their program resides within 10 calendar days of receiving such notice (Graduate Course Catalog).

Grade Point Average (GPA)

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

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

Grievance Policies

The University has policies regarding grievances regarding grades, hate crimes, and acts of intolerance. These policies are available in the Graduate Course Catalog. See:

<https://catalogs.sandiego.edu/graduate/academic-regs/>

Grade Grievance

The student is responsible for initiating this procedure for a grade grievance:

1. Contact the Lead Faculty member in the relevant course to resolve the grade grievance.
2. In those rare circumstances when no agreement is reached (above), the student may seek advice from the appropriate Program Director and/or Associate Dean.
3. Failing resolution at that level, the student grievant may submit a written request to the Dean for a grievance hearing to be convened by the SON Dean.
4. The Dean will convene a committee comprised of:
 - a. three SON faculty
 - b. two students
 - c. one USD professor from outside the SON.
5. The Dean will carefully examine and choose faculty and/or student representatives who are not in a conflict of interest position regarding the grievance. (NOTE: Faculty content experts may be necessary to help review the grade grievance.)
6. The committee will hear the student's grievance as soon as feasible and the committee make its recommendations to the parties involved.
7. At every level in this grievance procedure, both the student and the faculty member must be apprised of the situation.

Hate Crimes and Acts of Intolerance Grievance

The University of San Diego's mission statement affirms the institution's commitment to advancing academic excellence and creating a diverse and inclusive community. An act of intolerance is an affront to a community that values diversity and strives to create an inclusive environment.

Graduation/Completion of Degree Requirements

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

For more information about University Policies go to:

<https://www.sandiego.edu/conduct/the-code/university-policies/>

HSO POLICIES AND PROCEDURES

Attendance Policy

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

Students must comply with the attendance policy as follows:

1. If a student must miss a class or exam for some unforeseen, unavoidable, and serious reason (i.e. death in the family) an excused absence may be permitted with the approval of the faculty member:
 - a. The student must notify the faculty member teaching the course, prior to the absence.
 - b. The student is responsible to obtain class content that was missed.
 - c. Alternative arrangements for any missed makeup work need to be made with the faculty member teaching the course.
 - d. Appropriate documentation of the reason for the absence may be required.
2. If a student must miss a clinical or lab day for some unforeseen, unavoidable, and serious reason (i.e., death in the family) an excused absence may be permitted. Please notify your clinical /lab faculty so arrangements can be made to develop a plan to complete the missed clinical day.
 - a. In the event a clinical/lab day is missed for an illness the student must provide a medical excuse signed by a healthcare provider (MD, NP, DO, or PA) indicating either the student sought medical care on the date of the absence or that the student's illness prevented the student's attendance on the clinical day.
3. For questions or clarifications regarding this policy, please contact your Program Director.
4. Failure to comply with the attendance policy may result in appropriate corrective action, up to and including a failed exam, class, or clinical, or dismissal from the program.

Leave of Absence

The HSON faculty realizes that students encounter life circumstances that may create difficulty with the continuation of their educational pursuits. When such circumstances occur, every

effort is made to assist students so that they may remain enrolled in their program of study. Retention rates for all HSON programs are above 90%. If, for some reason, students must interrupt their educational progress, the student should request a meeting with the program director so that the student may be placed on a leave of absence in compliance with university policies. Students who take a leave must contact the program director in order to receive approval to enroll in subsequent course work.

Grading Policy for Clinical and Theory Course

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

A minimum GPA of 3.0 must be maintained to remain in the graduate nursing programs. In the theory portion of all courses, students must have a cumulative average of 80% or greater on all quizzes and exams to pass the course. A minimum grade of B- is required of all students in the theory and clinical practicum courses. All clinical management courses include theory, simulation activities, and a clinical component. Students must pass all three components of the course (theory, simulation, and clinical), with a minimum grade of B- in the theory component and a grade of “pass” on the simulation and clinical component in order to receive a passing grade in the course. If a student receives less than a B- in the theory or does not receive a “pass” in the simulation or clinical component of the course, the student will not be considered to have passed the course.

The HSON Academic Grading Scale is as follows:

- A 93-100
- A- 90-92.99
- B+ 87-89.99
- B 83-86.99
- B- 80-82.99
- C+ 77-79.99
- C 73-76.99
- C- 70-72.99
- D 60-69.99
- F 59 or less

If a grade less than B- is obtained in any of the courses, that course must be repeated and a minimum grade of B- must be earned. Specific to clinical management courses, the course must be successfully completed before the student can progress to the next clinical management course in his/her program sequence. Exceptions to progression through the NP program can be determined at the discretion of the program director. Courses may be repeated only one time.

Students who do not pass the course with a minimum of B- the second time will be dismissed from the program. If a student does not successfully complete one course and then does not successfully complete a second, different course, the student will be dismissed from the program.

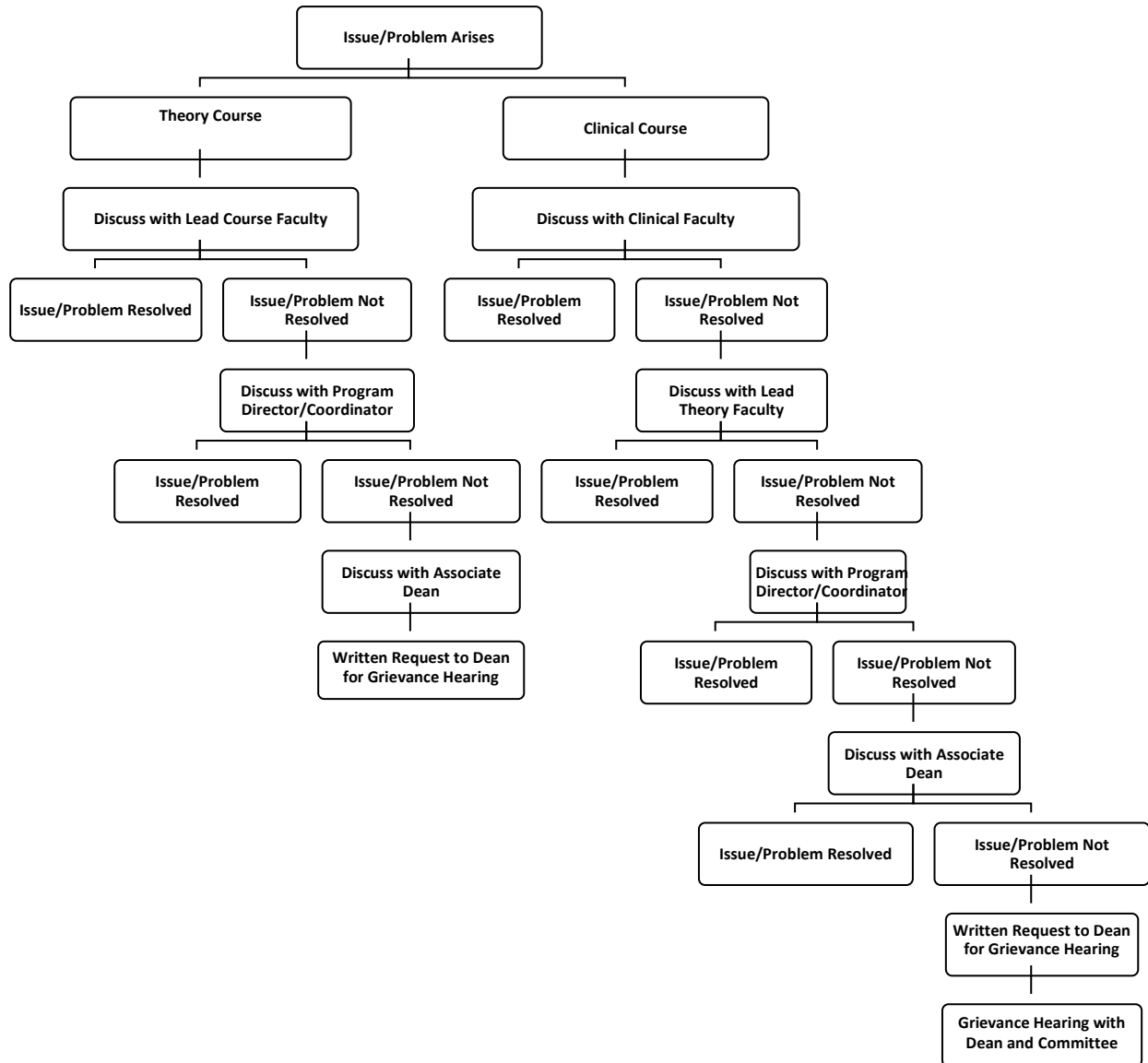
The theory, simulation, and clinical components of all Clinical Management courses must be passed. If a student passes only one of the three required components, the student will not pass the course and must repeat the entire course which includes theory, simulation activities, and clinical.

In order to successfully complete an APNC, DNPC and NPTC course, a minimum exam average of 80% must be achieved on the examination component of the course. The inability to achieve 80% on the exam component automatically results in unsuccessful completion of the course.

Incompletes in either theory or clinical management courses are only assigned by faculty when the majority of requirements have been completed, but unforeseen problems, crises, etc. interfere with a student's ability to meet the remaining course requirements prior to the end of the term. Furthermore, arrangements to complete the incomplete course must be made with the lead course faculty prior to the end of the semester. Students receiving an "incomplete" may progress through the clinical management courses only at the discretion of the lead faculty and program director.

Management of Problems Related to Theory or Clinical Coursework

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



Scope of Registered Nursing Practice

To learn about the Scope of Registered Nursing Practice view the American Nurses Association online at

<https://www.nursingworld.org/~4989de/globalassets/practiceandpolicy/scope-of-practice/3sc-booklet-final-2017-08-17.pdf>

Essential Abilities and Professional Conduct Policies

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

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

ANA Code of Ethics for Nurses

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person
2. The nurse's primary commitment is to the patient whether an individual, family, group, community, or population.
3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care
5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth
6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

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To view the interpretive statement related to each provision go to

<https://www.nursingworld.org/coe-view-only>

To learn more about the Code of Ethics for Nurses or purchase a copy of your own nursing Code of Ethics online at:

<https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

The Scope and Standards of Professional Practice, 4th edition, is the premier resource on nursing practice. Scopes and Standards gives a broad, non-clinical description of the art and science of nursing and can be purchased online at: <https://www.nursingworld.org/nurses-books/nursing-scope-and-standards-of-practice-4th-edit/>

To learn more about the Health Insurance Portability and Accountability Act (HIPAA) guidelines and to make sure you are compliant with HIPAA guidelines in the clinical or community settings visit the HIPAA website:

<https://www.hhs.gov/sites/default/files/privacysummary.pdf>

In order to be successful in your program, students should be able to perform essential abilities relative to their role and adhere to policies governing professional conduct. Failure to conform with one or more of these policies will result in a Student Expectation and Improvement Plan (SEIP). Faculty determination to proceed with the SEIP process can be a serious decision and can have potentially serious implications including dismissal from the program. The SEIP for the HSON can be found at the following link:

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascde%3AUS%3A697bbd28-2e4a-4cac-ac76-d52c326b62e6>

Appeal of Dismissals that occur through the Student Expectation and Improvement Plan (SEIP) Process

All students who are dismissed from the School of Nursing as the result of the SEIP process have the right to appeal. It is the responsibility of the Program Director/Coordinator to inform the student of this right at the time the dismissal decision is communicated to the student. The student must submit an appeal in writing to the Dean's office by the end of business on the next workday following the day the student was dismissed. The Dean's office will arrange a hearing as soon as practicable. The Program Director as well as the involved student shall give evidence at the hearing to the Dean, who will rule on the appeal. If the student has been dismissed for reasons of patient or student safety, then the student may not continue to attend any classes while the appeal is being heard. If the student was dismissed for any other reason, then the student may continue to attend classes until the appeal has been decided.

The SEIP Process and FERPA

All aspects of the SEIP Process are conducted in compliance with FERPA. No information about a student shall be communicated to faculty or students except as allowed by FERPA. In particular, when a student is dismissed from the program, only those students who work in groups or teams with the dismissed student and only those faculty in whose classes the dismissed student was enrolled shall be informed that the student is no longer in the program. If you are placed in a SEIP you will not be able to participate as a student representative. To learn more about Family Educational Rights and Privacy Act (FERPA) visit the following website: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Course Repetition Policy

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

Leave of Absence

The HSON faculty realizes students encounter life circumstances that may make it difficult to continue with educational pursuits. When such circumstances occur, every effort is made to retain students in their program of study. If, for any reason, a student must interrupt his or her educational progress, the student may request a leave of absence by submitting an online form to their Program Director. The student has one academic year to reenter the program. Leaves of absence will be considered and administered in accordance with university policies. All leaves must be approved by the Program Director.

Readmission Policy

Readmission to the Nursing Programs is not automatic. Individual programs have specific readmission criteria. Please see program director/coordinator for specifics. Applicants for readmission will be pooled with new applicants who are vying for competitive admission and must complete all requirements as stated in the Graduate Course Catalog. In addition, depending on the amount of time that has elapsed since attendance at USD, applicants may be required to repeat specific courses. Contact Cathleen Mumper, Director of Student Services in the Hahn School of Nursing and Health Sciences for additional information.

Publishable Papers, Posters, & Presentations

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

UNIVERSITY RESOURCES

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

USD Support Services	
Campus Card Services	https://www.sandiego.edu/campus-card/
Campus Recreation and Sports	https://www.sandiego.edu/campusrecreation/
Career Development Center	https://www.sandiego.edu/careers/
Center for Christian Spirituality	https://www.sandiego.edu/ccs/
Center for Health & Wellness Promotion	https://www.sandiego.edu/health-wellness/
Center for Inclusion and Diversity	https://www.sandiego.edu/inclusion/
Copley Library	https://www.sandiego.edu/library/
Counseling Center	https://www.sandiego.edu/counseling-center/
Department of Public Safety	https://www.sandiego.edu/safety/
Dining Services	https://www.sandiego.edu/dining/
Disability and Learning Difference Resource Center	https://www.sandiego.edu/disability/
Financial Aid	https://www.sandiego.edu/financialaid/
Frances G. Harpst Center for Catholic Thought and Culture	https://www.sandiego.edu/cctc/
Graduate Student Associations	https://www.sandiego.edu/soles/student-life/student-organizations/
Hahn University Center and Student Life Pavilion	https://www.sandiego.edu/ucslp/
Housing	https://www.sandiego.edu/residentiaallife/

Information Technology Services	https://www.sandiego.edu/its/
Institute of College Initiatives & Trio	https://www.sandiego.edu/college-initiatives/
Instructional Media Services	https://www.sandiego.edu/its/media/
International Center	https://www.sandiego.edu/international/
Pardee Legal Research Center	https://www.sandiego.edu/law/library/
Mail Center	https://www.sandiego.edu/mail-center/
Manchester Family Child Development Center	https://www.sandiego.edu/soles/mfcdc/
Off-Campus Housing for Graduate and Law Students	https://www.sandiego.edu/off-campus-housing/
Office of International Students and Scholars	https://www.sandiego.edu/international/oiss/
One Stop Student Center	https://www.sandiego.edu/onestop/
Parking Services and Transportation	https://www.sandiego.edu/parking/
Student Health Center	https://www.sandiego.edu/health-center/
Student Wellness	https://www.sandiego.edu/wellness/
Torero Store	https://www.usdtorerostores.com/
United Front Multicultural Center	https://www.sandiego.edu/united-front/
University Copy Center	https://www.sandiego.edu/copy/
University Ministry	https://www.sandiego.edu/ministry/
University of San Diego Alumni Association	http://www.sandiego.edu/alumni/alumnirelations
Writing Center	https://www.sandiego.edu/cas/centers/writing-center/

HSON Support Services	
Dean's Office Dean of Hahn School of Nursing and Health Science Associate Dean Assistant to the Dean, Operations and Fiscal Affairs Executive Assistant to the Dean Assistant Director for Accreditation and Program Operations Assistant Director of Communication and Events HSON Compliance Coordinator Administrative Assistant	Jane Georges - jgeorges@sandiego.edu Kathy Marsh - kathymarsh@sandiego.edu Linda Johnston - lindaj@sandiego.edu Carol Ponce - cponce@sandiego.edu Kate Todaro - ktodaro@sandiego.edu Carol Scimone – cscimone@sandiego.edu Angelica Palomar Valdez - apalomar@sandiego.edu Griselda Mandujano – gmandujano@sandiego.edu
Office of MSN and International Programs MEPN Program Coordinator CNS Program Coordinator MEPN Clinical Placement Coordinator ENL/CNS Clinical Placement Coordinator MEPN Executive Assistant ENL & CNS and International Executive Assistant	Lyn Puhek – lynpuhek@sandiego.edu Kate Stacy - kmstacy@sandiego.edu Sheree Scott- shereescott@sandiego.edu Peggy Mata- pmata@sandiego.edu Nadine Kassity-Krich- nkkrich@sandiego.edu Tricia Guerrero – tguerrero@sandiego.edu Bianca Vazquez Pantoja - biancav@sandiego.edu
Dickinson Nursing Simulation Center (DNSC) Director Executive Assistant	https://www.sandiego.edu/nursing/simulation-center/ Jonathan Mack – jmack@sandiego.edu Tom Alva- talva@sandiego.edu David Haigh - dhaigh@sandiego.edu

Senior Manager for Simulation and Innovative Learning	Lisa Sheehan - lsheehan@sandiego.edu
NP Simulation Coordinator	Deanna Johnston - djohnston@sandiego.edu
MEPN and CNS Simulation Coordinator	Christine Kelly - christinekelly@sandiego.edu
Simulation Specialist	
Office of Student Services	
Director of Student Services	Cathleen Mumper - cmm@sandiego.edu
Student Services Executive Assistant	TBD
Office of Advanced Practice Programs	
NP/DNP Director	Jonathan Mack-jmack@sandiego.edu
FNP/ENP Track Coordinator	Michelle Kabakibi - michellenr@sandiego.edu
PMHNP Track Coordinator	Michael Terry - mjterry@sandiego.edu
DNP Track Coordinator	Joseph Burkard – jburkard@sandiego.edu
DNP/NP Executive Assistant	TBD
NP Clinical Placement Coordinator	Amy Wright amy@sandiego.edu
Health Care Informatics and Nursing Informatics Program & Innovative Learning	
HCI & NI Program Director	Jonathan Mack jmack@sandiego.edu
HCI & NI Executive Assistant	Nina Geissler - ngeissler@sandiego.edu
Clinical Placement Coordinator	Kathleen Klimpel - kklimpel@sandiego.edu
Office of Nursing Research	
Associate Dean of Nursing Research	Cynthia Connelly - connellyc@sandiego.edu
Nursing Librarian	Karen O’Grady- kogrady@sandiego.edu
Office of PhD Program	
PhD Program Director	Cynthia Connelly – connellyc@sandiego.edu
Administrative Assistant	Bianca Vazquez Pantoja - biancav@sandiego.edu

SCHOOL OF NURSING RESOURCES

Director of Student Services- *Cathleen Mumper, HSON 209*

The Director of Student Services serves prospective and current students across all programs. She manages the recruitment and admissions processes for all academic programs in the HSON. She administers and coordinates Open Houses, Employment Fairs and New Student Orientations. In addition, the Director of Student Services manages the HSON financial aid budget and administers the awards made in collaboration with the Dean and Program Directors. She also serves as the HSON liaison with the University Office of Financial Aid, Office of the Registrar and the Office of Student Accounts to resolve student issues and keep them informed of HSON programs and policies.

Assistant Director of Communication and Events- *Carol Scimone, HSON 202*

The assistant director of communication works with the HSON to establish scholarships for students and to enhance the overall support including program resources.

Health Care Affiliations

Health Care Affiliations include a wide variety of clinical resources including UCSD Medical Center, Sharp Healthcare (hospitals and clinics), Scripps Health (hospitals and clinics), Children's Hospital and Health Center, Veterans Administration Hospital, Balboa Naval Medical Center, and Palomar Health. Because of the focus on health promotion, many community agencies are utilized including schools, home health agencies, the San Diego County Department of Health Services, health maintenance organizations, and local community clinics.

Dickinson Family Foundations *Lizbeth Dickinson Smoyer Nursing Simulation Center*

The Dickinson Nursing Simulation Center (DNSC) is designed to simulate the clinical setting and provide students with the opportunity to develop and enhance clinical skills in a safe environment. The 10,000 square foot space is located adjacent to the HSON building on the first floor of the Betty and Bob Beyster Institute for Nursing Research, Advanced Practice and Simulation. Dr. Karen Macauley, Associate Dean of Advanced Practice Programs, manages the Dickinson Simulation Center which is equipped with a central lab/lecture hall with vignettes of hospital patient beds on the periphery contains a combined lecture/acute care venue, three acute care exam rooms, six primary care exam rooms, a nursing station, medication room, faculty/student lounge/"Green Room", and laundry room. The DNSC is equipped with high fidelity mannequins, student debriefing rooms, computer video monitoring and recording capabilities along with a Learning Spaces information management system. To learn more visit <https://www.sandiego.edu/nursing/simulation-center/>

HEALTH, LIABILITY, AND CERTIFICATION REQUIREMENTS

Specific health and professional criteria must be met by all students before they can register for classes. This policy assures clinical facilities that students meet minimum standards regarding health, liability, and licensure/certification. The HSON has contracted with *American Databank (Complio)* to track these criteria for all students across programs. Instructions for creating an account may be found at the following link [Complio Account Instructions](#).

Comprehensive background checks and drug screening are required of all students, all of the student health requirements can be found here [Student Health Requirements](#).

When admitted to the program, students must also provide written authorization to the HSON for the release of this information to clinical facilities by E-signing a Release of Information Form. The electronic form can be found in your Complio (ADB) account. If a student's illness or injury requires medical disability, students must notify their Program Director as soon as it is feasible. Students on medical disability may not continue their clinical experience until they can provide documentation to the Director that their disability has resolved.

Health requirements must be current. Otherwise, the student will not be allowed to participate in clinical experiences.

Proof of immunization (or titer, if applicable) for influenza, measles (rubeola), mumps, rubella, , varicella, tetanus diphtheria and pertussis (TDaP) and a recent physical examination (within one year of admission) and tuberculin skin test or chest x-ray is required prior to initial course registration. The hepatitis A and B immunization series is also required. At least 1 of the 2 recommended hepatitis A, and 2 of the 3 recommended hepatitis B inoculations must be completed prior to beginning coursework. The third dose may be administered after the start of the first semester. Covid 19vaccinations are required for all nursing students. Proof of vaccination must be uploaded into your Complio account for processing. Click [here](#) for more information regarding USD Covid-19 Vaccination Action Plan and policy.

Documentation of physical exam and TB screening is required annually throughout the student's program. A USD [Certification of Good Health form](#) must be signed by your provider and submitted to Complio.. Any student who has a potentially communicable illness (including colds and flu) should not go to clinical. If in doubt, confer with your clinical faculty and preceptor. For questions regarding health requirements, email Angelica Palomar, apalomar@sandiego.edu

- Students MUST be compliant 1 month before the program start date and remain compliant until the completion of your degree.

Specific health and professional criteria must be met by all students before a student begins a clinical rotation. This policy assures clinical facilities that students meet all standards regarding health and immunizations. To view the requirements, see the following link for [Student Health Requirements](#). There are important documents and requirements that need to be completed prior to beginning the program:

For agency specific requirements you can visit the [San Diego Nursing & Allied Health Service-Education Consortium](#).

Go to USD's tracking system website, which is located at: <https://sdnahsec.complio.com/>

1. Create your account by clicking the 'Create an account' button and filling out all the necessary information.
2. Order your background check and drug screen.
3. Process your payment by submitting Credit Card information.
4. Begin entering your immunization record information and your official documentation by uploading them.
 - Proof of Immunizations
 - Certificate of Good Health
 - Signed HIPAA Certificate
 - Release of Information
 - Certificate of Good Health must be signed by an MD, DO, NP, or PA.
 - Annual background and drug screen, physical exam and Flu shot test required
 - AHA Basic Life Support (BLS) card (current). USD and clinical facilities only accept AHA BLS cards.
 - Contact the American Heart Association for costs, dates, times, and locations of classes at <https://www.heartcpr.com/bls/>

It is the responsibility of the student, NOT the School of Nursing, to ensure that all health and immunization requirements are met and are current. Failure to adhere to this policy may result in 1) removal from a clinical rotation, 2) removal from class, 3) blocked registration, and/or 4) dismissal from the program if the situation warrants it. For additional questions or clarifications regarding this policy, please contact Angelica Palomar Valdez at 619-260-4600, Ext. 8710.

NOTE: Students who are on a work disability may NOT attend clinical unless a written "Return to Work" note is signed by the student's physician indicating the student is "fit for work".

Students may not attend clinical with splints, braces, or casts in place.

Criminal History/Background Check & Drug Screening

Students MUST be compliant 1 month before the program start date and remain compliant until the completion of your degree.

Criminal background checks and drug screens are required for all students annually as a condition of placement in clinical and community facilities. Placement is contingent on the clinical or community facility's approval of the placement following its acceptance of the criminal background check and drug screen. A student must comply with the requirements of each clinical or community facility at which the student may be placed.

Prior criminal convictions and/or failing to pass a drug screen may prevent a student from placement in a clinical or community facility and as a result, could jeopardize the student's

status in their program. Any student who is convicted of a crime while enrolled in the program is required to immediately notify the Program Director. Depending on the nature of the offense, the student may be dismissed from the program.

Drug Screening next steps and detailed instructions on how to complete this portion of the background check will be included in your drug screening registration confirmation. Students must have a clean/un-flagged drug screen. You must complete your drug screening within 30 days of ordering. If not completed in the given time frame you will be required to order and pay for a new drug screening. If at the facility you are not able to produce a urine sample when requested, call American DataBank/Complio at 1-800-200-0853 on how to proceed.

- **IMPORTANT: DO NOT** drink more than 8 oz. of fluid in the 2 hours prior to giving the urine sample. An abundance of fluid will result in a "dilute" reading which constitutes a "flagged" situation. You have 24 *hrs* from a flagged dilute reading to purchase and collect a new drug screening.

To initiate your annual background clearance and drug screen, go to the website <https://sdnahsec.complio.com/> and login to your USD Complio account.

1. Make sure your USD account is active, login and click on "Place New Order".
2. You will order the SD Consortium Criminal Background Check and Drug Screen.
3. Continue filling in required and optional fields.
4. Make payment (prices vary).
5. Sign required forms.

The following searches are required:

1. Criminal History Record Search
2. Social Security Number Trace (residential history, year and state SSN issued)
3. OIG/GSA-Medicare/Medicaid Excluded List
4. Nationwide Sex Offender Registry
5. 10-Panel Drug Screen
6. Go to the location you selected to provide your urine sample.

CA RN Licensure

All DNP, NP, CNS, ENL, NI students must hold an active unencumbered California RN license on admission to and throughout the entire program and provide verification.

AHA BLS Certification

All students are required to hold a minimum of current Basic Life Support (BLS) certification by the **American Heart Association** and should provide documentation of this. Numerous AHA BLS CE opportunities are available in the San Diego region. Any student who does not have current BLS certification must obtain it prior to enrolling in any clinical course. At this time USD and clinical facilities only accept AHA BLS cards.

Malpractice Insurance

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

Student Insurance Plan

USD Insurance Requirement

All University of San Diego full time undergraduate, graduate, and law students are required to have health insurance. When students register for classes, their student account will be charged for the USD Student Health Insurance Plan. Please note that coverage is for USD students only and does not cover dependents. Students need to decide to enroll in or waive out of the Student Health Insurance Plan by submitting their form online at the beginning of every academic year. This requirement ensures that students in need of health and/or mental health care beyond the scope of services provided at USD by the on-campus Wellness Units, can access the appropriate care and resources in the community.

USD Student Health Insurance Plan

- The total premium is : \$3,370
- Coverage Dates for Domestic and International Students:
 - August 1, 2021 - July 31, 2022.
 - **Note:** Students who graduate in the fall are not eligible to stay enrolled in the annual plan and will remain covered through January 31, 2022.
 - USD has one plan for all students and the 2021-2022 SHIP benefit structure covers 80% of medical fees when in-network providers are used, and when out-of-network providers are used the SHIP pays 65% of the medical fees.
 - Please contact Gallagher Student Health directly for more information or specific benefit questions at (877) 241-4649, by submitting a [Support Form](#).
- **Annual due date to enroll/waive:** Monday, September 13, 2021
 - If a waiver form is not submitted by the **September 13, 2021** deadline, eligible students will be automatically enrolled in the annual 2021-2022 SHIP and responsible for the premium charged to their Student Account.
- Benefits provided by SHIP

The Student health Insurance Plan (SHIP) is fully compliant with the Affordable Care Act (ACA) and all other federal and state mandates.

- The SHIP pays for a variety of medical services, including hospital room and board, inpatient and outpatient surgical procedures, labs and x-rays, chemotherapy and radiation, inpatient and outpatient mental health services, physician office visits, consultant visits, ambulance, emergency care and prescription drugs. It also covers intercollegiate sports injuries the same as any other Injury.

- It covers preventive care services at no cost when In-Network providers are used. This includes routine physicals and examinations, screenings, GYN examinations, and most immunizations.
- It pays for 80% of medical fees when In-Network providers are used. This is the advantage to using in-network providers. When Out-of-Network providers are accessed, the SHIP pays 65% of the medical fees, meaning potential out-of-pocket costs are more
 - There is a \$300 per policy deductible for in-network medical services. This deductible is waived when first seeking care from USD Student Wellness services and receiving a referral.
 - There is a \$600 per policy deductible for out-of-network medical services.
- For prescription drugs from participating pharmacies, you will pay:
 - a \$15 copay for a 30-day supply of a generic drug
 - a \$40 copay for a 30-day supply of a preferred brand name drug
 - a \$65 copay for a 30-day supply of a non-preferred brand name drug

Visit the [Aetna Student Health](#) website to review the full 2020-2021 Plan Design and Benefits Summary.

Visit the [Gallagher Student Health](#) website, locate "Plan Details" to review the 2021-2022 FAQs, SHIP Benefit Flyer, and a Waiver Plan Comparison worksheet.

Obtaining a Referral to Reduce Out of Pocket Costs

Starting August 1, 2021, please contact the USD [Counseling Center](#) or [Student Health Center](#) to learn how to receive a referral to waive the \$300 in-network deductible to see an outside preferred provider.

For additional questions regarding eligibility of benefits, please contact the Gallagher Student Health & Special Risk Customer Service Department at www.gallagherstudent.com/usd or call 1 (877) 241-4649.

COVID-19

Covid vaccinations are required for all nursing students. Proof of vaccination must be uploaded into your Complio account for processing by August 2, 2021. For more information regarding USD Covid-19 Vaccination Action Plan and policy go to:

<https://www.sandiego.edu/onward/vaccination-action-plan.php>

COVID Vaccine Exemption

The USD Hahn School of Nursing (SON) supports students in their decision-making regarding personal health care. The SON's mission is to educate nursing and allied health professionals to assume roles in health care delivery organizations. The SON carries out this mission guided by regulatory, licensing boards, accreditation agencies, and standards of community care. In addition, the SON ascribes to ethical standards in patient care and what is best for the USD SON community.

The COVID pandemic is a dynamic and changing environment with new science and standards of care in development. Due to this changing environment, the SON is currently unable to place any COVID vaccine exempt students in a clinical setting, including clinical practicums, simulation lab, and clinical placements irrespective if the site will allow unvaccinated students. This change is being implemented for the safety of the student as well as patients in the clinical setting.

In the case of NP students enrolled in clinical courses, students may elect to transfer to a non-clinical DNP track. This decision may change as the pandemic evolves and new science develops.

TECHNOLOGY REQUIREMENTS

The School of Nursing programs requires all students to own a laptop that meets the minimum operating requirements, including microphone and camera.

For those taking statistics, you must have access to a Windows PC or Mac with a recent version of Microsoft Excel (2013 or later). You will install the Excel Analysis ToolPak (this is a separate component, which might not be installed in the “typical installation” of Excel) as a class.

In addition, students must have sandiego.edu e-mail addresses. Student create their own USD e-mail address after they have formally been admitted and deposited. Please visit <https://my.sandiego.edu/cp/home/displaylogin> and select “Open An Account” (Students). Students will notify the HSON of their email address in order to subscribe to the HSON e-mail list serve. Students are expected to use and check their USD email account daily for important HSON notices. There is no charge for either the USD email address account or the HSON list serve service. Please contact your Programs Office with questions.

ExamSoft

Computerized testing software called ExamSoft is used in most courses which allow faculty to develop quizzes and exams taken by the students on their laptops. Each student will be required to purchase a subscription to ExamSoft, a testing software used across the curriculum. System requirements and instructions for purchasing ExamSoft and further information can be found [here](#).

Typhon

Some HSON tracks are required to purchase Typhon, an application to electronically document clinical logs and journals. Typhon is web-based and compatible on any laptop, or PC/Mac. Students can purchase these directly from a USD Nursing web page which will allow you to download the software either to a, laptop, or PC/Mac.

EHR Go

Some HSON tracks are required to purchase EHR Go, our academic electronic health record (EHR). This software enables students to learn, understand, and practice EHR skills. Students will receive information via Blackboard on how to create your account.

ANA Tips for Using Social Media

Social media and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people. Nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior have the potential to enhance or undermine not only the individual nurse, but also the nursing profession. To avoid problems, the ANA recommends: https://www.nursingworld.org/~4af5ec/globalassets/docs/ana/ethics/6_tips_for_nurses_using_social_media_card_web.pdf

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

Handheld Electronic Devices Policy

This policy applies to use of Smartphone/Handheld Computers/Tablets

I. Classroom Usage

- a. All handheld electronic devices are to be put on silent mode in the classroom.
- b. No handheld electronics are allowed during any exams. Students may not be able to see/hear/feel these devices during exams, devices are to be left in purses/backpacks, no devices on any person.
- c. All students must receive permission from the lecturing faculty or guest speaker to video or audio tape lectures.

II. Clinical Usage

- a. Smart devices are to be used in the clinical areas, and for lab activities and classroom exercises as directed by faculty. Use of portable electronic devices in clinical is regulated by the clinical agencies, local, state, and federal regulations and laws. All students are fully responsible for following all regulations of the Health Insurance Portability and Accountability Act (HIPAA) guidelines and for following HIPAA guidelines when using their handheld devices in the clinical or other settings. For more information on HIPAA visit: <https://www.hhs.gov/sites/default/files/privacysummary.pdf>
- b. Personal health identifiers (PHI) must be removed from any patient data students collect on their electronic devices. Additionally, students will use a password to protect access to information on their handheld devices. Infection control precautions must be maintained when using handheld devices in patient care areas. Students must adhere to professional standards for all communication including maintaining confidentiality, proper conduct for communication and communicating appropriate material.

- c. Handheld telephone, FaceTime, and camera functions must be turned off during clinical and lab sessions by placing devices in “Airplane” mode [see below for instructions to place phones in “Airplane” mode]. Students are fully responsible to ensure that they always adhere to all regulations whether at school, at clinical, on break, or anywhere else. This includes proper management of confidential client information. Picture taking is prohibited in all clinical sites. MEPN students are not allowed to wear smartwatches in the clinical settings.
- d. With the exception of specified course required activities, sending, or receiving text or other messages on electronic devices during class, clinical or lab is not permitted.
- e. Using the internet for personal, non-school related functions is strictly prohibited. Inappropriate technology use or violation of HIPAA guidelines is cause for termination from the School of Nursing.

III. Using Airplane Mode – (iPhone/iPad)

- a. Go to “Settings”
- b. Tap “Airplane” mode ON
- c. Tap Wi-Fi ON
- d. You will not be able to receive phone calls/text messages online. You will be able to get online clinical applications.
- e. If students need to give a number to family members for contact, give the facility number provided in the syllabus.

IV. Safeguarding of Data

- a. The student will implement protective measures, such as encryption, for restricted data to safeguard the confidentiality or integrity of the data in the event of theft or loss. The student will ensure that the device will never be left unattended during use in the clinical setting. The student will use strong password protections and encryption technology as commercially available. The student will ensure proper destruction of all PHI from the device immediately after its intended use. If the device is lost or stolen, it will be immediately reported to appropriate personnel and/or security.

V. Handheld Device Hygiene

- a. Wash hands before using any handheld device.
- b. Avoid using the device with contaminated gloves, plan ahead for procedures.
- c. Wipe down handheld device using solutions ONLY recommended by manufacturer.
- d. Avoid areas that can possibly contaminate device, e.g., laying device on bedside tables or patient bed.
- e. Avoid, if possible, taking device into isolation rooms. Help minimize transmission of organisms by placing device in sealed Ziploc lab specimen bag or leaving device with instructor outside of isolation rooms.
- f. Think before using in clinical setting. Remember handheld device will be brought home and used with family and friends.

Transportation & Communication

Since arranging clinical placement sites close to the student's home is highly unlikely, each student is responsible for their own transportation. In addition, it is essential that students have a voicemail and email address in operation throughout the program. This makes it much easier for faculty and the Clinical Placement Coordinator to communicate with students in an efficient manner. Clinical placements cannot be made to accommodate a student's personal or work lives. Students shall not refuse a clinical placement due to personal and/or work commitments. The HSON does not reimburse students for mileage or gas when traveling to clinical sites.

Procedures to Follow If Injured While in the Clinical Setting

Please review the following link for [the procedures to follow if the student has an injury in the clinical setting](#). This includes any needle stick injuries. Students must notify their clinical faculty regarding any injuries/accidents while in the clinical site.

STUDENT ORGANIZATIONS

Graduate Nursing Student Association (GNSA)

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

All part-time and full-time students are eligible for the offices of co-chairs, secretary and treasurer. School of Nursing faculty, curriculum, student affairs committees, and relevant University committees have student representatives appointed.

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

Faculty Advisors:

Prof. Peggy Mata: pmata@sandiego.edu

Dr. Kevin Maxwell: kmaxwell-11@sandiego.edu

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

The purpose of the society is to recognize superior achievement and the development of leadership qualities, to foster high professional standards, to encourage creative work and to strengthen commitment to the ideals and purpose of the profession. A student is eligible for membership upon completion of half of their graduate program, providing the student's GPA is 3.0 or greater. Eligibility for graduate students is also dependent on professional involvement and scholarly activity. (Please visit website on The Circle STTI at

<http://zetamu.nursingsociety.org/>)

Faculty Advisors:

Dr. Lyn Puhek: lynpuhek@sandiego.edu

Professor: Jenna Scarafone: jp5scarafone@sandiego.edu

Financial Assistance Available to Students

There are many ways to make a USD nursing education fit your budget. This includes sources within the University of San Diego and those provided by various private and public agencies.

To apply for federal loans, need-based grants and scholarships, students complete the Free Application for Federal Student Aid (FAFSA). The University of San Diego code 010395 and the priority deadline is April 1.

Please visit the One Stop Center to learn more about the financial aid process. Counselors are available to answer questions by email at onestop@sandiego.edu, by phone at 619.260.2700, or in person at Hahn University Center, Room 126.

Master's Entry Program in Nursing

Welcome to the Masters Entry Program in Nursing

Welcome to the #1 most trusted profession – Nursing.

It is an honor to welcome each one of you to the University of San Diego Hahn School of Nursing and Health Science – Master's Entry Program in Nursing (MEPN). We take great pride in the academic excellence of the MEPN program.

Recognizing students arrive to the MEPN program with vast experiences and knowledge outside of nursing, the MEPN curriculum incorporates the arts and the sciences in the didactic and clinical components. Students are offered experiences in acute-care hospital units, community settings, and international experiences to achieve USD's overall mission of preparing leaders who are dedicated to ethical conduct and compassionate service.

Your faculty are very experienced registered nurses who will be influential role models in the clinical, simulation center, and classroom settings. They will ensure a high level of excellence and academic rigor as they prepare you to become future clinical nurse leaders. The faculty believes the art of nursing is as important as the science of nursing and are committed to understanding, developing, and evaluating clinical competency.

We encourage you to study hard and actively participate in all that the MEPN program has to offer. This accelerated program moves quickly, and we know you are up to the challenge. It will all be worth it when you walk across the stage at graduation after only 21 months.

Follow and tag the MEPN program on Instagram at #toreronursing. Follow the MEPN blog at <https://mepnprogram.com>.

Sincerely,

The 2021-2022 MEPN Team

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THE MASTER'S ENTRY PROGRAM IN NURSING (MEPN)

MEPN is a 21-month program with course work not only preparing individuals for RN licensure but with an advanced knowledge base in health care leadership, health assessment, pharmacology, public and community health, and specialty practice, leading to a master's in nursing degree.

The pre-licensure component of the curriculum is based on the California Board of Registered Nursing (BRN) standard requirements, including the Bachelor of Science in Nursing (BSN) Essentials document, Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older adults, the Master of Science (MSN) Essentials document, Quality & Safety Education for Nurses (QSEN), Knowledge, Skills, & Attitudes (KSA); and, the American Academy of Colleges of Nursing (AACN) requirements for the clinical nurse leader role frame the graduate/master's level component of the curriculum.

Graduates are eligible to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) exam following completion of coursework, and the Clinical Nurse Leader (CNL) certification exam during the last semester. MEPN graduates are also eligible to obtain Public Health Nurse (PHN) certification. To view the California PHN application, go to <https://www.rn.ca.gov/pdfs/applicants/phn-app.pdf>

Graduates are prepared to work in any health care setting (acute care, long-term care, federal government, community public health, school health, etc.). The degree and experience allow the MEPN graduate eligible to serve as clinical faculty in many schools of nursing and prepares them to become eligible to enter either a clinical doctorate in nursing practice (DNP) program or a research PhD program in nursing.

Core Values

- Cultural respect and sensitivity for self and others
- Ethical, moral, behaviors
- Commitment and loyalty
- Compassion, empathy, advocacy, support
- Honesty and integrity
- Flexibility and creativity
- Professionalism
- Leadership
- Excellence
- Self-directed learning
- Teaching/learning/praxis
- Critical thinking
- Scholarship

MEPN-CNL Mission Statement:

The USD School of Nursing MEPN-CNL courses prepare nurses to help lead and transform nursing care at the bedside. The MEPN-CNL prepares a unique graduate nurse who brings a high level of clinical competency and knowledge to the point of care and serves as a resource to the nursing team.

The MEPN-CNL Track focuses on teaching and evidenced-based practice through participation in various clinical and community settings serving the needs of San Diego County. Through an innovative curriculum, students are introduced to relevant theory and obtain best practice nursing and communication skills to function interdependently in a complex healthcare environment.

Conceptual Framework

The framework for the MEPN program is based on the nursing paradigm – person, health, nurse, and environment. This paradigm allows for the integration of multiple theories of nursing (grand, mid-range, and clinical) in the curriculum, especially exposing students to a variety of theoretical models from which they might choose as a framework that works best for them.

The paradigm is also the foundation for the USD HSON philosophy in which promoting and optimizing health, respecting the individual, offering compassionate, reflective and ethical nursing practice, providing service to the community, making a commitment to social justice, and being a nursing leader at local and global levels through knowledge generation and influencing health policy are threaded through our mission statement.

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

The paradigm also supports the mission of the University of San Diego in which knowledge generation and dissemination, inclusivity or respect for all, ethical and compassionate service, and the preparation of leaders are at the heart of its mission.

- *The University of San Diego is a Roman Catholic institution committed to advancing academic excellence, expanding liberal and professional knowledge, creating a diverse and inclusive community, and preparing leaders dedicated to ethical conduct and compassionate service.*

The nursing paradigm also allows for the incorporation of **Benner's Seven Domains** of practice model to serve as the basis for the clinical evaluation tool and identification of learning outcomes; thus better assessing the achievement of learning outcomes across those domains and levels of pre-licensure preparation.

Benner's Seven Domains are:

- Helping Role
- Teaching-Coaching Function
- Diagnostic and Patient Monitoring Function
- Effective Management of Rapidly Changing Situations
- Administering and Monitoring Therapeutic Interventions
- Regimes, Monitoring, and Ensuring the Quality of Health Care Practices,
- Organizational and Work-Role Competencies

Students are exposed to the nursing paradigm beginning in their Conceptual Basis course (MEPN 533) in their first semester. This course introduces students to the general theories used in nursing (professionalism, therapeutic communication, teaching-learning, decision-making, and legal and ethical parameters). Students are introduced to Benner's model and domains of practice, exploring how it relates to their clinical practice and evaluation of their clinical objectives.

The clinical evaluation tool, based on Benner's domains, reflects increasing competency development across each domain, for the clinical courses completed in each of the five semesters.

At the completion of the MEPN program of study, students will achieve the Advanced Beginner level of competency as defined by Benner: *nurses who can demonstrate acceptable performance and have coped with enough real-life situations to note, or have pointed out to them by a mentor, the recurring meaningful situations for recognition; developed principles to guide actions being formulated; and have these principles evolve from their experiences.* This achievement intends to be measured by a **Clinical Competency Event (CCE)** at the end of each semester. The student may be asked to assess the health status of an actor-patient, triaging and differentiating rapid response scenario, prioritizing care, and making recommendations regarding appropriate interventions to stabilize the patient.

"The BRN has the authority to approve registered nursing and advanced practice nursing programs in California. The purpose of approval is to ensure the program's compliance with statutory and regulatory requirements." The USD MEPN and NP programs maintain BRN approval.

"The master's degree program and Doctor of Nursing Program at the University of San Diego's Hahn School of Nursing and Health Science: Beyster Institute for Nursing Research are

accredited by the Commission on Collegiate Nursing Education (<http://www.cneaccreditation.org>)."

The Clinical Nurse Leader Role (CNL)

The CNL is a leader in the health care delivery system, not just the acute care setting but in all settings in which health care is delivered. The implementation of the CNL role, however, will vary across settings. The CNL role is not one of administration or management. The CNL assumes accountability for client care outcomes through the assimilation and application of research-based information to design, implement, and evaluate client plans of care. The CNL is a provider and manager of care at the point of care to individuals and cohorts of clients within a unit or healthcare setting. The CNL designs, implements, and evaluates client care at the bedside and in the community by coordinating, delegating and supervising the care provided by the health care team, including licensed nurses, technicians, and other health professionals.

CNL Outcomes: the goals of the CNL Competencies are consistent with the Clinical Nurse Leader Competency document.

- Background for Practice from Sciences and Humanities
- Organizational and Systems Leadership
- Quality Improvement and Safety
- Translating and Integrating Scholarship into Practice
- Informatics and Healthcare Technologies
- Health Policy and Advocacy
- Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- Clinical Prevention and Population Health for Improving Health
- Master's-Level Nursing Practice

To learn about the Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice, can be found on

<https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/CNL-Competencies-October-2013.pdf>

(Excerpt from AACN – Clinical Nurse Leader- Frequently Asked Questions, can be found on <http://www.aacn.nche.edu/cnl/frequently-asked-questions>

Program Outcomes for Students in MEPN

Pre-licensure Learning Outcomes: The goals of MEPN are consistent with the *BSN Essentials* document:

1. Synthesize theoretical and empirical knowledge derived from the physical and behavioral sciences and the humanities with nursing theory as a basis for professional nursing practice.
2. Use current research findings in promoting the health and welfare of people.

3. Apply clinically and culturally appropriate information technology to promote quality health care.
4. Collaborate with consumers and colleagues in the delivery of health care services.
5. Identify and influence factors that affect health care delivery.
6. Assume responsibility and accountability for ethical and legal nursing practice.
7. Assume and develop generalist nursing roles to meet the changing needs of clients (individuals, families, and populations).
8. Demonstrate awareness of global factors, including global environments and human cultures, as they influence health and health care delivery.
9. Use the nursing process, in collaboration with clients and colleagues, to meet the health-promotion, illness-preventive, restorative, rehabilitative, and end-of-life needs of individuals, families, and population groups; incorporating culturally sensitive primary, secondary, and tertiary interventions as needed.
10. Integrate strategies for risk anticipation and risk assessment to design, implement, and evaluate safe medical and nursing care.

Master's Learning Outcomes: The goals of the MSN component of MEPN are consistent with the *MSN Essentials* document to learn more go to

<http://www.aacnursing.org/portals/42/publications/mastersessentials11.pdf>

MEPN Outcomes

1. Integrate knowledge about social, political, cultural, economic, environmental and historical issues into the analysis of and potential solutions to professional and healthcare issues.
2. Use systems theory in the assessment, design, delivery, and evaluation of health care at the micro-, meso-, or macro- system level within complex organizations.
3. Use evidence to design and direct system improvements that address trends in safety and quality.
4. Lead change initiatives to promote safe, timely, effective, efficient, equitable, and patient-centered care.
5. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.
6. Examine the effect of health policy on legal and regulatory processes of nursing practice, healthcare delivery, and outcomes.
7. Advocate for the value and role of the Clinical Nurse Leader (CNL) as a leader and member of interprofessional healthcare teams for diverse populations across the lifespan.
8. 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.
9. Apply the best available evidence from nursing and other sciences, incorporating knowledge of illness and disease management, to provide evidence-based care to populations, perform risk assessments, and design plans or programs of care.

The curriculum for the MEPN program is based upon

1. *The Essentials of Master's Education in Nursing* (2010)
(<https://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf>) from American Association of Colleges of Nursing
2. *Graduate-Level QSEN Competencies - Knowledge, Skills and Attitudes* (2012)
(<http://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Graduate-QSEN-Competencies.pdf>) from American Association of Colleges of Nursing QSEN Education Consortium
3. *Competencies and Curricular Expectations for Clinical Nurse Leader* (2013)
<https://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/CNL-Competencies-October-2013.pdf> from American Association of Colleges of Nursing.

MEPN Curriculum

Sequence of courses as listed is mandatory for advancement in the program.

Program Plan: 71-72 units + ~1300 clinical hours

Semester I (Fall) 15 units

MEPN 521 /521L: Health Assessment [3]

MEPN 533: Conceptual Basis of Professional Nursing Practice [2]

MEPN 534/534L/534P: Fundamentals of Nursing [3]

MEPN 535: Introduction to Pharmacology in Nursing Practice [2]

MEPN 555/55L/555P: Nursing Practice with Adult and Older Adult Patients with Acute and Chronic Health Problems I [5]

Semester II (Spring) 13 units

MSNC 511: Evidenced Based Practice: The Role of Theory and Research [3]

MEPN 556/556P: Nursing Practice with Adult and Older Adult Patients with Acute and Chronic Health Problems II [6]

MEPN 557/557P: Nursing Practice with Psych-Mental Health Clients [4]

Semester III (Summer) 12 units

MSNC 503: Nursing Practice with Diverse Families in Communities [2]

MSNE 546: Care of the Diverse Family: Field Experiences [2]

MEPN 558/558P: Nursing Practice of the Childbearing Family and Newborn [4]

MEPN 559/559P: Nursing Practice w Children w/Acute & Chronic Health Problems [4]

Semester IV (Fall) 16 - 17 units

APNC 520: Advanced Pathophysiology [3]

HCIN 540: Introduction to Health Care Information Management [3]

MEPN 547/547P: Care of Populations [4]

MSNC 510/510P: Clinical Nursing Leadership: Theory and Practice [6]

Optional: MEPN 598: Externship (1) **Can only be taken in semester IV or V

Semester V (Spring) 15 - 16 units

APNC 524: Advanced Pharmacology [3]

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

MSNC 518/518L: Physical Assessment and Diagnosis for RNs [4]

MEPN 560/560P: Advanced Generalist Internship [5]

Optional: MEPN 598: Externship (1) **Can only be taken in semester IV or V

Due to Covid-19 and MEPN placement restrictions, the MEPN team reserves the right to re-sequence the program at any time to meet program outcomes. This may delay your graduation date.

Course Descriptions

APNC 520: Pathophysiology (3 units):

Extends the student's knowledge in physiology and guides the student in developing a deeper understanding of physical health and altered-health states. The goal is to guide the student in developing and applying a knowledge base which supports advanced clinical practice in identifying health problems, and planning, monitoring, and modifying health care regimens for clients/patients.

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

Provides students with necessary skills to understand the basis for health care informatics. Emphasizes basic understanding of computer hardware, network architecture, clinical application of electronic health records, and health care software applications. Includes relevant regulatory, patient privacy, security, and reimbursement issues. Examines current trends in meaningful use and electronic health record (EHR) certification as a foundation for understanding emerging issues in health care informatics.

MEPN 521/521L: Health Assessment (3 units):

Focuses on complete and focused health assessment of the adult patient. Emphasizes development of culturally appropriate history taking and health assessment skills with content discussing deviations from normal. Includes both lecture and laboratory skills components. **48 lab hours**

MEPN 533: Conceptual Basis of Professional Nursing Practice (2 units):

Provides an overview of the nature of the professional nursing role and its conceptual bases. Examines the historical development of the profession; nursing leaders; and the various professional roles of the nurse. Emphasizes theory-based and evidence-based nursing practice; the theoretical foundations in nursing and those imbedded in the graduate curriculum at USDHSON, introduces APA format for scholarly papers.

MEPN 534/534L/534P: Fundamentals of Nursing (3 units):

Introduces basic nursing care concepts and skills necessary to work with the adult and older adult hospitalized patient with acute and chronic health problems. Introduces students to the normal and aberrant variations in physiological and pathophysiological health states of adults and older adults with or at risk for altered status in hygiene, mobility, nutrition, skin integrity, and bowel and bladder elimination. **108 lab & clinical hours**

MEPN 535: Introduction to Pharmacology in Nursing Practice (2 units):

Provides an overview of the pharmacological concepts of pharmacotherapeutics, pharmacodynamics, pharmacokinetics, contraindications and precautions, adverse effects, and drug interactions. The pharmacological concepts of each prototype drug from the following classifications will be included: neurological; cardiovascular; respiratory; gastrointestinal; genitourinary; endocrine and immune; anti-microbial; and antineoplastic. Emphasis will be

placed on nursing management that minimizes risks and adverse effects and maximizes the therapeutic effects for patients receiving these medications.

MEPN 547/547P: Care of Populations (Community) (4 units):

Focuses on the health of the community and subgroups within the community. Applies nursing and public health concepts to promoting and restoring the health of population groups. Addresses nursing involvement in the legislative and regulatory processes as they affect health status and health care delivery. Examines selected community health problems and their implications for community health nursing practice. *96 clinical hours*

MEPN 555/555L/555P: Nursing Practice with Adult and Older Adult Patients with Acute and Chronic Health Problems I (Med-Surg I) (5 Units):

Expands basic nursing care concepts and skills necessary for students to work with the acute and chronic health problems of adult and older adult patients specific to alterations in oxygenation, fluid/electrolyte status, cardiovascular, and endocrine systems. Emphasis is on understanding and assessing the pathophysiological alterations, risks for complications and sequelae, and the interventions necessary to stabilize, restore, and promote health. Students will identify essential teaching and health restorative measures in the context of planning, implementing, and evaluating nursing care for the patient and family. *144 lab & clinical hours*

MEPN 556/556P: Nursing Practice with Adult and Older Adult Patients with Acute and Chronic Health Problems II (Med-Surg II) (6 units):

Requires students to apply the nursing process for selected acute and chronic health conditions in adults and older clients. It further develops the generalist nurse's role in the care of adult and older adult patients with pathophysiological disruptions across systems. Emphasis is placed on new content such as pathophysiological alterations in the neurological, musculoskeletal, and respiratory systems; and long-term care elements specific to cancer, hospice, and rehabilitation. Assists students to refine their knowledge and skills to assess, diagnose, plan, implement, and evaluate care related to patient needs, to restore health and prevent complications. *144 lab & clinical hours*

MEPN 557/557P: Nursing Practice with Psych-Mental Health Clients (4 units):

Provides a general overview of clients with mental health problems. Focuses on conceptual models of psychiatric nursing management and treatment modalities. Concepts related to neuropathology, polypharmacology, and psychopharmacology and their effect on the mental health of patients are introduced. The goals of the therapeutic nurse-client relationship are also explored. *96 lab & clinical hours*

MEPN 558/558P: Nursing Practice of the Childbearing Family and Newborn (OB) (4 units):

Provides a general overview of family, prenatal, antenatal, and post-natal health in addressing the health care needs of the childbearing family with a focus on health promotion, risk reduction, and disease prevention. Emphasizes primary prevention as a major dimension of

health care; however, students are expected to address secondary and tertiary prevention needs as appropriate. Focuses on family care and education to promote health. *96 lab & clinical hours*

MEPN 559/559P: Nursing Practice with Children with Acute and Chronic Health Problems (PEDS) (4 units):

Provides a general overview of the health care needs of children and adolescents with a focus on health promotion, risk reduction, and disease prevention. Pathophysiological disruptions in health across all systems, the unique presentation of these alterations, and the acute and chronic health problems specific to this population are presented. Identification of genetic, environmental, developmental, and life-style behaviors contributing to acute and chronic health problems are discussed. Focuses on family care and appropriate education for health and optimizing growth and development. *96 lab & clinical hours*

MEPN 560/560P: Advanced Generalist Nursing Internship (5 units):

Focuses on integration of learning from all other courses to develop and execute the advanced generalist nursing role when providing holistic care to patients with complex or critical care level health problems and their families in such clinical specialty areas as pediatrics, high risk OB, crisis psych-mental health, and adult medical-surgical units. Emphasizes care of complex patients, identifying rapid response clinical situations by differentiating emergent, urgent, and non-emergent clinical states; developing, implementing, and evaluating evidenced-based nursing interventions to assist in a patient's participation in their recovery, prevention of complications and sequelae, reduction of risks, and management/stabilization of acute and chronic conditions. *192 lab & clinical hours*

MSNC 503: Nursing Practice with Diverse Families in Communities (2 units):

Examines philosophical, theoretical, and conceptual bases for care of diverse families and groups in community settings. Analysis of community perspectives provides a foundation for general and advanced practice and research with families across the lifespan. The national health objectives provide a framework for family and community health promotion and risk reduction. Issues that affect family, aggregate, and community health and wellness are examined using an ecological perspective that includes social, political, cultural, and economic aspects of the environment. Addresses intervention strategies with families to achieve desired health outcomes in their community.

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

Explores and critiques the theoretical foundations of nursing science as a basis for the development of research. Emphasis is placed on the relationship of theory and research to the knowledge base and practice of nursing.

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

Provides an understanding of nursing's leadership role in the analysis and evaluation of policy, organization, and financing of health care. Focuses on the organization of health care systems,

the political and economic forces that influence health care delivery, and the formulation of policies affecting health care.

MSNC 518: Physical Assessment and Diagnosis for RNs (4 units):

Focuses on theoretical and clinical skill development in physical assessment and diagnosis, across the life span. Designed to prepare the advanced generalist registered nurses with the knowledge and skills to make appropriate focused assessments and draw accurate conclusions about physiological/psychosocial instability/complications/sequelae of disease processes and/or therapeutic interventions. *48 lab hours*

APNC 524 Advanced Pharmacology (3 units):

Provides the knowledge needed to assess, manage, and recommend pharmacological treatment plans as an advanced generalist registered nurse.

MSNC 510/510P: Clinical Nursing Leadership: Theory & Practice (6 units):

Explores and integrates concepts of leadership that are central to the practice of the clinical nurse leader (CNL) including: horizontal leadership, effective use of self, reflective practice, advocacy, lateral integration of care, change theory, and role analysis and implementation. Oversees patient care provided by staff, in collaboration with RN preceptor or mentor, to improve patient outcomes. Serves as a role model for staff in anticipating risks and providing comprehensive care to individuals and clinical cohorts. Reviews and modifies, if necessary, standards of care for specific patient populations. Designs and proposes an implementation and evaluation plan for an evidence-based project designed to effect change in patient/staff outcomes. Completes 144 hours of preceptor and/or faculty guided clinical practice in a health care setting. *144 lab & clinical hours*

MSNE 546: Care of the Diverse Families: Field Experiences (2 units):

Focus is on the family within the community and access to the health care system. Frameworks used to assess families include developmental, systems, and structural-functional. Interventions with families emphasize promotion and maintenance of health as well as resolution of existing health problems. Students have clinical opportunities in official and voluntary agencies to integrate selected theories and concepts using the nursing process as they interact with clients and families in their homes and community settings. *96 clinical hours*

MEPN 598: Externship (1 unit):

Applies nursing theory, process and clinical skills in an RN-precepted position within a health care agency with whom USD has a clinical agreement to work with geriatric, adult and/or pediatric patients and families. This enables students to become more proficient in patient care activities while at the same time providing a needed community service. Students apply previously acquired nursing theory and skills in assigned patient care; no new nursing skills will be taught in this externship experience. Seminars discuss clinical progress of students, clinical experiences, issues, and theory application. Elective course, *120 clinical hours*

Medication Math Exams

Courses with a clinical component require MEPN students to successfully pass a medication math/SafeMedicate exam prior to entering the clinical setting. Students must pass the exam with a score of 100%. Students are given **three** opportunities to successfully complete this exam. If, on the third attempt, a student is unsuccessful in passing this exam, the student will not be able to progress to the clinical setting, thereby resulting in a failure grade of the clinical component of the course.

The student will receive a grade of "W" (Withdrawal) and will be placed on an academic leave of absence (LOA). The student may return to the MEPN program in one year, if the student fulfills the requirements for returning from an academic LOA. Refer to HSON LOA policy.

According to the California Board of Registered Nursing (BRN), students must take both the theory (classroom) as well as the clinical (practicum) at the same time. Therefore, if a student fails the clinical portion of the course, the student will fail the theory portion of the course. If this should occur, the student should first consult with the MEPN Coordinator and then the Associate Dean.

SUMMARY OF REQUIRED CLINICAL HOURS

MEPN 521L: Health Assessment	48
MEPN 534L/P: Fundamentals	108
MEPN 555P: M/S I +lab	144
MEPN 556P: M/S II	144
MEPN 557P: Psych	96
MEPN 558P: OB	96
MEPN 559P: Peds	96
MSNE 546P: Family	96
MEPN 547P: Community	96
MSNC 510P: Leadership	144
MEPN 560P: Internship	192
<u>MSNC 518P: Assessment</u>	<u>48</u>
Total: *1260 hours	

National Council on Licensure Exam (NCLEX) Requirements

Article 3, Title 16, Chapter 14, California Code of Regulations and Article 4, Chapter 6, Business and Professions Code requires students to complete a minimum of 58 semester units for pre-licensure. <https://www.ncsbn.org/nclex.htm>

SECTION 1426(c) states that the curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:

- (1) Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice.
- (2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of verbal, written and group communication.
- (3) Related natural, behavioral, and social sciences, sixteen (16) semester or twenty-four (24) quarter units.
- (4) College courses that emphasize interpersonal communication skills, anatomy, physiology, microbiology, psychology, sociology, cultural anthropology.

SECTION 1426(d). Theory and clinical practice shall be concurrent in the following nursing areas: medical/surgical, maternal/child, mental health, psychiatric nursing, and geriatrics. Instruction will be given in but not limited to, the following: personal hygiene, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, legal, social and ethical aspects of nursing, nursing leadership and management.

These are the pre-licensure unit requirements required to gain beginning skills. These requirements meet the standards of the national and state credentialing and regulatory boards.

Each unit of clinical practicum is equal to 3 clock hours per week multiplied by the number of weeks (as defined by the California BRN). Course credit hour allocation is based on semester units for a traditional 16-week semester. Fall and spring semester are regular 14-week semesters.

Summer session covers 12 weeks, but time per week spent in class or clinical practice experiences is increased to reflect the 1:1 hourly formula for theory and 3:1 for clinical practice. For example, 2 clinical credit hours, which would normally involve 6 clinical practice hours per week, are expanded to 8 hours per week to accommodate the shortened summer session time frame).

Approximately 4-6 weeks before students complete the program, the California Board of Registered Nursing (BRN) requires that candidates for RN licensure complete the application for the NCLEX examination. This information can be found in [NCLEX INFORMATION](#)

MEPN Clinical Experience

The clinical portion of the **MEPN** program is often the most intense, and yet the most rewarding part of the program. It is a time when the student is applying new knowledge and testing new skills while learning the roles and responsibilities of the registered nurse and the clinical nurse leader. The clinical courses involve integration of basic and more complex nursing skills;

- Performing patient centered assessments
- Critical thinking skills
- Individualized plan of care
- Interdependent practice with healthcare team to meet all the patient's needs

The students are assigned to an experienced faculty in the chosen clinical specialty to mentor, guide, and challenge during their required clinical hours. All faculty members have a minimum of a master's degree and have been approved by the CA-BRN. Additionally, faculty are currently working in the healthcare arena. The clinical faculty work in concert with the;

- Lead theory faculty
- Clinical Placement Coordinator
- MEPN Coordinator

Preceptors are used in the student's last two semesters of study. These are non-faculty RNs employed at affiliated medical facilities. The RNs perform as preceptor to mentor students on a one-to-one basis under the supervision of a theory faculty. Both students and faculty need to demonstrate courtesy and consideration in their interactions with actual or potential preceptors. Students need to be active, self-directed learners to provide patient centered care.

Clinical Absences

Students should arrive at the clinical agency **one half hour prior to the beginning of the scheduled shift**, or per instructions of the clinical instructor. In the event of illness on the day of clinical, students **must** contact the clinical instructor 2 hours prior to the beginning of the shift. Each clinical faculty will instruct students on how to contact them. Failure to contact instructor for a clinical absence will result in a warning and/or a Student Expectation and Improvement (SEIP) Contract –please see syllabus. If the student has an absence related to illness the student **must** be examined and obtain a note from a physician or Nurse Practitioner. Each student is allowed **one** sick day per semester. Additional clinical absent hours must be made-up. Excessive absences may interfere with a student completing the MEPN program on time.

Clinical Competency Events (CCE)

Clinical Competency Events (CCE): MEPN students participate in the Clinical Competency Events (CCE). These events will be conducted in the Simulation Center to evaluate the students' performance in the hospital setting. All students will work with individuals functioning in the role of standardized patients (SP). All Students will be observed and evaluated by the SPs for patient satisfaction and by faculty with a competency tool for the competence of knowledge, skill, and attitude. These events are not to be discussed outside of the simulation event (please refer to academic integrity). Students must complete the event

with a level of “competent” to successfully pass the course. Remediation after initial attempt may be coordinated. To see a sample of the competency tool [click here](#).

MEPN Student Advising

A MEPN Program faculty member will serve as your advisor. Your advisor will reach out to you within the first two weeks of the semester to schedule an appointment. Your advisor will guide you to meet all academic and clinical requirements for the program, help resolve issues and problems, and assist in exploring future professional goals and educational options. Formal and informal advising times are available.

MEPN Class Representative Criteria

In order for a student to be considered for class representative the student must be in good standing within the MEPN program (i.e., GPS greater than 80%, no SEIPs)

Registration

MEPN students will be block-registered by the master’s executive assistant.

Academic Email

All students must use USD emails to correspond with the MEPN Program. The MEPN faculty and team will respond to your emails within 24 hours Monday through Friday, and within 72 hours during the weekend and holidays.

If you have a personal emergency that cannot wait, please inform your immediate faculty and MEPN coordinator.

MEPN Reference software

SafeMedicate, ExamSoft, Typhon, textbooks, and clinical reference software are required for MEPN students.

Privacy Screen Filter

To safeguard academic integrity, when on campus, each student is **required** to have a privacy screen filter for their personal laptop that will be used in the classroom setting when testing is occurring. Screen filters are available at Best Buy and other retail outlets for between \$25-50.

Audio Recording

Student must obtain permission from each faculty before recording their lectures.

Other Requirements

MEPN Dress Code

Students **MUST** adhere to the dress code established by the San Diego Nursing Service and Education Consortium and the HSON when they are in a clinical setting. The guidelines below are minimum requirements expected of faculty and students for pre-clinical and clinical

assignments. In addition, schools understand that facilities may require affiliating faculty and students to adhere to a facility-specific dress code.

Clinical/Lab: Your uniform will consist of USD approved ceil blue scrubs, all white leather and /or fully waterproof shoes. A watch with a second hand, stethoscope, pen light, bandage scissors, black pen and clinical ID badge.

1. Picture identification badge with name that meets the guidelines of AB 1439, which amended Chapter 1 of Division 2 of the Business and Professional Code of the State of California. Some facilities require both student and facility badges or may allow either student or facility.
2. Clean, scrub set with USD School of Nursing logo (ceil blue). Must be one of the styles approved by USD (see **USD ACE website**) Scrubs are required in the lab.
3. A lab coat with the USD School of Nursing logo must be worn over scrubs when representing USD at health fairs, shot clinics, and in the community setting.
4. Clean, low-heeled white, leather and/or fully waterproof shoes with closed toes and closed heels. Clogs must have a closed back. Athletic, all white, leather or fully waterproof shoes may be worn. No sandals or flip-flops.
5. Jewelry: Only one ring, limited to one hand is permitted in clinical setting. No piercings or jewelry/hardware may be evident other than one small stud earring per ear. No bracelets or necklaces.
6. Hair color must fall within natural occurring shades, be neat, and if long enough to rest on shoulders it must be secured back. Facial hair must be neatly trimmed.
7. Tattoos must be covered at all times in the clinical, lab & community setting. Students may purchase full length “Sleeves” from a uniform supplier, to cover tattoos.
8. Fingernails must be trimmed short. Clear polish without chips is acceptable. No artificial or acrylic nails or components thereof are permitted.
9. Make up is to be worn in moderation.
10. No perfumes or scented lotions.
11. No low necklines.
12. Undergarments cannot be visible through the uniform. A white tee shirt may be worn underneath the scrub top as long as length does not exceed the elbow.
13. When representing USD HSON in the hospital or community setting, unless a uniform is required, students will always adhere to business casual attire.

Failure to comply with this policy may result in 1) removal from a clinical rotation (i.e., the student will be sent home, and this will be considered an unexcused absence),
2) removal from a class where clinical attire is to be worn.

Identification on Clinical Sites

California Title XXII and all community agencies and hospitals require that all students and faculty **MUST** wear a USD photo identification badge clearly indicating their name and status.

At some clinical sites an additional photo ID bearing the name of the facility is also required. Arrangements for these badges will be made by the clinical faculty for the course. Some clinical sites require a refundable deposit for badges.

For additional questions or clarification please contact the MEPN office at 619-260-7608. Failure to comply with this policy may result in: 1) removal from a clinical rotation (i.e., the student will be sent home and this will be considered an unexcused absence), 2) removal from a class where student ID is to be worn, 3) and/or dismissal from the program if the situation warrants it.

Lab or Clinical Incidence/Injuries

Students incurring a physical injury or needle-stick injury within the context of a clinical learning activity are required to:

1. Report it to the faculty immediately
2. Complete the incident/accident report (For the form and the complete reporting procedure please see [Injury Forms and Procedures](#))

Information on Student Issues

Essential Abilities and Professional Conduct Policy

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

All students are expected to conduct themselves as responsible professionals and in a manner that reflects favorably on them and on the University. This includes in the classroom setting, the clinical setting, simulation setting, and any other setting or communications related to or during their enrollment in the School of Nursing. All students are expected to comply with the ANA Code of Ethics and the ANA Standards of Professional Practice. Demonstrating professional conduct is an Essential Ability of a nursing student.

The minimum standards of professional Essential Abilities expected of all School of Nursing students include, but are not limited to, the following:

- **Demonstrate respectful conduct, professional attitudes, and behaviors toward others in school and the clinical setting.** Students are expected to display respectful conduct toward classmates, faculty, staff, patients, and others; demonstrate honesty; use appropriate body language; assume accountability for personal behaviors; work collaboratively and as a team player with others; and respect the property of the University, faculty, peers, and others. This includes the following:
 - Demonstrate the ability to fully utilize one's intellectual capacity, exercise good judgment, promptly complete responsibilities in patient and family care.

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

- Collaborate with staff at all levels in the clinical or practicum setting.
 - Adhere to the requirements and policies established by the clinical agency.
 - Practice within the scope of a nursing student, including critical thinking, decision-making, initiating appropriate actions, and performing clinical skills required to provide safe and effective care for patients.
 - Maintain confidentiality as required by law or policy.
 - Dress according to the dress code for clinical, practicum, and lab as outlined in the dress code section of the Student Handbook.
 - Demonstrate essential motor skills to include the ability to execute movements required to provide general care and treatment to patients in all health care settings.
 - Demonstrate essential sensory and observation skills, including those necessary to obtain, interpret, and respond to the critical information presented by patients (e.g. observe a patient accurately, identify and interpret the verbal and non-verbal communication when performing assessments or interventions or administering medications, perceive the signs of physiological and/or psychosocial instability being manifested during the physical examination).
 - Demonstrate essential cognitive abilities to measure, calculate reason, analyze, integrate, and synthesize information; quickly read and comprehend large amounts of written materials; evaluate and apply information and engage in critical thinking in the classroom and clinical setting.
- **Engage in appropriate communications.** When engaging in any form of communication with others (written, oral, electronic, or other), students are expected to be respectful, polite, and civil at all times. Students should also use therapeutic communication with clients and professional communication with staff and other health professionals. Students are to abide by the university and profession's academic integrity policies. This includes the following:
 - Conduct effective communication (both verbal and non-verbal) to elicit information and to translate that information to others.
 - Read, write, comprehend, and speak the English language to facilitate communication with patients, their family members, and other professionals in the health care setting.
 - Maintain accurate patient information and records and present information in a professional and logical manner.
 - Have effective and sensitive interactions with students, faculty, staff, patients, family, and other professionals.
 - Express ideas and feelings and demonstrate a willingness and ability to give and receive feedback.
 - Convey and exchange information with others considering development, culture education, and experiential factors.
 - Process and communicate information to members of the health team in a timely and professional manner.
 - Make a correct judgment in seeking supervision and consultation in a timely and professional manner.
 - Make professionally and culturally appropriate documentations in patient records.

- Appropriately cite the works and ideas of others.

Procedures if Student Fails to Meet Expectations for any Essential Abilities and Professional Conduct Policy

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

- The faculty member will notify the student of the conduct giving rise to the student's failure to meet the Essential Abilities. The student will be informed that such behavior or inadequate skill needs to be corrected by the next time the faculty interacts with this student. The faculty will also document in the student's file. The MEPN Program Coordinator will be notified.
 - If the Essential issue relates to lack of professionalism or disrespectful behavior or lack of professional conduct the issue will be discussed between student and faculty.
 - A Student Expectation Improvement Plan ([SEIP form](#)) will be developed at this time.
 - Students who are placed on a Student Expectation Improvement Plan (SEIP) are not eligible to serve as student representatives.
- If the student does not correct the behavior or skills set previously identified by the faculty or if such behavior and skill inability is noted by another faculty, then a SEIP will be developed.
 - The plan will be prepared by the faculty member who witnessed the incident in conjunction with the MEPN program coordinator and be presented to the student within a university work week.
 - The plan will identify the problem, the expectations of the student to correct the problem, and the timeframe in which the problem is to be corrected.
 - The plan will be signed by the faculty member, Associate Dean, and the student. The Associate Dean will be notified that the student has been placed on the SEIP.
- If the student has any questions regarding the plan, it is the student's responsibility to raise those questions with the faculty member, lead faculty, or Associate Dean.
 - The student may request an appointment with the Student Affairs Committee to appeal any SEIP.
- The student's progress in achieving the expectations identified in the plan will be evaluated as necessary by the faculty member, the lead faculty, and the Associate Dean (in that order).
 - Satisfactory completion of the SEIP will be recorded.
 - All SEIPs will remain in the student's file until graduation, after which the report will be removed, unless the student is dismissed from the school of nursing.

- If a student **fails to achieve the expectations** of any Improvement Plan, the student will be informed and further action will be taken as determined by the faculty member, the lead faculty, and Associate Dean.
 - The Associate Dean will make a determination regarding the student's progression and retention that may result in appropriate additional disciplinary action, up to and including dismissal from the School of Nursing.

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

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

Third Incident: Any student receiving three SEIPs will be evaluated by the Associate Dean and the Dean and may be dismissed from the School of Nursing regardless of academic achievement.

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

- If the identified behavior does not stop, then the reporting student can bring the issue to the MEPN program coordinator.
- The program coordinator may then speak with involved parties and, if necessary, create a SEIP.
- Any further incidents would follow the procedures listed above.

MEPN Grading Policy

A minimum GPA of 3.0 must be maintained to remain in the MEPN program. In the theory portion of all courses, students must have an average of 80% or greater on all quizzes and exams to pass the course. A minimum grade of B- is required of all students in the theory and clinical practicum courses and the student must **pass** the clinical component with no “unsatisfactory” areas on their final clinical evaluation. For courses that include both a theory component and a clinical component, the student must pass both components, with a minimum grade of B- in each component, in order to receive a passing grade in the course. If a student receives less than a B- in either the theory or clinical component of the course, the student will not be considered to have passed the course.

HSON Grading Scale

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

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

Clinical Performance Evaluation of Student

According to SECTION 1428(c) of the Board of Registered Nursing Business and Professions Code, “There shall be tools used to evaluate students’ progress and performance and clinical learning experiences shall be stated in measurable terms directly related to course objectives.”

Clinical Performance Evaluations are completed in Typhon and shared with students at the mid-term and completion of each clinical course to evaluate the student’s overall clinical performance. Students receive clinical evaluation in a face-to-face, one-on-one meeting with the faculty member who is responsible for the student in the clinical area. If a student disagrees with the assessment by the faculty member, the student may initiate the HSON Grievance Procedure. To view a sample of the evaluation form go to [Clinical Performance Evaluation Example](#).

Student Evaluation of Course and Clinical

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

the semester and 10 days after the semester. Additionally, for MSNC 510 and MEPN 560, students are asked to complete an evaluation of their preceptor.

Other Information

Student Employment while in MEPN program

The MEPN program is very time consuming and must be the number one priority. Clinical and community placements take priority over work commitments. Students may work while they are enrolled in the program, unfortunately, due to clinical placement constraints, the HSON is not able to provide flexibility to students who are employed. **It is suggested that a student work no more than sixteen hours weekly during each academic semester. The MEPN leadership team strongly recommends eight hours of rest between work and clinical/theory class time.**

Students should be advised outside employment opportunities, as well as nursing externships, may result in time management issues causing decreased clinical performance and/or theory performance and may jeopardize the academic and clinical performance of a student.

MEPN Leave of Absence

The HSON faculty realizes students encounter life circumstances that may make it difficult to continue with educational pursuits. When such circumstances occur, every effort is made to retain students in their program of study. Similar efforts will be made to retain students in the MEPN program. If, for any reason, a student must interrupt his or her educational progress, the student may request a leave of absence by submitting a written request to the Program Coordinator or Associate Dean. Leaves of absence (LOA) will be considered and administered in accordance with University of San Diego policies.

In the event a student must take a leave of absence for any reason, the student may be away from the program for up to one year. Therefore, in order to stay up-to-date on clinical skills the student must, as a condition of returning to the MEPN program after the leave:

- a) Enroll in a Certified Nursing Assistant course and work as a CNA for a minimum of twenty, 12-hour shifts(240hrs) in an acute care or skilled nursing facility during the time away from the program. These shift hours must be completed 10 weeks prior to the returning semester.
- b) Send a letter to the MEPN Program Coordinator at least 10 weeks prior to the start of the returning semester providing information about and verification of the student's completion of the requirements set forth in part (a) above.
- c) Provide a performance evaluation letter from a **RN manager** of the facility where the student worked, verifying that the student completed the requirements set forth in part (a).
- d) Successfully pass a medication math test with a score of 100%
- e) Perform and pass Clinical Competency Head to Toe Assessment. This exam will be scored using the criteria from the last semester in which the student was enrolled in the MEPN program.

MEPN Reflective Journaling Guidelines (Typhon)

Reflection provides an opportunity to recall the clinical experience and gain insight into one's learning, decisions, critical thinking abilities, and professional development. Reflective practice is an important component of professional nursing practice involving thinking about theoretical and scientific principles while delivering nursing care.

The purpose of the reflective journaling is to communicate with the clinical instructor some of the thought processes that occurred during the clinical practicum day, allowing personal (student) reflection.

1. **Due weekly within 72 hours** following the clinical practicum.
2. Students will input journal entries into the Typhon program. Enter patient demographics and disease process, follow up a description of the clinical day.
3. Describe the situation involving decision-making.
4. Address how you (the student) went about making the decision including your thoughts before, during, and after making the decision
 - a. Feelings generated
 - b. Questions raised
 - c. Alternative considered
 - d. Resources needed
 - e. Evaluation of outcomes
5. Write 1-3 learning goals for the next week's clinical experience.
6. Journal entries should take several paragraphs to address the requirements for the weekly reflection.
7. Written feedback will be provided by the clinical instructor prior to your next clinical day. This feedback may ask the student to further reflect on specific points in the journal entry.
 - The reflections are a **required** part of each clinical day.

Conferences and Conventions

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

California Nursing Students' Association (CNSA) <http://www.cnsa.org/>
2021 CNSA Annual Convention October 7-10, 2021

National Student Nurses Association (NSNA) <https://www.nsna.org/>
Annual Convention, April 7-11, 2021 Houston, TX

Sigma Theta Tau International (STTI) <https://www.sigmanursing.org/>
46th Biennial Convention, November 6-10, 2021 Indianapolis, IND

American Assembly for Men in Nursing (AAMN) <http://www.aamn.org/>
Annual AAMN Conference, October 21-23, 2021 Atlanta, GA

Association of California Nurse Leaders (ACNL) <https://acnl.org/>
Check website for 2021-2022 Scheduled Events

National Black Nurses Association (NBNA) <https://www.nbna.org/>
NBNA Virtual Conference August 4-8, 2021

Philippine Nurses Association of America (PNAA) <http://www.mypnaa.org/>
PNAA Annual National Convention & 2nd Virtual Conference July 21-25, 2021

National Association of Hispanic Nurses (NAHN) <http://www.nahnnet.org/>
Annual Conference, November 16-19, 2021 San Juan, Puerto Rico
<http://www.sdnahn.org/>

American Organization for Executive Nurse Leadership (AONL) <http://www.aonl.org>
AONL 2022 Conference April 11-14, 2022 San Antonio, TX

American Nurses Association (ANA) <https://www.nursingworld.org/>
Check website for 2021-2022 Scheduled Events

Clinical Nurse Leader Association (CNLA) <https://cnlassociation.org/>
Check website for 2021-2022 Scheduled Events
<http://cnlassociation.org/students/>

Executive Nurse Leader

Welcome to the Executive Nurse Leader Track

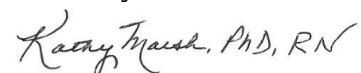
It is an honor to welcome you to the University of San Diego (USD) Hahn School of Nursing and Health Sciences (HSON) Master of Science in Nursing (MSN) Executive Nurse Leader (ENL) Track. The ENL Track prepares registered nurse at all stages of their nursing career to advance professional development through innovative and competency-based learning experiences.

This section of the handbook provides information regarding the ENL Track. Please be responsible for the information contained in the entire *HSON Student Handbook* and the *University of San Diego Graduate Course Catalog*. Please keep apprised of all changes made in the aforementioned materials. It is the hope of our faculty that this information will contribute to an enjoyable and successful personal and academic journey at USD.

Your faculty are very experienced and successful nurses who are influential role models in the clinical and classroom settings. They will ensure a high level of excellence and academic rigor as they prepare you to become an Executive Nurse Leader. In today's rapidly changing healthcare environment, the faculty remain more committed than ever to guide you on your executive leadership journey to improve health for patients, communities, and healthcare systems.

I look forward to getting to know you as you progress through the ENL Track at USD.

Sincerely,



Dr. Kathy Marsh
Associate Dean

Overview of the Executive Nurse Leader Track

The Executive Nurse Leader (ENL) Track at the University of San Diego (USD) Hahn School of Nursing (HSON) has a long history of preparing registered nurses at the Master of Science in Nursing (MSN) level for the role of Executive Nurse Leader. Faculty are committed to educating, engaging, and inspiring ENL students as they prepare to lead and serve hospitals, healthcare organizations, and healthcare systems.

Mission Statement:

The ENL Track prepares graduates to inform healthcare through innovative and expert nursing leadership.

ENL Track Outcomes:

1. **Communication and relationship management** – Works within a collaborative and Interprofessional environment to influence and improve patient experience of care, the health of populations, and reduce the per capita cost of healthcare.
2. **Knowledge of healthcare environment (a)** – Apply high reliability concepts to improve organizational performance.
3. **Knowledge of healthcare environment (b)** – Examine the effect of health policy on legal and regulatory processes of nursing practice, healthcare delivery, and outcomes.
4. **Leadership** – Use knowledge of classic and contemporary systems thinking in problem solving and decision making for a healthcare organization.
5. **Professionalism** - Identify a vision of nursing practice to promote the delivery of safe, timely, efficient and patient centered healthcare.
6. **Business Skills** - Recognize the need for financial, resource, strategic, and information management as underpinning of a viable and sustainable healthcare organization.

Master’s Learning Outcomes: The goals of the MSN component of ENL are consistent with the MSN Essentials document. To learn more go to

<http://www.aacnursing.org/portals/42/publications/mastersessentials11.pdf>

ENL Competencies

The Executive Nurse Leader track is based on American Organization for Nursing Leadership (AONL) Nurse Executive Competencies 2015. The AONL competencies identify the common core set of competency domains for health care leadership: communication and relationship management; knowledge of the health care environment; leadership; professionalism; business skills and principles.

ENL Faculty and Staff

Advisor:

The Associate Dean, Kathy Marsh PhD, RN, CNS, serves as your advisor during your program. Dr. Marsh can be reached at kathymarsh@sandiego.edu or office telephone: 619.260.4773.

Formal and informal advising times are available to students. Students are asked to schedule a meeting with Dr. Marsh and Professor Nadine Kassity-Krich during the first semester in order

to discuss the program of study, review program expectations, and discuss possible clinical placement opportunities.

Clinical Placement Coordinator (CPC):

Professor Nadine Kassity-Krich, MBA, RN maintains the ENL roster of clinical preceptors and sites, works with faculty in development of new sites (as needed), and works collaboratively with the faculty and students to plan for and arrange the clinical placement(s) needed for the final two semesters. Professor Kassity-Krich can be reached at nkkrich@sandiego.edu

Executive Assistant (EA):

Bianca Vazquez Pantoja serves as the EA for the ENL Track of the MSN program. She can be reached at biancav@sandiego.edu or 619-260-4676

ENL Curriculum

The ENL Track curriculum is based on the American Organization for Nursing Leadership (AONL) Certified Nurse Leader and Manager and Nurse Executive competencies and the American Nurses Credentialing Center (ANCC) Nurse Executive competencies.

The curriculum integrates nursing, administration, and business knowledge and skills in preparing graduates for leadership and general management positions in client-care services administration within healthcare organizations.

The ENL Track consists of **33 units** of academic study. Full-time and part-time study is available. The required courses are as follows:

Nursing Core: MSNC 511 Evidence Based Practice: Role of Theory and Research
MSNC 512 Influencing the Health Care Environment: Policy and Systems

ENL Core: ENLC 500 Health Care Leadership, Values and Social Justice
ENLC 553 Financial Management in Health Care Systems
ENLC 555 Resource Management in Health Systems
ENLC 556 Mgmt. of Health Care System Quality Outcomes and Patient Safety
ENLC 557 Strategic Planning and Management of Health Systems
ENLC 591 Leadership Practicum and Health Care
ENLC 598 Evidence-Based Practice Practicum
HCIN 540 Introduction to Health Care Information Management
MSNC 507 Statistics

Course Descriptions for ENL Track

ENLC 500 Health Care Leadership, Values, and Social Justice (3 units):

Examines leadership theories, corporate ethics, values-focused strategies and principals of social and healthcare justice that can be actualized across the spectrum of healthcare settings. Synthesis of the literature is required to support development of clinical project relevant to a healthcare setting.

ENLC 553 Financial Management in Health Care Systems: (3 units)

Provides a forum for the exploration and evaluation of the financial environment of the healthcare industry and how it specifically affects the role of the nurse manager and the nurse executive. The course will emphasize the development of practical financial analysis skills that will provide students with a foundation for immediate application within the healthcare delivery system.

ENLC 555 Resource Management in Health Systems (3 units):

Focuses on the management of human, financial, and material resources in health systems. Designed for health professionals seeking careers as operations managers in healthcare delivery systems. Emphasizes cost-effective use of resources to accomplish organizational objectives.

ENLC 556 Mgmt. of Health Care System Quality Outcomes and Patient Safety (3 units):

Focuses on the evaluation of patient safety and quality of care outcomes from the systems perspective. Explores theoretical and methodological foundations for understanding and applying patient safety and quality of care outcomes within the current healthcare environment. Reviews safety application in other high-risk industries with application to nursing and the healthcare industry. Emphasizes identification, implementation, evaluation of quality indicators for patient safety and other patient outcomes. Evaluates patient safety and quality indicators for their sensitivity and specificity to clinical care. Addresses the role of leadership in error prevention and maintenance of a culture of patient safety.

ENLC 557 Strategic Planning and Management of Health Systems (3 units):

Emphasizes strategic planning and management as requisite to growth and survival of healthcare systems. Acquaints students with the language, processes, tools, and techniques of strategic planning and marketing that will enable them to contribute effectively to strategic thinking and action in healthcare systems.

ENLC 591 Leadership Practicum and Health Care (3 units):

Under the guidance of a healthcare manager, administrator, or executive preceptor in health system the student will have an opportunity to observe and participate in various situations associated with the healthcare system administrative process (e.g. human resource management, fiscal management, strategic planning, marketing, information management, and/or political activity). Seminars will provide a forum for discussion of operational and clinical observations as they relate to empirical and evidence-based literature as well as issues and trends in healthcare system administration.

ENLC 598 Evidence-Based Practice Practicum (3 units):

Provides a self-directed and systematic opportunity to gain greater knowledge and expertise in an area of nursing practice. Involves development of direct or indirect nursing roles in a healthcare or community service agency. The practicum consists of completion of an evidence-based practice project to address a nursing practice problem; implementation of an innovative approach to a problem through integration of related theory and best evidence; evaluation of project outcomes; and dissemination of findings. Minimum grade of "B-" required.

Prerequisites: ENLC 591

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

Provides students with necessary skills to understand the basis for healthcare informatics. Emphasizes basic understanding of computer hardware, network architecture, clinical application of electronic health records, and healthcare software applications. Includes relevant regulatory, patient privacy, security, and reimbursement issues. Examines current trends in meaningful use and electronic health record (EHR) certification as a foundation for understanding emerging issues in healthcare informatics.

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

Focuses on the critical links between nursing theory, research, and evidence-based practice. Examines the theoretical foundations of nursing science including how theory has influenced the history and current practice of nursing. Emphasizes the importance of research for building an evidence base for nursing practice. Reviews the components of evidence-based practice, with emphasis placed on knowledgeable appraisal of theory and research to evaluate the evidence base for clinical practice.

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

Provides an understanding of nursing's leadership role in the analysis and evaluation of policy, organization, and financing of healthcare. Focusing on the organization of healthcare systems, the political and economic forces that influence healthcare delivery, and the formulation of policies affecting healthcare.

MSNC 507 Statistics (3 units):

Examines a variety of quantitative research designs and data collection and statistical analysis procedures appropriate to each. Students interpret statistical computer output.

CLINICAL PRACTICUMS

Clinical practicums are a key component of the ENL Track and take place with qualified preceptors in acute, chronic, long-term, assisted living, ambulatory care, or community settings who in their roles operationalize the role of Executive Nurse Leader. Applying theory to practice, developing collegial relations with other members of the healthcare team, experiencing risk-taking, and gaining knowledge and skill as an ENL are all part of preparing for a leadership role. All clinical placements are coordinated by the Clinical Placement Coordinator. Every effort is made to secure appropriate placements for each student. All arrangements for preceptors are made in conjunction with the hospitals and HSON. Students do not need to arrange their own placements.

The ENL Track uses a number of different clinical preceptors for clinical learning. The preceptors are academically and clinically qualified role models who maintain a 1:1 preceptor/student relationship. Preceptors are selected based on their desire to participate in the program, their availability to serve as a preceptor for the designated time period, and their ability to provide the student with the appropriate experiences to meet the practicum requirements.

The Associate Dean, Clinical Placement Coordinator, and student will meet several times to identify appropriate clinical placements for the final two semesters. Once identified, the Clinical Placement Coordinator places a request into the San Diego Nursing Service Education Consortium. The consortium then contacts the agency and obtains the preceptor's consent to mentor the student for the designated time period.

Once a commitment has been established between the preceptor and a specific student, the Clinical Faculty for the course contacts the preceptor via email and information is exchanged regarding the student and the focus of the practicum. In addition, documents are sent to the preceptor including (1) a copy of the course syllabus (theory and practicum), (2) individual student learning objectives and (3) a preceptor data form. The preceptor is asked to complete the form, which is then given to the student to return to the Clinical Placement Coordinator. The preceptor is also provided contact information for the Clinical Faculty and the Associate Dean. Finally, the student then contacts the preceptor and sets up the clinical experience. The student and the preceptor meet and develop preceptor/student-specific objectives for the clinical experience based on the course objectives. A packet describing preceptor expectations and guidelines is available for new and prospective preceptors.

The Clinical Faculty maintains contact with the preceptor throughout the semester. At the end of the experience, the student completes an evaluation of the preceptor. The Associate Dean and Clinical Placement Coordinator review all the evaluations at the end of the semester.

Clinical Practicum Requirements

Each unit of clinical practicum is equal to 48 clock hours per unit per semester which includes the on-campus seminar portion of the course. The ENL precepted placement occurs during the

final two semesters. During spring semester, year two students take ENLC 591 (3 units) in which students, in consultation with their preceptor design an EBP Project. During the summer semester, year two, students take ENLC 598 (3 units) where the student will implement the EBP project which was designed the previous semester.

Faculty may wish to make a site visit to evaluate the quality of the student's learning. Conference call meetings are the routine method of communication with faculty, student, and preceptor.

Clinical Practicum Considerations

- Each student will work with one or two preceptors over the course of the program. The student will be placed with the same preceptor for two semesters. This will facilitate early planning work on an evidence-based practice project, ensuring the student will be able to complete a project in the second semester.
- Students who are in the military should have at least one practicum experience in a civilian healthcare setting during their program to broaden their experience base.
- Clinical sites must be within a 60-mile radius of the USD campus in order to keep faculty travel time for clinical visits reasonable. Any exceptions must be approved by the Associate Dean of the Masters and International Nursing Programs.

Clinical Preceptors

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

Certification:

Upon completion of the ENL coursework and clinical placements with local nurse leaders, graduates are prepared to take credentialing examinations for certification provided by the AONL, ANCC, and depending on the amount of leadership experience, the American College of Health Care Executives.

Nursing Informatics/Health Care Informatics

Welcome to the Nursing Informatics, Health Care Informatics, Health Care Analytics, and Health Care Leadership Tracks

We are pleased to welcome you to Nursing Informatics, Health Care Informatics, Health Care Analytics, and Health Care Leadership.

This portion of the handbook applies to the following programs:

Master of Science in Health Care Informatics (MS HCI)

Master of Science in Health Care Analytics (MS HCA)

Master of Science in Health Care Leadership (MS HCL)

Master of Science in Nursing, Nursing Informatics (NI)

You are responsible for the information contained in the *HSON Student Handbook* and the *University of San Diego Graduate Course Catalog*. Please keep up to date on all changes made in the aforementioned materials. This handbook will be valuable toward experiencing a rewarding, successful personal and academic journey at USD.

Your faculty are very experienced and successful nurses and informatics professionals. They are committed to educating you in the fast-changing healthcare informatics and leadership environment and improving healthcare for patients, communities, and healthcare systems.

We look forward to working with you during your educational journey.

Dr. Jonathan Mack

Director, Innovative Learning Services, Health Care Informatics & Nursing Informatics Programs

jmack@sandiego.edu

Dorothy O'Hagan

Health Care Informatics Program Coordinator

do-hagan-11@sandiego.edu

Program Contact Information

Nina Geissler

Executive Assistant

ngeissler@sandiego.edu

Program Outcomes for Students in the MSN NI, MS HCI, MS HCA, and MS HCL Tracks

Program Competencies

Master of Science in Health Care Informatics (MS HCI), Master of Science in Health Care Analytics (MS HCA), and Master of Science in Health Care Leadership (MS HCL) Tracks and Master of Science in Nursing, Nursing Informatics (NI) Track are competency-based and are geared to prepare students to enter the career field with skills necessary to carry out specific tasks and are prepared to sit for certification for professional organizations. The following provides the program competencies that each student must achieve to be eligible to graduate.

Accreditation/Approval

The HCI/HCA/HCL/NI programs are a HIMSS (Health Information Management Systems Society) approved academic partner. The USD Hahn School of Nursing and Health Science Health Care Informatics program is pursuing program accreditation through the American Association of Colleges of Nursing (AACN) and Graduate Level Quality and Safety Education in Nursing (QSEN) Competencies.

College Level Writing Skills

To ensure graduate students are successful in the writing activities required of graduate school all incoming, HCI, HCA, HCL, and NI students are required to complete a writing assessment test. The purpose is to provide an assessment of writing skills and provide each student with feedback in areas to improve. Students may access the USD writing center or Hahn School of Nursing for support.

Health Care Informatics and Nursing Informatics Tracks

The Health Care Informatics track prepares students to employ technical, analytical, and innovative skills to provide leadership in health care technologies and applications within the context of the health care discipline. Graduates will function as part of the health care team tasked with applying data to solve questions that impact individual patients, populations of patients, and health care delivery systems. They work in an interdisciplinary environment that integrates computer science.

The Health Care Analytics/Data Science track prepares students to employ the skills of a data scientist, within the context of the health care discipline. Graduates will function as a member of the health care team who applies various tools to solve questions that impact individual and large populations of patients and health care delivery systems.

The Health Care Leadership track prepares students with the skills needed in technology, systems management, communication and critical thinking to take on leadership roles in health care organizations. This unique leadership track has a strong technology and informatics focus that pre-pares graduates to manage complex human and technology systems. Graduates will be pre-pared for roles such as managers, directors, or executives in health care delivery, technology, informatics, and health care companies.

The Nursing Informatics track prepares nurses to assume roles as Clinical Informaticists. Graduates will have the technical, analytical, and innovative skills to provide leadership in healthcare technologies and applications.

Dr. Jonathan Mack is Director for the Health Care Informatics, Health Care Analytics, Health Care Leadership and Nursing Informatics tracks and serves as advisor to all MS tracks and MSN students in the Nursing Informatics program.

Goals and Objectives:

The MS HCI, HCA, HCL program supports the University's mission and philosophy by preparing students to work with diverse groups through its emphasis on health care for vulnerable populations. Faculty are committed to teaching excellence and a values-based curriculum, continuing to emphasize the value and dignity of each individual. The intent of all programs is to graduate masters-prepared informaticists who are individuals that display excellence, a multicultural perspective, and appreciation of the needs of vulnerable population

The goals of the MS-HCI, HCA, HCL program are to:

1. Provide leadership in integrating research into practice.
2. Utilize research-based evidence as a foundation for practice.
3. Apply information technology to enhance health care education, practice, and research.
4. Engage in multi-sectoral collaboration to improve health care delivery, assuming responsibility as deemed appropriate.
5. Provide leadership in formulating and implementing policy that contributes to ongoing improvement of health care delivery.
6. Practice from an ethical and legal perspective that acknowledges conflicting values and rights as they affect health care decisions.
7. Assume and develop advanced roles to meet societal needs in a rapidly changing national and global health care arena.
8. Provide innovative services that promote health and quality of life for culturally diverse individuals, families and populations.
9. Analyze emerging issues in healthcare, technologies and society as a basis for enacting social change in ways that foster health.

Student Learning Outcomes

1. Demonstrate advanced clinical expertise based on nursing and related disciplines.
2. Provide leadership in integrating research into practice.
3. Utilize research-based evidence as a foundation for practice.
4. Apply information technology to enhance nursing education, practice, and research.

The University of San Diego Hahn School of Nursing and Health Science's Health Care Informatics, Health Care Analytics, Health Care Leadership, and Nursing Informatics programs applies a blended format. Nurses who pursue a Master of Science in Nursing take courses from

the Health Care Informatics program with Nursing domain courses to comprise the required content for the Master of Science in Nursing degree in Nursing Informatics. All other students pursue the Master of Science in Health Care Informatics (MS degree) and benefit from classroom interaction with experienced registered nurses.

GPA and Failing Grade

To be in good academic standing and to be eligible to graduate, students must maintain in their program courses the minimum semester and Grade Point Average (GPA) that is required by their program. See “Grading Policy” regarding the minimum acceptable grade for courses and the minimum overall grade point average required in the program. The minimum GPA requirement for the HSON is 3.0 calculated on a 4.0 scale. Any student who has completed at least 6 units of course work and whose cumulative USD GPA for graduate program courses falls below the minimum required of the program will be placed on academic probation. At the end of the term in which the probationary student has registered for his/her next 6 units, a review will be conducted. Students who have not raised the cumulative USD GPA for graduate program courses to the acceptable level at that time will be disqualified from the program. A ‘failing’ grade is considered any grade less than 70%.

Program Plans

The Master of Science degree in Health Care Informatics allows students to select a program Track in one of three informatics-related Tracks, each of which consists of 42 units of academic study. The MSN NI Track consists of 45 units of academic study. Outlined below is a typical program of study that incorporates scheduling frequency and course prerequisites based upon degree Track:

MSN: Nursing Informatics (MSN: NI) Program Plan

YEAR 1

Fall

HCIN 540	Introduction to Health Care Informatics	3 units
MSNC 511	Evidence-Based Practice: Role of Theory and Research	3 units
HCIN 552	Clinical Documentation: Electronic Health Record Systems	3 units
HCIN 548	Health Care Informatics Seminar	.5 unit

Spring

HCIN 542	Systems Analytics and Design for Health Care Informatics	3 units
HCIN 543	Database and Knowledge Management	3 units
MSNC 512	Influencing the Health Care Environment: Policy and Systems	3 units
HCIN 548	Health Care Informatics Seminar	.5 unit

Summer

HCIN 549	Biostatistics	3 units
HCIN 556	Health Care Leadership, Values and Social Justice	3 units
HCIN 558	Strategic Planning and Management of Health Systems	3 units

YEAR 2

Fall

HCIN 547	Health Care Analytics	3 units
HCIN 557	Financial Management in Health Systems	3 units
HCIN 559	Mgmt. of Health Care Systems, Quality outcomes, & Pt. Safety	3 units
HCIN 548	Health Care Informatics Seminar	.5 unit

Spring

HCIN 544	Advanced Health Care Informatics	3 units
HCIN 545	Clinical Practicum	4 units
HCIN 548	Health Care Informatics Seminar	.5 unit

Total Units 45

**Master of Science Health Care Informatics Program Plan
(Health Care Informatics Track)**

YEAR 1

Fall

HCIN 540	Introduction to Health Care Informatics	3 units
HCIN 541	Intro to Health Care Delivery Systems	3 units
HCIN 552	Clinical Documentation: Electronic Health Record Systems	3 units
HCIN 548	Health Care Informatics Seminar	.5 unit

Spring

HCIN 542	Systems Analytics and Design for Health Care Informatics	3 units
HCIN 543	Database and Knowledge Management	3 units
HCIN 548	Health Care Informatics Seminar	.5 unit

Summer

HCIN 556	Health Care Leadership, Values and Social Justice	3 units
HCIN 549	Biostatistics	3 units
HCIN 558	Strategic Planning and Management of Health Systems	3 units

YEAR 2

Fall

HCIN 547	Health Care Analytics	3 units
HCIN 557	Financial Management in Health Systems	3 units
HCIN 559	Mgmt. of Health Care Systems, Quality outcomes, & Pt. Safety	3 units
HCIN 548	Health Care Informatics Seminar	.5 unit

Spring

HCIN 544	Advanced Health Care Informatics	3 units
HCIN 545	Practicum	3 units
HCIN 548	Health Care Informatics Seminar	.5 unit

Total Units 42

**Master of Science Health Care Informatics Program Plan
(Health Care Analytics Track)**

YEAR 1

Fall

HCIN 540	Introduction to Health Care Informatics	3 units
HCIN 541	Intro to Health Care Delivery Systems	3 units
HCIN 552	Clinical Documentation: Electronic Health Record Systems	3 units
HCIN 548	Health Care Informatics Seminar	1 unit

Spring

HCIN 542	Systems Analytics and Design for Health Care Informatics	3 units
HCIN 543	Database and Knowledge Management	3 units
HCIN 548	Health Care Informatics Seminar	1 unit

Summer

HCIN 549	Biostatistics	3 units
HCIN 556	Health Care Leadership, Values and Social Justice	3 units
HCIN 605	Data Structures and Terminologies	2 units

YEAR 2

Fall

HCIN 547	Health Care Analytics	3 units
HCIN 559	Mgmt. of Health Care Systems, Quality outcomes, & Pt. Safety	3 units
HCIN 600	Population Health Analytics	3 units
HCIN 548	Health Care Informatics Seminar	1 unit

Spring

HCIN 615	Advanced Health Care Analytics	3 units
HCIN 620	Machine Learning Applications to Health Care	3 units
HCIN 548	Health Care Informatics Seminar	1 unit

Total Units 42

**Master of Science Health Care Informatics Program Plan
(Health Care Leadership Track)**

YEAR 1

Fall

HCIN 540	Introduction to Health Care Informatics	3 units
HCIN 541	Intro to Health Care Delivery Systems	3 units
HCIN 552	Clinical Documentation: Electronic Health Record Systems	3 units
HCIN 548	Health Care Informatics Seminar	.75 unit

Spring

HCIN 542	Systems Analytics and Design for Health Care Informatics	3 units
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HCIN 543	Database and Knowledge Management	3 units
HCIN 630	Health Care Law and Risk Management	3 units
HCIN 548	Health Care Informatics Seminar	.75 unit
Summer		
HCIN 549	Biostatistics	3 units
HCIN 556	Health Care Leadership, Values and Social Justice	3 units
HCIN 558	Strategic Planning and Management of Health Systems	3 units
YEAR 2		
Fall		
HCIN 610	Advanced Leadership and Systems Management	3 units
HCIN 557	Financial Management in Health Systems	3 units
HCIN 559	Mgmt. of Health Care Systems, Quality outcomes, & Pt. Safety	3 units
HCIN 548	Health Care Informatics Seminar	.75 unit
Spring		
HCIN 625	Digital Health Care Marketing	3 units
HCIN 548	Health Care Informatics Seminar	.75 unit
	Total Units	42

Course Descriptions MS in Health Care Informatics, and MSN in Nursing Informatics Programs:

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

Provides students with the necessary skills to understand the basis for health care informatics. Emphasizes basic understanding of computer hardware, network architecture, clinical application of electronic health records, and health care software applications. Includes relevant regulatory, patient privacy, security, and reimbursement issues. Examines current trends in meaningful use and electronic health record certification as a foundation for understanding emerging issues in health care informatics.

HCIN 541 Introduction to Health Care Delivery Systems (3 units):

Provides an overview of the health care delivery system, professional roles, care delivery models, and relevant regulatory environment in the United States. Overviews common chronic and acute disease states that drive the U.S. healthcare system to provide the student with context for care delivery models. Intended for non-clinician students or individuals who lack significant professional health care employment experience. Intended for students who do not have a health care background.

HCIN 542 Systems Analysis and Design for Health Care Informatics (3 units):

Prepares students in the planning, analysis, design, and implementation of computer-based information and technology systems. Includes systems development life cycle, project management skills, requirement analysis and specification, feasibility and cost-benefit analysis, logical and physical design, prototyping, system validation, deployment, human factors, and post-implementation review.

HCIN 543 Database Design and Knowledge Management (3 units):

Provides opportunities to gain advanced skills in data and knowledge management. Addresses applied skills in database design, data structure, modeling, and development of database management systems to resolve problems in health care informatics and research settings. Also focuses on the development of fundamental skills in knowledge management and knowledge engineering as applied to the health care environment. Provides an overview of national health care databases such as the National Database of Nursing Quality Indicators (NDNQI) and the Centers for Medicare and Medicaid Services (CMS) Core measures and data mining techniques. Promotes skills in accessing clinical databases to resolve selected clinical problems.

HCIN 544 Advanced Health Care Information Management (3 units):

Provides information and skills necessary for leadership in informatics roles in health care systems. Emphasizes design, implementation, and evaluation of electronic health record systems and clinical decision support systems. Also addresses regulatory, reimbursement, ethical issues, and emerging technology in health care informatics.

HCIN 545 Clinical Practicum (4 units):

Provides an integrative field experience to synthesize and apply knowledge attained in the HCIN core courses. Includes related practices and seminar experiences that foster achievement of career goals related to health care informatics.

HCIN 547 Health Care Analytics (3 units):

Prepares students to apply various types of clinical data to solve complex clinical questions, based on prior knowledge achieved in the Health Care Informatics program. Students apply an evidence-based practice approach to solve, various clinical questions, using a variety of clinical datasets including population level data. Course focus includes how data can be leveraged to solve specific clinical questions, the development of Clinical Decision support rules, and Precision Medicine applications. Students will develop data analytics skills by utilizing real-world use cases found in the clinical setting.

HCIN 548 Seminar (0-4 units):

The HCI seminar course provides the student with the opportunity to work collaboratively with faculty and student colleagues to address concepts and ideas emerging in the field of Health Care Informatics. Each seminar focuses on various aspects of the Clinical Informaticist Health Care Data Analyst and Health Care Informatics Leader role. Throughout the seminar course, students will use various methods to analyze emerging trends in health care and informatics. Seminar students will generate self-reflective and field-relevant capstone projects. Students will fulfill program competencies through individual projects.

HCIN 549 Bio Statistics (3 units):

Provides students with the necessary skills to perform statistical analysis of data in order to present information in a meaningful way. Emphasizes basic understanding of probability concepts, common probability distributions, and inferential statistical methods. Includes identification of data requirements and statistical method to answer specific research questions. Incorporates SPSS statistical software as well as statistical calculations. Explores methods to display data and findings. Assists students to interpret SPSS output, and effectively present findings. Also focuses on critical review of scientific manuscripts and interpretation of findings.

HCIN 552 Clinical Documentation: Electronic Medical Record Systems (3 units):

Introduces theory and applied practice of clinical documentation systems. Includes hands on experience with the use of Epic and Cerner electronic medical record systems (EMR). Chronicles historical trends in the development and evolution of clinical documentation systems. Explores hardware/software development requirements for EMRs and application of EMR data for: quality, risk assessment, billing, and research applications. Includes overview of clinical devices that assist in medication administration such as BCMA (Bar Code Medication Administration). Applies problem-based learning to the development of clinical rules and alert systems for both Clinical Decision Support (CDS) and CPOE (computerized Physician Order entry) systems. Course emphasizes regulatory requirements for electronic medical records to

include HIPAA, Meaningful Use Requirements, security applications, and federal breach reporting.

HCIN 554 Telehealth and Emerging Technology (3 units):

Provides an introduction to the emerging discipline of telehealth. Provides a historical perspective of remote monitoring of patients using various types of telehealth, including video conferencing, telephonic, and home-based sensors. Includes an overview of relevant hardware and software requirements for a telehealth program. Includes federal and state regulations covering telehealth practice and reimbursement models by Medicare, Medicaid and other insurers. Includes consumer grade health monitoring devices and emerging health care technology.

HCIN 556 Health Care Leadership, Values, and Social Justice (3 units):

Examines leadership theories, corporate ethics, values, focused strategies and principles of social and health care justice that can be actualized across the spectrum of health care settings. Synthesis of the literature is required to support the development of a clinical project relevant to a health care setting.

HCIN 557 Financial Management in Health Care Systems (3 units):

Provides a forum for the exploration and evaluation of the financial environment of the health care industry. The course will emphasize the development of practical financial analysis skills that will provide students with a foundation for immediate application within the health care delivery system.

HCIN 558 Strategic Planning and Management of Health Systems (3 units):

Emphasizes strategic planning and management as requisite to growth and survival of health care systems. Acquaints students with the language, processes, tools and techniques of strategic planning and marketing that will enable them to contribute effectively to strategic thinking and action in health care systems.

HCIN 559 Management of Health Care Systems, Quality Outcomes, and Patient Safety (3 units):

Focuses on the evaluation of patient safety and quality of care outcomes from a systems perspective. Explores theoretical and methodological foundations for understanding and applying patient safety and quality of care outcomes within the current health care environment. Reviews safety applications in other high-risk industries with application to nursing and the health care industry. Emphasizes identification, implementation, and evaluation of quality indicators for patient safety and other patient outcomes. Evaluates patient safety and quality indicators for their sensitivity and specificity to clinical care. Addresses the role of leadership in error prevention and maintenance of a culture of patient safety.

HCIN 600 Population Health Analytics (3 units):

This course explores methods for measuring and analyzing the burden of disease in populations. Students will apply various data sets including disease registries, electronic health records, claims data, and socio-economic data; to measure, trend, and analyze, the impact of disease on various populations.

HCIN 605 Data Structures and Terminologies (2 units):

This course provides the Health Care Analytics, Data Science, Doctoral Nursing, and Informatics student a review of health care standards, terminologies, and quality outcome measure data. Students will examine how these are applied to document, measure, evaluate, and reimburse health care in the United States. This includes standards and terminologies common to Electronic Health records to include the following: The International Classification of Diseases (ICD), Current Procedural Terminology (CPT) code sets, Health Level Seven (HL7) Reference Information Model, Systematized Nomenclature of Medicine (SNOMED), Logical Observation Identifiers, Names, and Codes (LOINC), and RadLex, Standards, terminologies, and outcome measures unique to medicine, Nursing, Allied Health Professionals and Health Care delivery organizations (such as hospitals, clinics, and medical provider practices) is included.

HCIN 610 Advanced Leadership and Systems Management (3 units):

This course explores theoretical and applied principles of leadership in complex health care delivery systems. Students will explore health care organizations to determine how leadership, technology, and system complexity affects care delivery. Students will examine how learning health care systems management differs from traditional systems management and the benefits they offer to complex delivery systems

HCIN 611 Health Care Economics (3 units):

This course analyzes the health care industry and public health systems in the United States. Students will evaluate the impact of both private and public sectors of the health care industry and the impact of competing goals of broad access, high quality, and affordability. This course will also examine the way consumers and providers affect the availability and quality of health care. Additional course topics include supply and demand modeling; cost-benefit analysis; reimbursement models including pay for performance; global drivers on the US healthcare industry and implications of policy, regulatory and political philosophy regarding care.

HCIN 615 Advanced Health Care Analytics (3 units):

This course will explore methods and tools to address a variety of health care issues by leveraging data to design, solve, and test a data-driven hypothesis. This course will explore the application of quantitative and qualitative data to evaluate programs and research studies. Students will also examine data stewardship and data governance roles in organizations that employ enterprise data warehouses (EDW). Data security and privacy are examined from the health care data analyst role. Additional course topics include emerging trends in health care, data science, and bioinformatics.

HCIN 620 Machine Learning Applications to Health Care (3 units):

This course will explore the application of machine learning (ML) to the health care setting. ML is a field of computer science that trains computers to recognize patterns in complex data sets and formulate predictions based upon designed algorithms. ML can be used to predict hospital readmission, identify patients who may develop hospital-acquired infections, and support diagnostic reasoning for clinicians. The course will explore various ML methods to design algorithms for solving common clinical problems. In addition, students will gain a basic understanding of how ML methods can learn from data to find underlying patterns useful for prediction, classification, clustering, and exploratory data analysis.

HCIN 625 Digital Health Care Marketing (3 units):

This course will explore marketing principles and methods utilized in the health care industry from the perspective of a health care leader. Students will learn how to assess market needs for health care organizations and service lines. Course will include case studies to understand ethical, regulatory, and liability issues in health care marketing. Additional course topics include web-based advertising, management of marketing staff, and website design.

HCIN 630 Health Care Law (3 units):

This course explores laws and regulations encountered by health care managers and leaders. Course focuses on strategies to reduce liability to health care organizations. Case studies will assist the Student to examine legal and ethical issues encountered when managing health care delivery systems. This course will examine laws and regulations that govern the relationships between health care providers and entities, the management of employees and medical staff who deliver patient care, labor relations, the management of information, patient rights and responsibilities, and tort law. Students will research an area of health care liability and develop a plan to mitigate risk in the health care setting.

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

Focuses on the critical links between nursing theory, research, and evidence-based practice. Examines the theoretical foundations of nursing science including how theory has influenced the history and current practice of nursing. Emphasizes the importance of research for building an evidence base for nursing practice. Reviews the components of evidence-based practice, with emphasis placed on knowledgeable appraisal of theory and research to evaluate the evidence base for clinical practice.

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

Provides an understanding of nursing's leadership role in the analysis and evaluation of policy, organization, and financing of health care. Focusing on the organization of health care systems, the political and economic forces that influence health care delivery, and the formulation of policies affecting health care.

Capstone Project Description

The Capstone Project represents one of the most significant elements of the Health Care Informatics (HCI) and Nursing Informatics (NI) curriculum. The project integrates all facets of the learning experience and provides the student an opportunity to demonstrate the ability to apply the tools and knowledge acquired during the program to an actual problem encountered in the health care environment. The Capstone project is proposed by the Student and is conducted in collaboration with an agency or may be an independent project/proposal. The HCI/NI student will meet with an assigned faculty mentor/advisor who will guide the student in the topic selection and construction of the proposal. The student is free to focus on an area of career interest or a specific project identified during a residency experience.

Goals of Capstone Project

Demonstrate knowledge of health care informatics, project management, leadership, skills and abilities associated with the Health Care Informatics foundation courses.

1. **Problem-solving:** Demonstrate the ability to apply problem-solving processes, technologies, systems approaches, and innovative thinking to solve problems and create solutions. Apply qualitative and/or quantitative analysis to the decision-making processes.
2. **Communication:** Demonstrate the ability to communicate effectively and specifically demonstrate an ability to design, write, and produce a professional project proposal document including final analysis presentation. The project can be either proposed or completed but each student completes the capstone culmination paper and presentation regardless.
3. **Program Competencies:** Integration of program competencies into the capstone project and experience by documenting how the capstone project has met those defined areas.
4. **Self-Management:** Demonstrate the ability to work independently, creatively, meet deadlines, and operate interdependently with agency colleagues and the faculty mentor/advisor using appropriate assertiveness.

Identification of a Topic

Capstone project topics must be selected and agreed upon with faculty advisor at the start of the second year of the program. Topics are formally approved by the supervising faculty mentor/advisor and must be submitted to the faculty member using the approved form with an APA formatted project proposal. At the conclusion of the project, the student completes a formal analysis of the project with a culmination paper and poster presentation to a selected group of faculty members, agency stakeholders, and students (Research Capstone day). Refer to Appendix B for Capstone Project Approval Form and Appendix C for Capstone Assessment Guidelines.

Health Care Informatics and Nursing Informatics Practicum

The clinical informatics practicum is designed to provide the student with the opportunity to apply didactic knowledge from the classroom to the clinical setting in the role of the clinical informaticist. Students develop skills in the role of the clinical informaticist through guided experiences with health care delivery agencies and others that define the role of the informaticist.

Each student enrolled in the on-ground section of the HCI and NI program are required to complete a 200-hour residency experience in clinical informatics.

To be eligible for the practicum, students must have the following:

Completed HCI 540, 541, 542, 543, 552, and 544 (some students may qualify for the residency prior to completion of these courses and it is at the discretion of the program director and lead instructor).

During the semester(s) that practicum is attempted, the student cannot be on academic probation.

Students must meet all documentation and training requirements for the assigned site.

Student Advising and Registration

For Master of Science students, the Program Director will serve as your advisor during your program. Nurses enrolled in the MSN in Nursing Informatics, Dr. Kathy Klimpel will serve as track advisor. Formal and informal advising times will be available. Your advisor will ensure that you meet all academic and clinical requirements for the program, help resolve issues and problems, and assist in exploring future professional goals and educational options. Formal appointment times may be scheduled by contacting Nina Geissler.

Each semester, students are encouraged to schedule an appointment to meet with Nina Geissler (ngeissler@sandiego.edu) after the USD class schedule for the following semester becomes available (around mid-October for spring semester; and mid-March for fall semester). She will advise students about the courses, master schedule of course offerings, and course prerequisites to assist students in their program planning in order to graduate within their targeted time frame. **She** will register students for classes each semester based on the program plan on file. Registration will be confirmed via email and status confirmed through the MySanDiego portal. **It is the student's responsibility to ensure successful progression through the program including verification of course registration.**

HCI/NI Program Administration

- **Jonathan Mack, PhD, RN:** HCI/HCA/HCL/NI Director
- **Dorothy O'Hagan:** Health Care Informatics Program Coordinator
- **Kathy Klimpel, PhD, RN, CNS:** Nursing Informatics, and Nursing Informatics and Data Science student advisor, Clinical Placement Coordinator
- **Nina Geissler:** Executive Assistant for Health Care Informatics and Nursing Informatics

Certification

Nursing graduates are eligible for certification as Nursing Informaticists through the American Nurses Credentialing Center. Both MS and MSN graduates are eligible for certification through the Healthcare Information and Management Systems Society (HIMSS). Graduates from the MS HCA Health Care Analytics Track meet the academic requirements for certification through the American Health Informatics Association (AHIM) and for Certified Health Data Analytics (CHDA).

Clinical Site Coordination (Kathleen Klimpel) – All clinical placements are coordinated through the HSON Clinical Placement Coordinator (CPC). Every effort is made to secure appropriate placements for each student. Preceptor arrangements are made in collaboration with the course faculty and Program Director. If there is a special request or specific need, this should be discussed with the clinical placement coordinator before the semester begins. Students are not permitted to contact any clinical site or preceptor directly to request placements. Students are encouraged to share potential placement sites with the CPC.

APPENDICES

Appendix A: NI Program Focus Description and Declaration

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A4793a43c-7260-4ce4-b855-2b7591f5a71b>

Appendix B: Capstone Project Approval Form

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A89515455-a7c3-4ea1-bf74-06f0630ece89>

Appendix C: Capstone Assessment Guidelines

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ad679f880-8352-432b-9120-6e12853da47e>

Appendix D: HCIN-545 Course Syllabus

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ae6f1b30c-1755-4105-b646-57e4f292ac28>

Appendix E: HCIN-548 Course Syllabus

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Aafabce62-4175-4e31-b022-f8c25a95289e>

Appendix F: Competencies for Development of Student Portfolio

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A8f638f44-4333-45f6-9c43-6e5777a66881>

Appendix F2: Health Science Knowledge and Skills Competency

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A8d358af2-8da3-4beb-bdea-7abe08e97bbd>

Appendix F2: Leadership and Systems Management Outcome

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Afb404d75-6d72-4469-a991-0afb1d872ab2>

Appendix F3: Systems Design and Management Outcome

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A01c606b5-73da-4e62-ad38-970e3cca496e>

Appendix F4: Data and Knowledge Management Competency

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A716aef8e-ad6a-4bce-b14d-94a0cc3e6d86>

Appendix F5: Quality and Regulatory Competency

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A5b11c6a1-dd47-4daf-812a-560fa8b4963a>

Appendix G: Social Justice and Community Activism

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A9e39693a-8345-43f5-b8e3-b309871465b4>

Appendix G1: Social Justice and Community Activism Proposal

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A6daf65f-8381-493d-8f14-0ad3ed8e8a78>

Appendix H: HCI Practicum Evaluation Tool

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Adf1344dd-fe2b-4650-8769-355e0b365c83>

Clinical Nurse Specialist

Welcome to the Adult - Gerontology Clinical Nurse Specialist Track

It is an honor to welcome each one of you to the University of San Diego (USD) Hahn School of Nursing and Health Science (HSON) Master of Science in Nursing (MSN) – Adult –Gerontology Clinical Nurse Specialist (AG-CNS) Track. The AG-CNS Track prepares nurses for an advanced practice registered nurse (APRN) role as an expert in the care of adults across the lifespan and healthcare continuum. We take great pride in the academic excellence of the CNS program.

This section of the handbook is intended to provide you with information regarding the AG-CNS Track. You are responsible for the information contained in the entire *HSON Student Handbook* and the *University of San Diego Graduate Course Catalog*. It is your responsibility to keep apprised of all changes made in the aforementioned materials. It is our hope that this information will contribute to an enjoyable and successful personal and academic journey at USD. The expectation is that each student will review the handbook and be held responsible for the content.

Your faculty are very experienced and successful nurses who are influential role models in the clinical and classroom settings. They will ensure a high level of excellence and academic rigor as they prepare you to become an AG-CNS. The faculty believes the art of nursing is as important as the science of nursing and are committed to understanding, developing, and evaluating clinical competency.

We encourage you to actively participate in all that USD has to offer. We look forward to getting to know you while you are enrolled in the AG-CNS program at USD.

Sincerely,

The AG-CNS Team

Kathy Marsh, PhD, RN, CNS
Associate Dean
kathymarsh@sandiego.edu

Kathleen M. Stacy, PhD, RN, APRN-CNS,
CCNS, FCNS
Track Coordinator/Clinical
Professor KMStacy@sandiego.edu

Bianca Vazquez Pantoja
Executive Assistant
biancav@sandiego.edu

Sheree Scott, PhD(c), RN, AGCNS-BC,
CMSRN
Track Coordinator/Clinical Professor.
shereescott@sandiego.edu

Nadine Kassity-Krich MBA, RN
Clinical Assistant Professor/ Clinical
Placements Coordinator
nkkrich@sandiego.edu

Overview of USD CNS Track

The Adult - Gerontology Clinical Nurse Specialist (AG-CNS) Track at the University of San Diego (USD) Hahn School of Nursing and Health Science (HSON) has a long history of preparing registered nurses (RNs) at the Master of Science in Nursing (MSN) level for the role of clinical nurse specialist (CNS).

Mission Statement:

The AG-CNS Track prepares graduates to provide advanced nursing care across the continuum of healthcare services - wellness through acute care - to meet the specialized needs of the adult-gerontology patient population (young adults, adults, and older adults).

CNSs are one of the four types of advanced practice registered nurses (APRNs). They have either a master's or doctorate in nursing and are educated in pathophysiology, pharmacology, and physical assessment, in addition to their area of specialty. CNSs are expert clinicians with advanced education in a specialized area of nursing practice who work in a wide variety of health care settings, such as a hospital, private practice, or a clinic. CNSs provide diagnosis, treatment, and ongoing management of patients who are acutely or chronically ill. They also provide expertise and support to nurses caring for patients at the bedside, help drive practice changes throughout the organization, and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes. CNSs have the skills and expertise to identify gaps in health care delivery. They have the expertise to help design, implement, assess and evaluate health care interventions to improve health care delivery and outcomes.

In the AG-CNS Track, students build on their broad-based undergraduate nursing education and prior practice experience and move forward within the profession to a higher level of expertise in an area of advanced practice. The AG-CNS Track requires coursework in core Masters courses focused on the role of theory and research in evidenced-based practice, health policy and health care systems, and healthcare informatics. Core courses provide advanced content in physical assessment, pathophysiology, and pharmacology. With this foundation, the clinical practicum sequence involves courses on the CNS role and the management of adults throughout the life span and across the health care continuum. Supervised clinical experiences support the individual student's educational and career goals.

The curriculum for the AG-CNS Track is based upon:

1. *The Essentials of Master's Education in Nursing* (2010) (<https://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf>) from American Association of Colleges of Nursing
2. *Graduate-Level QSEN Competencies - Knowledge, Skills and Attitudes* (2012) (<http://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/Graduate-QSEN-Competencies.pdf>) from American Association of Colleges of Nursing QSEN Education Consortium
3. USD HSON MSN Track Outcomes

4. Statement on Clinical Nurse Specialist Practice and Education (2019) from the National Association of Clinical Nurse Specialists (NACNS).
5. *Adult-Gerontology Clinical Nurse Specialist Competencies* (2010) (<http://nacns.org/wp-content/uploads/2016/11/adultgeroCNScomp.pdf>) from American Association of Colleges of Nursing, The Hartford Institute for Geriatric Nursing at New York University, and National Association of Clinical Nurse Specialists.

The AG-CNS Track meets the:

1. California Board of Registered Nursing Application Requirements for Clinical Nurse Specialist Certification (2019) (<https://www.rn.ca.gov/pdfs/applicants/cns-app.pdf>) from the State of California Department of Consumer Affairs.
2. Requirements outlined in the Statement on Clinical Nurse Specialist Practice and Education (2019) from the National Association of Clinical Nurse Specialists (NACNS).

Graduates are eligible for board certification as:

1. Adult-Gerontology Clinical Nurse Specialist (ACCNS-AG) through American Association of Critical-Care Nurses (<https://www.aacn.org/certification/get-certified/accns-ag>)
2. Adult-Gerontology Clinical Nurse Specialist (AGCNS-BC) through American Nurses Credentialing Center (<https://www.nursingworld.org/our-certifications/adult-gerontology-clinical-nurse-specialist/>)

AG-CNS Track Outcomes

AG-CNS^a Track Program Outcomes^b:

1. Use a holistic perspective in the advanced nursing management of health, illness, and disease states to promote health or well-being and improve the quality of life of patients, families, and groups of patients.
2. Consult with patient, staff, or other professionals to assist with complex problem solving.
3. Manage change to influence clinical practice and political processes both within and across systems.
4. Empower others to influence clinical practice and political processes both within and across systems.
5. Work jointly with others to optimize clinical outcomes using authentic engagement and constructive patient, family, system, and population-focused problem-solving.
6. Employ skillful guidance and education to advance the care of patients, families, groups of patients, and the profession of nursing.
7. Apply an evidence-based approach in clinical practice and quality improvement.
8. Act on ethical concerns at the patient, family, health care provider, system, community, and public policy levels.

^aThe patient population of the adult-gerontology CNS practice includes young adults, adults, and older adults in all contexts of care.

^bThese outcomes are derived from the Adult-Gerontology CNS Competencies.

AG-CNS Competencies

The Adult-Gerontology Clinical Nurse Specialist Competencies (2010) (<http://nacns.org/wp-content/uploads/2016/11/adultgeroCNScomp.pdf>) are the core competencies that are expected of students at the completion of their program of study. These abilities are organized into domains and linked to the NACNS Three Spheres of Impact (Patient, Nurse/Nursing, and Systems/Organization), each defined by specific competencies that represent successful practice.

AG-CNS Faculty and Staff

Associate Dean of the Masters and International Nursing Programs:

Dr. Kathy Marsh is responsible for overall leadership of the Masters Programs. Available by appointment to all students with questions, concerns, issues that cannot be satisfactorily addressed by CNS Track Coordinator or Clinical Placement Coordinator.

AG-CNS Track Coordinator:

Dr. Kathleen Stacy and Professor Scott are responsible for coordinating the CNS Track as well as advising students. They are available by appointment to all students.

Clinical Placement Coordinator (CPC):

Professor Nadine Kassity-Krich maintains the CNS roster of clinical preceptors and sites, works with faculty in development of new sites (as needed), and works collaboratively with the faculty and students to plan for and arrange the clinical placement(s) needed for the next semester/term. The CPC works within the parameters for planning clinical placements outlined in this handbook. Any exceptions must be approved by Dr. Stacy. Students should respond promptly to any messages from the CPC during the clinical placement process. Professor Kassity-Krich can be reached at nkkrich@sandiego.edu.

Executive Assistant (EA):

Bianca Vazquez Pantoja serves as the EA for the CNS Track of the MSN program. She can be reached at biancav@sandiego.edu.

Theory and Practicum Faculty:

Theory faculty coordinate seminar activities and learning experiences in the classroom theory courses. Practicum faculty provide mentoring and clinical supervision to individual students in clinical courses. This faculty member is your primary resource regarding any problems or issues that arise related to your practicum experience.

Academic Advising

Each semester, students should make an appointment to meet with his or her advisor, Dr. Kathleen Stacy, CNS Track Coordinator to confirm the courses to be taken in the upcoming semester. Dr. Stacy can be reached at: kmstacy@sandiego.edu. Her office is located in the Hahn School of Nursing, room 205. Office telephone extension is 7526.

The student will be advised about the courses, master schedule of course offerings, and course prerequisites to assist in planning for completion of the program within his or her targeted timeframe. Early and individualized consultation between the student and his/her advisor following admission and each semester while the student is in the program is recommended. Periodic advisement regarding course registration and long-range planning is an important and prerequisite for meaningful learning experiences.

The program plan is a schedule of the courses that the student will take each semester. A copy of individualized program plan will be given to the student for his or her own records. As the CNS courses are programmed to be taken in a sequential sequence it is important to notify Dr. Stacy if, at any time, the student plans to change his or her initial program of study. This insures that courses the student needs will be offered when he or she is scheduled to take them.

Most on-campus courses are clustered on one or two days during the fall, spring and summer semesters. Students should plan one to two days each week for clinical practicum hours.

AG-CNS Track Curriculum

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

The sequence of clinical courses provides students with the opportunity to integrate and apply the knowledge base learned in the classroom in a variety of practice settings. The identification of clinical settings and preceptors is a collaborative process between students, faculty, and Clinical Placement Coordinator (CPC) that takes place one semester in advance of enrollment in each clinical course.

Students need to be active, self-directed learners, especially in the clinical component of their program. The theory course sequence does not always coincide with the knowledge a student needs to have in specific practice settings. Therefore, students often need to prepare themselves on their own regarding what they need to know in their clinical placement without waiting until it can be discussed in class.

AG-CNS Track Curriculum	Total Units	Theor y	Clinic al
<i>Fall Semester 1</i>			
MSNC 511 Evidence Based Practice	3	3	
ACNS 619 APRN Role	3	3	
APNC 520 Pathophysiology	3	3	
Total	9	9	
<i>Spring Semester 1</i>			
ACNS 632 Adult Gerontology I: Practice in the Patient Sphere	3	3	
ACNS 632P Practicum: Practice in the Patient Sphere	3		3
ACNS 521 APRN Physical Assessment	4	3	1
Total	10	6	4
<i>Summer Semester 1</i>			
ACNS 634 Adult Gerontology II: Practice in the Nurse Sphere	3	3	
ACNS 634P Practicum: Practice in the Nurse Sphere	2		2

HCIN 540 Informatics	3	3	
Total	8	6	2
<i>Fall Semester 2</i>			
ACNS 636 Adult Gerontology III: Practice in the Organizational/Systems Sphere	3	3	
ACNS 636P Practicum: Practice in the Organizational/Systems Sphere	2		2
ACNS 524 Advanced Pharmacology	3	3	
ACNS 600 Transition to CNS Practice	1	1	
Total	9	7	2
<i>Spring Semester 2</i>			
ACNS 638 Adult Gerontology IV: Advanced Practice	3	3	
ACNS 638P Practicum: Advanced Practice	3		3
MSNC 512 Health Policy	3		
Total	9	6	3
<i>TOTAL PROGRAM UNITS</i>	<i>45</i>	<i>33</i>	<i>11</i>

AG-CNS Track Courses

Successful completion of both theory and practice course with a letter grade B- or higher is necessary to complete program.

Course Descriptions of APRN Required Courses

These courses are specifically designed to address the needs of the APRN:

APNC 520 Advanced Pathophysiology (3 units):

This course focuses on pathophysiological processes across the lifespan and the development of clinical reasoning skills required in advanced practice nursing.

- Distinguishes between normal physiology and specific system alterations produced by injury and disease.
- Explores etiology, pathogenesis, developmental and environmental influences, and clinical manifestations of major health problems.

ACNS 521 Advanced Physical Assessment (4 units -theory and lab):

This course explores the theoretical and clinical practice principles of advanced physical assessment of all human systems.

- Uses advanced assessment techniques, concepts, and approaches for comprehensive data gathering, analysis, and documentation including history taking and physical examination.
- Differentiates abnormalities from common normal variations characteristic of various developmental, cultural, and ethnic groups.
- Laboratory-based practicum experiences provide the opportunity for the integration of theory with role responsibilities specific to physical assessment.

ACNS 524 Advanced Pharmacology (3 units):

This course explores the theoretical and clinical practice principles needed to assess, manage, and recommend treatment plans, utilizing broad categories of pharmacologic agents, for common and complex health problems in a safe, high quality and cost-effective manner.

- Emphasizes the application of pharmacotherapeutics, pharmacodynamics, pharmacokinetics, and pharmacogenomics skills into clinical practice.

Course Descriptions of AG-CNS Required Courses

These courses are specifically designed to address the role of the AG-CNS:

ACNS 600 Transition to CNS Practice

This course focuses on the transition of the Adult-Gerontology Clinical Nurse Specialist (AG-CNS) into clinical practice.

- Explores the pathways to CNS certification/licensure, job preparation, and succeeding in practice settings
- Examine the concept of imposter syndrome and methods for overcoming it.

ACNS 619 Specialty Role and Practice Foundations (3 units):

This course provides an overview of the role of the Clinical Nurse Specialist (CNS) with a practice focus on adults and gerontology (wellness to acute care).

- Explores the spheres of influence and core competencies for CNS practice.
- Examines theoretical foundations of reflective, evidence-based advanced nursing practice for individuals 20 years of age and older.

ACNS 632 Adult-Gerontology I - Practice in the Patient Sphere (3 units):

This course provides an in-depth inquiry into the role of the clinical nurse specialist (CNS) within the patient sphere with a practice focus on adults 20 years of age and older.

- Explores the theoretical concepts utilized in advanced nursing practice in the management of patients along the continuum of care from wellness to illness, experiencing acute, chronic, or terminal illnesses.
- Requires concurrent enrollment in ACNS 632P.

ACNS 632P Adult-Gerontology I - Practice in the Patient Sphere Practicum (3 units):

This course provides an opportunity to carry out the clinical nurse specialist (CNS) role within the patient sphere with adults 20 years and older.

- Emphasizes the application of the theoretical concepts utilized in advanced nursing practice in the management of patients along the continuum of care from wellness to illness, experiencing acute, chronic, or terminal illnesses.
- Requires concurrent enrollment with ACNS 632.

ACNS 634 Adult-Gerontology II: Practice in the Nurse Sphere (3 units):

The course analyzes and operationalizes principles of clinical leadership with nursing staff who care for individuals 20 years of age and older in a variety of settings.

- Emphasizes process of change, promotion of innovation, and diffusion of evidence for quality practice.
- Requires concurrent enrollment in ACNS 634P

ACNS 634P Adult-Gerontology II: Practice in the Nurse Sphere Practicum (2 units):

This course provides an opportunity to enact the role of the CNS within the nurse sphere with a practice focus on adults 20 years of age and older.

- Emphasizes skillful guidance and teaching of nursing staff to advance the care of patients, families, groups of patients, and the profession of nursing.
- Requires concurrent enrollment in ACNS 634.

ACNS 636 Adult-Gerontology III: Practice in the Organizational/Systems Sphere (3 units):

Emphasizes theories and principles of change management at the systems level.

- Analyzes leadership principles in organizations/systems in which nursing care is provided for individuals 20 years of age and older.
- Requires concurrent enrollment in ACNS 636P.

ACNS 636P Adult-Gerontology III: Practice in the Organizational/Systems Sphere Practicum (2 units):

This course emphasizes applying theories and principles of change management at the systems level.

- Operationalizes leadership principles in organizations/systems in which nursing care is provided for individuals 20 years of age and older.
- Requires concurrent enrollment in ACNS 636.

ACNS 638 Adult Gerontology IV: Advanced CNS Practice (3 units):

This course focuses on further development of evidence-based clinical knowledge in a selected area of practice.

- Provides opportunities to explore CNS role development issues.
- Based on a gap analysis, an evidence-based practice change is designed, implemented, evaluated, and presented relative to an evidence-based benchmark.
- Requires concurrent enrollment in ACNS 638P.

ACNS 638P Adult Gerontology IV: Advanced Practicum (3 units):

This course focuses on further development of evidence-based clinical knowledge and expertise in a selected area of practice.

- Students design an evidence-based clinical project to improve the care for individuals 20 years of age and older.
- The project is implemented using an evidence-based approach to a clinical problem or professional issue.
- Requires concurrent enrollment in ACNS 638.

Clinical Practicums

Clinical practicums are a key component of the CNS Track and may take place with qualified preceptors in acute, chronic, long-term, assisted living, ambulatory care, or community settings who in their roles operationalize the three spheres of impact. Applying theory to practice, developing collegial relations with other members of the health care team, experiencing risk-taking, and gaining knowledge and skill as an AG-CNS are all part of preparing for advanced nursing practice. All clinical placements are coordinated by the Clinical Placement coordinator. Every effort is made to secure appropriate placements for each student. All arrangement for

preceptors is made in conjunction with the hospitals and HSON. **Students are not permitted to contact any clinical site or preceptor directly to request placements.**

The AG-CNS Track uses a number of different clinical preceptors for clinical learning. The preceptors are academically and clinically qualified role models who maintain a 1:1 preceptor/student relationship. The CNS Track usually uses CNSs as clinical preceptors. However, NPs and other master's prepared RNs may serve as clinical preceptors depending on the focus of the practicum.

Preceptors are selected based on their desire to participate in the program, their availability to serve as a preceptor for the designated time period, and their ability to provide the student with the appropriate experiences to meet the practicum requirements. The CNS Program Coordinator and Clinical Placement Coordinator meet several times during the semester to identify appropriate placements for the next semester. Once identified, the Clinical Placement Coordinator places a request into the San Diego Nursing Service Education Consortium. The consortium then contacts the agency and obtains the preceptor's consent to mentor the student for the designated time period.

Once a commitment has been established between the preceptor and a specific student, the Clinical Faculty for the course contacts the preceptor via email and information is exchanged regarding the student and the focus of the practicum. In addition, documents are sent to the preceptor including (1) a copy of the course syllabus (theory and practicum), (2) the sphere-specific competency evaluation checklist, and (3) a preceptor data form. The preceptor is asked to complete the form, which is then given to the student to return to the Clinical Placement Coordinator. The preceptor is also provided contact information for the Clinical Faculty and the CNS Program Coordinator. The student then contacts the preceptor and sets up the clinical experience. The student and the preceptor meet and develop preceptor/student-specific objectives for the clinical experience based on the course objectives. A Preceptor Handbook describing preceptor expectations and guidelines is available for new and prospective preceptors.

The Clinical Faculty maintains contact with the preceptor throughout the semester. At the end of the experience, the student completes an evaluation of the preceptor. The CNS Program Coordinator and Clinical Placement Coordinator review all the evaluations at the end of the semester.

Clinical Practicum Requirements

A minimum of 10 semester units of clinical practicum are required in the MSN option to gain beginning skills and meet the standards of the national and state credentialing and regulatory boards. Each unit of clinical practicum is equal to 54 clock hours per unit per semester. The CNS Track provides a total of 540 clock hours of supervised clinical experience. Five hundred (500) clinical hours are required for state of California BRN CNS certification.

Students should plan approximately 2 to 3 weekdays free each week for class and clinical experience during the semester. At any point in the semester, faculty may wish to make a site visit to evaluate the quality of the student's learning. Due to hectic schedules, conference call meetings are the routine method of communication with faculty, student, and preceptor. Students need to plan ahead for this with their families and employers as necessary and explore all possible options

Clinical Practicum Considerations

- Each student will work with a variety of preceptors over the course of the program. The student will ideally be placed with the same preceptor for the final two semesters. This will facilitate early planning work on an evidence-based practice project, ensuring the student will be able to complete a project in the second semester.
- Students who are in the military should have at least one practicum experience in a civilian health care setting during their program to broaden their experience base.
- Students may not use their worksites or relative's practices for clinical experiences, even if the patient population, etc. is appropriate. This causes role confusion for the student and the staff in that setting and experience has shown that this does not usually provide an appropriate learning environment.
- Clinical sites must be within a 60-mile radius of the USD campus in order to keep faculty travel time for clinical visits reasonable. Any exceptions must be approved by the Associate Dean of the Masters and International Nursing Programs.

Clinical Preceptorship

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

Clinical Preceptors

Preceptors are experienced providers who *volunteer* to mentor students. This means taking on a responsibility over and above the heavy demands of their health care provider role. However, it is a big commitment for any preceptor to make, especially in the current era of cost-cutting and increased productivity expectations in most health care settings. For example, agreed upon days

and times for clinical experiences should not be changed in any way without prior notification and approval of the preceptor. Students should be considerate in all their dealings with their preceptors and, at the end of their experience, send a thank-you note expressing their appreciation for the time and energy the preceptor has invested in their professional development in the role. Both faculty and students are important ambassadors for the University and the profession in all their contacts with preceptors.

The AG-CNS Track usually uses CNSs as clinical preceptors. However, NPs and other master's prepared RNs may serve as clinical preceptors depending on the focus of the practicum. Preceptors are expected to:

1. Provide a practice setting and patient population that facilitates student learning and achievement of course objectives.
2. Provide adequate space in the clinical facility to allow learning to occur.
3. Willing to precept the student in the clinical setting for the required number of hours within the timeframe of the clinical course.
4. Make available time to periodically review the student's learning objectives and provide the student with direction related to his/her achievement in that setting.
5. Critically evaluate the student's progress during and at the end of the clinical experience.
6. Participate in the student's evaluation of the learning experiences provided.
7. Communicate with the clinical faculty periodically to discuss the student's progress and to communicate with them by phone as needed during the semester to facilitate the student's progress.

Documentation of Clinical Experience: The student is expected to document his or her clinical experience:

1. Student's learning objectives for each clinical course (developed with the preceptor and based on the practicum objectives)
2. Clinical logs with summary of hours (including documentation of activities, reflections on the experience, and clinical faculty feedback)
3. Competency Evaluation Checklist for ACNS 632P, ACNS 634P, and ACNS 636P (Each is sphere-specific)
4. Student documentation of completion of clinical objectives
5. CNS Student Evaluation of Preceptor Experience

Clinical Logs: Entries are required for each clinical day throughout the program. An orientation to completing clinical log entries will be provided in your first clinical course. You are expected to submit regular reports of your clinical encounters to your clinical faculty and a summary of total hours at the end of the semester. The purpose of noting your clinical experiences is to facilitate your learning and integration of all aspects of the role and CNS competencies. This log can be used to focus your thinking about what the most important aspects of that day's experience were upon which to reflect in relation to your learning goals. They clinical log

should be submitted to for your clinical instructor for review at least every week throughout the semester.

Preceptor/Site Evaluation: At the end of each clinical semester, every student must fill out a CNS Student Evaluation of Preceptor Experience form for each preceptor/site where he/she has had clinical experience. This completed form is then routed to the Clinical Placement Coordinator. This feedback provides important information to guide future clinical placement decisions.

Each student is responsible for submitting the required document electronically to the clinical faculty following the instructions in the course syllabus. At the end of the semester the clinical faculty is responsible for completing a final evaluation and ensuring all the required document is complete.

Guidelines for Planning Evidence-Based Practice Project

ACNS 638 and ACNS 638P provide the individual student an opportunity to implement and evaluate an evidence-based project (EBP) in a health care agency. The project design and planning begin in ACNS 636. The EBP project process is designed to enhance student clinical practice, nursing leadership, and organizational, communication, and project management skills. When the projects are complete, students will write an executive summary report and design and present a poster on campus. Students may also be asked by their preceptors to make a stakeholder presentation at the health care agency.

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

In collaboration with the clinical and theory faculty and preceptor, identify an EBP project designed to meet a need or solve a problem within the setting. An EBP project includes:

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

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

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

Examples of EBP Project Topics

- Evidence-based Computer-Based Training to Enhance RNs’ Knowledge of Standardized Emergency Medical Procedures
- An Evidence-based Intensive Care Unit Registered Nurse Educational Program for Delirium Recognition
- The Effects of an Evidence-based Hourly Rounding Program on Staff Satisfaction in the Emergency Department
- Evidence-based Education to Raise Awareness and Knowledge of Health Literacy
- Evaluation of RN Compliance with Peripherally Inserted Central Catheter Care Following an Evidence-based Teaching Intervention
- Evidence-based Congestive Heart Failure Educational Teaching among Seniors
- RN Knowledge & Documentation of Evidence-Based Guidelines in Chemotherapy-Induced Nausea & Vomiting
- Comparison of Two Pain Evidence-based Assessment Methods in Critical Care
- The Effect of an Evidence-based RN Education Program on the Use of the Morse Fall Scale

AG-CNS Track Evaluation

The evaluation process for the CNS Track includes obtaining input regarding the program curriculum, faculty, clinical agencies and students. This process assists the School of Nursing to: 1) keep its programs focused on the health trends in society, with curricula that address the major health problems of the population, 2) assess faculty strengths, 3) monitor the students' progression through the program, and 4) identify areas where program improvement is needed.

Students: Students' performance is evaluated in each course as they progress through the program. The evaluation covers theoretical learning as well as the application of clinical knowledge and the demonstration of clinical skills. Both clinical faculty and preceptors evaluate each student in each succeeding semester of enrollment in a clinical course. Performance expectations increase with each successive clinical management semester. These evaluations are maintained in each student's file. Acceptable progress in clinical performance must be demonstrated throughout the program in order to graduate. Specific methods of evaluation for each course are noted in each course syllabus.

Course Evaluation: At the end of each semester, students are asked to evaluate each course, the faculty who taught it, and their preceptors and clinical placements. The data are reviewed, and changes are made when they are feasible and will strengthen the course/program.

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

Professional Organizations

Students are encouraged to join the National Association of Clinical Nurse Specialists (www.nacns.org) and CA CNS organization (<https://cacns.org/>)(the state affiliate of NACNS). One does not have to be a member of NACNS to join this state affiliate.

Credentials and Certification

CNS Track graduates will need to seek credentials (second license or certification) from the state regulatory board where they plan to practice. The California (CA) BRN requires certification in order to hold oneself out as a CNS. Board certification as a CNS is not required to apply for the CA BRN certification. However, other states may require a national certification from a professional certifying body or students may wish to do this even if not required by the state(s) in which they plan to practice. Board certification is a competency-based examination that provides a valid and reliable assessment of the entry-level clinical knowledge and skills of clinical nurse specialists. Once the student has completed the eligibility requirements to take the certification examination and successfully passed the exam, the student is awarded the certification.

Certifications that may be pursued through either of these organizations:

1. Adult-Gerontology Clinical Nurse Specialist (ACCNS-AG) through American Association of Critical-Care Nurses (<https://www.aacn.org/certification/get-certified/accns-ag>)
2. Adult-Gerontology Clinical Nurse Specialist (AGCNS-BC) through American Nurses Credentialing Center (<https://www.nursingworld.org/our-certifications/adult-gerontology-clinical-nurse-specialist/>)

Nurse Practitioner

Welcome to the Nurse Practitioner Track and Post Master's Certificate in Emergency Care for Family Nurse Practitioners.

It is an honor to welcome you to the University of San Diego (USD) Hahn School of Nursing and Health Sciences (HSON) Bachelor of Science in Nursing (BSN) Doctor of Nursing Practice Nurse Practitioner (NP) Program/Tracks and the Post Master's Certificate in Emergency Care for Family Nurse Practitioners Program (APRN ENP Certificate Program)

This section of the handbook provides information regarding the NP Tracks and APRN ENP Certificate Program. You are responsible for the information contained in the entire *HSON Student Handbook* and the *University of San Diego Graduate Course Catalog*. Please keep apprised of all changes made in the aforementioned materials. It is the hope of our faculty that this information will contribute to an enjoyable and successful personal and academic journey at USD. The expectation is that each student will review the handbook and be responsible for the content.

Your faculty are very experienced and successful Nurse Practitioners who are influential role models in the clinical and classroom settings. They will ensure a high level of excellence and academic rigor as they prepare you to become a Nurse Practitioner. With today's rapidly changing healthcare environment, the faculty remain more committed than ever to guide you on your education journey to improve health for patients, communities, and healthcare systems.

We look forward to getting to know you as you progress through the NP Tracks and APRN ENP Certificate Program at USD.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Mack', written in a cursive style.

Dr. Jonathan Mack
Director, HCI/NI Programs, DNP/NP
Programs, Innovative Learning Services

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

DOCTOR OF NURSING PRACTICE PRIMARY CARE NURSE PRACTITIONER
PROGRAMS AND POST MASTER'S CERTIFICATE IN EMERGENCY CARE FOR FAMILY
NURSE PRACTITIONERS
HANDBOOK

OVERVIEW

The University of San Diego has a long history of preparing nurse practitioners (NPs). Students may pursue NP educational preparation in a doctoral degree program and one certificate program: Doctor of Nursing Practice (DNP) and one Post Master's Certificate in Emergency Care for Family Nurse Practitioners. There are five primary care specialty Track options in the in the DNP degree program. They include the family nurse practitioner (FNP), dual certification pediatric nurse practitioner and family nurse practitioner (PNP/FNP), dual certification adult-gerontology nurse practitioner and family nurse practitioner (AGNP/FNP), Family Nurse Practitioner in Emergency Care (FNP in ENP) and psychiatric-mental health nurse practitioner (PMHNP). In Fall 2019, admission to the MSN tracks only included the PMHNP and FNP. As admission to the dual tracks (PNP/FNP and AGNP/FNP) were only at the BSN to DNP level. Fall 2019, was the last year the HSON accepted applications to the NP MSN tracks. In accordance with NONPF recommendations, the MSN NP tracks were phased out over the past few years.

In 2006, 2010, 2014 and again in 2019, the NP program was re-approved by the California Board of Registered Nursing (BRN). The most recent approval extends through 2024. The PNP program is approved by the Pediatric Nursing Certification Board (PNCB) through 2018 and graduates are eligible to sit for their certification examination, the gold standard for PNP practice. The HSON was re-accredited by the Commission on Collegiate Nursing Education (CCNE) in 2020 for 10 years through June, 2030. The Post MSN DNP Program received initial accreditation in 2008 and similar accreditation was granted for the BSN to DNP Program in 2010. A CCNE site visit for continuing full accreditation of the DNP Program was conducted in 2020 and was re-accredited through 2025. In addition, USD was re-accredited in 2012 by the Western Association of Schools and Colleges (WASC).

The Post-Master's Certificate in Emergency Care for Family Nurse Practitioners was developed and implemented because of a need in the Southern California community to hire emergency nurse practitioners in emergency departments (EDs), critical access hospitals, fast-track EDs, freestanding urgent care clinics, convenient care clinics, and correctional facilities. These NPs require specialized emergency content, knowledge, and skills to work specifically in emergency care settings. The Post-Master's Certificate in Emergency Care for Family Nurse Practitioners program began in the summer of 2019.

The BSN to DNP Program, MSN NP Program and APRN ENP Certificate Program have an outstanding cadre of full-time and part-time faculty who engage in scholarly teaching, clinical practice, and research. Dr. Jonathan Mack serves as the Director of the DNP/NP Programs. Dr. Michelle Kabakibi serves as the Program Coordinator of the NP/ENP programs and Dr. Mike Terry serves as the Coordinator of the PMHNP Track. Dr. Joseph Burkard serves as the Program Coordinator of the DNP Program. They are well qualified to provide leadership for both degree and certificate programs. Most full-time faculty across NP tracks and hold a doctorate, either a PhD or DNP. Full-time faculty teaching NP courses as well as all part-time clinical faculty are board certified, engage in clinical practice, and are committed to mentoring the next generation of DNP, MSN NP and APRN ENP Certificate Program students. The NP specialties in both the DNP, MSN programs, and APRN ENP Certificate Program are supported by lead Track faculty with significant clinical expertise in their respective specialties. In addition, the Clinical Placement Coordinator, Amy Wright and Executive Assistant, provide essential support services for both programs.

THE STANDARDS OF EDUCATION FOR NURSE PRACTITIONERS

The Primary Care Nurse Practitioner (PCNP) program and APRN ENP Certificate Program curriculum is informed by the 2008 National Council of State Boards of Nursing Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education (LACE), the Practice Doctorate Nurse Practitioner Entry Level Competencies (NONPF, 2017), the Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016), the National Panel for Psychiatric Mental Health NP Competencies (NONPF, 2003), the Pediatric Nursing Certification Board (PNCB, 2018), AACN's Essentials of Doctoral Education for Advanced Nursing Practice (2006), AACN's Essentials of Master's Education in Nursing (2011), and AACN's Graduate Level QSEN Competencies (2012). The NPTC primary care clinical management series are based on the DNP and MSN Essentials, as well as the NONPF NP Core Competencies and Population-Focused Competencies for NPs (FNP, PNP/FNP, AGNP/FNP, and PMHNP). The Family Nurse Practitioner in Emergency Care concentration and APRN ENP Certificate Program is informed by the ENP Competencies as outlined in the Proposed Standardized Educational Preparation for the ENP (Jennifer Wilbeck et al, 2018) and the Practice Standards for the ENP Specialty (AAENP, 2018). These competencies were updated from the Emergency Nurses Association (ENA), Delphi Study, Competencies for Nurse Practitioners in Emergency care (Hoyt, 2008). These new ENP competencies have been endorsed by both Emergency Nurses Association (ENA) and the American Academy of the Emergency Nurse practitioners (AAENP).

NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES

The National Organization of Nurse Practitioner Faculties (NONPF) Nurse Practitioner Core Competencies (NONPF, 2017) were used as a guideline for development of the BSN DNP, MSN NP, and APRN ENP Certificate Program curriculum in order to prepare graduates from all five NP Tracks for the full scope of NP practice. The nine competencies are organized by domains and include:

1. Scientific Foundation
2. Leadership

3. Quality
4. Practice Inquiry
5. Technology & Information Literacy
6. Policy
7. Health Delivery Systems
8. Ethics
9. Independent Practice

NURSE PRACTITIONER PROGRAM

The **University of San Diego (USD) Masters of Science in Nursing (MSN) Nurse Practitioner (NP) program has been established for nearly 36 years.** The first cohort of students admitted to the BSN DNP Program occurred in fall, 2010. The Post-Masters Certificate in Emergency Care for Family Nurse Practitioners program began in the summer of 2019.

The **purpose** of the USD NP Programs and APRN ENP Certificate Program is to prepare Family Nurse Practitioners (FNP), Pediatric Nurse Practitioners/Family Nurse Practitioners (PNP/FNP), Adult-Gerontology Nurse Practitioners/Family Nurse Practitioners (AGNP/FNP), Family Nurse Practitioner in Emergency Care (ENP/FNP), and Psychiatric/Mental Health Nurse Practitioners (PMHNP) for advanced practice roles in the provision of **primary care** in a variety of primary care settings. This includes individuals and families across the lifespan (FNP); throughout childhood and adolescence (birth-21 years of age) as well as across the lifespan (PNP/FNP); throughout the adult lifespan (13 years of age-oldest old) as well as across the lifespan (AGNP/FNP); and across the lifespan with acute and chronic primary, urgent and emergent care (ENP/FNP); and across the lifespan with acute and chronic mental health conditions (PMHNP). The NP scope of practice in the state of California requires collaboration with physician colleagues through development and implementation of standardized procedures and protocols for overlapping medical functions. Even though, NPs have been granted full practice authority within the Veteran's Administration at the federal level and in San Diego, the HSON continues to prepare NP students for independent practice (for positions at the VA) and our curriculum includes scope of practice regulations in the state of California.

Legal Authority for Practice: The NP does not have an additional scope of practice beyond the usual RN scope and must rely on standardized procedures for authorization to perform overlapping medical functions (CCR Section 1485). Section 2725 of the Nursing Practice Act (NPA) provides authority for nursing functions that are also essential to providing primary health care which do not require standardized procedures. Examples include physical and mental assessment, disease prevention and restorative measures, performance of skin tests and immunization techniques, and withdrawal of blood, as well as authority to initiate emergency procedures.

Graduate Learning Outcomes & Objectives

The **specific objectives of the BSN DNP and APRN ENP Certificate Programs** have been formulated based on these competencies and in compliance with the various regulating organizations. Both sets of program objectives focus on the preparation of competent NPs who possess the knowledge and skills in physical and psychosocial assessment, differential diagnoses, diagnostics, and therapeutics required to effectively manage the primary care-related health-illness needs of the age groups within the scope of each NP Population Foci. In the BSN DNP Program, graduates additionally attain leadership expertise at the clinical doctorate level. The program builds on a core knowledge in the scientific, philosophical, ethical, health policy and business aspects of clinical practice that provide a foundation for the clinical coursework, DNP scholarly practice, and final evidence-based translational project. Overall, these objectives are reiterated in the practicum course syllabi and are congruent with the stated purpose of the NP Tracks and the overall purpose and goals of the BSN DNP, MSN NP, and APRN ENP Certificate Programs.

For the **Doctor of Nursing Practice** program, the following learning outcomes must be achieved in preparation for independent APRN practice:

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

At the Master of Science in Nursing Program and APRN ENP Certificate Program, the faculty expects that NP graduates will achieve the following **learning outcomes** in preparation for *collaborative* and *patient-centered* practice:

1. Critically assess the health problems commonly seen by NPs in the age groups specific to the scope of practice of the relevant population foci.
2. Collaboratively manage the health problems commonly experienced in these client populations using pharmacologic and non-pharmacologic therapeutic modalities.
3. Perform comprehensive health appraisals to identify client strengths and health risks as a foundation for evidence-based health promotion and illness prevention.

4. Engage in strategies that empower individuals from selected client populations to promote and maintain health and prevent illness.
5. Collaborate with and refer to other health providers and community resources to resolve acute and chronic conditions.
6. Use evidence-based practice and practice guidelines to meet the needs of diverse populations.
7. Analyze health care delivery systems and practice patterns to minimize health care disparities and improve access, care quality, outcomes, and cost-effectiveness.
8. Incorporate ethical, regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology.
9. Demonstrate leadership in inter-professional practice to develop and implement policies to improve health care delivery and outcomes at institutional and local levels.

Program Description

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

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

The *FNP Track* provides nurses with advanced knowledge and skills necessary to manage the health problems of individuals and families throughout the lifespan in a variety of primary care settings. Students are prepared to assume leadership in providing quality health promotion, disease prevention, maintenance, and restoration services to families and individuals of all ages and developmental levels in public and private clinics, community health centers, retail health care, school and student health centers, including those providing care to culturally diverse and medically under-served population groups in the San Diego area. Students gain skills in

advanced health assessment, clinical decision-making, and case management necessary for practice as FNPs in today's rapidly changing health care system.

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

The *FNP in Emergency Care (FENP) Track* provides nurses with the advanced knowledge and skills necessary to provide assessment and management of individuals across the lifespan in emergency care settings. Students are prepared to evaluate the evidence for screening, differential diagnosis, and management of primary, urgent, and emergent health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Students gain skills in advanced health assessment, clinical decision-making, and case management necessary to practice in urgent cares, emergency rooms and correctional health facilities. Graduates are eligible for licensure as Nurse Practitioners in the State of California and national certification by American Nurses Credentialing Center or the American Association of Nurse Practitioners as FNPs and American Association of Nurse Practitioners as ENPs.

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

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

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

The Post-Graduate APRN Certificate Program in Emergency Care for Family Nurse Practitioners (APRN ENP Certification) Program provides nurses with the advanced knowledge and skills necessary to provide assessment and management of individuals across the lifespan in emergency care settings. Students are prepared to evaluate the evidence for screening, differential diagnosis, and management of primary, urgent, and emergent health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Students gain skills in advanced health assessment, clinical decision-making, and case management necessary to practice in urgent cares, emergency rooms and correctional health facilities. The APRN ENP Certification Program builds on the graduate-level FNP nursing competencies and knowledge base. Upon completion of the APRN ENP Certificate Program, graduates are eligible for national certification by the American Association of Nurse Practitioners as ENPs.

Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives. Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

The curriculum includes planned clinical practice experiences that enable students to integrate new knowledge and demonstrate attainment of program outcomes that foster interprofessional collaborative practice and are evaluated by faculty. All NP tracks and the APRN ENP Certificate program afford students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

CHARACTERISTICS AND COMPETENCIES OF THE NP GRADUATE

Characteristics of successful graduates of the NP Programs and APRN ENP Certificate Program are:

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

Roles of Various DNP & MSN NP Faculty/Staff

NP/DNP Programs Director: (Dr. Jonathan Mack, Ph.D, RN-BC, NP)

Responsible for overall leadership of the DNP/MSN NP, NP, APRN ENP Certificate Program, Nursing and Health Care Informatics Programs and Dickinson Nursing Simulation Center. Dr. Mack is available by appointment to all students.

DNP Program Coordinator: (Dr. Joseph Burkard, DNSc, CRNA, AACN Health Policy Fellow)

Responsible for direct leadership and coordination of the DNP Program and Project. Dr. Burkard is available by appointment to all students.

NP Program Coordinator: (Dr. Michelle Kabakibi, DNP, FNP-C, AGNP-C,) Responsible for

direct leadership and coordination of the FNP, ENP NP and APRN ENP Certificate Programs. Dr. Kabakibi is available by appointment to all students.

PMHNP Track Coordinator: (Dr. Michael Terry, DNP, FNP-C, PMHNP-C) Responsible for

direct leadership and coordination of PMHNP Track. Dr. Terry is available by appointment to all students.

Lead Content Faculty for FNP, AGNP, PNP, ENP, PMHNP Tracks:

FNP – Kevin Maxwell, PhD, DNP, FNP-BC, RN

ENP/APRN ENP Certificate – Pedro Colio, DNP, FNP-C, ENP-C, CCRN

AGNP – Michelle Kabakibi DNP, FNP-C, AGNP-C

PNP - Martha Fuller, PhD, PPCNC –BC

PMHNP - Michael Terry, DNP, FNP-C, PMHNP-C

Provide role and content expertise to Program Director and Faculty regarding scope of practice, curriculum, and certification regulations.

DNP FACULTY LISTING

Full-Time Faculty:

<u>Name</u>	<u>Clinical Practice Area(s)</u>	<u>Teaching/Research Interests</u>
Jannise T. Baclig, PhD, RN	Health Care Informatics / Executive Nurse Leadership	Leadership and Scientific Inquiry
Oliva Ball, DNP, FNP-BC, PMHNP-BC	Geropsychiatric / Behavioral Health	Geropsychiatric / Behavioral Health
Andrea G. Bell, DNP, FNP-C, CPNP-PC	Pediatric / Public Health	Pediatric / Public Health
Barbara Berkovich PhD	Health Care Informatics Data Analytics	Health Care Informatics and Data Science
Sharon Boothe-Kepple, PhD, FNP-C	Dermatology, Family Practice	Simulation, Cultural Diversity, Cultural / Competence
Joe Burkard, DNSc, CRNA	Anesthesia, Health Policy	Translational Science, Health Science, Pain Management
Wendy Cole, PhD, MSN, RN	Nursing Informatics Health Systems Leadership	Nursing and Health Care Informatics
Isis Y. Cunningham, DNP, APRN, NP-C, CPNP-PC	Pediatric /FNP	Pediatric /FNP
Katerine A. Curran, DNP, FNP-BC, ENP	Urgent Care, / Emergency Medicine	Surgical Oncology, Emergency Medicine, Organ Transplant
Pedro Colio, DNP, FNP-C, ENP-C	Primary Care, Emergency/Urgent Care	Family
Caroline Etland, PhD, RN, CNS, ACHPN	End of life, Palliative Care	End of life, Palliative Care
Kori Fitzgerald, DNP, FNP-C	Internal Medicine	Telehealth / Palliative Care\
Jenna Juenger, DNP, APRN, FNP-C	Family Primary Care, Health Promotion, Women's Health	Family Medicine, Women's Health
Martha Fuller, PhD, PPCNP-BC	Pediatrics	Pediatrics
Bridget Frese, PhD, RN, PHN, CNL, CNM	Women's Health, Maternal Health	Women's health, Maternal Health
Rachel Gerard-Buonomo, FNP-BC, AGNP-C	AGNP, Internal Medicine, General Medicine	AGNP
Deanna Johnston, PhD, RN, CNS	Progressive Care, Cardiac and Resp Specialties	Palliative Care / Simulation
Michelle Kabakibi, DNP, FNP-C, AGNP-C	Internal Medicine, General Medicine	AGNP

Kathy Klimpel, PhD, RN-BC, CNS	Nursing Informatics and Data Science	Clinical Decision Support and Clinical Information Systems. Genomic and Precision Medicine
Katie Lais, DNP, PMHNP	Psychiatric/Mental Health	Traumatic Stress, Compassion Fatigue
Jonathan Mack PhD, RN-BC, NP	Nursing and Health Care Informatics Health Systems Leadership	Telehealth, Remote patient monitoring, simulation-based learning, and health care informatics
Susan Magorno, DNP, APRN, PMHNP-BC	PMHNP, Tele-psychiatry	Telehealth, PMHNP, MDD, Anxiety Disorders
Gabriella Malagon-Maldonado, PhD, DNP, CNS	Acute Care, Magnet Designation	Strategic Planning, Quality
Kevin Maxwell, DNP, FNP-BC	Trauma	Pathophysiology
Razel Milo, PhD, DNP, FNP-C	Family practice	Diabetes, Family
Theresa Nguyen, MSN, PMHNP-BC	Psychiatric/Mental Health	Perinatal mood, anxiety disorders, maternal mental health
Tony Rosales, DNP, CNP-BC, CNS	Emergency / Trauma, FNP, Health Systems Leadership	Advanced Aesthetics / Start-ups / Nursing Informatics / Data Science
Lisa Sheehan, DNP, CFNP	Family Practice	Diabetes, Family
Helen Stearns, DNP, FNP-BC, AGPCNP-BC	Acute / Geriatric Rehabilitation Skilled Nursing. Long-Term Memory Rehab.	POLST, EMR, Primary Care / Internal Medicine, Geriatrics
Aaron Sterling, FNP-ENP	Emergency Department	Clinical Practice Primary/ Urgent/ Emergency Settings
Charisse L. Tabotabo, DNP, RN-BC, RNC-NIC	Simulation, Informatics, Pediatrics	Simulation, Informatics, Pediatrics
Jud Simon DNP, RN-BC	Nursing Informatics Health Systems Leadership	Nursing and Health Care Informatics

Lead Faculty for Theory and/or Clinical Management Courses: Each theory and/or clinical management course has a designated lead course faculty to provide leadership for all faculty teaching in the course and students enrolled in the course. The lead faculty is responsible for all content and the smooth operationalization of all aspects of the course including simulation activities, clinical site practice and competency, assigning course content for instruction to selected course faculty, development and evaluation of examinations, collecting grades from the clinical faculty, completing the course grade sheet with submission to the Registrar at the end of the semester, and providing course/student updates to the Program Director and faculty during DNP/NP team meetings.

APRN Simulation Coordinator: (Lisa Sheehan, DNP, FNP-C):
Responsible for the coordination and implementation of APRN simulation and lab operations throughout the entire NP and APRN ENP Certificate curriculum.

Clinical Faculty

Clinical faculty make a minimum of one clinical site visit during the semester to conduct a clinical site evaluation of student performance, observe and interact with both the student and preceptor, reviews clinical logs and reflections documented in Typhon weekly, and serves as the primary resource regarding any problems or issues that arise related to the practicum experience. Clinical faculty contact each student preceptor at the beginning of the semester to establish communication. Typically, the student clinical site visit is scheduled midpoint in the semester which entails coordination with the student and preceptor.

Simulation Faculty

Simulation Faculty work closely with students in the lab setting during each of the clinical management courses to facilitate student learning and conduct formal standardized patient evaluations. The Simulation Team consists of 4-5 NP faculty with specialty certification in various population foci. Each team member works closely with students in the Dickinson Nursing Simulation Center.

Clinical Placement Coordinator (CPC): (Amy Wright)

The Clinical Placement Coordinator (CPC) maintains the roster of clinical preceptors and sites, works with faculty and students in development of new sites (as needed), and works collaboratively with faculty and NP students to plan for and arrange the clinical placement(s) needed for the next semester/term. The CPC works within the parameters for planning clinical placements outlined in this handbook and the Preceptor guidelines. In the event of unforeseen circumstances (e.g. natural disaster, pandemic) a clinical placement may not be available until the circumstances are resolved. Any exceptions must be approved by the Program Director. Students should respond promptly to any messages from the CPC during the clinical placement process.

Executive Assistant: Responsible for providing support to the DNP & MSN NP, and APRN ENP Certificate Program Director, clinical placement coordinator, faculty, staff, and students.

[Program Plans for the Nurse Practitioner Tracks and APRN ENP Certificate Program](#)

Below are the standard program plans for each NP tracks and the APRN Certificate Program. If you need a specialized plan or access to your personalized plan, please contact Kate Todaro in the NP Office. There is relatively little flexibility in the sequence of courses in the NP Program. Any changes in the student's program of study MUST be completed in collaboration with the DNP/NP Program Director. A program plan is a schedule of the courses that students will take each semester. All initial program plans or changes to program plans must be confirmed with the DNP/NP Program Director. Students should request a copy of their program plan for their own records.

Full-Time BSN to DNP NP Programs

[FNP](#)

[FNP in Emergency Care](#)

[AGNP](#)

[PNP](#)

[PMHNP](#)

Part-Time BSN to DNP NP Programs

[FNP](#)

[FNP in Emergency Care](#)

[AGNP](#)

[PNP](#)

[PMHNP](#)

APRN ENP Certificate Program

**BSN to DNP Program
Family Nurse Practitioner
Full-Time Plan**

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

APNC 523 Pharmacology in Health Management	3 units
DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
HCIN 540 Intro into Health Care Informatics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 unit
DNPC 630 DNP Scholarly Practice	1 unit

Fall Two

NPTC 602 Primary Care I	6 units (3T 3C)
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

NPTC 604 Primary Care IIA	6 units (4T 2C)
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

NPTC 605 Primary Care IIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 608 Primary Care IIIA	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 609 Primary Care IIIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	4 units

BSN to DNP Program
Family Nurse Practitioner in Emergency Care
Full-Time Plan

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

APNC 523 Pharmacology in Health Management	3 units
DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
HCIN 540 Intro into Health Care Informatics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Two

NPTC 602 Primary Care I	6 units (3T 3C)
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

NPTC 604 Primary Care IIA	6 units (4T 2C)
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

NPTC 605 Primary Care IIB	6 units (4T 2C) NPTC
541 (NPTC 610) FNP in Emergency Care	8 units (4T 3C 1L)
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 608 Primary Care IIIA	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 609 Primary Care IIIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

BSN to DNP Program

**Dual Track: Family Nurse Practitioner & Adult/Gerontology Nurse Practitioner
Full-Time Plan**

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

APNC 523 Pharmacology in Health Management	3 units
DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
HCIN 540 Intro into Health Care Informatics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Two

NPTC 602 Primary Care I	6 units (3T 3C)
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

NPTC 604 Primary Care IIA	6 units (4T 2C)
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

NPTC 535 Primary Adult/Gerontology Health Care	6 units (3T 3C)
NPTC 605 Primary Care IIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 608 Primary Care IIIA	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 609 Primary Care IIIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

BSN to DNP Program
Dual Track: Family Nurse Practitioner & Pediatric Nurse Practitioner
Full-Time Plan

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

APNC 523 Pharmacology in Health Management	3 units
DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
HCIN 540 Intro into Health Care Informatics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Two

NPTC 602 Primary Care I	6 units (3T 3C)
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

NPTC 604 Primary Care IIA	6 units (4T 2C)
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

NPTC 549 Primary Pediatric Health Care	6 units (3T 3C)
NPTC 605 Primary Care IIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 608 Primary Care IIIA	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 609 Primary Care IIIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

BSN to DNP Program
Psych Mental Health Nurse Practitioner
Full-Time Plan

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

APNC 523 Pharmacology in Health Management	3 units
DNPC 626 Strategic Planning and Information Management in Health Care	3 units
DNPC 648 Health Policy Analysis	3 units
HCIN 540 Intro into Health Care Informatics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Two

APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 622 Pathogenesis of Complex Disease	3 units
NPTC 627 Primary Mental Health Care I	4 units (3T 1C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

DNPC 686 Perspectives in Program Planning and Evaluation	3 units
NPTC 651 Primary Mental Health Care II	4 units (3T 1C)
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

NPTC 624 Primary Mental Health Care III	5 units (3T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 653 Primary Mental Health IVA	7 units (3T 4C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 655 Primary Mental Health IVB	5 units (3T 2C)
NPTC 657 Primary Mental Health V	5 units (3T 2C)
DNPC 630 DNP Scholarly Practice	4 units

**BSN to DNP Program
Family Nurse Practitioner
Part-Time Plan**

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units

Spring One

APNC 523 Pharmacology in Health Management	3 units
HCIN 540 Intro into Health Care Informatics	3 units

Fall Two

DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 602 Primary Care I	6 units (3T 3C)
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 604 Primary Care IIA	6 units (4T 2C)
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Three

NPTC 605 Primary Care IIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Fall Four

NPTC 608 Primary Care IIIA	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Four

NPTC 609 Primary Care IIIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	4 unit

BSN to DNP Program
Family Nurse Practitioner in Emergency Care
Part-Time Plan

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units

Spring One

APNC 523 Pharmacology in Health Management	3 units
HCIN 540 Intro into Health Care Informatics	3 units

Fall Two

DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 602 Primary Care I	6 units (3T 3C)
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 604 Primary Care IIA	6 units (4T 2C)
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Three

NPTC 605 Primary Care IIB	6 units (4T 2C)
NPTC 541 (NPTC 610) FNP in Emergency Care	8 units (4T 3C 1L)
DNPC 630 DNP Scholarly Practice	1 unit

Fall Four

NPTC 608 Primary Care IIIA	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Four

NPTC 609 Primary Care IIIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

BSN to DNP Program
Dual Track: Family Nurse Practitioner & Adult/Gerontology Nurse Practitioner
Part-Time Plan

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units

Spring One

APNC 523 Pharmacology in Health Management	3 units
HCIN 540 Intro into Health Care Informatics	3 units

Fall Two

DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 602 Primary Care I	6 units (3T 3C)
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 604 Primary Care IIA	6 units (4T 2C)
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Three

NPTC 535 Primary Adult/Gerontology Health Care	6 units (3T 3C)
NPTC 605 Primary Care IIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Fall Four

NPTC 608 Primary Care IIIA	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Four

NPTC 609 Primary Care IIIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

BSN to DNP Program
Dual Track: Family Nurse Practitioner & Pediatric Nurse Practitioner
Part-Time Plan

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units

Spring One

APNC 523 Pharmacology in Health Management	3 units
HCIN 540 Intro into Health Care Informatics	3 units

Fall Two

DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

APNC 521 APRN Physical Assessment and Diagnosis	4 units
NPTC 602 Primary Care I	6 units (3T 3C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 604 Primary Care IIA	6 units (4T 2C)
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Three

NPTC 549 Primary Pediatric Health Care	6 units (3T 3C)
NPTC 605 Primary Care IIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Fall Four

NPTC 608 Primary Care IIIA	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Four

NPTC 609 Primary Care IIIB	6 units (4T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

BSN to DNP Program
Psych Mental Health Nurse Practitioner
Part-Time Plan

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units

Spring One

APNC 523 Pharmacology in Health Management	3 units
HCIN 540 Intro into Health Care Informatics	3 units

Fall Two

DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 625 Epidemiology and Biostatistics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

DNPC 626 Strategic Planning and Information Management in Health Care	3 units
DNPC 648 Health Policy Analysis	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Management in Health Systems	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

APNC 521 APRN Physical Assessment and Diagnosis	4 units
NPTC 627 Primary Mental Health Care I	3 units (3T 1C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

DNPC 686 Perspectives in Program Planning and Evaluation	3 units
NPTC 651 Primary Mental Health Care II	5 units (3T 1C)
DNPC 630 DNP Scholarly Practice	1 unit

Summer Three

NPTC 624 Primary Mental Health Care III	5 units (3T 2C)
DNPC 630 DNP Scholarly Practice	1 unit

Fall Four

NPTC 653 Primary Mental Health IVA	7 units (3T 4C)
DNPC 630 DNP Scholarly Practice	1 unit

Spring Four

NPTC 655 Primary Mental Health IVB	5 units (3T 2C)
NPTC 657 Primary Mental Health v	5 units (3T 2C)
DNPC 630 DNP Scholarly Practice	4 units

**Post Masters Certificate in Emergency Care for Family Nurse Practitioners
Program Plan**

Summer One

NPTC 610

15 units (4T, 1L, 10C*)

*10 clinical units (540 hours) to be completed over 3 semesters

Advanced Practice Nursing Core Courses

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

APNC 520 Pathophysiology (3 units):

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

Prerequisites: None

APNC 521 APRN Physical Assessment and Diagnosis (4 units):

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

Pre/Co-requisites: APNC 520

APNC 523 Pharmacology in Health Management (3 units):

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

Prerequisites: APNC 520

Curriculum for NP Program

Graduate NP Courses

Students enrolled in the BSN DNP & MSN Programs complete 9 units of Graduate NP Courses. These courses are as follows:

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

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

Prerequisite: None

DNPC 648 Health Policy Analysis (3 units):

Examines the process of policy formation within the health care industry from the perspectives of origin, implementation, and analysis. Focuses on the impact of health policy on the consumer and provider. Examines current legislative actions and issues and assumes a leadership role in the policy making process. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

Prerequisites: None

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

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

Prerequisites: None

DNP Core Courses & Scholarly Practice Course

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

DNPC 610 Philosophy of Reflective Practice (3 units):

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

Prerequisite: None

DNPC 622 Pathogenesis of Complex Disease (3 units):

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

Prerequisite: APNC 520, APNC 521, APNC 523

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

Focuses on the application of epidemiologic principles and data management to address health problems in advanced practice nursing. Emphasizes the use of an epidemiologic model to identify factors contributing to health conditions encountered by advanced practice nurses. Addresses the management of data related to health problems encountered in practice. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course. Prerequisite: None

DNPC 626 Strategic Planning and Quality Initiatives (3 units):

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

Prerequisites: DNPC 625 or permission of instructor

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

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

Prerequisites: None

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

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

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

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

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

Co-requisites: DNP student status

NP Program Curricula

The various NP Program Track and APRN ENP Certificate curricula have been designed to meet the learning needs of students pursuing an advanced practice nursing role in primary care at doctoral and masters degree levels. Therefore, the courses provide the current knowledge necessary to prepare a safe and competent nurse practitioner for DNP or MSN practice in ambulatory care and other community settings.

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

health problems introduced prior to those more uncommonly encountered and managed by NPs.

All NPTC courses incorporate simulation activities including formative/learning or summative/evaluative as well as the traditional lecture/discussion format. Simulation activities require students to be self-motivated, reflective, and active learners which are essential for clinical care of patients. The knowledge base needed to provide primary care is changing rapidly. Therefore, every clinician needs to become a life-long learner. Simulation activities facilitate the ability to identify individual learning needs, efficiently solve problems, and collaborate with other colleagues in this process. There are a variety of case scenarios inclusive of the specialty populations. Each clinical management course includes simulation activities which can be formative sessions and/or summative examinations. Each student must successfully pass the all simulation activities in order to successfully complete the course. Failure can result in a failing grade in the clinical management course.

Standardized patients (SPs) are incorporated into the simulation teaching-learning sessions for both practice and evaluation purposes. The acquisition of clinical competencies is taught, monitored, and evaluated in each of the clinical management courses using SPs as well as other simulation modalities. Students are videotaped as they assess/diagnose/manage trained patient-actors (SPs) for health problems in the DNSC. Faculty observe this student-SP encounter live and evaluate student performance to identify the student's clinical strengths, identify areas that need improvement, and complete the student clinical evaluation for that course. The patient-actors are trained to provide students with feedback from a "patient/client" perspective about the quality of their interactions during the encounter. In addition, the DNSC contains numerous learning resources, such as task trainers, mannequins, simulated equipment, and interactive software to support clinical learning. Students are encouraged to utilize these resources on their own during open lab hours. A lab fee per clinical practicum course per semester supports the DNSC once students begin the clinical sequence of the program. The NP clinical management courses provide students with the opportunity to integrate and apply the knowledge base learned in the classroom in a variety of clinical practice settings. The identification of clinical settings and preceptors is a collaborative process between students, faculty, and CPC but ultimately securing each clinical placement is the responsibility of the CPC. This takes place during the semester prior to enrollment in the clinical course. Every effort is made by the CPC to assign convenient and appropriate clinical placements within a 100-mile radius to the campus for each clinical management course. Changes in assigned clinical placements will not be made to accommodate the student's work schedule, transportation challenges, or travel distance to clinical sites. Students must make an appointment with the program director to discuss any changes or disagreements with assigned clinical placements. Clinical sites have the right to refuse placements or dismiss students at any time. Students must fill out all applications that are required by clinical sites at the disintegration of the Program Director.

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

Nursing students also have access to USD's Copley Library to support their learning. The library houses extensive print resources as well as a wide variety of online materials, including subscription databases, UpToDate, and e-books, many of which are accessible remotely. Nursing students have a dedicated librarian, Karen O'Grady (KOgrady@sandiego) to assist with locating information and materials. The library is open 7 days a week with hours to support the schedules of most students, including a 24/7 schedule prior to and during finals. EndNote bibliographic software is available on all library computers, including available circulating laptops. This software may also be purchased at a reduced rate through the campus Information Technology Services department. Please visit sandiego.edu/library for more information about Copley Library's services and resources.

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

NP Track Courses include the following:

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

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

to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: APNC 521, NPTC 602, NPTC 604

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

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

Prerequisites: APNC 521, NPTC 602, NPTC 604

NPTC 610 FNP in Emergency Care (8 units):

Focuses on assessment and management of individuals across the lifespan in *emergency care settings* by the nurse practitioner. Evaluates the evidence base for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Incorporates an innovative approach to a clinical problem using technology, information systems, and business principles. Related classroom, lab, and clinical experiences in selected emergency care settings provide opportunity for application of these concepts. Successful completion of **both** the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course. **Note:** Successful completion of **both** the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: APNC 521, NPTC 602, NPTC 604

NPTC 602 Primary Care I (4-6 units):

Focuses on the nurse practitioner's application of the principles of health promotion, health maintenance, and risk assessment with individuals across the lifespan in primary care settings. Emphasizes assessment on the influences of ethnicity, culture, and community on development and health behaviors among individuals and families. Related classroom, lab, and clinical

experiences in selected primary care settings provide opportunity for application of these principles. **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Co-requisite: APNC 521

NPTC 604 Primary Care II A (6 units):

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

Prerequisite: NPTC 602

NPTC 605 Primary Care II B (6 units):

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

Prerequisite: NPTC 604

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

Focuses on the nurse practitioner's assessment and management of *common complex* and/or *unstable* acute and chronic health problems in individuals across the lifespan in *primary care settings*. Evaluates the evidence base for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Uses technology, information systems, and business principles to improve patient outcomes and access to care. Related classroom, lab, and clinical experiences in selected primary care and long-term care settings provide opportunity for application of

these concepts. (This course is the first part of the Primary Care III series.). **Note:** Successful completion of both the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisite: NPTC 605

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

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

Prerequisite: NPTC 608

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

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

Co-requisites: APNC 521, APNC 520

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

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

Prerequisites: APNC 521, APNC 523

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

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

Prerequisites: NPTC 627

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

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

Prerequisites: NPTC 651

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

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

Prerequisites: NPTC 651, 653

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

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

Prerequisites: NPTC 653, 655.

Lecture Live Streaming or Recording:

In accordance with Title IX, reasonable accommodations will be made for students which may include live streaming or recording lectures. Any request to provide these accommodations should be made in writing via email to the **course lead** 1 week prior to the class meeting. It is up to the lead/lecturer to determine if lectures will be live streamed or recorded, or if additional assignments or readings will be required in lieu of class absences. *Of note: the lecturer cannot be responsible for technology failures that may occur.*

Courses Included in the Various BSN to DNP and MSN NP Curricula (Table 2)

Course Number	Course Description	BSN / DNP FNP	BSN / DNP FNP ENP	BSN / DNP FNP	BSN / DNP FNP PA GNP	BSN / DNP FNP MPH
APNC 520	Pathophysiology (3)	X	X	X	X	X
APNC 521	APRN Physical Assessment & Diagnosis (4)	X	X	X	X	X
APNC 523	Pharmacology in Health Management (3)	X	X	X	X	X
DNPC 610	Philosophy of Reflective Practice (3)	X	X	X	X	X
DNPC 611	Methods of Translational Science (3)	X	X	X	X	X
DNPC 622	Pathogenesis of Complex Disease (3)	X	X	X	X	X
DNPC 625	Epidemiology: Foundations of EBP (3)	X	X	X	X	X
DNPC 626	Strategic Planning and Quality Initiatives (3)	X	X	X	X	X
DNPC 630	DNP Scholarly Practice (11)	X	X	X	X	X
DNPC 648	Health Policy Analysis (3)	X	X	X	X	X
DNPC 653	Financial Decision Making for Health Care Systems (3)	X	X	X	X	X

DNPC 686	Perspectives in Program Planning & Evaluation (3)	X	X	X	X	X
HCIN 540	Introduction to Health Care Information Management	X	X	X	X	X
NPTC 535	Primary Adult/Gerontology Health Care: Management of Older Adults with Long- Term Health Problems (6)				X	
NPTC 549	Primary Pediatric Health Care: Selected Topics for Primary Care of Children (6)			X		
NPTC 602	Primary Care I (4-6)	X	X	X	X	
NPTC 604	Primary Care IIA (6)	X	X	X	X	
NPTC 605	Primary Care IIB (6)	X	X	X	X	
NPTC 608	Primary Care IIIA (6-7)	X	X	X	X	
NPTC 609	Primary Care IIIB (6-7)	X	X	X	X	
NPTC 610	FNP in Emergency Care (8)		X			
APNC 624	Primary Mental Health Care III: Psychopharmacology (5)					X
NPTC 627	Primary Mental Health Care I: Biopsychosocial Foundations of Behavior & Psychopathology (4)					X
NPTC 651	Primary Mental Health Care II:					X

	Psychiatric Assessment & Diagnoses (4)					
NPTC 653	Primary Mental Health Care IVA: Individual Psychotherapy I (7)					X
NPTC 655	Primary Mental Health Care IVB: Individual Psychotherapy II (5)					X
NPTC 657	Primary Mental Health Care III: Psychotherapy with Group & Family Systems (5)					X
	TOTAL UNITS	7 8	8 3	8 1	8 1	7 8

(X) Required

Academic Advising

The NP program director will serve as your academic advisor. Your advisor will ensure that you meet all academic and clinical requirements for the program, help resolve issues and problems, and assist in exploring future professional goals and educational options. Formal appointment times may be scheduled by contacting Kate Todaro.

Each semester, students are encouraged to schedule an appointment to meet with Kate Todaro (Ktodaro@sandiego.edu) after the USD class schedule for the following semester becomes available (around mid-October for spring semester; and mid-March for fall semester). She will advise students about the courses, master schedule of course offerings, and course prerequisites to assist students in their program planning in order to graduate within their targeted timeframe. **She** will register students for classes each semester based on the program plan on file. Registration will be confirmed via email and status confirmed through the MySanDiego portal. **It is the student's responsibility to ensure successful progression through the NP tracks and APRN Certificate program including verification of course registration, completion of clinical hours in clinical sites supporting their specialty.** There is relatively little flexibility in the sequence of courses in the NP tracks. Any changes in the student's program of study **MUST** be completed in collaboration with the NP Program Director. A program plan is a schedule of the courses that students will take each semester. **All initial program plans or changes to program plans must be confirmed with the NP Program Director.** Students should request a copy of their program plan for their own records. In addition, Dr. Mack, the Program Director, is available to meet with students to discuss practice experience, interests and goals, as well as HSON policies regarding the DNP, MSN NP and APRN ENP Certificate programs included in this Handbook. Students can access the Handbook on the HSON's website. All DNP, MSN NP and APRN Certificate students are responsible for being familiar with the information in this Handbook and complying with the policies included therein.

The didactic component of DNP/NP/APRN Certificate courses are usually scheduled on one to two days during the Fall, Spring and Summer semesters (the schedule varies during summer session due to the shortened length of time). Full-time students must be available 2-3 additional weekdays for completion of clinical hours; part-time students should have 1-2 additional days free depending on the number of clinical hours they must complete each semester. Some clinical opportunities are only offered on specific days of the week. The USD class schedule for the following semester becomes available by the middle of the current semester (e.g. in mid-October for Spring classes and in mid-March for Fall classes) so students have three to five months lead time to make adjustments to their work and/or other family commitments.

Registration

NP students will be block-registered by the DNP/NP Office. Look for an email regarding your completed registration and check that you are registered for the proper courses.

Clinical Component of the BSN to DNP NP, MSN NP and APRN ENP Certificate Programs

The clinical portion of the BSN to DNP, MSN NP, and APRN ENP Certificate Programs is often the most intense, yet rewarding part of the program. It is a time when the student is learning new skills and knowledge while developing in a new advanced practice role. The clinical courses involve integration of the skills of gathering health history data, performing an appropriate physical examination, using critical thinking skills to arrive at differential diagnoses regarding the clients' health risks and problems, and developing and implementing a comprehensive health promotion and illness management plan. Students develop a new professional self-image and begin to practice in the health care arena as a more advanced provider of comprehensive primary care. **All** students are expected to demonstrate knowledge, critical thinking, and clinical skills within the practice setting. These skills are considered essential abilities. A full definition of these abilities can be found on page 19.

Students spend approximately two to three days a week over five semesters in pediatric, family, urgent emergent, adult-gerontology health care settings or five semesters in psychiatric-mental health settings integrating their newly acquired knowledge with practice as they participate in the primary care delivery process. During these clinical experiences, NP students become increasingly able to blend their nursing knowledge and expertise with formalized medical therapeutics to bring about a more complete management schema for the patient. Learning to merge both caring and curing for the benefit of the health care recipient enables NP students to become effective providers of primary health care. Students enrolled in the DNP program complete a clinical scholarly practice experience that further refines their clinical knowledge and skills. Students may select a specific focus for part of the scholarly practice (see the DNPC 630 DNP Scholarly Practice Syllabus Appendix C).

During each clinical practicum, students develop and nurture advanced practice clinical skills under the guidance and supervision of NP faculty, as well as experienced on-site NP or physician preceptors. For this reason, the selection of clinical sites and preceptors is a very important part of the student's plan of study that requires careful preplanning.

Preceptors are experienced primary care providers (MDs, NPs, and DOs) who *volunteer* to mentor students. This means assuming a responsibility in addition to the rigorous demands of their health care provider role. In general, students who are in their early clinical semesters require more supervision and mentoring time than those in their final clinical experience. Regardless of the NP student's clinical experience, the preceptor role is a major commitment especially in the current era of cost-cutting and increased productivity expectations in most health care settings. **Therefore, both students and faculty need to demonstrate unfailing courtesy and consideration in their interactions with actual or potential preceptors.** For example, agreed upon days and times for clinical experiences should not be changed in any way without prior notification and approval of the preceptor. Students should be considerate in all their interactions with their preceptors and, at the end of their experience, convey their appreciation in the form of a thank-you note and/or recognizing the preceptor and staff in some small way. Both faculty and students are important ambassadors for the University and the NP profession in all their contacts with preceptors.

Equipment

A high-quality *stethoscope* will make a significant difference in the ability to discriminate both higher and lower pitched breath, heart, and abdominal sounds. During APNC 521, equipment will be available for students to borrow for the semester however, students are encouraged to use their own equipment. Students may want to invest in their own otoscope/ophthalmoscope, reflex hammer, and tuning forks but this is not required. Group purchasing rates may be available. Lab coats are purchased through Ace Uniforms in San Diego (www.aceuniforms.com) or Phone: 619-233-0227). Students need a long white lab coat with the USD logo embroidered on the chest. DNP students will need “Doctor of Nursing Practice” embroidered as well. NP Students are required to wear lab coats both in the Simulation Center and at their Clinical Sites. Questions can be directed to the NP Programs Office.

Clinical Attire

All students should present themselves in a professional manner in all clinical learning sites and in the simulation center. Student interaction with all agency personnel must be exemplary. Access to many of these settings is governed by the San Diego Nursing Service and Education Consortium which oversees the placement of all area nursing students in a wide variety of inpatient and outpatient settings throughout our County. Students placed in clinical settings not governed by the Consortium should adhere to this dress code, unless the site has different guidelines established for its clinicians. The Consortium has established the following dress code for students:

1. Picture identification badge with name that meets the guidelines of AB 1439, which amended Chapter 1 of Division 2 of the Business and Professional Code of the State of California. Some facilities require both student and facility badges or may allow either student or facility.
2. Business casual dress and lab coat with the USD School of Nursing & Health Science logo.
3. Clean, low-heeled shoes with closed toes. No sandals or flip-flops.
4. Jewelry: Only wedding or simple rings and limited to one per hand. No piercings or jewelry/hardware may be evident other than one small stud earring per ear.
5. Hair color must fall within natural occurring shades, be neat, and if long enough to rest on shoulders it must be secured back. Facial hair must be neatly trimmed.
6. Tattoos must be covered at all times in the clinical, lab & community setting.
7. Fingernails must be trimmed short. Light or clear polish without chips is acceptable. No artificial or acrylic nails or components thereof are permitted.
8. Make up is to be worn in moderation.
9. No perfumes or scented lotions.
10. No low necklines.
11. Undergarments cannot be visible.

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

Spanish Fluency Required in Some Clinical Sites

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

Procedures to Follow If Injured While in the Clinical Setting

Please review the procedures to follow if the student has an injury in the clinical setting. This includes any needle stick injuries. Students must notify their clinical faculty regarding any injuries/accidents while in the clinical site. The procedures can be viewed [here](#).

Clinical Experience Requirements

Each unit of clinical practicum is equal to **54 clock hours** per unit per semester. A minimum of 20 semester units of **direct clinical experience** is required in the practicum/scholarly practice portion of the DNP program to gain the necessary knowledge and skills for NP practice and to meet the standards of the national and state credentialing and regulatory boards. The amount of clinical time required during the program is a total of **1080 clock hours; 1,000 hours** of this total time must be documented direct patient care. MSN NP graduates complete a minimum of **648 clock hours** in the FNP and PMHNP Tracks while **810 clinical clock hours** are completed in the AGNP/FNP and PNP/FNP Tracks in **direct patient care** to prepare the graduate for *collaborative* NP practice. APRN ENP Certificate Students must complete 540 clinical hours in **direct patient care in emergency care settings** (e.g., emergency department, urgent care, fast track, burn/trauma unit, correctional facilities) to be completed over 3 subsequent semesters. It is the student's responsibility to ensure all clinical hour requirements are met for NPTC and DNP clinical courses each semester. Failure to meet the clinical hour requirement will result in an "Incomplete" for the course until all hours are completed.

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

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

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

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

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

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

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

NPTC 535 (3u Theory and 3u Clinical; AGNP/FNP program only). It involves 10.2 hr/wk x 16wks (a total of **162 hrs**) in primary care settings that offer additional clinical learning opportunities with older adults who have complex, chronic illnesses. 500 clinical hours need to be completed in an adult setting to sit for population specific certification.

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

NPTC 549 (3u Theory and 3u Clinical; PNP/FNP program only). It requires 10.2 hrs/wk x 16 weeks (a total of **162 hours**) in primary care settings that provide additional learning opportunities with infants, children and adolescents. 500 clinical hours need to be completed in pediatric settings in order to sit for population specific certification.

NPTC 541 (NPTC 610) (4u Theory, 3u Clinical and 1u Lab; FNP in Emergency Care program only). It requires 10.2 hrs/wk x 16 weeks (a total of **162 hours**) in emergency care settings. 540 clinical hours need to be completed in urgent and emergent settings in order to sit for certification.

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

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

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

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

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

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

NPTC 610 (4 units Theory, 1-unit lab, 10 units Clinical) is offered in the Summer semester. The clinical hours can be over 3 semesters. It involves classroom/lab 10 hrs/wk x 12 wks and a total of **540 clinical hrs** and focuses on assessment and management of individuals across the lifespan in *emergency care settings*.

DNPC 630* (3u Theory & 5u-8u Clinical) Weekly seminars (3 theory units) are facilitated by seminar faculty over the first three semesters of the BSN to DNP program. Faculty advisors facilitate seminars for their students over the last five semesters of the BSN to DNP program. A total of **270-432 clinical hours** are completed over the last five semesters of the program (Fall &

Spring of year 2; Summer, Fall, & Spring of year 3) in settings serving the population focus of the student's primary care program of study.

***BSN to DNP students only**

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

IMPORTANT CONSIDERATIONS FOR LONG-RANGE PLANNING OF CLINICAL EXPERIENCES

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

4. **Students should aim for continuity, as well as sufficient variety in their clinical placements.** Clinical site placements over the course of the program enable NP students to gradually assume the kind of responsibility and accountability for patient care management and gain the collaborative practice skills needed for successful NP practice. Generally, students should complete their hours in one or two clinical settings per course if possible. It may also be possible to gain more continuity by using the same general primary care site for more than one semester (e.g., the same pediatric, urgent/emergent, family practice or internal medicine office or clinic). This is highly recommended if the site is deemed a good learning experience mutually by faculty and student and can provide opportunities for meeting course objectives for both courses. In family practice settings, students should interact with a majority of patients inclusive of the age range in the concurrent clinical management theory course. However, patient management of Track appropriate age groups experienced in prior clinical management semesters is appropriate. Appendix BB gives students an example of an appropriate distribution of clinical hours by age population in the FNP, AGNP/FNP, FNP/ENP and PNP/FNP programs. Clinical placements will entail a variety of **types of settings** (e.g., private practices, HMOs, community clinics, hospital-based clinics, retail-based health care, urgent care, correctional health) over the course of their program.
5. **Each student should precept with both NP and physician preceptors** over the course of the program to have exposure with NP role models **and** have the opportunity to develop skill in interdisciplinary collaboration with physicians. Physician Assistants, Licensed Clinical Social Workers, Marriage Family Therapists or Psychologists may **not** serve as preceptors. **USD cannot accommodate a student's work schedule** when scheduling the clinical experiences throughout the program. If a conflict exists, the student will be expected to make alternative arrangements with his/her employer. Every effort is made by the CPC to assign convenient and appropriate clinical placements within a 100-mile radius to the campus for each clinical management course. Changes in assigned clinical placements will not be made to accommodate the student's work schedule, transportation challenges, or travel distance to clinical sites. Students must make an appointment with the program director to discuss any changes with assigned clinical placements. There are no exceptions.
6. **Clinical placements are normally arranged during Monday-Friday daytime hours** (e.g. between 8 AM-5 PM) with approved exceptions. For these exceptions, the assigned Clinical Faculty may need to make a site visit in off hours. Students are asked to report these off hours to their Clinical Faculty as the schedule is arranged.
7. **Students must have at least two-three days free a week (depending upon full or part-time status) for daytime clinical experience each semester once they start taking the clinical management course sequence.** A student who has no flexibility to arrange clinical days during the week cannot complete the clinical portion of the program. Therefore, the student will need to either take a leave of absence until securing different arrangements or be

dismissed from the program. Students need to plan ahead for this with their families and employers since it is their responsibility.

8. **Students who are in the military are encouraged to arrange at least one practicum experience in a civilian ambulatory health care setting** during their program to broaden their experience base. Exceptions will be reviewed by the lead faculty.
9. **Students may not use their worksites or relative's practices for clinical experiences**, even if the patient population, etc. is appropriate. This causes role confusion for the student and the staff in that setting which does not usually provide an appropriate learning environment. Exceptions are made involving the EBP project experience.
10. **Clinical sites must be within a 100-mile radius of the USD campus** in order that faculty travel time for clinical visits is reasonable. Any exceptions must be approved by the Program Director.

Selection of Preceptors

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

1. A nurse practitioner who is certified by a national credentialing organization or the equivalent (e.g., NP certification), or a physician (with appropriate Board certification preferred).
2. Masters preparation required, doctoral preparation preferred, or equivalent (e.g., M.D.)
3. Able to provide a practice setting and patient population that facilitates student learning and achievement of course objectives.
4. Able to provide adequate space in the clinical facility to allow learning to occur and not interfere with patient flow.
5. Able and willing to precept the student in the clinical setting for the required number of hours within the timeframe of the clinical course.
6. Able to make available time to periodically review the student's learning objectives and provide the student with direction related to his/her achievement in that setting.
7. Willing to critically evaluate the student's progress during and at the end of the clinical experience.
8. Willing to participate in the student's evaluation of the learning experiences provided.
9. Willing to meet with USD NP faculty member(s) during their periodic site visits to discuss the student's progress and to communicate with them by phone as needed during the semester to facilitate the student's progress.

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

DNP Program, MSN NP and APRN ENP Certificate Program faculty are actively involved in the identification and selection of preceptors. A master list of preceptors used successfully in the past is kept on file by the CPC. However, there is a continual need to develop new clinical sites/preceptors. We encourage students to identify appropriate preceptors and request that they provide that person's contact information to the CPC. Meetings with nurse practitioners in the community, peer contacts, local NP professional meetings (e.g., California Association for Nurse Practitioners, National Association of Pediatric Nurse Practitioners, or Gerontological Advanced Practice Nurses Association), and colleagues in the work setting are all opportunities for students' identifying additional possible preceptors to suggest for their clinical supervision.

The process of preceptor selection must start early in the semester prior to enrolling in each clinical course. **Students are asked to bring newly identified clinical sites/preceptor at least 2 months prior to the start of that clinical course so that the any affiliation agreements can be put in place in a timely manner.** After the CPC has obtained verbal agreement of the site/preceptor(s), signed letters of agreement between each preceptor/clinical site and the University must be obtained by the School of Nursing administration (See Appendix G). Documentation of completed clinical placement arrangements must be on file in the HSON office.

PROCESS FOR PRECEPTOR SELECTION AND COMPLETING ARRANGEMENTS FOR CLINICAL EXPERIENCES

1. By mid-semester, meet with the CPC, Amy Wright to identify possible preceptors for clinical course(s) to be taken the following semester. Consult with appropriate faculty to identify the best preceptor(s) for individual learning needs in the clinical course(s) being taken the next semester. **The CPC will make the first contact with the agency/preceptor** to obtain verbal agreement(s) regarding placement(s) thus preventing multiple students from contacting the same preceptor.
2. **After** receiving clearance from the CPC, students may communicate directly with the potential preceptor. Frequently, the student must participate in an agency orientation as a component of meeting requirements for the clinical experience. Contact the preceptor and make an appointment for an on-site meeting to review nursing experience background/strengths and individual needs/learning objectives for the coming semester. Potential days and times for weekly clinical experiences can also be negotiated at this time.

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

- a. Individual learning objectives for the clinical course
- b. An updated resume with:
 1. A summary of past experiences as an RN
 2. Areas of nursing experience and special competencies

Be prepared to be interviewed; e.g., wear professional attire and be ready to present yourself as a professional nurse and representative of USD HSON. Each student should convey that he/she is highly motivated and an independent learner with the ability to exercise initiative appropriately while being a team player.

3. When the CPC notifies the NP Program office of the verbal agreement(s) for your clinical placement(s), a letter of agreement generated by the NP Program Office is mailed to the preceptor with a request for signature and a business reply envelope. Students are encouraged to confirm with their preceptor that the letters have been received and returned. Copies of the letters can be picked up at the NP Program office and hand carried to clinical sites as appropriate. If a student plans to spend more than one day with a NP or MD at

his/her clinical site who is not his/her designated preceptor, the student must contact the CPC so that an additional preceptor letter of agreement can be developed and signed.

4. **For legal reasons, including assurance of NP faculty availability for supervision and access to the Typhon documentation system, clinical days must be scheduled within the dates of the term for which the student is registered for each clinical practicum.** Clinical experiences are usually scheduled on a continuing basis throughout the semester for which the student is enrolled in each clinical course to allow for maximum opportunity to integrate classroom learning with clinical application. Intersession is not intended for extending the length of the 16-week semester in order to complete clinical hours for the course. Exceptions to completing clinical hours between semesters or during intersession must be discussed and approved by the Program Director/Coordinator.

Clinical Mentoring and NP Faculty Evaluation of Students

Overview

Once students enroll in a clinical management course, they are mentored and evaluated by the Lead Theory Faculty, Simulation Team in the Dickinson Center, their NP or MD Preceptor, and a USD Clinical Faculty (CF) who is assigned to them at the beginning of the semester. The algorithm following this section summarizes the process of clinical evaluation for practicum courses. In addition, the student must pass all simulation activities, receive a passing evaluation by the preceptor on the Preceptor Evaluation of NP Student Performance form, AND a passing score by the clinical faculty on the Clinical Site Evaluation in all of the clinical practicum courses.

Simulation Activities:

All NPTC courses incorporate simulation activities. Each student must successfully pass all simulation activities in order to successfully complete the course. Simulation Activities are evaluated using the Entrustable Professional Activities (EPA) Form. Failure can result in a failing grade in the clinical management course. The simulation activities are normally conducted in the Dickinson Nursing Simulation Center for all NPTC courses. The need for remediation is determined when a student does not pass simulation activities as determined by a passing grade.

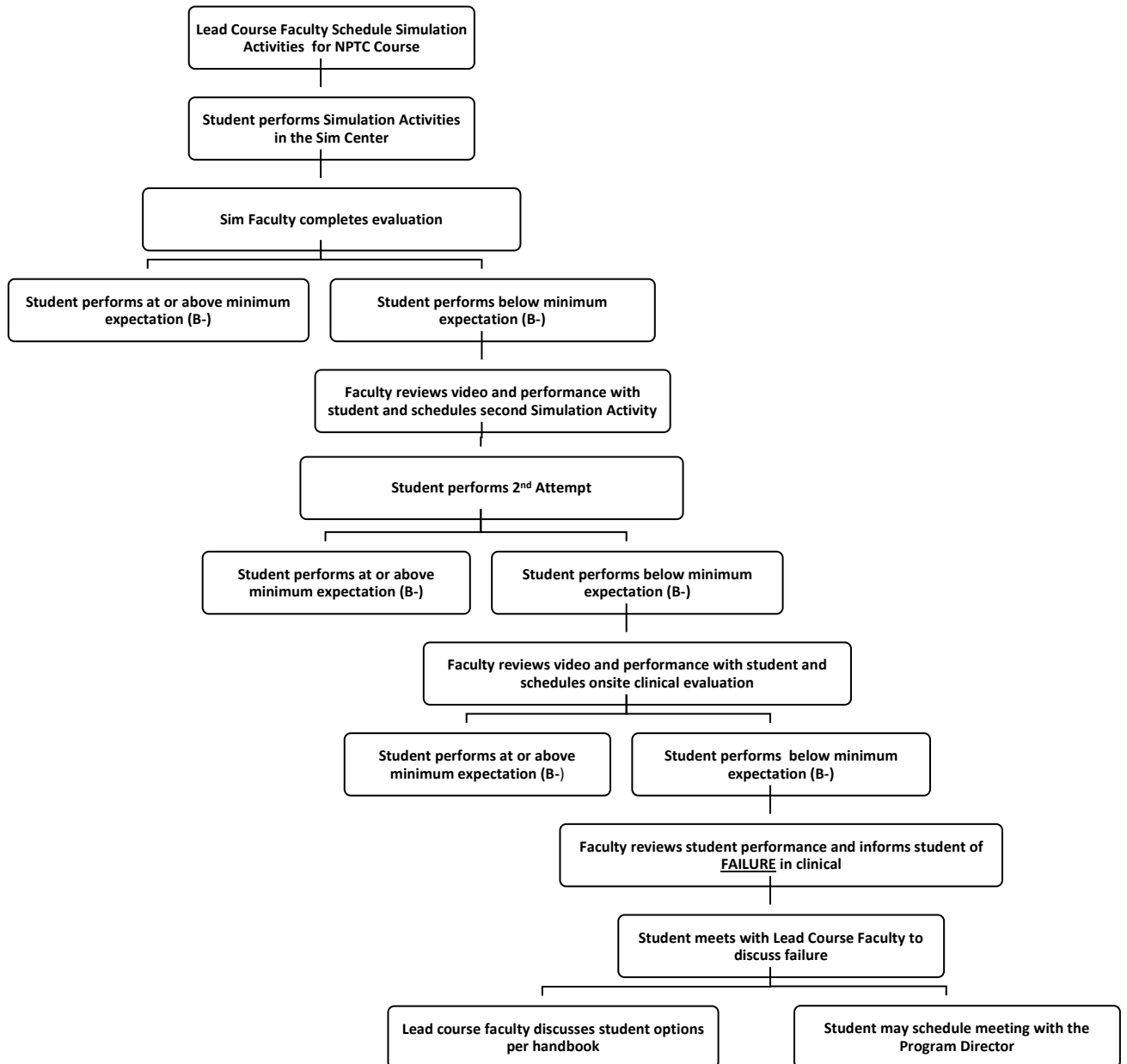
Guidelines for Remediation:

1. The student will be debriefed on the scenario and provided explicit rationale regarding lack of achieving a passing grade based on multi modal methods of evaluation.
2. The student will be required to review their video of the SP encounter and *given an opportunity* to remediate with faculty intervention prior to re-testing.
3. Additional testing with a standardized patient using a similar scenario will be scheduled within one month requiring videotaping along with observation and grading by two faculty.
4. The student can achieve a "Pass" in the second simulation.
5. A student failure on the second evaluation *will require* an onsite clinical faculty member evaluation of the student. This will entail a minimum evaluation of 4-6 patient encounters

by the student, (and possibly more encounters based on faculty determination), in order that the clinical faculty is confident that the student is clinically competent. Additionally, input from the student's preceptor will be obtained during this evaluation process. The required minimum number may vary with PMHNP students due to policies of specific agencies.

6. A student failure of both first and second simulation scenarios followed by an inability to demonstrate clinical competency in the clinical practicum setting per faculty evaluation will result in a failure of the clinical evaluation for that course. Thus, the student has failed the course.

ALGORITHM FOR SIMULATION ACTIVITIES



Clinical Faculty Evaluation

According to SECTION 1428(c) of the Board of Registered Nursing Business and Professions Code, "There shall be tools used to evaluate students' progress and performance and clinical learning experiences shall be stated in measurable terms directly related to course objectives."

The tools used to evaluate a student's progress and performances are:

Students will contact their clinical faculty at the beginning of their clinical experience. Clinical faculty (CF) are experienced NPs active in NP practice who review the student's clinical logs and weekly reflections which the student documents in Typhon on a weekly basis. Each clinical faculty member will make an introductory call to each preceptor at the beginning of the semester.

Additionally, CFs make a minimum of one site visit to observe and evaluate the student's performance, meet with the student's preceptor, and complete (2) Clinical Site EPA Evaluation forms. The CF will arrange a time with the student to evaluate the student's clinical performance. The student should plan that the date and time of the visit are agreeable with the preceptor and that the time optimizes both number and type of clients.

Students are encouraged to consult with their CF about their progress throughout the semester. In the event that a student encounters challenges that have the potential to make it difficult to successfully meet the clinical objectives for the course, the student is responsible for initiating communication with the CF in order to raise awareness and promote mutual discussion of potential resolutions. CF faculty also maintain contact with students and preceptors throughout the semester to determine whether the student's learning needs are being met in their clinical setting and to monitor the student's clinical progress.

Expectations for clinical performance correlate with the stage of the student's learning, with greater clinical expertise anticipated as the student progresses through the NP program specific sequence of NPTC coursework. The CF completes a written evaluation of his/her performance and progress. **The student must earn a "pass" on the Clinical Site EPA Evaluation forms in order to pass the clinical component of the course.** The CF evaluation will be incorporated into the overall clinical performance evaluation of the student for that semester. The CF should review this form with the student, obtain the student's signature, and give a copy of the completed evaluation to the student upload into their clinical portfolio. A copy of these forms for the NPTC 602, NPTC 604 & 605 and the NPTC 535, 549, 608, 609, 610 & 630 Clinical Management Courses are in Appendix L1-L3. A set of questions is provided in Appendix J to guide student reflection.

During the DNP scholarly practice experience a clinical faculty will conduct the site visit according to the DNP evaluation form. In addition, all Typhon entries will be reviewed by the CF faculty. A copy of the DNP Evaluation by Clinical Faculty is available in Appendix N1 and N3.

Preceptor Evaluation

At the end of each clinical semester, each student's Preceptor(s) also completes a written evaluation of his/her performance and progress. **The student must earn a "pass" on the Preceptor Evaluation of NP Student Performance form in order to pass the clinical component of the course.** The preceptor evaluation will be incorporated into the overall clinical performance evaluation of the student for that semester. The preceptor should review this form with the student, obtain the student's signature, and give the form to the student or CF faculty. A copy of these forms for the NPTC 602, NPTC 604 & 605 and the NPTC 535, 549, 608, 609, 610 & 630 Clinical Management Courses are in Appendix L1-L3. **All clinical forms should be signed by the Clinical faculty and student for each NPTC course.**

Preceptor/Site Evaluation

At the end of each clinical semester, every NP student must fill out a Preceptor/Site Evaluation Form for each preceptor/site where he/she has had clinical experience. **This completed form should be routed to the Clinical Placement Coordinator after being submitted with Clinical Paperwork.** This feedback provides important information to guide future clinical placement decisions. **Students will not receive a course grade until the preceptor/site evaluation form has been submitted.** Students must also evaluate their clinical course and clinical faculty which are typically administered in the classroom or online.

Student Evaluation of Course and Clinical

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

Record of Clinical Experiences / Student Portfolios

A link for the student's portfolio will be sent directly to the clinical faculty for review and to meet BRN requirements. (A screen shot of an opened link is shown below). Submitted documents will include; **A)** screen shot of a documented report of completed clinical hours for NPTC course(s) in which the student is enrolled from Typhon, **B)** Clinical objectives, **C)** SOAP Notes from Simulation Activities, **D)** Two EPA clinical site evaluation forms (signed by student and faculty), **E)** A preceptor evaluation form of the student from each site the student is conducting a clinical rotation, **F)** DNP student evaluation form if the student is a BSN to DNP, **G)** All clinical forms need to be signed by clinical faculty and student. After clinical faculty have reviewed their student portfolios and provided a pass/fail grade they will send the lead theory faculty and Kate Todaro the approved link to ktodaro@sandiego.edu. **The final course grades will not be posted until the mandatory forms are approved in the student portfolios.** See next page for an example.

EXAMPLE:



Chris Kelly
NP 2017

Home	NPTC 602 Clinical Objectives: https://www3.typhongroup.net/careplans/data/3153-1302-868TXOBRFDQQLSOVRH.docx
NPTC 602	NPTC 602 SOAP Note 1: https://www3.typhongroup.net/careplans/data/3153-1302-789TXOBSFERQLSOVSH.docx
NPTC 604	NPTC 602 SOAP Note 2: https://www3.typhongroup.net/careplans/data/3153-1302-863FJAMDQPCCWEAHES.docx
NPTC 605	NPTC 602 Preceptor Site Evaluation (by Student): https://www3.typhongroup.net/careplans/data/3153-1302-1652GKBNFRQEDXFBIFT.docx
NPTC 608	NPTC 602 Clinical Site Eval (EPA) 1: https://www3.typhongroup.net/careplans/data/3153-1302-1653CGWIAMLYYTAVEAP.docx
NPTC 609	NPTC 602 Clinical Site Eval (EPA) 2: https://www3.typhongroup.net/careplans/data/3153-1302-1654OTJVNAYMLGNJQNC.docx
	NPTC 602 Time Spent at Site Report (Typhon): https://www3.typhongroup.net/careplans/data/3153-1302-1656MRITLXWKJFLHOLB.jpeg

Clinical Logs

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

Clinical Experience Reflections

The purpose of narrative reflections for each clinical course and the DNP scholarly practice is to facilitate learning and integration of all aspects of the NP role. The Guidelines for Reflections on clinical experience in Appendix J are useful to stimulate thinking concerning the most important learning aspects of the clinical day on which to reflect in relation to learning goals. Each log entry should be a minimum of two to three substantive, multi-sentence paragraphs. See practicum course syllabi for the frequency with which these should be submitted.

DNP Exemplars

During the DNP scholarly practice, a different set of guidelines based on the DNP Essentials are required each semester. These will be presented to students during the first semester of the scholarly practice experience. Also, DNP exemplars are to be documented twice a clinical semester providing bulleted evidence of meeting NONPF Competencies and AACN and DNP Essentials. Appendix Q has the template for the student exemplars.

SOAP Note and BPS Case Guidelines

FNP, AGNP/FNP, FNP/ENP and PNP/FNP and APRN ENP Certificate students are required to write SOAP notes during the simulation activities facilitated by the Simulation Faculty. Similarly, PMHNP students are required to write BPS (Biopsychosocial) Cases. This is

applicable for all clinical management courses. SOAP notes or BPS cases constitute a portion of the grade in NPTC courses. The grading criteria for SOAP notes and BPS cases can be found in Appendix O.

Guidelines for Planning the DNPC 630 Scholarly Practice

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

Clinical Scholarly Practice

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

Selection of Clinical Mentors

Clinical mentors must be qualified advanced practice nurses, physicians, or other health care professionals with expertise in the area of the student's clinical specialty focus. Individuals who possess relevant expertise in health policy, ethics, leadership, etc. may also be considered.

The CPC facilitates all clinical placements with guidance from the faculty advisor. Clinical Mentors are encouraged to communicate directly with their student's Faculty Advisor with any questions or concerns. DNP projects placements also **require agency paperwork** (most of these forms can be obtained in the DNP & MSN NP Program Office) and must be on file in the CPC office. Some health care agencies also require that an umbrella contract or letter of agreement exists between the agency and the University of San Diego prior to initiation of the clinical experience. A copy of the practicum syllabus is sent or hand-carried by the student to each clinical mentor. A packet prepared for clinical mentors describing supervisory expectations and guidelines is available to share with new and prospective mentors. An example of the clinical mentor orientation packet materials can be found in Appendix P. Following receipt of a verbal agreement from the site/mentor(s), the students will initiate obtaining signed letters of support.

Clinical Practice Requirements

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

Students achievement of the DNP program outcomes are evaluated throughout the 5 semesters of clinical practice on a Pass/No Pass basis by the Clinical Faculty. *Students may be required to complete more clinical hours) in order to achieve a passing grade during each semester of their DNP clinical experience. If a passing grade is not earned within this timeframe from the preceptor, additional clinical hours will be required which will be arranged by the DNP 630 CF faculty and preceptor through development of a SEIP form. The inability to earn a passing grade from the preceptor will result in a failure for the semester resulting in potential dismissal from the DNP program.* Specific interim and final evaluation criteria based upon the program outcomes can be found in Appendix N3.

DNP Project Requirements

The demonstration of leadership skills as a critical learning outcome is the hallmark of the DNP, and graduates are expected to lead innovative change for populations at the local, regional, national, and/or international systems level. During the DNP scholarly practice, **students will develop, implement, and evaluate a “practice change/ policy/leadership/informatics project” with a clinical focus, with facilitation by the clinical mentor and faculty advisor.** A format and timeline for the DNP Project can be found in Appendix R. Students who are completing their project in a health care system that has its own IRB will need to obtain IRB approval or an IRB exemption letter within their project site. The letter of approval must be submitted along with the USD IRB application. If there is no established IRB in the agency, authorization must be obtained by the appropriate agency personnel in order to complete the project. A template of the letter that must be completed is included in Appendix T. This letter must accompany the application for USD IRB approval too. All DNP projects MUST obtain IRB approval through the University of San Diego’s IRB. There are NO exceptions. The process and application can be found in Appendix S.

DNP seminars will be held during each semester that students are enrolled in the scholarly practice experience in order to provide a forum for students and faculty to discuss role development and plans/progress for the DNP project, as well as participate in activities to develop and refine EBP knowledge and skills. *If additional time is needed to complete the project, students will need to register for 1 unit of DNPC 630 per semester until the project is successfully completed up to a maximum of 3 semesters.* The project outline can be found in the DNPC 630 DNP Scholarly Practice syllabus in Appendix C.

Final Checklist for Graduating DNP Students

For ease of turning in all final paperwork, a checklist has been created for you that can be found in Blackboard. Students will want to review the Verification of Completion of Program Requirements form (Appendix W) early to ensure that requirements are completed on time. The Sign-Off & Distribution of Portfolios form can be found on the USD Graduate Records website closer to the end of the semester. After verifying that all items are complete and signed, compile all items into one packet, with the checklist as the coversheet and turn into the NP Office. Any questions can be directed to your faculty advisor or Kate Todaro in the NP Office.

DNP Portfolio Requirements

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

- The final portfolio will be due to the faculty advisor and seminar faculty on or before **April 25th (for May graduates)**.
- The on-site visit with the faculty advisor, clinical mentor, and other project stakeholders (during which students will present your project outcomes) needs to take place by **April 26th (for May graduates)**.
- At the completion of the site visit, the faculty advisor will discuss their evaluation with their students (Appendix N1).

Instructions for submitting the pdf to the USD Copley Library can be found on the Graduate Records website (<http://www.sandiego.edu/graduaterecords/>). One electronic copy of the portfolio is required to be submitted to the School of Nursing. This copy will be kept on file in the HSON and available to future DNP students. Students may choose to make bound copies, if desired. An electronic pdf copy of the portfolio should be produced using Times New Roman 12 pt. or larger font. Charts or graphs should be produced on a computer or professionally designed. The text and other material must be typed inside a 6 x 9-inch space on each sheet. The left-hand margin must be 1 ½ inches wide (the extra half inch is for binding) and the other three margins (top, bottom, and right hand) must be 1 inch wide. This includes pages containing the poster, power point slides, etc. Charts, etc. may be reduced to accommodate the 6 x 9-inch space but must still be readable. Other documents may be scanned and reduced to fit. Students should work with Montezuma Publishing to make a bound copy. Orders are accepted electronically 8am-3:45pm Monday- Friday and must be sent to thesis@aztecmail.com.

The portfolio should include:

- I. Introduction
 - a. Cover sheet titled “Doctor of Nursing Practice Portfolio” using the template provided
 - b. Table of contents with page numbers
 - c. Acknowledgements (optional)
- II. Opening Statement: Purpose in pursuing the DNP

III. Documentation of Mastery of DNP Program Outcomes

- a. Copy of approved final manuscript

IV. Concluding Essay: Reflections on Growth in Advanced Practice Nursing Role

V. Appendix

- a. IRB approval form(s) (from each IRB involved; USD application process can be found in Appendix S)
- b. Letter of support from clinical site to use data for publication (Appendix U; optional if project site has IRB)
- c. Poster Abstract(s) with letter(s) of acceptance,
- d. Copy(ies) of poster(s) (template can be found in Appendix X)
- e. Power point slides or other medium for stakeholder presentation
- f. Final clinical exemplars
- g. Other supporting documents (e.g., educational materials developed, guidelines created, letters to legislators, etc.)
- h. Certificates of certification (if any)

The ELECTRONIC portfolio should include:

- I. Go to digital.sandiego.edu/dnp
- II. Click on Submit DNP Final Manuscript under Author Corner on the left side bar
- III. You will be prompted to create an account (if you already have an account, log in)
- IV. Once you have created your account and are logged in, you will see the Submission Agreement, which outlines the terms of posting your work. Please note:
 - a. You are granting your permission to make your work publicly available online
 - b. You retain the copyright to your work
 - c. If your work includes copyrighted material, you have obtained written permission from the original copyright holder(s) and you have uploaded this documentation with your work
- V. Check the box at the bottom and click Continue
- VI. Now you are ready to fill out the form and upload your final manuscript. Follow the instructions for each of the fields as listed below. Fields bulleted below are required.
 - Title: Please enter the title of your final manuscript, including capitalization of the main words.
 - For example: An Adult PCV13 Vaccination Protocol in the Retail Health care Setting
 - Author: By default, your name should already be listed in the author field.
 - To add a co-author(s), click the green plus (+) sign and enter the additional author's information. To reorder the list of authors, change the numbering to the left of the authors' names. Note: You must receive permission from all additional authors prior to posting this work.
 - Author Phone Number: Enter your telephone number in case we need to contact you.
 - It will not be published publicly.

- Date of Award: This is the date you will receive your DNP degree.
- First Advisor, Second Advisor, and Third Advisor
 - Please enter your advisor's name in the following format: First Middle Last, Degrees. For example: Karen Macauley, PhD, DNP, MSN
- Keywords: To enhance the indexing and discovery of your final manuscript, please enter up to six keywords or phrases that describe your work. Separate them by commas.
- Subject Areas / Disciplines “Nursing” is listed as the default subject area / discipline.
 - If you wish to add an additional subject area / discipline, click on it in the list and click the Select button.
 - Disciplines with a plus (+) sign also have subdisciplines; click the plus (+) sign to see the sub-disciplines, and then select if desired.
 - To remove a discipline, click on it in the Selected pane, and then click the Remove button. Click here to view the complete list of disciplines.
- Abstract Please proofread your abstract closely so that there are no typos or spelling errors.
- Embargo Period Placing an embargo on your work restricts public access to the full text of your manuscript for the time period you specify (the title and abstract will still be openly available during an embargo period).
 - For example, an embargo of one year means that the full text of your work will not be publicly available until one year from the date it is posted.
 - By default, there is no embargo applied to your work. If you desire an embargo, you must select it from the drop-down menu below.
 - If you are not sure whether to restrict access to your work by applying an embargo, please consult your advisor(s)
- Creative Commons License If you would like to indicate how your work may be re-used by others, you can add a "Creative Commons" license to it. For more information about the different types of licenses available, visit <https://creativecommons.org/licenses/>
- Upload Full Text Please upload only your approved final manuscript, including cover/title page and references. This should be a “clean” copy without any hand signatures. Including an Acknowledgements page is optional. Do not include your opening statement or concluding essay.
- Additional Files Please check this box if you'd like to add additional files connected to your work.
 - After you click Submit at the bottom of this page, you will be prompted to upload and name your additional files.

Click Submit to finish the process. Your work will be sent to the Digital Initiatives Librarian and you will receive an email when it has been posted and is available for viewing online. This process could take up to a month.

LEARNING EXPERIENCES FOR ADVANCED TECHNICAL PROCEDURES

The NP faculty include as much experience in advanced technical procedures (microscopy, suturing, etc.) as possible within the NP and APRN ENP Certificate curriculum. We recommend that students who anticipate needing preparation in these skills immediately upon graduating from the NP Program (beyond what is included in the program) and/or desire a

more extensive educational opportunity should seek continuing education opportunities in these areas while they are enrolled in the NP Program. Those who choose to seek this preparation and include performance of any of these skills in their future NP practice, need to be aware that they will be held legally accountable for obtaining the appropriate level of preparation for performance according to protocols and/or community standards of practice.

NP JOB OPPORTUNITIES, CE PROGRAMS, AND PROFESSIONAL ORGANIZATIONS

Information concerning CE programs and professional organizations is posted on the MSN bulletin board in the student lounge. National NP job postings are available at <http://www.NPcentral.net>. The North and Central Chapters of the California Association of NPs (CANP) welcome NP students to attend the monthly meetings. There are reduced membership rates for NP students at both the regional and state levels of CANP and students are encouraged to become members. These meetings provide a great opportunity to obtain updates regarding current NP issues and job opportunities, network with NPs from diverse practice settings and attend CE offerings on a variety of clinical topics. Contact the DNP & MSN NP Program Director or other NP program faculty to ascertain meeting dates and location(s) since they vary from year to year.

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

Conferences and Conventions

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

Doctor of Nursing Practice Conference <https://www.doctorsofnursingpractice.org/>
August 11-13, 2021 Chicago, IL

Philippine Nurses Association of America (PNAA) <http://www.mypnaa.org/>
Check website for 2021-2022 Scheduled Events

National Black Nurses Association (NBNA) <https://www.nbna.org/>
Annual Institute and Conference August 4-8, 2021 Dallas, TX

American Assembly for Men in Nursing (AAMN) <http://www.aamn.org/>
46th Annual AAMN Conference October 2021 Miami, FL

Sigma Theta Tau International (STTI) <https://www.sigmanursing.org/>
Check website for 2021-2022 Scheduled Events

Association of California Nurse Leaders (ACNL) <http://www.acnl.org/>
ACNL Annual Conference February 6-9, 2022 Anaheim, CA

American Nurses Association (ANA) <https://www.nursingworld.org/>
Check website for 2021-2022 Scheduled Events

California Association for Nurse Practitioners (CANP) <https://canpweb.org/>
Annual Conference, March 31 - April 3, 2022 Pasadena, CA

Western Institute of Nursing (WIN) <https://www.winursing.org/>
Annual Conference, April 6-9, 2022 Portland, OR

American Organization for Nursing Leadership (AONL) <https://www.aonl.org/>
AONL 2021 Conference April 11-14, 2022 San Antonio, TX

American Association of Nurse Practitioners (AANP) <https://www.aanp.org/>
Annual Conference (Online) September 23, 2021 - January 4, 2022

National Association of Hispanic Nurses (NAHN) <http://nahnnet.org/>
Annual Conference, November 16-19, 2021 Sheraton Puerto Rico Hotel & Casino
<http://www.sdnahn.org/>

National Student Nurses Association (NSNA) <https://www.nsna.org/>
Annual Conference, April 6-10, 2022 Salt Lake City, UT

Emergency Nurses Association (ENA) <https://www.ena.org/>
Check website for 2021-2022 Scheduled Events

American Academy of Emergency Nurse Practitioners (AAENP) <https://www.aaenp-natl.org/>
Check website for 2021-2022 Scheduled Events

Credentials and Certification

NP program graduates must plan to seek credentials from the state regulatory board where they currently reside or where they plan to relocate except for active duty students in the military. Most states also require graduates to seek national certification from a professional certifying organization. **Regardless of individual state regulations pertaining to national certification, we strongly encourage all graduates to successfully complete a national certification examination.** Each credentialing agency/organization has different criteria; therefore, the program plan and clinical placements are carefully determined so that the student meets all requirements. Examples of credentials that may be pursued following graduation are as follows:

Nurse Practitioner in California: The Board of Registered Nursing (BRN) reviewed and approved the NP Program for both MSN and DNP Programs in Spring, 2010 with continuing full approval obtained as a result of the September 2014 onsite visit. The approval indicates that the curriculum and support services of the program meet the state requirements. BRN approval enables graduates of our NP program to apply to the BRN for the privilege of "holding themselves out" as nurse practitioners in California. Graduating students must: 1) file with the BRN an application form signed by the DNP Program Director after graduation (date diploma issued) attesting to program completion; and 2) request the Registrar to send an official transcript once final grades and the degree granting have been posted to the transcript. It takes 6-8 weeks after the date the degree is granted to receive your license from the BRN. It is essential that the graduate refrain from using an NP identification or put the initials on any signs or business cards until after receiving their license from the BRN.

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

National Provider ID Number

NPI numbers are required by all Nurse Practitioners. They can be obtained via <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

American Nurses Credentialing Center: The Family, Pediatric, Adult-Gerontology, and Psychiatric-Mental Health NP Programs meet the guidelines for the graduates to sit for the ANCC (American Nurses Credentialing Center) Family NP, primary care Pediatric NP, primary care Adult-Gerontology NP, and PMHNP certification. For graduates planning on practicing in

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

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

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

NP and APRN ENP Certificate Program Evaluation

The evaluation process for the DNP and MSN degree options and APRN ENP Certificate includes obtaining input regarding the program curriculum, faculty, clinical agencies and students. This process enhances the HSON to: 1) include essential content that is representative of the health trends in society and address the major health problems of the population, 2) assess faculty strengths, 3) monitor the students' progression through the program, and 4) identify areas where program improvement is needed.

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

Students: Students' performance is evaluated in each course as they progress through the program. The evaluation covers both theoretical learning as well as the application of clinical knowledge and the demonstration of clinical skills. Both clinical faculty and preceptors evaluate each student in each succeeding semester of enrollment in a clinical course. Performance expectations increase with each successive clinical management semester. See Appendices R and S for copies of the NP Program Clinical Evaluation Form and grading criteria. These evaluations are maintained in each student's file. Acceptable progress in clinical performance must be demonstrated throughout the program in order to graduate

Course/Faculty/Clinical Setting: At the end of each semester, students are asked to evaluate each course, the classroom and/or clinical faculty, and their preceptors and clinical placements. This is another component of the comprehensive, ongoing program evaluation in the School of Nursing. The data are reviewed, and changes are made when feasible, and will strengthen the course/program. See Appendixes L1-L3 and M for samples of these Preceptor/Site evaluation forms.

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

Financial Assistance Available to Students

DNP Nursing Student Dean's Scholar Awards

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

Criteria for the Award include:

1. Enrolled in USD's Doctor of Nursing Practice program;
2. Record of academic excellence;
3. Identified a USD doctorally-prepared faculty member who has either an ongoing evidence-based practice project in their clinical practice or an active program of research related to their clinical practice agreeable to be their faculty advisor; and
4. Completes an evidence-based clinical project that is closely related to the faculty advisor's clinically based area of scholars

APPENDICES

Appendix A: NONPF Core Competencies for Nurse Practitioners

https://cdn.ymaws.com/nonpf.site-ym.com/resource/resmgr/competencies/20170516_NPCoreCompsContentF.pdf

Appendix B: Student Expectations and Improvement Plan

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A930acff4-8c16-46c9-9ce0-7fbb52242782>

Appendix C: DNP 630 Course Syllabus

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Af17170f4-9771-40cb-89b8-94a59c82cf0f>

Appendix D: NPTC 541 Course Syllabus

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Af38bdaaf-16d5-4962-b41d-923c64c62278>

Appendix F: Preceptors Guidelines and Expectations

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A24a1c55c-5d89-4b2d-a15a-6424b0c722cc>

Appendix G: Sample Letter of Agreement and Benefits for Clinical Preceptors

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Aff20c378-adfe-4207-9df1-9da7803fae9b>

Appendix H: Preceptor Data Sheet

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A05dedd59-8022-4a64-9639-80b01a37aad2>

Appendix I: Simulation Activity Remediation Plan

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A51a33326-2a29-4742-8a25-56e8cbaa9c8e>

Appendix J: Reflection Questions for Students in Preparation for Clinical Site Visit

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Aa9a09137-17fa-4692-ae47-1c91d7f62074>

Appendix K: DNP Project Evaluation Criteria

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A3b2d5f16-5697-4025-b2a6-6e9c13c28fcd>

Appendix L1: Form for Preceptor Evaluation of NP Student Performance NPTC 602

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A8d4efaa2-0374-4a87-a253-327016680ab3>

Appendix L2: NPTC 535, 549, 604, 605, & 610 (541)

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ab49ee3f8-f029-4ae7-bc57-0da2459c84a9>

Appendix L3: NPTC 608, 609, 630

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Afca96fba-ced5-4939-8244-cc3dd2cb5d1c>

Appendix M: Student Evaluation of Clinical Site/Preceptor

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A13580381-aa9f-4384-9234-0bbd9cd92cc8>

Appendix N1: DNPC 630 Scholarly Practice DNP NP Student Evaluation by Faculty Advisor

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Af38900ba-f29c-412b-b39c-1be9ea859c6c>

Appendix N2: by Clinical Mentor

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A198a8627-0d71-415b-ba8b-f967a486897e>

Appendix N3: by Faculty Advisor (end of program)

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A36797221-80cc-4fda-a305-08fb18004dd3>

Appendix N4: by Clinical Mentor (end of program)

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A9978a1c6-d020-4511-aaca-b659078f5025>

Appendix O: Soap Note Guidelines For all NP Clinical Management Courses

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A54d653d3-69d9-4ec4-8267-bd70d594b4ac>

Appendix P: DNP Scholarly Practice Clinical Experience – New and Prospective Clinical Mentors

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ac4029a8e-464c-4a04-8fd5-fc697025130c>

Appendix Q: AACN DNP Essentials/NONPF Competencies/USD DNP Program Outcomes Exemplars

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ae039f3fe-0b38-4490-942c-d37581aa0665>

Appendix R: Format for Manuscript and Timeline for DNP Project Requirements

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A8e1ad02c-179c-48e9-aab7-9dc3805df3>

Appendix S: How to Submit A DNP Project for IRB Approval Online

<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:f886b33b-8ada-4eb1-b61f-192cd6120df7>

Appendix T: Sample Faculty Support Letter

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A57ec44d7-d483-435f-9333-746c874397b0>

Appendix U: Sample Letter of Support from a Clinical Facility

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ae0eff673-3237-49e8-aa17-f97bd5728057>

Appendix V: Sample Title Page, Doctor of Nursing Practice Portfolio

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ab15d66b9-defb-430a-9768-6f364b43eae>

Appendix W: Verification of Completion of Program Requirements

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Afe259b85-93a3-46d9-a074-101b8656feaf>

Appendix X: Poster Template

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Aa482e4e5-7221-4cfc-bcb4-adc739163684>

Appendix Y: Application for DNP Nursing Dean's Scholar Award

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Af58ba4ca-412a-459a-9008-a6a64a2caa98>

Appendix Z: Final Checklist for Graduating DNP Students

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:65a14600-fdb3-4f83-92d9-a12406d10fc0>

Appendix AA1: Psychiatric/Mental Health Nurse Practitioner Track Clinical Evaluation Forms
<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ae3d38cfb-bacf-4f83-970e-c76c2d346e77>

Appendix AA2:
<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A719073b7-15b8-40d8-9a88-16deef99c5bf>

Appendix AA3:
<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Afc73a341-9497-449c-a327-75ebb1206859>

Appendix BB: Clinical Hour Requirements
<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ab83b6ac7-dbe3-4bca-92a6-248704dd8701>

Doctor of Nursing Practice

Welcome to the Post MSN Doctor of Nursing Practice Program

It is an honor to welcome you to the University of San Diego (USD) Hahn School of Nursing and Health Sciences (HSON) Post MSN Doctor of Nursing Practice (DNP) Program.

This section of the handbook provides information regarding the Post MSN to DNP Tracks. You are responsible for the information contained in the entire *HSON Student Handbook* and the *University of San Diego Graduate Course Catalog*. Please keep apprised of all changes made in the aforementioned materials. It is the hope of our faculty that this information will contribute to an enjoyable and successful personal and academic journey at USD. The expectation is that each student will review the handbook and be responsible for the content.

Your faculty are very experienced and successful nurse leaders who are influential role models in the clinical and classroom settings. They will ensure a high level of excellence and academic rigor as they prepare you to become a DNP. With today's rapidly changing healthcare environment, the faculty remain more committed than ever to guide you on your education journey to improve health for patients, communities, and healthcare systems.

We look forward to getting to know you as you progress through the Post MSN to DNP Tracks at USD.

Sincerely,

Dr. Jonathan Mack
Director of PNP/NP, NI and HCI
jmack@sandiego.edu



POST MSN DOCTOR OF NURSING PRACTICE STUDENT HANDBOOK

HISTORICAL PERSPECTIVE REGARDING THE DOCTOR OF NURSING PRACTICE DEGREE

In the early 2000s, the American Association of Colleges of Nursing (AACN) initiated dialogue among nursing leaders across the country regarding the need for doctoral preparation of nurses in advanced practice nursing and advanced nursing practice roles. Currently, advanced practice RN (APRN) roles include nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs), and certified registered nurse anesthetists (CRNAs). Advanced nursing practice within nursing refers to the highest level of professional nursing practice, defined by the AACN (2004) as:

Any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy (p.2).

The AACN proposed doctoral preparation for advanced nursing practice to address societal demands for greater knowledge and expertise. Such preparation is needed in the face of an increasingly fragmented and ineffective health care system along with the escalating health disparities in our nation (National Research Council of the National Academies, 2005; Institutes of Medicine [IOM], 2003). As a result, the IOM called for the restructuring of educational preparation of all health professionals, including nurses, with a specific emphasis on specialty practice, information systems, quality improvement, and patient safety expertise. The USD DNP program outcomes were formulated to achieve these goals.

The AACN **recommends** that all APRN educational programs transition to the DNP by 2015. By that date, all RNs should enter DNP programs after their baccalaureate education is completed. MSN preparation will eventually be phased out. To accommodate the large number of masters prepared APRNs who also may wish to earn the DNP, a post-masters completion program was also recommended (AACN, 2006).

In January, 2005, the Hahn School of Nursing and Health Science (HSON) hosted a western regional AACN DNP information meeting (one of several regional forums held that year) that was attended by over 200 nursing leaders from across the country including several USD faculty and Dean Hardin. At this meeting, a draft of the AACN's "Essentials of Doctoral Education for Advanced Nursing Practice" was disseminated for discussion and feedback. In 2006, the *Essentials* document (Appendix A) was formally adopted and is now the definitive curriculum standard for all DNP programs. For complete information about the AACN's *DNP Essentials* and the *DNP Roadmap Task Force Report* (2006), proceed to www.aacn.nche.edu. The *DNP Essentials* articulate eight competencies to be achieved by the end of a DNP program.

The eight competencies are:

1. Scientific underpinnings for practice
2. Organizational & systems leadership for quality improvement and systems thinking
3. Clinical scholarship and analytic methods for evidenced-based practice
4. Technology and information for the improvement and transformation of patient-centered health care
5. Health care policy for advocacy in health care
6. Interprofessional collaboration for improving patient and population health outcomes
7. Clinical prevention and population health for improving the nation's health
8. Advanced nursing practice

During the 2005-2006 academic year, our faculty began a preliminary review of other DNP programs and began to explore the feasibility of beginning a DNP program at USD in fall 2008. During the 2006-2007 academic year, a nursing faculty taskforce was convened to develop the purpose, graduate competencies, and curriculum, culminating in formal faculty approval in May 2007. During this process, new courses were reviewed and approved by the School of Nursing's Curriculum and Doctoral Committees.

The DNP proposal was distributed to and reviewed by multiple constituencies at the University during the fall, 2007 semester. On September 26, 2007 the President's Executive Council gave preliminary approval pending a review of the proposed budget by the Cabinet. The Graduate Council approved the proposal on October 11, 2007. The President's Cabinet gave unanimous approval on October 31, 2007. Finally, after approval by the Academic Affairs Committee of the Board of Trustees on December 6th, the full Board voted to approve the proposal on December 8, 2007.

The HSON was re-accredited by the Commission on Collegiate Nursing Education (CCNE) in 2010 for 10 years through June 2020. The Post MSN DNP Program received initial accreditation in 2008 and similar accreditation was granted for the Post BSN DNP Program in 2010. A CCNE site visit for continuing full accreditation of the DNP Program was conducted in October 2014 and was re-accredited through 2025. In addition, USD was re-accredited in 2012 by the Western Association of Schools and Colleges (WASC). In 2006, 2010, 2014, and again in 2019, the BSN-DNP program was re-approved by the California Board of Registered Nursing (BRN). In the Spring of 2018, USD HSON faculty agreed unanimously to open the Post Masters DNP program to MSN applicants seeking advanced nursing practice roles in Nursing Informatics and Health Systems Leadership and began offering the Post MSN tracks in a hybrid format in Fall of 2019. To date, 84 APRNs have graduated from our Post MSN DNP Program. Most of our DNP Program graduates have gone on to leadership roles in clinical practice and nursing education across the nation and around the world.

Hybrid, Post-MSN to DNP Track

The Post MSN to DNP tracks are offered in a hybrid (on-ground and online) format. Hybrid attendance provides students with the benefits of face-to-face instruction with the flexibility of web-based learning. Students enrolled in all the hybrid post-MSN to DNP tracks complete below 50% of online instruction when accounting for theory, seminar, and clinical practicum units. Students complete the same graduation requirements as on ground students including clinical practicum.

Learning Outcomes & Objectives

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

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

Program Description

The Post MSN DNP program requires a **minimum of 34 units** of course work. Required courses primarily focus on the clinical and translational sciences, the philosophical basis of advanced nursing practice, and the socioeconomic factors needed to transform and evaluate health care. To achieve the highest level of advanced nursing practice, students are educated and socialized for their roles both didactically through course work, seminars, and experientially through the clinical scholarly practice. Students are expected to develop a deep understanding of the scientific and ethical foundation of reflective practice and the economic, political, and regulatory forces that affect quality of care. With this foundation, students will be able to translate research into practice by designing and evaluating innovations in care to improve the health status of individuals, families, communities, and the nation.

Transfer of Credit

Students may ordinarily transfer up to 6 units of graduate credit awarded for completion of post-masters course work. Extension credit is not transferable. Ordinarily, courses meeting the requirements for another degree cannot be used.

The Petition for Transfer Credit form available from the School of Nursing or the USD website must be completed and accompanied by information necessary for the advisor and Program Director to make a decision on the equivalency of the courses requested for transfer. The information must include a copy of the course syllabus from the university where you have completed the course work and evidence that this course is acceptable at that institution for doctoral or graduate credit. This can be accomplished by a copy of the page in the catalog that stipulates the numbering system at that university or a letter from a college official or professor indicating that this course carries graduate credit. It is imperative that the name of the university appear on these materials. The course(s) for which the transfer credits are to be substituted should also be indicated on the transfer petition. The form and supporting materials are sent to the Graduate Records Office for final approval and, then, sent to the Office of the Registrar for posting. It is important to provide as much data as possible with the original request for transfer credit.

If a student wishes to take a course for transfer at another university while enrolled in the doctoral program, approval for transfer prior to taking the course is prudent. Approval should first come from the DNP Director as part of program planning. The student should process the transfer form as described above. The approval form will be held (copy to student and student file), until the transcript is received in the Office of the Registrar.

The same form is used for prior approval of courses and transfer of courses already taken. It is the student's responsibility to make sure that transcripts are sent to USD Office of the Registrar from the appropriate university. Transcripts must include a grade (A-B) for the course (s). A grade of B or higher must be earned for credit to be awarded.

Publishable Papers, Posters, & Presentations

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

Roles of Various DNP Faculty/Staff

DNP Programs Director: (Dr. Jonathan Mack, Ph.D, RN-BC, NP)

Responsible for overall leadership of the DNP/MSN NP, NP, APRN ENP Certificate Program, Nursing and Health Care Informatics Programs and Dickinson Nursing Simulation Center. Dr. Mack is available by appointment to all students.

DNP Program Coordinator: (Dr. Joseph Burkard, DNSc, CRNA, AACN Health Policy Fellow)

Responsible for direct leadership and coordination of the DNP Program and Project. Dr. Burkard is available by appointment to all students.

Nursing Informatics and Data Science and Health Systems Leadership Tracks Director:

(J. Mack, PhD, RN-BC, NP) Responsible for direct leadership and coordination of the NI-DS and HSL tracks.

NP Program Coordinator: (Dr. Michelle Kabakibi, DNP, FNP-C, AGNP-C,) Responsible for

direct leadership and coordination of the FNP, ENP NP and APRN ENP Certificate Programs. Dr. Kabakibi is available by appointment to all students.

PMHNP Track Coordinator: (Dr. Michael Terry, DNP, FNP-C, PMHNP-C) Responsible for

direct leadership and coordination of PMHNP Track. Dr. Terry is available by appointment to all students.

Lead Content Faculty for FNP, AGNP, PNP, ENP, PMHNP Tracks:

FNP – Kevin Maxwell, PhD, DNP, FNP-BC, RN

ENP/APRN ENP Certificate – Pedro Colio, DNP, FNP-C, ENP-C, CCRN

AGNP – Michelle Kabakibi DNP, FNP-C, AGNP-C

PNP - Martha Fuller, PhD, PPCNC –BC

PMHNP - Michael Terry, DNP, FNP-C, PMHNP-C

Provide role and content expertise to Program Director and Faculty regarding scope of practice, curriculum, and certification regulations.

DNP FACULTY LISTING

Full-Time Faculty:

<u>Name</u>	<u>Clinical Practice Area(s)</u>	<u>Teaching/Research Interests</u>
Jannise T. Baclig, PhD, RN	Health Care Informatics / Executive Nurse Leadership	Leadership and Scientific Inquiry
Oliva Ball, DNP, FNP-BC, PMHNP-BC	Geropsychiatric / Behavioral Health	Geropsychiatric / Behavioral Health
Andrea G. Bell, DNP, FNP-C, CPNP-PC	Pediatric / Public Health	Pediatric / Public Health
Barbara Berkovich PhD	Health Care Informatics Data Analytics	Health Care Informatics and Data Science
Sharon Boothe-Kepple, PhD, FNP-C	Dermatology, Family Practice	Simulation, Cultural Diversity, Cultural / Competence
Joe Burkard, DNSc, CRNA	Anesthesia, Health Policy	Translational Science, Health Science, Pain Management
Wendy Cole, PhD, MSN, RN	Nursing Informatics Health Systems Leadership	Nursing and Health Care Informatics
Isis Y. Cunningham, DNP, APRN, NP-C, CPNP-PC	Pediatric /FNP	Pediatric /FNP
Katerine A. Curran, DNP, FNP-BC, ENP	Urgent Care, / Emergency Medicine	Surgical Oncology, Emergency Medicine, Organ Transplant
Pedro Colio, DNP, FNP-C, ENP-C	Primary Care, Emergency/Urgent Care	Family
Caroline Etland, PhD, RN, CNS, ACHPN	End of life, Palliative Care	End of life, Palliative Care
Kori Fitzgerald, DNP, FNP-C	Internal Medicine	Telehealth / Palliative Care\
Jenna Juenger, DNP, APRN, FNP-C	Family Primary Care, Health Promotion, Women's Health	Family Medicine, Women's Health
Martha Fuller, PhD, PPCNP-BC	Pediatrics	Pediatrics
Bridget Frese, PhD, RN, PHN, CNL, CNM	Women's Health, Maternal Health	Women's health, Maternal Health
Rachel Gerard-Buonomo, FNP-BC, AGNP-C	AGNP, Internal Medicine, General Medicine	AGNP
Deanna Johnston, PhD, RN, CNS	Progressive Care, Cardiac and Resp Specialties	Palliative Care / Simulation
Michelle Kabakibi, DNP, FNP-C, AGNP-C	Internal Medicine, General Medicine	AGNP

Kathy Klimpel, PhD, RN-BC, CNS	Nursing Informatics and Data Science	Clinical Decision Support and Clinical Information Systems. Genomic and Precision Medicine
Katie Lais, DNP, PMHNP	Psychiatric/Mental Health	Traumatic Stress, Compassion Fatigue
Jonathan Mack PhD, RN-BC, NP	Nursing and Health Care Informatics Health Systems Leadership	Telehealth, Remote patient monitoring, simulation-based learning, and health care informatics
Susan Magorno, DNP, APRN, PMHNP-BC	PMHNP, Tele-psychiatry	Telehealth, PMHNP, MDD, Anxiety Disorders
Gabriella Malagon-Maldonado, PhD, DNP, CNS	Acute Care, Magnet Designation	Strategic Planning, Quality
Kevin Maxwell, DNP, FNP-BC	Trauma	Pathophysiology
Razel Milo, PhD, DNP, FNP-C	Family practice	Diabetes, Family
Theresa Nguyen, MSN, PMHNP-BC	Psychiatric/Mental Health	Perinatal mood, anxiety disorders, maternal mental health
Tony Rosales, DNP, CNP-BC, CNS	Emergency / Trauma, FNP, Health Systems Leadership	Advanced Aesthetics / Start-ups / Nursing Informatics / Data Science
Lisa Sheehan, DNP, CFNP	Family Practice	Diabetes, Family
Helen Stearns, DNP, FNP-BC, AGPCNP-BC	Acute / Geriatric Rehabilitation Skilled Nursing. Long-Term Memory Rehab.	POLST, EMR, Primary Care / Internal Medicine, Geriatrics
Aaron Sterling, FNP-ENP	Emergency Department	Clinical Practice Primary/ Urgent/ Emergency Settings
Charisse L. Tabotabo, DNP, RN-BC, RNC-NIC	Simulation, Informatics, Pediatrics	Simulation, Informatics, Pediatrics
Jud Simon DNP, RN-BC	Nursing Informatics Health Systems Leadership	Nursing and Health Care Informatics

Executive Assistant: Nina Geissler is responsible for providing support to the DNP Program Director, clinical placement coordinator, faculty, staff, and students.

Lead Faculty for Theory and/or Clinical Management Courses: Each theory and/or clinical management course has a designated lead course faculty to provide leadership for all faculty teaching in the course and students enrolled in the course. The lead faculty is responsible for all content and the smooth operationalization of all aspects of the course including simulation activities, clinical site practice and competency, assigning course content for instruction to selected course faculty, development and evaluation of examinations, collecting grades from the clinical faculty, completing the course grade sheet with submission to the Registrar at the end of the semester, and providing course/student updates to the Program Director and faculty during DNP team meetings.

Clinical Placement Coordinator (CPC): (Amy Wright)

The Clinical Placement Coordinator (CPC) maintains the roster of clinical preceptors and sites, works with faculty and students in development of new sites (as needed), and works collaboratively with faculty and NP students to plan for and arrange the clinical placement(s) needed for the next semester/term. The CPC works within the parameters for planning clinical placements outlined in this handbook and the Preceptor guidelines. In the event of unforeseen circumstances (e.g. natural disaster, pandemic) a clinical placement may not be available until the circumstances are resolved. Any exceptions must be approved by the Program Director. Students should respond promptly to any messages from the CPC during the clinical placement process. A Memorandum of Understanding (MOU) must be completed for all clinical sites each Post MSN student completes required clinical hours. Each student must contact Amy Wright amy@sandiego.edu to facilitate this MOU.

Program Plans for the DNP Tracks

Below are the standard program plans for both the full-time and part-time DNP tracks. If you need a specialized plan or access to your personalized plan, please contact Kate Todaro in the DNP Office. There is relatively little flexibility in the sequence of courses in the DNP Program. Any changes in the student's program of study MUST be completed in collaboration with the DNP Program Director. A program plan is a schedule of the courses that students will take each semester. All initial program plans or changes to program plans must be confirmed with the DNP Program Director. Students should request a copy of their program plan for their own records.

Post-MSN DNP APRN Track

Full-Time Plan

YEAR 1

Fall One

DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Biostatistics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

DNPC 626 Strategic Planning and Information Management in Health Care	3 units
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Management in Health Systems	3 units
DNPC 630 DNP Scholarly Practice	1 unit

YEAR 2

Fall Two

DNPC 648 Health Policy Analysis	3 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

DNPC 630 DNP Scholarly Practice	6 units
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Total Program Units 34

Post-MSN DNP APRN Track

Part-Time Plan

YEAR 1

Fall One

DNPC 611 Methods of Translational Science	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 630 DNP Scholarly Practice	1 unit

YEAR 2

Fall Two

DNPC 625 Epidemiology and Biostatistics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

DNPC 626 Strategic Planning and Information Management in Health Care	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

DNPC 653 Financial Management in Health Systems	3 units
DNPC 630 DNP Scholarly Practice	1 unit

YEAR 3

Fall Three

DNPC 648 Health Policy Analysis	3 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

DNPC 630 DNP Scholarly Practice	3 units
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Total Program Units 34

Post-MSN DNP in Emergency Care for FNPs Track
Full-Time Plan

YEAR 1

Fall One

DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Biostatistics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

DNPC 626 Strategic Planning and Information Management in Health Care	3 units
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

NPTC 610 Emergency Care	5 units
DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Management in Health Systems	3 units
DNPC 630 DNP Scholarly Practice	1 unit

YEAR 2

Fall Two

NPTC 610 Emergency Care	5 units
DNPC 648 Health Policy Analysis	3 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

NPTC 610 FNP in Emergency Care	5 units
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Total Program Units 43

**Post-MSN DNP ENP for FNPs Track
Part-Time Plan**

Fall One

DNPC 611 Methods of Translational Science	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Two

DNPC 625 Epidemiology and Biostatistics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

DNPC 626 Strategic Planning and Information Management in Health Care	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

NPTC 610 Emergency Care	5 units
DNPC 653 Financial Management in Health Systems	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 610 Emergency Care	5 units
DNPC 648 Health Policy Analysis	3 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 610 Emergency Care	5 units
DNPC 630 DNP Scholarly Practice	3 units

Total Program Units 49

The MSN to DNP in Nursing Informatics & Data Science and the MSN to DNP in Health Systems Leadership each consists of 55 units of academic study. Outlined below is a typical program of study that incorporates scheduling frequency and course prerequisites based upon degree track:

Post MSN-DNP Nursing Informatics & Data Science Track

Full-Time Plan

YEAR 1

Fall One

DNPC 611	Methods of Translational Science	3 units
DNPC 625	Epidemiology and Biostatistics	3 units
DNPC 630	Scholarly Practice	4 units

Spring One

DNPC 626	Strategic Planning and Quality Initiatives Plan	3 units
DNPC 686	Program Planning and Evaluation	3 units
HCIN 600	Population Health Analytics	3 units
DNPC 630	Scholarly Practice	3 units

Summer One

DNPC 610	Reflective Practice	3 units
DNPC 630	Scholarly Practice	4 units
DNPC 653	Financial Management in Health Systems	3 units

YEAR 2

Fall Two

DNPC 648	Health Policy Analysis	3 units
DNPC 660	Advanced Leadership for Complex Systems Mgmt	3 units
DNPC 630	Scholarly Practice	4 units

Spring Two

HCIN 554	Telehealth and Emerging Technology	3 units
HCIN 615	Advanced Health Care Analytics	3 units
DNPC 665	Consumer Informatics	3 units
DNPC 630	Scholarly Practice	4 units

Total Program Units 55

Post MSN-DNP Nursing Informatics & Data Science Track

Part-Time Plan

YEAR 1

Fall One

DNPC 611	Methods of Translational Science	3 units
DNPC 630	Scholarly Practice	3 units

Spring One

DNPC 626	Strategic Planning and Quality Initiatives Plan	3 units
DNPC 686	Program Planning and Evaluation	3 units
DNPC 630	Scholarly Practice	1 units

Summer One

DNPC 610	Reflective Practice	3 units
DNPC 630	Scholarly Practice	3 units

YEAR 2

Fall Two

DNPC 625	Epidemiology and Biostatistics	3 units
DNPC 630	Scholarly Practice	3 units

Spring Two

HCIN 554	Telehealth and Emerging Technology	3 units
DNPC 665	Consumer Informatics	3 units
DNPC 630	Scholarly Practice	2 units

Summer Two

DNPC 630	Scholarly Practice	3 units
DNPC 653	Financial Management in Health Systems	3 units

YEAR 3

Fall Three

DNPC 648	Health Policy Analysis	3 units
DNPC 660	Advanced Leadership for Complex Systems Mgmt.	3 units
DNPC 630	Scholarly Practice	2 units

Spring Three

HCIN 600	Population Health Analytics	3 units
HCIN 615	Advanced Health Care Analytics	3 units
DNPC 630	Scholarly Practice	2 units

Total Program Units 55

Post MSN-DNP Health Systems Leadership Track

Full-Time Plan

YEAR 1

Fall One

DNPC 611	Methods of Translational Science	3 units
DNPC 625	Epidemiology and Biostatistics	3 units
DNPC 630	Scholarly Practice	4 units

Spring One

DNPC 626	Strategic Planning and Quality Initiatives Plan	3 units
DNPC 686	Program Planning and Evaluation	3 units
HCIN 630	Health Care Law and Risk Management	3 units
DNPC 630	Scholarly Practice	3 units

Summer One

DNPC 610	Reflective Practice	3 units
DNPC 630	Scholarly Practice	4 units
DNPC 653	Financial Management in Health Systems	3 units

YEAR 2

Fall Two

DNPC 648	Health Policy Analysis	3 units
DNPC 660	Advanced Leadership and Systems Management	3 units
DNPC 630	Scholarly Practice	4 units

Spring Two

DNPC 665	Consumer Health Informatics	3 units
HCIN 611	Health Care Economics	3 units
HCIN 625	Digital Health Care Marketing *	3 units
DNPC 630	Scholarly Practice	4 units

Total Program Units

55

* May substitute HCIN 543 Database and Knowledge Management

Post MSN-DNP Health Systems Leadership Track

Part-Time Plan

YEAR 1

Fall One

DNPC 611	Methods of Translational Science	3 units
DNPC 630	Scholarly Practice	3 units

Spring One

DNPC 626	Strategic Planning and Quality Initiatives Plan	3 units
DNPC 686	Program Planning and Evaluation	3 units
DNPC 630	Scholarly Practice	1 unit

Summer One

DNPC 610	Reflective Practice	3 units
DNPC 630	Scholarly Practice	3 units

YEAR 2

Fall Two

HCIN 630	Health Care Law and Risk Management	3 units
DNPC 630	Scholarly Practice	2 units
DNPC 625	Epidemiology and Biostatistics	3 units

Spring Two

HCIN 611	Health Care Economics	3 units
DNPC 630	Scholarly Practice	3 units

Summer Two

DNPC 630	Scholarly Practice	3 units
DNPC 653	Financial Management in Health Systems	3 units

YEAR 3

Fall Three

DNPC 648	Health Policy Analysis	3 units
DNPC 660	Advanced Leadership and Systems Management	3 units
DNPC 630	Scholarly Practice	2 units

Spring Three

DNPC 665	Consumer Health Informatics	3 units
HCIN 625	Digital Health Care Marketing*	3 units
DNPC 630	Scholarly Practice	2 units

Total Program Units 55

* May Substitute HCIN 543 Database and Knowledge Management

DNP Courses

For students enrolled in the post-MSN DNP program, **34 semester units – 55 semester units** are required depending on the program plan for each track. Students may complete their scholarly practice requirement in their own practice settings if the learning objectives of the scholarly practice can be achieved. If students prefer, the HSON current network of clinical affiliations will be utilized. Six units per semester (including summer) is considered full time enrollment. The DNP degree for students may be completed in 21 months if enrolled full-time or 3 years part-time (see DNP Program Plans above).

Graduate Core Courses

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

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

Prerequisite: Admission to the DNP Program

DNPC 648 Health Policy Analysis (3 units):

Examines the process of policy formation within the health care industry from the perspectives of origin, implementation, and analysis. Focuses on the impact of health policy on the consumer and provider. Examines current legislative actions and issues and assumes a leadership role in the policy making process. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

Prerequisites: None

DNP Core Courses

DNPC 610 Philosophy of Reflective Practice (3 units):

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

Prerequisite: None

DNPC 622 Pathogenesis of Complex Disease (3 units):

Critical analysis and synthesis of advanced pathophysiology and clinical genetics to examine complex disease states in acutely or chronically ill individuals with an emphasis on multi-

system conditions. Provides a foundation for use of evidence-based practice models in clinical management with an emphasis on pharmacogenetics. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course. A minimum 80% examination average must be achieved in order to successfully complete the course (**not required course for NI or HSL**).

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

Focuses on the application of epidemiologic principles and data management to address health problems in advanced practice nursing. Emphasizes the use of an epidemiologic model to identify factors contributing to health conditions encountered by advanced practice nurses. Addresses the management of data related to health problems encountered in practice. **Note:** Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

Prerequisite: None

DNPC 626 Strategic Planning and Quality Initiatives (3 units):

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

Prerequisites: None

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

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

Prerequisites: None

DNPC 660 Advanced Leadership and Systems Management (3 units):

This course explores theoretical and applied principles of leadership in complex health care delivery systems. Students will explore health care organizations to determine how leadership, technology, and system complexity affects care delivery. Students will examine how learning health care systems management differs from traditional systems management and the benefits they offer to complex delivery systems.

Prerequisites: None

DNPC 665 Consumer Health Informatics (3 units):

This course explores consumer health informatics from the perspective of consumers and caregivers. Students will examine patient-focused informatics, health literacy, and consumer education and how information structures and processes can empower consumers to manage their own health. Students will review methods for determining consumer health literacy and will apply course skills to develop a web-based application that provides evidenced based disease specific information to consumers.

Prerequisites: None

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

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

Prerequisites: None

DNP Scholarly Practice Course

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

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

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

Co-requisites: None

NP Program Courses

NPTC 610 FNP in Emergency Care (8 units):

Focuses on assessment and management of individuals across the lifespan in *emergency care settings* by the nurse practitioner. Evaluates the evidence base for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Incorporates an innovative approach to a clinical problem using technology, information systems, and business principles. Related classroom, lab, and clinical experiences in selected emergency care settings provide opportunity for application of these concepts. Successful completion of **both** the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course. **Note:** Successful completion of **both** the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

Prerequisites: None

Nursing Informatics and Data Science Courses

HCIN 554 Telehealth and Emerging Technology (3 units):

Provides an introduction to the emerging discipline of telehealth. Provides a historical perspective of remote monitoring of patients using various types of telehealth, including video conferencing, telephonic, and home-based sensors. Includes an overview of relevant hardware and software requirements for a telehealth program. Includes federal and state regulations covering telehealth practice and reimbursement models by Medicare, Medicaid and other insurers. Includes consumer grade health monitoring devices and emerging health care technology.

HCIN 600 Population Health Analytics (3 units):

This course explores methods for measuring and analyzing the burden of disease in populations. Students will apply various data sets including disease registries, electronic health records, claims data, and socio-economic data; to measure, trend, and analyze, the impact of disease on various populations.

HCIN 610 Advanced Leadership and Systems Management (3 units):

This course explores theoretical and applied principles of leadership in complex health care delivery systems. Students will explore health care organizations to determine how leadership, technology, and system complexity affects care delivery. Students will examine how learning health care systems management differs from traditional systems management and the benefits they offer to complex delivery systems.

HCIN 615 Advanced Health Care Analytics (3 units):

This course will explore methods and tools to address a variety of health care issues by leveraging data to design, solve, and test a data-driven hypothesis. This course will explore the application of quantitative and qualitative data to evaluate programs and research studies. Students will also examine data stewardship and data governance roles in organizations that employ enterprise data warehouses (EDW). Data security and privacy are examined from the health care data analyst role. Additional course topics include emerging trends in health care, data science, and bioinformatics.

Health Systems Leadership Courses

HCIN 611 Health Care Economics (3 units):

This course analyzes the health care industry and public health systems in the United States. Students will evaluate the impact of both private and public sectors of the health care industry and the impact of competing goals of broad access, high quality, and affordability. This course will also examine the way consumers and providers affect the availability and quality of health care. Additional course topics include supply and demand modeling; cost-benefit analysis; reimbursement models including pay for performance; global drivers on the US healthcare industry and implications of policy, regulatory and political philosophy regarding care.

HCIN 615 Advanced Health Care Analytics (3 units):

This course will explore methods and tools to address a variety of health care issues by leveraging data to design, solve, and test a data-driven hypothesis. This course will explore the application of quantitative and qualitative data to evaluate programs and research studies. Students will also examine data stewardship and data governance roles in organizations that employ enterprise data warehouses (EDW). Data security and privacy are examined from the health care data analyst role. Additional course topics include emerging trends in health care, data science, and bioinformatics.

HCIN 625 Digital Health Care Marketing (3 units):

This course will explore marketing principles and methods utilized in the health care industry from the perspective of a health care leader. Students will learn how to assess market needs for health care organizations and service lines. Course will include case studies to understand ethical, regulatory, and liability issues in health care marketing. Additional course topics include web-based advertising, management of marketing staff, and website design.

HCIN 630 Health Care Law (3 units):

This course explores laws and regulations encountered by health care managers and leaders. Course focuses on strategies to reduce liability to health care organizations. Case studies will assist the Student to examine legal and ethical issues encountered when managing health care delivery systems. This course will examine laws and regulations that govern the relationships between health care providers and entities, the management of employees and medical staff who deliver patient care, labor relations, the management of information, patient rights and responsibilities, and tort law. Students will research an area of health care liability and develop a plan to mitigate risk in the health care setting.

Academic Advising

The Director of the DNP Programs, Dr. Jonathan Mack, will serve as the APRN DNP academic advisor. Your advisor will ensure that you meet all academic and clinical requirements for the program, help resolve issues and problems, and assist in exploring future professional goals and educational options. Formal appointment times may be scheduled for Dr. Jonathan Mack by contacting Nina Geissler.

Each semester, APRN DNP students are encouraged to schedule an appointment to meet with Kate Todaro (ktodaro@sandiego.edu) and DNP Track students in Health Systems Leadership and Nursing Informatics and Data Science with Nina Geissler (ngeissler@sandiego.edu) after the USD class schedule for the following semester becomes available (around mid-October for spring semester; and mid-March for fall semester). They will advise students about the courses, master schedule of course offerings, and course prerequisites to assist students in their program planning in order to graduate within their targeted timeframe. **She** will register students for classes each semester based on the program plan on file. Registration will be confirmed via email and status confirmed through the MySanDiego portal. **It is the student's responsibility to ensure successful progression through the DNP program including verification of course registration, completion of clinical hours in clinical sites supporting their specialty.** There is relatively little flexibility in the sequence of courses in the DNP Program. Any changes in the student's program of study **MUST** be completed in collaboration with the DNP Program Director. A program plan is a schedule of the courses that students will take each semester. **All initial program plans or changes to program plans must be confirmed with your advisor.** Students should request a copy of their program plan for their own records. In addition, Dr. Macauley and Dr. Mack are available to meet with students to discuss practice experience, interests and goals, as well as HSON policies regarding the DNP programs included in this Handbook. All DNP students are responsible for being familiar with the information in this Handbook and complying with the policies included therein.

Clinical Scholarly Practice

The AACN calls for the completion of 1000 APRN clinical hours post-BSN. Students enrolled in the post-MSN DNP program will need to complete additional supervised clinical hours in their specialty during their scholarly practice since students typically complete fewer than 1000 clinical hours in their MSN program. Evidence of completion of clinical hours in the MSN Program are required. For those students with 1000 documented hours prior to enrolling in the DNP program, additional scholarly practice hours will be required in order to meet the individual objectives of the student's scholarly practice and to demonstrate achievement of DNP program outcomes. This would be discussed initially with the DNP/NI Program Director and later detailed during the student's scholarly practice semesters with facilitation by DNP seminar faculty who will discuss the requirements. Upon admission to the DNP Program, students are typically assigned to a faculty advisor who has similar scholarly practice interests. Also, students are expected to have already identified a clinical mentor who can facilitate their clinical learning goals and DNP project either at the time of enrollment or during the first fall semester in the program (see DNPC 630 DNP Scholarly Practice syllabus in Appendix D).

Clinical Practice Requirements

During the scholarly practice experience, students will maintain a summary of clinical hours including the acquisition of new clinical skills & competencies acquired during the semester and exemplars for each of the seven program outcomes (see Appendix E1, E2, E3). Students are also responsible for maintaining a portfolio of their clinical objectives, logs, competencies, and final evaluation in the DNP office throughout the duration of their scholarly practice experience.

Student achievement of the DNP program outcomes are evaluated on a Pass/No Pass basis throughout the 5 semesters of the program by the Faculty Advisor. *Students may be required to complete more clinical hours) in order to achieve a passing grade during each semester of their DNP clinical experience. If a passing grade is not earned within this timeframe, additional clinical hours will be required which will be arranged by the faculty advisor through development of a SEIP form. The inability to earn a passing grade will result in a failure for the semester resulting in potential dismissal from the DNP program.* Specific interim and final evaluation criteria based upon the program outcomes can be found in Appendix F3.

Selection of Clinical Mentors

Clinical mentors must be qualified advanced practice nurses, physicians, or other health care professionals with expertise in the area of the student's clinical specialty focus. Individuals who possess relevant expertise in health policy, ethics, leadership, etc. may also be considered.

The CPC facilitates all clinical placements with guidance from the faculty advisor. Clinical Mentors are encouraged to communicate directly with their student's Faculty Advisor with any questions of concerns. A current clinical mentor biographical data sheet (and/or curriculum vita), **and any required agency paperwork** (most of these forms can be obtained in the DNP Program Office) must be on file in the office. Some health care agencies also require that an umbrella contract or letter of agreement exists between the agency and the University of San Diego prior to initiation of the clinical experience. A copy of the practicum syllabus is sent or hand-carried by the student to each clinical mentor. A packet prepared for clinical mentors describing supervisory expectations and guidelines is available to share with new and prospective mentors. An example of the clinical mentor orientation packet materials can be found in Appendix H. Following receipt of a verbal agreement from the site/mentor(s), the students will initiate obtaining signed letters of support. Check with Amy about affiliation agreements needed for Post MSN students to do their projects in their site of employment.

DNP Project Requirements

The demonstration of leadership skills as a critical learning outcome is the hallmark of the DNP, and graduates are expected to lead innovative change for populations at the local, regional, national, and/or international systems level. During the DNP scholarly practice, **students will develop, implement, and evaluate a "practice change/ policy/leadership/informatics project" with a clinical focus, with facilitation by the clinical mentor and faculty advisor.** A format

and timeline for the DNP Project can be found in Appendix J. Students who are completing their project in a health care system that has its own IRB will need to obtain IRB approval or an IRB exemption letter within their project site. The letter of approval must be submitted along with the USD IRB application. If there is no established IRB in the agency, authorization must be obtained by the appropriate agency personnel in order to complete the project. A template of the letter that must be completed can be found in Appendix N. This letter must accompany the application for USD IRB approval too. All DNP projects **MUST** obtain IRB exempt status through the University of San Diego's IRB. There are **NO** exceptions. The process and application can be found in Appendix L.

DNP seminars will be held during each semester that students are enrolled in the scholarly practice experience in order to provide a forum for students and faculty to discuss role development and plans/progress for the DNP project, as well as participate in activities to develop and refine EBP knowledge and skills. *If additional time is needed to complete the project, students will need to register for 1 unit of DNPC 630 per semester until the project is successfully completed up to a maximum of 3 semesters.* The project outline can be found in the DNPC 630 DNP Scholarly Practice syllabus.

Final Checklist for Graduating DNP Students

For ease of turning in all final paperwork, a checklist has been created for you that can be found in Blackboard. Students will want to review the Verification of Completion of Program Requirements form early to ensure that requirements are completed on time. The Sign-Off & Distribution of Portfolios form can be found on the USD Graduate Records website closer to the end of the semester. After verifying that all items are complete and signed, compile all items into one packet, with the checklist as the coversheet and turn into the DNP Office. Any questions can be directed to your faculty advisor or Kate Todaro in the DNP Office.

DNP Portfolio Requirements

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

- The final portfolio will be due to the faculty advisor and seminar faculty on or before **April 25th (for May graduates)**.
- The on-site visit with the faculty advisor, clinical mentor, and other project stakeholders (during which students will present your project outcomes) needs to take place by **April 26th (for May graduates)**.
- At the completion of the site visit, the faculty advisor will discuss their evaluation with their students (Appendix F3).

Instructions for submitting the pdf to the USD Copley Library can be found on the Graduate Records website (<http://www.sandiego.edu/graduaterecords/>). One electronic copy of the portfolio is required to be submitted to the School of Nursing. This copy will be kept on file in the HSON and available to future DNP students. Students may choose to make bound copies,

if desired. An electronic pdf copy of the portfolio should be produced using Times New Roman 12 pt. or larger font. Charts or graphs should be produced on a computer or professionally designed. The text and other material must be typed inside a 6 x 9-inch space on each sheet. The left-hand margin must be 1 ½ inches wide (the extra half inch is for binding) and the other three margins (top, bottom, and right hand) must be 1 inch wide. This includes pages containing the poster, power point slides, etc. Charts, etc. may be reduced to accommodate the 6 x 9-inch space but must still be readable. Other documents may be scanned and reduced to fit. Students should work with Montezuma Publishing to make a bound copy. Orders are accepted electronically 8am-3:45pm Monday- Friday and must be sent to thesis@aztecmail.com.

The portfolio should include:

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

The ELECTRONIC portfolio should include:

- I. Go to digital.sandiego.edu/dnp
- II. Click on Submit DNP Final Manuscript under Author Corner on the left side bar
- III. You will be prompted to create an account (if you already have an account, log in)
- IV. Once you have created your account and are logged in, you will see the Submission Agreement, which outlines the terms of posting your work. Please note:
 - a. You are granting your permission to make your work publicly available online

- b. You retain the copyright to your work
 - c. If your work includes copyrighted material, you have obtained written permission from the original copyright holder(s) and you have uploaded this documentation with your work
- V. Check the box at the bottom and click Continue
- VI. Now you are ready to fill out the form and upload your final manuscript. Follow the instructions for each of the fields as listed below. Fields bulleted below are required.
- Title: Please enter the title of your final manuscript, including capitalization of the main words.
 - For example: An Adult PCV13 Vaccination Protocol in the Retail Health care Setting
 - Author: By default, your name should already be listed in the author field.
 - To add a co-author(s), click the green plus (+) sign and enter the additional author's information. To reorder the list of authors, change the numbering to the left of the authors' names. Note: You must receive permission from all additional authors prior to posting this work.
 - Author Phone Number: Enter your telephone number in case we need to contact you.
 - It will not be published publicly.
 - Date of Award: This is the date you will receive your DNP degree.
 - First Advisor, Second Advisor, and Third Advisor
 - Please enter your advisor's name in the following format: First Middle Last, Degrees. For example: Karen Macauley, PhD, DNP, MSN
 - Keywords: To enhance the indexing and discovery of your final manuscript, please enter up to six keywords or phrases that describe your work. Separate them by commas.
 - Subject Areas / Disciplines "Nursing" is listed as the default subject area / discipline.
 - If you wish to add an additional subject area / discipline, click on it in the list and click the Select button.
 - Disciplines with a plus (+) sign also have subdisciplines; click the plus (+) sign to see the sub-disciplines, and then select if desired.
 - To remove a discipline, click on it in the Selected pane, and then click the Remove button. Click here to view the complete list of disciplines.
 - Abstract Please proofread your abstract closely so that there are no typos or spelling errors.
 - Embargo Period Placing an embargo on your work restricts public access to the full text of your manuscript for the time period you specify (the title and abstract will still be openly available during an embargo period).
 - For example, an embargo of one year means that the full text of your work will not be publicly available until one year from the date it is posted.
 - By default, there is no embargo applied to your work. If you desire an embargo, you must select it from the drop-down menu below.
 - If you are not sure whether to restrict access to your work by applying an embargo, please consult your advisor(s)

- Creative Commons License If you would like to indicate how your work may be re-used by others, you can add a "Creative Commons" license to it. For more information about the different types of licenses available, visit <https://creativecommons.org/licenses/>
- Upload Full Text Please upload only your approved final manuscript, including cover/title page and references. This should be a “clean” copy without any hand signatures. Including an Acknowledgements page is optional. Do not include your opening statement or concluding essay.
- Additional Files Please check this box if you'd like to add additional files connected to your work.
 - After you click Submit at the bottom of this page, you will be prompted to upload and name your additional files.

Click Submit to finish the process. Your work will be sent to the Digital Initiatives Librarian and you will receive an email when it has been posted and is available for viewing online. This process could take up to a month.

DNP Program Evaluation

The evaluation process for the DNP degree option includes obtaining input regarding the program curriculum, faculty, clinical agencies and students. This process enhances the HSON to: 1) include essential content that is representative of the health trends in society and address the major health problems of the population, 2) assess faculty strengths, 3) monitor the students' progression through the program, and 4) identify areas where program improvement is needed.

Internal Review

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

Students: Students' performance is evaluated in each course as they progress through the program. The evaluation covers both theoretical learning as well as the application of clinical knowledge as well as evidence supporting successful completion of the DNP Program objectives.

Course/Faculty/Clinical Setting: At the end of each semester, students are asked to evaluate each course and the classroom faculty. This is another component of the comprehensive, ongoing program evaluation in the School of Nursing. The data are reviewed, and changes are made when they are feasible and will strengthen the course/program.

Financial Assistance Available to Students

There are various forms of financial aid available for college students. The Financial Aid Office (Hughes 319) is the best resource to provide students with helpful information. In instances, faculty also have knowledge of financial aid opportunities. These include sources from within the University of San Diego and those provided by various private and public agencies. Students are required to complete the Free Application for Federal Student Aid (FAFSA) for financial aid consideration. The FAFSA priority deadline is **April 1** annually to apply for federal loans, need-based grants and university scholarships. Please visit the Financial Aid Office website (<http://www.sandiego.edu/financialaid>) to learn more about the various financial aid opportunities available.

DNP Nursing Student Dean's Scholar Awards

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

Criteria for the Award include:

1. Enrolled in USD's Doctor of Nursing Practice program;
2. Record of academic excellence;
3. Identified a USD doctorally-prepared faculty member who has either an ongoing evidence-based practice project in their clinical practice or an active program of research related to their clinical practice, agreeable to serve as their faculty advisor; and
4. Completes an evidence-based clinical project that is closely related to the faculty advisor's clinically based area of scholars

APPENDICES

Appendix A: The Essentials of Doctoral Education for Advanced Nursing Practice

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Aeda97602-552a-4e69-abe6-af87510491e3>

Appendix B: Essential Abilities and Professional Conduct Policy (EAPC)

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ab24864f6-2226-4c91-b1a6-4260446df51d>

Appendix C: Verification of Completion of Program Requirements

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ad6f04e22-4920-4cde-bee5-3bf7e9af7e8a>

Appendix D: DNPC 630 Scholarly Practice Syllabus

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ad52886f0-37fa-4296-a891-0ae5c0ed0d54>

Appendix E1: AACN DNP Essentials/NONPF Competencies/USD DNP Program Outcomes Exemplars

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Af371d686-f484-4563-b550-39ee8f06cac1>

Appendix E2: AACN DNP Essentials/AONL Nurse Executive Competencies/USD DNP Program Outcomes Exemplars –Health Systems Leadership

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Afceb965e-543d-415a-801a-3b0736866401>

Appendix E3: DNP Nursing Informatics and Data Science Track AACN DNP Essentials/ANA-NI Standards/USD DNP NI-DS Program Outcomes Exemplars – Nursing Informatics and Data Science

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A3f77f176-136b-4736-a6cf-05a8969ee289>

Appendix F1: DNPC 630 DNP Student Evaluation by Seminar Faculty

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Aec18d848-f0f6-4e6d-9145-e3060a34ee94>

Appendix F2: DNPC 630 DNP Student Evaluation by Clinical Mentor

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Af0c1ec7a-c151-4d88-95e8-8f82e0be83da>

Appendix F3: DNPC 630 Final DNP Student Evaluation by Faculty Advisor

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ae7331662-c889-4e1f-b594-028a134124ea>

Appendix G: DNP Project Evaluation Criteria

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A03f9e5bb-cc49-4a49-bbee-87e67891cae0>

Appendix H: DNP Scholarly Practice Clinical Experience – New and Prospective Clinical Mentors

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A5b8b8cba-414f-4d59-ad64-f8b0e2b9e4d5>

Appendix I: Preceptor Data Sheet

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ac79c38c-d57f-4c5e-8096-a3a980ba8734>

Appendix J: Format for Manuscript and Timeline for DNP Project Requirements

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A3bcfb0e1-aa0d-4a13-b7f9-b1330fc50f4e>

Appendix K: Agency Approval Letter for Data Use

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Ab15e4b82-5bb5-4b70-9efb-495f728cd959>

Appendix L: How to Submit a DNP Project for IRB Approval Online

<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:f886b33b-8ada-4eb1-b61f-192cd6120df7>

Appendix M: Poster Template

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A23d76f6b-4986-4450-a371-e3095fef9157>

Appendix N: Sample IRB Faculty Support Letter

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A436bca70-bb84-43d7-aa03-22d430acdbb9>

Appendix O: Sample Letter of Support from a Clinical Faculty

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A8143bdb0-e3b4-4f32-9ee7-3f3a435e80f2>

Appendix P: Application for DNP Nursing Dean's Scholar Award

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A546578f1-0e90-40f1-a46e-07fa17768b95>



Handbook Review Form

**I have read the USD Hahn School of Nursing and Health
Science Student Handbook and understand that I am
accountable for its content.**

Printed Name

Signature

Date