Francis Marion University
School of Health Sciences
Masters of Science in Nursing
and Doctor of Nursing Practice
Graduate Nursing Handbook
2019-2020
Welcome to the graduate program at Francis Marion University (FMU). The Graduate Nursing Handbook contains the policies, procedures, and general information of the nursing program as it pertains to graduate students. The information in this handbook is a supplement to, not a substitute for, that which is published in the current editions of the Francis Marion University Student Handbook and Catalog. The Francis Marion University Student Handbook and Catalog, as well as the Graduate Nursing Handbook, are not an irrevocable contract. Regulations published in them are subject to change at any time, but students will be notified by Blackboard Learn announcement and email. The University and graduate program regulations are policy statements to guide students, faculty, and administrative officers in achieving the goals of the program.

By enrolling in the graduate nursing programs at Francis Marion University, you agree to be bound by the policies and procedures described in this handbook. Successful completion of and graduation from a graduate nursing program require adherence to all policies, procedures, and regulations as stipulated by Francis Marion University and the Masters of Nursing (MSN) and Doctor of Nursing Practice (DNP) programs. Should you have any questions with regard to the requirements, regulations, and/ or policies contained herein, do not hesitate to refer them to your nursing program academic advisor, the Department of Nursing Chair, course coordinator, Nursing Department’s Office of Student Services, or other appropriate persons.

The MSN program is accredited by:

Accreditation Commission for Education in Nursing (ACEN)
3343 Peachtree Road, Suite 850
Atlanta, GA 30326
404-975-5000
www.acenursing.org

This nursing education DNP program is a candidate for accreditation by the Accreditation Commission for Education in Nursing (ACEN)

Accreditation Commission for Education in Nursing (ACEN)
3343 Peachtree Road, Suite 850
Atlanta, GA 30326
404-975-5000
www.acenursing.org

The Baccalaureate degree in nursing (pre-licensure, RN to BSN), Master’s degree in nursing (Family Nurse Practitioner, Nurse Educator), and Doctor of Nursing Practice degree (BSN-DNP, MSN-DNP) at Francis Marion University is an applicant pursuing initial accreditation by the Commission on Collegiate Nursing Education (CCNE), 655 K Street NW, Suite 750, Washington, DC 20001, (202) 887-6791. New applicant status is neither a status of accreditation nor a guarantee that accreditation will be granted.
WELCOME

Welcome to the Francis Marion University graduate nursing programs. The graduate nursing programs are outstanding educational programs that will enhance your career trajectory. I would like to congratulate you on your choice of graduate education. Advanced practice registered nurses (APRN) and doctorally-prepared registered nurses are very much needed in today’s healthcare and nursing educational world that is comprised of technological advancements, evidence-based practice, and national health initiatives. Nurse Educators, Family Nurse Practitioner, Adult-Gerontology Acute Care Nurse Practitioners, Psychiatric Mental Health Nurse Practitioners, and Doctor of Nursing Practice students in this program will blaze the advanced practice nursing trail for the Pee Dee region. Nurses with graduate degrees will be at the forefront of healthcare reform and educational change. Francis Marion University provides a superior education that develops students’ leadership skills in order to affect healthcare and nursing educational progress.

The faculty in the Francis Marion University graduate nursing programs have years of experience in nursing practice and education. The faculty are all dedicated to help you succeed in becoming an outstanding APRN or advancing your educational preparation with a Doctorate of Nursing Practice degree. We pride ourselves with students achieving the competencies, critical thinking ability, and caring attitudes they obtain when caring for the citizens of the Pee Dee Region and beyond. We invite you to establish a professional relationship with us so we can mentor you through these ground-breaking educational programs. Use this handbook as a resource to help you navigate the path. Remember that faculty are always available to assist you along the way.

On completion of a graduate nursing program, you will have obtained the education needed to be an excellent, skilled, caring advanced practice registered nurse, and leader. As a graduate of this program and will be well-received by the health care and educational communities in the Pee Dee Region, South Carolina, and nationally. Your clinical decision-making skills and pedagogical knowledge will enable you to provide patients, families, and populations with evidence-based clinical skills and leadership abilities to affect change in the healthcare arena. Here in the Francis Marion University graduate nursing programs, we prepare nurses that are not only clinically and educationally skilled, but who also subscribe to the value of life-long learning.

Congratulations on being accepted into these competitive programs. The next semesters will be a positive, life-altering experience. The nursing faculty feel blessed to be able to share this journey of learning with you and will do everything possible to promote your success.

Sincerely,

Ruth A. Wittmann-Price, PhD, RN, CNE, CNEcl, CHSE, ANEF, FAAN
Professor of Nursing
Dean, School of Health Sciences

Karen K. Gittings, DNP, RN, CNE, CNEcl, Alumnus CCRN
Associate Dean, School of Health Sciences
Chair, Nursing Department
Director MSN/Nurse Educator Option

Deborah L. Hopla, DNP, APRN-BC
Associate Professor of Nursing
Director MSN/FNP and DNP Option
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I. OVERVIEW OF THE GRADUATE PROGRAMS AT FRANCIS MARION UNIVERSITY

Francis Marion University (FMU) is an outstanding educational institution located in Florence, SC in the Pee Dee Region. Excellence in teaching and learning is the priority of the institution. The University is accredited by the Southern Region Association of Colleges and Schools and has received national recognition for the quality of education and diversity of the student population. FMU has outstanding science programs, an excellent library, academic computer center, and serves to support students academically and socially.

Since 1982, FMU hosted a satellite RN to BSN program of the Medical University of South Carolina (MUSC), College of Nursing. Based on regional need, the South Carolina Board of Nursing and South Carolina Commission on Higher Education approved a generic BSN program and, in the fall of 1998, the first class was admitted. Throughout the twenty-two (22) year history of the collaborative relationship, FMU provided pre-nursing courses, on-campus facilities, such as classrooms, offices, and learning laboratory, library support, and has had occasion to assist in obtaining state appropriations for the program. The program was administered as a remote campus of the MUSC College of Nursing. Faculty and staff were employees of MUSC. There was strong community support for a baccalaureate nursing program at FMU. A formal needs assessment was conducted and the Colleagues in Caring project determined that the Pee Dee was the only region in South Carolina without a free standing baccalaureate nursing program. Additionally, this region had the lowest percentage of baccalaureate nursing graduates in the State.

In June 2004, FMU and MUSC signed a Memorandum of Understanding, which provided the guidelines and timeframes for the transfer of the MUSC satellite Bachelor of Science (Generic BSN and RN to BSN) to the FMU campus. Subsequently, FMU received approval from the South Carolina Board of Nursing (March 17, 2006) and the South Carolina Commission on Higher Education (May 5, 2006) to assume administrative direction. The program was approved by the South Carolina Board of Nursing on March 17, 2005 and by the South Carolina Commission on Education. The program received initial accreditation from the National League for Nursing Accrediting Commission in spring 2006 and reaccreditation for eight years in 2011.

In 2013, FMU Department of Nursing (DON) added two (2) MSN program options and a post-masters certificate nurse educator option. Due to the growth in program options, a new health sciences building opened in August 2016. The Carter Center for Health Sciences (CCHS) in downtown Florence provides interprofessional opportunities for the Masters of Science in Nursing/ Nurse Practitioner students to interact with physician assistant students, clinical Graduate psychology students, and the University of South Carolina (USC) third and fourth year medical students. In July 2016, the nursing program became part of the new FMU School of Health Sciences.

In the past, nurses seeking graduate degrees had to travel two to three (2-3) hours one (1) way to access educational programs in other areas of the state. FMU provides quality graduate education for nurses who are working full-time and desiring to advance their careers. The
graduate MSN/FNP program is designed so if students must be on campus class would always be held on Wednesdays. The Nurse Educator program and the DNP program are fully online.

In July of 2016, the Department of Nursing was incorporated into the newly approved School of Health Sciences. CCHS is designed and located to promote interprofessional opportunities and houses the FMU graduate clinical psychology students, FMU graduate nursing students, physician assistant students, speech-language pathology students, and The University of South Carolina (USC) third and fourth year medical students.

In the spring of 2018, the School of Health Sciences began the doctor of nursing practice (DNP) program after legislative changes and approval of the Southern Association of Colleges and Schools (SACS) and a change in the Francis Marion University Mission statement.
III. MISSION, CORE VALUES, & PROGRAM LEARNING OUTCOMES

Mission Statement
The Francis Marion University Department of Nursing prepares graduates to function competently as caring professional nurses in a variety of healthcare settings. The program endeavors to instill in students the value of lifelong learning.

Core Values
The core values of the FMU BSN Program include competence, caring, and commitment.

- **Competence** is defined as the development of the ability of the professional registered nurse to integrate evidence-based knowledge and skill to be a leader in providing safe, effective, value-based patient care.
- **Caring** is defined as the ability of the professional registered nurse to provide compassionate, holistic, culturally sensitive care to individuals, families, and communities across the life span.
- **Commitment** is defined as the ability of the professional registered nurse to embrace technological advances, life-long learning, and be a collaborate member of the interdisciplinary healthcare team.

The Program Student Learning Outcomes for the FMU Masters Programs are:

<table>
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<tr>
<th>Program Outcomes</th>
<th>FNP Track</th>
<th>Nurse Educator Track</th>
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<tbody>
<tr>
<td>1. Demonstrate leadership and integrity in an advanced practice role that effects and changes systems to promote patient-centered care thereby enhancing human flourishing.</td>
<td>Demonstrate leadership and integrity in an advanced practice nursing role that effects and changes healthcare systems to promote patient-centered care thereby enhancing human flourishing.</td>
<td>Demonstrate leadership and integrity in an advanced practice role that effects and changes educational systems to promote student-centered knowledge thereby enhancing human flourishing.</td>
</tr>
<tr>
<td>2. Appraise current interdisciplinary evidence to identify gaps in nursing knowledge and formulate research questions based on the tenets of evidence-based practice.</td>
<td>Appraise current interdisciplinary evidence to identify gaps in nursing practice knowledge and formulate research questions based on the tenets of evidence-based practice.</td>
<td>Appraise current interdisciplinary evidence to identify gaps in nursing education knowledge and formulate research questions based on the tenets of evidence-based teaching practice.</td>
</tr>
<tr>
<td>3. Develop interdisciplinary teamwork and collaboration in the advanced practice nursing role in order to promote positive change in people, systems, and excellence in the nursing profession.</td>
<td>Develop interdisciplinary teamwork and collaboration in the advanced practice nursing role in order to promote positive change in people, health care systems, and excellence in the nursing profession.</td>
<td>Develop interdisciplinary teamwork and collaboration in the advanced practice nurse educator role in order to promote positive change in people, educational systems, and excellence in the nursing profession.</td>
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<tr>
<td></td>
<td>Use informatics to analyze underlying disparities, and knowledge; formulate research questions; promote safety and quality improvement for patient care.</td>
<td>Use informatics to analyze underlying disparities, and knowledge; formulate research questions; ensuring safety and quality improvement in advance nursing practice for patient care.</td>
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<tr>
<td>5.</td>
<td>Apply advanced concepts in science and nursing knowledge to implement health promotion and disease prevention.</td>
<td>Apply advanced concepts in science and nursing knowledge to implement health promotion and disease prevention in advanced practice.</td>
</tr>
<tr>
<td>6.</td>
<td>Employ knowledge in health policy and financing of health care in order to promote healthcare access and availability to promote human flourishing.</td>
<td>Employ knowledge in health policy and financing of health care in order for the advanced practice nurse to promote healthcare access and availability to promote human flourishing.</td>
</tr>
<tr>
<td>7.</td>
<td>Engage in ethical decision-making and utilization of theoretical knowledge in order to provide patient-centered, cost-effective care.</td>
<td>Engage in ethical decision-making and utilization of theoretical knowledge in order to provide patient-centered, cost-effective advanced practice nursing care.</td>
</tr>
<tr>
<td>8.</td>
<td>Value cultural and ethnic diversity and caring in order to provide holistic patient-centered care.</td>
<td>Value cultural and ethnic diversity and caring in order to provide holistic patient-centered care by advanced practice nurses.</td>
</tr>
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</table>

The MSN/FNP program meet the criteria of the certifying agencies, which is shown in Exhibit 4.1 below:

**Exhibit 4.1: Certification Agencies and Criteria:**

1. The American Nurses Credentialing Centers (ANCC) eligibility criteria for certification of Family Nurse Practitioner (FNP) are:
   i. Holds a current active RN license;
   ii. Hold a masters’, post masters’, or doctorate from a family nurse practitioner program accredited by the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN). A minimum of 500 faculty supervised clinical hours must be included in the FNP program. The FNP graduate program must also include content in:
a. Advanced health assessment  
b. Advanced pharmacology  
c. Advanced pathophysiology, and content in:  
d. Health promotion and disease prevention, and  
e. Differential diagnosis and disease management.

*Candidates may be authorized to sit for the examination after all coursework for the degree is complete, prior to degree conferral, provided that all other eligibility requirements are met. Please note, Validation of Education form and transcript showing that coursework is completed are required before authorization to test will be issued. ANCC will retain the candidate's exam result and will issue certification on the date the requested documents are received, all eligibility requirements are met, and a passing result is on file.

### PROGRAM OUTCOMES: DNP

<table>
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<tr>
<th>AACN DNP Essential</th>
<th>FMU End-of-Program Student Learning Outcome (SLO)</th>
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| **1. Essential I: Scientific Underpinnings for practice** prepares the DNP graduate to:  
  a. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice  
  b. Use science-based theories and concepts to:  
    1. Determine the nature and significance of health and health care delivery phenomena  
    2. Describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and healthcare delivery phenomena as appropriately; and  
    3. Evaluate outcomes  
  c. Develop and evaluates new practice approaches based on nursing theories and theories from other disciplines. | Applies nursing and interprofessional scientific and theoretical knowledge to improve healthcare services to patients, families, and populations with an emphasis on rural populations. |
| **2. Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking** prepares the DNP graduate to:  
  a. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences as well as organizational, political, and economic sciences | Uses leadership skills and competencies in healthcare systems to improve healthcare services to patients, families, and populations with an emphasis on rural populations. |
b. Ensure accountability for quality health care and patient safety for populations with whom they work

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<tr>
<td>1.</td>
<td>Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems</td>
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<tr>
<td>2.</td>
<td>Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.</td>
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<tr>
<td>3.</td>
<td>Develop and/or monitor budgets for practice initiatives</td>
</tr>
<tr>
<td>4.</td>
<td>Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement in health care outcomes</td>
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<td>5.</td>
<td>Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers</td>
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c. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research

3. Essential III: Clinical Scholarship and Analytical Methods for Evidence-based Practice, the DNP graduate will be prepared to:

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<tr>
<td>a.</td>
<td>Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.</td>
</tr>
<tr>
<td>b.</td>
<td>Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.</td>
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<tr>
<td>c.</td>
<td>Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.</td>
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<tr>
<td>d.</td>
<td>Apply relevant findings to develop practice guidelines and improve practice and the practice environment.</td>
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Synthesizes and disseminates evidence-based practices to improve healthcare services to patients, families, and populations with an emphasis on rural populations.
e. Use information technology and research methods appropriately to:
   1. collect appropriate and accurate data to generate evidence for nursing practice
   2. inform and guide the design of data bases that generate meaningful evidence for nursing practice
   3. analyze data from practice design evidence-based interventions
   4. predict and analyze outcomes
   5. examine patterns of behavior and outcomes
   6. identify gaps in evidence for practice

f. Function as a practice specialist/consultant in collaborative knowledge-generating research.

g. Disseminate findings from evidence-based practice and research to improve healthcare outcomes

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<tr>
<th>4. Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care, the DNP program prepares the graduate to:</th>
<th>Utilizes information systems and technology to improve healthcare services to patients, families, and populations with an emphasis on rural populations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.</td>
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<tr>
<td>b. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.</td>
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<tr>
<td>c. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.</td>
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<tr>
<td>d. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.</td>
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<tr>
<td>e. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness</td>
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<tr>
<th>5. Essential V: Health Care Policy for Advocacy in Health Care, the DNP program prepares the graduate to:</th>
<th>Demonstrates leadership and advocacy in facilitating positive healthcare change to improve</th>
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<tr>
<td>Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</td>
<td>Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health</td>
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</tbody>
</table>
| a. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.  
 b. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.  
 c. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.  
 d. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.  
 e. Advocate for the nursing profession within the policy and healthcare communities.  
 f. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.  
 g. Advocate for social justice, equity, and ethical policies within all healthcare arenas. | Employ effective interprofessional communication and collaboration to improve healthcare services to patients, families, and populations with an emphasis on rural populations. |
| 6. Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes, the DNP program prepares the graduate to:  
 a. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.  
 b. Lead interprofessional teams in the analysis of complex practice and organizational issues.  
 c. Employ consultative and leadership skills with interprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems. | Implement systems changes that advocate healthcare prevention to improve healthcare services to patients, families, and populations with an emphasis on rural populations. |
| 7. Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health, the DNP program prepares the graduate to:  
 a. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.  
 b. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, |  

implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.
c. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

8. Essential VIII: Advanced Nursing Practice, the DNP program prepares the graduate to:
   a. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
   b. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
   c. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
   d. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
   e. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
   f. Educate and guide individuals and groups through complex health and situational transitions.
   g. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues (AACN, The Essentials of Doctoral Education for Advanced Nursing Practice, October 2006).

Deliver advanced practice care in complex situations and systems to improve healthcare services to patients, families, and populations with an emphasis on rural populations (Adapted from the AACN Essentials of Doctoral Education for Advanced Nursing Practice, 2006).

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<tr>
<th>Table 2. AACN DNP Competencies:</th>
<th>FMU Curriculum</th>
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<tr>
<td><strong>NONPF DNP Core Competencies</strong></td>
<td><strong>DNP 800 Doctoral Knowledge Development will:</strong></td>
</tr>
<tr>
<td>a. Critically analyzes data and evidence for improving advanced nursing practice.</td>
<td>Assist DNP students to identify a nursing area that warrants improvement or exploration and address interdisciplinary theoretical foundations.</td>
</tr>
<tr>
<td>b. Integrates knowledge from the humanities and sciences within the</td>
<td>DNP 801 Doctoral Research and Epidemiological Evidence-Based Practice will:</td>
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<td></td>
<td>Teach students to search and appraise interprofessional research to identify evidence for</td>
</tr>
<tr>
<td><strong>FMU Curriculum</strong></td>
<td><strong>DNP 800 Doctoral Knowledge Development will:</strong></td>
</tr>
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<td>Assist DNP students to identify a nursing area that warrants improvement or exploration and address interdisciplinary theoretical foundations.</td>
</tr>
<tr>
<td><strong>DNP 801 Doctoral Research and Epidemiological Evidence-Based Practice will:</strong></td>
<td>Teach students to search and appraise interprofessional research to identify evidence for</td>
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c. Translates research and other forms of knowledge to improve practice processes and outcomes.
d. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

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<tr>
<th>Leadership Competencies</th>
<th>DNP 802 Doctoral Health Policy and Leadership will:</th>
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<tbody>
<tr>
<td>a. Assumes complex and advanced leadership roles to initiate and guide change.</td>
<td>Assist students to understand system leadership and political stakeholders’ roles in promoting national and international healthcare policies.</td>
</tr>
<tr>
<td>b. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</td>
<td>DNP 806 Scholarly Writing and Grant Development will:</td>
</tr>
<tr>
<td>c. Demonstrates leadership that uses critical and reflective thinking. Advocates for improved access, quality and cost effective health care.</td>
<td>Teach the student to disseminate quality improvement outcomes to nursing and interprofessional development.</td>
</tr>
<tr>
<td>d. Advances practice through the development and implementation of innovations incorporating principles of change.</td>
<td>DNP 808 Capstone 2 will:</td>
</tr>
<tr>
<td>e. Communicates practice knowledge effectively both orally and in writing.</td>
<td>Assist the student to understand the importance of belonging and contributing to nursing organizations to effect change and career advancement.</td>
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<tr>
<td>f. Participates in professional organizations and activities that influence advanced practice</td>
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</table>

context of nursing science.
a nursing area needing improvement or exploration.
DNP 805 Project Development, 807 and 808 Capstone courses will:
Require the student to demonstrate a new nursing practice approach or verify a current practice approach to enhance quality in patient care.

DNP 802 Doctoral Health Policy and Leadership will:
Assist students to understand system leadership and political stakeholders’ roles in promoting national and international healthcare policies.

DNP 806 Scholarly Writing and Grant Development will:
Teach the student to disseminate quality improvement outcomes to nursing and interprofessional development.

DNP 808 Capstone 2 will:
Assist the student to understand the importance of belonging and contributing to nursing organizations to effect change and career advancement.
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<tr>
<th><strong>Quality Competencies</strong></th>
<th><strong>Practice Inquiry Competencies</strong></th>
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<tbody>
<tr>
<td>a. Uses best available evidence to continuously improve quality of clinical practice.</td>
<td>a. Provides leadership in the translation of new knowledge into practice.</td>
</tr>
<tr>
<td>b. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</td>
<td>b. Generates knowledge from clinical practice to improve practice and patient outcomes.</td>
</tr>
<tr>
<td>c. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.</td>
<td>c. Applies clinical investigative skills to improve health outcomes.</td>
</tr>
<tr>
<td>d. Applies skills in peer review to promote a culture of excellence.</td>
<td>d. Leads practice inquiry, individually or in partnership with others.</td>
</tr>
<tr>
<td>e. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.</td>
<td>e. Disseminates evidence from inquiry to diverse</td>
</tr>
</tbody>
</table>

DNP 801 Doctoral Research and Epidemiological Evidence-based Practice, DNP 803 The Role of Technology and Interprofessional Collaboration, and Ethics and Quality Improvement will: Assist the students to search and synthesize best evidence, evaluate the cost and quality of the proposed change project.

DNP 805 Project Development will: Require the student to develop a project that will impact or verify quality patient care and evaluate the projects’ evidence for sustainability.

DNP 802 Doctoral Health Policy and Leadership will: Emphasize the role doctoral-prepared nurses assume in leadership to improve patient outcomes.

DNP 805, 807, and 808 will: Produce a clinical investigation to improve or verify patient care after careful consideration of established guidelines and current evidence.

DNP 806 Scholarly Writing and Grant Development will: Teach the student to disseminate quality improvement outcomes to nursing and interprofessional development.
<table>
<thead>
<tr>
<th>Technology and Information Literacy Competencies</th>
<th>DNP 803 The Role of Technology and Interprofessional Collaboration will: Expect the student to understand and use technology for individual and aggregate patient care. Data assessment and evaluation will be taught in order for students to make informed evidence-based clinical decisions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Integrates appropriate technologies for knowledge management to improve health care.</td>
<td></td>
</tr>
<tr>
<td>b. Translates technical and scientific health information appropriate for various users’ needs.</td>
<td></td>
</tr>
<tr>
<td>c. Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care.</td>
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</tr>
<tr>
<td>d. Coaches the patient and caregiver for positive behavioral change.</td>
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</tr>
<tr>
<td>e. Demonstrates information literacy skills in complex decision making.</td>
<td></td>
</tr>
<tr>
<td>f. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.</td>
<td></td>
</tr>
<tr>
<td>g. Uses technology systems that capture data on variables for the evaluation of nursing care.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Competencies</th>
<th>DNP 802 Doctoral Health Policy and Leadership will: Have students review national and global health care policies and analyze their effect on patient care, accessibility, and social justice theories. DNP 804 Ethics and Quality Improvement will: Assist students to look at all issues and improvement needs through an ethical lens.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Demonstrates an understanding of the interdependence of policy and practice.</td>
<td></td>
</tr>
<tr>
<td>b. Advocates for ethical policies that promote</td>
<td></td>
</tr>
</tbody>
</table>
DNP 802 Doctoral Health Policy and Leadership will:
Assist students to understand how structure effects individuals, aggregates, and health with cultural and diversity issues addressed.

DNP 804 Ethics and Quality Improvement will:
Require students to view the systems effect on individual and aggregate patient healthcare issues and study social determinants of health with emphasis on rural populations.

<table>
<thead>
<tr>
<th>Health Delivery System Competencies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Applies knowledge of organizational practices and complex systems to improve health care delivery.</td>
<td></td>
</tr>
<tr>
<td>b. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.</td>
<td></td>
</tr>
<tr>
<td>c. Minimizes risk to patients and providers at the individual and systems level.</td>
<td></td>
</tr>
<tr>
<td>d. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.</td>
<td></td>
</tr>
<tr>
<td>e. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</td>
<td></td>
</tr>
<tr>
<td>f. Analyzes organizational structure, functions and</td>
<td></td>
</tr>
</tbody>
</table>

access, equity, quality, and cost.

c. Analyzes ethical, legal, and social factors influencing policy development.
d. Contributes in the development of health policy.
e. Analyzes the implications of health policy across disciplines.
f. Evaluates the impact of globalization on health care policy development.
resources to improve the delivery of care.
g. Collaborates in planning for transitions across the continuum of care.

<table>
<thead>
<tr>
<th>Ethics Competencies</th>
<th>DNP 804 Ethics and Quality Improvement will: Require students to view healthcare issues and improvements through an ethical lens.</th>
</tr>
</thead>
<tbody>
<tr>
<td>h. Integrates ethical principles in decision making.</td>
<td></td>
</tr>
<tr>
<td>i. Evaluates the ethical consequences of decisions.</td>
<td></td>
</tr>
<tr>
<td>j. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Practice Competencies Functions as a licensed independent practitioner.</th>
<th>DNP 805 Project development, DNP 806 and 807 Capstone courses 1 &amp; 2 will: Demonstrate the students’ competencies in providing advanced care for individuals and populations with emphasis on evidence-based practice changes that consider the social determinant of the patient/population as well as evaluate the interventions. Emphasis will be on rural populations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>k. Demonstrates the highest level of accountability for professional practice.</td>
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</tr>
<tr>
<td>l. Practices independently managing previously diagnosed and undiagnosed patients.</td>
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</tr>
<tr>
<td>m. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.</td>
<td></td>
</tr>
<tr>
<td>n. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</td>
<td></td>
</tr>
<tr>
<td>o. Employs screening and diagnostic strategies in</td>
<td></td>
</tr>
</tbody>
</table>
the development of diagnoses.

p. Prescribes medications within scope of practice.

q. Manages the health/illness status of patients and families over time.

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

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

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

u. Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.

v. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.

<table>
<thead>
<tr>
<th>IV. DNP SPECIFIC INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are 540 required hours for the MSN to DNP program option. Those hours cannot be completed during paid work time. There are two (2) rationales for the DNP hours. The first reason is to advance your clinical skills and the second reason is for project development. Course practicum hours are named as clinical/project hours to provide student flexibility. The following guidelines are to facilitate your success:</td>
</tr>
</tbody>
</table>

100 Precepted Clinical Hours

- Each student is required to complete 100 precepted clinical hours to advance his or her clinical skills and competencies. The 100 precepted clinical hours should not be at the same clinical site in which the student works. For example, if the student is a nurse practitioner in family practice, he or she may want to obtain clinical hours in a specialty discipline. **Please discuss your plans for your 100 clinical hours with your advisor first.**
- The 100 clinical hours may require a student to identify a preceptor and if so, the experience will need a preceptor agreement and an affiliation agreement in advance of starting the experience. The student must provide the preceptor with a preceptor manual, and a signed preceptor manual acknowledgement form should be returned to the course coordinator.
- The student must complete a DNP Clinical Contract to link the 100 clinical hours with the DNP Essentials and Competencies prior to starting the precepted clinical hours. The student will create objectives for his or her precepted clinical hours on the DNP Clinical Contract. The student and preceptor must sign this form. Please submit it to the course coordinator, who will then sign this form.
- Precepted clinical hours **must** be done within a course where clinical hours are listed. These courses include: DNP 802, DNP 804, DNP 805, DNP 807, and DNP 808. A student cannot bank precepted clinical hours ahead of time. MSN-DNP students must complete the MSN-DNP Graduate Clinical Evaluation Tool, Learner Evaluation of the Preceptor, and Learner Evaluation of the Clinical Site for all precepted clinical experiences that total 40 hours or more with a single preceptor.
- All forms must be submitted to the course coordinator.

Project Hours:

- The remaining 440 hours are designated for project development. Project hours are any hours spent in the planning/development, implementation, and evaluation stages of the DNP Scholarly Project. Project hours should be used to enhance the project but not to write the paper. No hours can be used for consulting with a student’s advisor or course faculty. Project hours can be ‘banked’ ahead of time in Typhon, but the student must assign the hours to the future course where the hours will count.
- The student’s advisor should be kept abreast of clinical/project hour choices, so communication is important and the responsibility of the student.
- Students will record their hours in Typhon. The category of “shift hours” will be used for project hours and the category of “patient hours” will be used for clinical hours.
- In order to successfully complete a course, all clinical/project hours for that course must be completed. Clinical/Project hours are pass/fail. Therefore, failure to meet this expectation will result in course failure. If an incomplete is needed, the student must contact the DNP director.

DNP COMPETENCIES

Domain 1: Patient Care
• **Domain Descriptor:** Designs, delivers, manages and evaluates comprehensive patient care.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Perform a comprehensive, evidence-based assessment.</td>
<td>Performs a focused assessment of a patient with only 1-2 presenting problems, using a template and under mentored guidance.</td>
<td>Demonstrates competent and efficient assessment of patients with multiple comorbidities and undifferentiated condition(s).</td>
</tr>
<tr>
<td>2) Use advanced clinical judgment to diagnose.</td>
<td>Uses patient and clinical data to formulate common healthcare diagnosis(es) in a patient with only 1-2 presenting problems.</td>
<td>Demonstrates competent and efficient ability to gather and interpret patient and clinical data to make accurate diagnosis(es) in patients with multiple and complex problems.</td>
</tr>
<tr>
<td>3) Synthesize relevant data to develop a patient-centered, evidence-based plan of care.</td>
<td>Identifies evidence-based, patient-centered plan of care for common health problems for an individual patient.</td>
<td>Uses knowledge of individual and population health to formulate a comprehensive plan of care.</td>
</tr>
<tr>
<td>4) Manage care across the health continuum including prescribing, ordering, and evaluating therapeutic interventions.</td>
<td>Identifies and evaluates the appropriate therapeutic interventions (pharmacologic and non-pharmacologic) for the management of common problems.</td>
<td>Implements, coordinates, and evaluates therapeutic interventions addressing patients with multiple and complex problems.</td>
</tr>
<tr>
<td>5) Educate patients, families, and communities to empower themselves to participate in their care and enable shared decision making.</td>
<td>Provides education to patients, families, and/or communities regarding their health condition and potential health risks.</td>
<td>Through education and counseling, engages patients, families and communities in shared decision making regarding their health and healthcare decisions.</td>
</tr>
</tbody>
</table>

Here and throughout the document patient is defined as individual, family, community, and aggregate/population unless a specific subset of these components is indicated.

Domain 2: Knowledge of Practice
### Domain Descriptor:
Synthesizes established and evolving scientific knowledge from diverse sources and contributes to the generation, translation and dissemination of health care knowledge and practices.

<table>
<thead>
<tr>
<th>I) Demonstrate an investigatory, analytic approach to clinical situations.</th>
<th>Identifies evidence from multiple valid and reliable sources applicable to an individual patient encounter.</th>
<th>Synthesizes evidence from multiple, valid and reliable sources to apply to one's practice for patients and populations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Apply science-based theories and concepts to guide one's overall practice.</td>
<td>Using reflective practices, articulates the theoretical and scientific foundations that drive decision making in practice.</td>
<td>Applies theoretical and scientific concepts to one's clinical practice.</td>
</tr>
<tr>
<td>3) Leads scholarship activities which focus on the translation and dissemination of contemporary evidence into practice.</td>
<td>Demonstrates critical appraisal of scientific evidence for determining best practices.</td>
<td>Designs, translates, and disseminates evidence-based interventions for the care of patients and populations.</td>
</tr>
</tbody>
</table>
Domain 3: Practice-Based Learning & Improvement:

- **Domain Descriptor:** Demonstrates the ability to investigate and evaluate one's care of patients, to appraise and assimilate emerging scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Continuously assess strengths and weaknesses of one's own knowledge and skills and actively seek opportunities for continuous improvement.</td>
<td>Demonstrates the ability to reflect on one's own learning and perform an accurate analysis of strengths and weaknesses of knowledge and skills.</td>
<td>Routinely reflects on and seeks feedback on own practice; and develops a professional plan that includes a commitment to lifelong learning and continuous improvement.</td>
</tr>
<tr>
<td>2) Use current evidence from a variety of sources to continually improve one's practice.</td>
<td>Accesses and critically analyzes scientific evidence to promote optimal patient outcomes.</td>
<td>Continuously evaluates scientific evidence to incorporate best practices into one's nursing practice.</td>
</tr>
<tr>
<td>3) Use information technology to optimize one’s own learning.</td>
<td>Demonstrates functional knowledge of information systems and technology.</td>
<td>Uses existing and emerging information and technology to assist in continuous improvement of one’s own practice.</td>
</tr>
<tr>
<td>4) Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, and services that have been demonstrated to improve outcomes.</td>
<td>Displays intellectual curiosity by actively seeking out knowledge of new guidelines, standards, technologies, products, and services that have been demonstrated to improve outcomes.</td>
<td>Leads the development and evaluation of care delivery approaches that meet the needs of patient populations.</td>
</tr>
</tbody>
</table>
Domain 4: Interpersonal and Communication Skills
- Domain Descriptor: Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, the public, and health professionals; and promote therapeutic relationships with patients across a broad range of cultural and socioeconomic backgrounds.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Demonstrate interpersonal and communication skills that result in the</td>
<td>Demonstrates interpersonal and communication skills that facilitate an</td>
<td>Uses communication skills to effectively exchange information and</td>
</tr>
<tr>
<td>effective exchange of information and collaboration with patients.</td>
<td>effective exchange of information and collaboration with patients in</td>
<td>establish collaborative relationships with patients across a broad</td>
</tr>
<tr>
<td></td>
<td>non-complex or straightforward situations.</td>
<td>range of socioeconomic and cultural backgrounds in complex situations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and difficult conversations.</td>
</tr>
<tr>
<td>2) Use effective communication tools and techniques that include a</td>
<td>Demonstrates the willingness to assess and address sensitive issues</td>
<td>Demonstrates a nonjudgmental attitude, respect, and compassion</td>
</tr>
<tr>
<td>nonjudgmental attitude, respect, and compassion when addressing sensitive</td>
<td>with patients.</td>
<td>when addressing sensitive issues with patients including end-of-life,</td>
</tr>
<tr>
<td>issues to promote therapeutic relationships</td>
<td></td>
<td>adverse events, disclosure of errors, sexuality, and other sensitive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>topics.</td>
</tr>
<tr>
<td>3) Use technology for effective exchange of information and</td>
<td>Identifies potential uses of technology to provide effective exchange</td>
<td>Uses appropriate technology to effectively exchange information and</td>
</tr>
<tr>
<td>collaboration with patients and the health team.</td>
<td>of information and collaboration with patients.</td>
<td>establish collaborative relationships with patients and members of the</td>
</tr>
<tr>
<td></td>
<td></td>
<td>healthcare team, considering confidentiality of information.</td>
</tr>
</tbody>
</table>
Domain 5: Professionalism
- **Domain Descriptor:** Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Demonstrate compassion and accountability to patients, society, and the profession.</td>
<td>Describes scope of practice for one's APRN role.</td>
<td>Delivers compassionate, accountable care in the APRN role at the doctoral level.</td>
</tr>
<tr>
<td>2) Demonstrate integrity and respect for others.</td>
<td>Identifies philosophical frameworks and ethical principles that guide decision making</td>
<td>Demonstrates the ability to clearly apply ethical and moral principles in complex healthcare situations.</td>
</tr>
<tr>
<td>3) Demonstrate a commitment to ethical principles pertaining to the provision or withholding of care in compliance with relevant laws, policies and relations.</td>
<td>Describes relevant laws, policies and regulations governing the provision or withholding of care.</td>
<td>Applies ethical principles to the provision or withholding of care.</td>
</tr>
<tr>
<td>4) Engage in the education and mentoring of students, peers and other health team members.</td>
<td>Engages in peer mentoring.</td>
<td>Routinely demonstrates the ability to effectively educate and mentor peers, students, and members of the interprofessional, healthcare team.</td>
</tr>
<tr>
<td>5) Demonstrate a commitment to the nursing profession.</td>
<td>Articulates the role of professional organizations in sustaining and advancing the profession.</td>
<td>Develops a plan of professional engagement that includes participation in professional organization(s) and precepting.</td>
</tr>
<tr>
<td>6) Advocate for patients and populations considering social justice and equity.</td>
<td>Articulates the impact of health disparities, social justice, and equity on healthcare outcomes of diverse populations.</td>
<td>Engages in advocacy efforts to address health disparities, social justice, and equity to improve healthcare outcomes.</td>
</tr>
</tbody>
</table>
Domain 6: Systems-Based Practice

- **Domain Descriptor:** Demonstrates organizational and systems leadership to improve healthcare outcomes.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Collaborate in the development, implementation, and evaluation of systems level strategies to reduce errors and optimize safe, effective healthcare delivery.</td>
<td>Identifies systems-level quality improvement strategies, including use of population data to improve cost-effective care outcomes.</td>
<td>Actively participates in the implementation of systems level, quality improvement strategies.</td>
</tr>
<tr>
<td>2) Demonstrate stewardship of financial and other resources for the delivery of quality care that is effective and affordable.</td>
<td>Evaluates quality and cost effectiveness, including budget, for practice initiatives.</td>
<td>Applies principles of business; economics; fiscal, human and other resources to develop quality, cost effective, sustainable plans for practice initiatives</td>
</tr>
<tr>
<td>3) Shape healthcare policy at local, state, and national levels to optimize access to and delivery of quality, cost effective, health care.</td>
<td>Analyzes a systems-level policy considering issues of access, quality and cost.</td>
<td>Engages policy makers to develop and implement healthcare policies at a systems level to improve healthcare outcomes.</td>
</tr>
</tbody>
</table>
Domain 7: Interprofessional Collaboration

- **Domain Descriptor:** Demonstrates the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Promote a climate of respect, dignity, inclusion, integrity, civility and trust to foster collaboration within the healthcare team.</td>
<td>Articulates the APRN role and the roles of other health professionals on the healthcare team.</td>
<td>Demonstrates leadership that promotes collaboration within the healthcare team to plan and implement care for patients.</td>
</tr>
<tr>
<td>2) Provide leadership of an interprofessional team to address complex care issues.</td>
<td>Engages team members using effective communication skills to develop a plan of care for a patient.</td>
<td>Leads an interprofessional team through a complex healthcare situation using collaborative, communication skills, including negotiating, consensus building and conflict resolution.</td>
</tr>
<tr>
<td>3) Advocate for the role of the patient as a member of the healthcare team.</td>
<td>Actively solicits the patient's perspective to enable shared decision making in the development of a plan of care.</td>
<td>Collaborates with the interprofessional team, which includes the patient, to integrate patient preferences to develop and implement a comprehensive plan of care.</td>
</tr>
<tr>
<td>4) Assume different roles (e.g. member, leader) within the interprofessional, healthcare team to establish, develop, and continuously enhance the team to provide and improve patient centered care.</td>
<td>Describes the process for team development, including the identification of the appropriate team leader and members; describes roles of the team members.</td>
<td>Leads an interprofessional team to design, implement, and evaluate a quality improvement initiative in a healthcare setting.</td>
</tr>
</tbody>
</table>
Domain 8: Personal and Professional Development

- **Domain Descriptor:** Demonstrates the qualities required to sustain lifelong personal and professional growth

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Demonstrate healthy coping mechanisms to respond to the demands of professional practice.</td>
<td>Identifies one's own responses to stressful situations and seeks help when necessary.</td>
<td>Routinely incorporates healthy strategies to manage stress and promote one's own wellness.</td>
</tr>
<tr>
<td>2) Practice flexibility and maturity in adjusting to rapidly changing professional environments.</td>
<td>Articulates the need for continuous improvement processes in professional practice.</td>
<td>Actively seeks opportunities for continuous improvement in professional practice.</td>
</tr>
<tr>
<td>3) Demonstrate leadership, trustworthiness, and self-assurance that inspire the confidence of patients and colleagues.</td>
<td>Exhibits a level of emotional intelligence that instills confidence in others.</td>
<td>Demonstrates personal and professional behaviors, including leadership, trustworthiness and self-assurance in professional practice.</td>
</tr>
</tbody>
</table>
V. GRADUATE NURSING PROGRAMS ADMISSION CRITERIA & INFORMATION

Admission Criteria

All applicants must meet the admission criteria of the Francis Marion University School of Health Sciences. To be considered for admission as a graduate degree nursing student, an applicant must submit the following materials:

- The graduate application for admission and non-refundable application fee,
- Official transcripts(s) of all undergraduate work, including proof of BSN degree, and any graduate work from accredited institutions,
- Three (3) confidential letters of recommendation from professional associates or former professors, including one (1) from a current or former supervisor, who can attest to the academic potential of the applicant,
- A written statement of the applicant’s career goals, 300 to 500 words in length, including the applicant’s interest and reasons for seeking admission to a Nurse Practitioner or Nurse Educator option,
- A written statement about the student’s project proposal for the DNP program admission,
- A current resume or CV,
- Current unencumbered license to practice nursing in South Carolina or other National Council of State Boards of Nursing (NCSBN) Nurse Licensure Compact state, and
- For MSN-DNP students a copy of your current APRN license.

Application instructions are posted on the Nursing Department website.

Completed applications for the MSN program are reviewed for merit by the Nursing Graduate Committee. The DNP applicants are reviewed by the DNP Ad-hoc Committee. Determination of merit is based upon consideration of all components of the application packet. In the admissions decision process, consideration is given to both the merit of each application received and to the number of slots available in the program at the time of application. Offers for admission are given to those applicants who show the most promise of success in graduate studies. “Equal educational opportunities are offered to students regardless of race, religion, color, national origin, sex, physical disability, sexual orientation, or age” (FMU Catalog).

Admissions to the MSN/FNP or MSN/Nurse Educator options are done on a rolling basis. Below is the course of study for both admission times: Spring (January) and Fall (August). The academic calendar is printed in the FMU Catalog in the beginning pages.

Six (6) credit hours for fall and spring are considered fulltime for graduate students. Part-time program options are also available.
VI. GRADUATE NURSING PLANS OF STUDY

The MSN programs can be completed in two (2) calendar years if started in the Spring (January) semester. If a student starts in the Fall (August) semester, it will take one (1) additional semester.

**MSN/FNP Plan of Study for Spring (January) Admission**

<table>
<thead>
<tr>
<th></th>
<th>YEAR 1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Spring</td>
<td>Summer I</td>
<td>Summer II</td>
</tr>
<tr>
<td></td>
<td>APRN 502</td>
<td>APRN 503 Advanced Research and Evidence-based Practice (3) (online)</td>
<td>APRN 602 Advanced Pharmacology (3) (on campus)</td>
</tr>
<tr>
<td></td>
<td>Biostatistics (3)</td>
<td>APRN 603 Advanced Physical Assessment and Health Promotion (4:3-3) (45 hours) (on campus)</td>
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<tr>
<td></td>
<td>(online)</td>
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<tr>
<td></td>
<td>*APRN 504 Health Policy and Leadership (3) (online)</td>
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<tr>
<td></td>
<td>APRN 601 Advanced Pathophysiology (3) (on campus)</td>
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<td></td>
<td>APRN 501 Advanced Practice Role: Theory and Knowledge Development (3) (online)</td>
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<td></td>
<td>YEAR 2</td>
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<tr>
<td></td>
<td>Spring</td>
<td>Summer I</td>
<td>Summer II</td>
</tr>
<tr>
<td></td>
<td>APRN 505</td>
<td>APRN 704 Primary Care of Geriatric Patients (2:1-3) (45 hours) (hybrid)</td>
<td>APRN 705 Internship I (4:1-9) (135 hours) (hybrid)</td>
</tr>
<tr>
<td></td>
<td>Population Health &amp; Epidemiology (3) (online)</td>
<td>APRN 707 Clinical Decision-making and Ethics (3) (online)</td>
<td>APRN 706 Internship II (4:1-9) (135 hours) (hybrid)</td>
</tr>
<tr>
<td></td>
<td>APRN 703 Primary Care of Women (2:1-3) (45 hours) (hybrid)</td>
<td>APRN 506 Health Systems and Risk Management (3) (online)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>APRN 702 Primary Care of Infants, Children and Adolescents (4:2-6) (90 hours) (hybrid)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*APRN 504 can alternately be taken the following Fall semester.*
### MSN/FNP Plan of Study for Fall (August) Admission

#### YEAR 1

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
<th>Summer I</th>
<th>Summer II</th>
</tr>
</thead>
<tbody>
<tr>
<td>*APRN 504 Health Policy and Leadership (3) (online)</td>
<td>APRN 501 Advanced Practice Role Theory and Knowledge Development (3) (online)</td>
<td>APRN 503 Advanced Research and Evidence-based Practice (3) <em>(online)</em></td>
<td>APRN 603 Advanced Physical Assessment and Health Promotion (4:3-5) (45 hours) <em>(on campus)</em></td>
</tr>
<tr>
<td>APRN 602 Advanced Pharmacology (3) <em>(on campus)</em></td>
<td>APRN 502 Biostatistics (3) <em>(online)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>APRN 601 Advanced Pathophysiology (3) <em>(on campus)</em></td>
<td></td>
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</table>

#### YEAR 2

<table>
<thead>
<tr>
<th>Fall</th>
<th>Spring</th>
<th>Summer I</th>
<th>Summer II</th>
</tr>
</thead>
<tbody>
<tr>
<td>APRN 701 Primary Care of Adults (5:2-9) (135 hours) <em>(hybrid)</em></td>
<td>APRN 505 Population Health and Epidemiology (3) <em>(online)</em></td>
<td>APRN 704 Primary Care of Geriatric Patients (2:1-3) (45 hours) <em>(hybrid)</em></td>
<td>APRN 707 Clinical Decision-making and Ethics (3) <em>(online)</em></td>
</tr>
<tr>
<td>APRN 507 Patient Education and Advocacy (3) <em>(online)</em></td>
<td>APRN 703 Primary Care of Women (2:1-2) (45 hours) <em>(hybrid)</em></td>
<td></td>
<td>APRN 506 Health Systems and Risk Management (3) <em>(online)</em></td>
</tr>
<tr>
<td></td>
<td>APRN 702 Primary Care of Infants, Children and Adolescents (4:2-6) (90 hours) <em>(hybrid)</em></td>
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#### YEAR 3

<table>
<thead>
<tr>
<th>Fall</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>APRN 705 Internship I (4:1-9) (135 hours) <em>(hybrid)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APRN 706 Internship II (4:1-9) (135 hours) <em>(hybrid)</em></td>
<td></td>
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</tbody>
</table>

*APRN 504 can alternately be taken the following Spring semester.*

Lecture (semester) hours = 1:1
Practicum (contact) hours = 3:1 (conferences can only be applied to 10% of practicum)
### Adult-Gerontology Acute Care Nurse Practitioner Plan of Study (Fall Start)

#### Plan of Study for Fall (August) Admission

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>APRN 504 Health Policy and Leadership (3 - online)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>APRN 602 Advanced Pharmacology (3 - on campus)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>Total:</strong> 6</td>
<td></td>
</tr>
<tr>
<td>Spring</td>
<td>APRN 501 Advanced Practice Role Theory and Knowledge Development (3 – online)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>APRN 502 Biostatistics (3 – online)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>APRN 601 Advanced Pathophysiology (3 – on campus)</td>
<td>3 = 9</td>
</tr>
<tr>
<td>Summer</td>
<td>APRN 503 Advanced Research and Evidence-based Practice (3 – online)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>APRN 603 Advanced Physical Assessment and Health Promotion (4 – with 45 laboratory hours that are on campus)</td>
<td>4 = 7</td>
</tr>
<tr>
<td></td>
<td><strong>Total:</strong> 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Summer:</strong> 3</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Year 2</th>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>APRN 507 Patient Education and Advocacy (3 – online)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>APRN 714 Acute Care of Young Adults (4 – hybrid class with 90 clinical hours)</td>
<td>4 = 7</td>
</tr>
<tr>
<td>Spring</td>
<td>APRN 505 Population Health and Epidemiology (3 – online)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>APRN 715 Acute Care of Adults (5 – hybrid class with 135 clinical hours)</td>
<td>5 = 8</td>
</tr>
<tr>
<td>Summer</td>
<td>APRN 506 Health Systems and Risk Management (3 - online)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>APRN 707 Clinical Decision-making and Ethics (3 - online)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>APRN 716 Acute Care of Geriatric Patients (5 – hybrid class with 90 clinical hours)</td>
<td>5 = 11</td>
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<td></td>
<td><strong>Total:</strong> 8</td>
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<table>
<thead>
<tr>
<th>Year 3</th>
<th>Courses</th>
<th>Credits</th>
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<tbody>
<tr>
<td>Fall</td>
<td>APRN 717 Adult- Gerontology Acute Care Internship I (4 – online with 135 clinical hours)</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>APRN 718 Adult- Gerontology Acute Care Internship II (4 – online with 135 clinical hours)</td>
<td>4 = 8</td>
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<td></td>
<td><strong>Total Program Credits:</strong> 56</td>
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### MSN/Nurse Educator Plan of Study

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Offered</th>
<th>Credits</th>
<th>Semester to Take</th>
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<tbody>
<tr>
<td>APRN 501: Advanced Practice Role: Theory and Knowledge Development</td>
<td>Spring</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>APRN 502: Biostatistics</td>
<td>Spring</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>APRN 503: Advanced Research and Evidence-based Practice</td>
<td>Summer</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>APRN 504: Health Policy and Leadership</td>
<td>Fall</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>APRN 604: Teaching and</td>
<td>Spring</td>
<td>3</td>
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### Learning in Nursing

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Semester</th>
<th>Credit</th>
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<tbody>
<tr>
<td>APRN 605: Curriculum Development and Program Evaluation</td>
<td>Summer</td>
<td>3</td>
</tr>
<tr>
<td>APRN 606: Advanced Assessment and Pharmacological Effects on the Pathophysiology of Body Systems</td>
<td>Fall</td>
<td>3</td>
</tr>
<tr>
<td>APRN 607: Assessment and Evaluation Strategies</td>
<td>Summer</td>
<td>3</td>
</tr>
<tr>
<td>APRN 608: Clinical Nursing Education</td>
<td>Summer</td>
<td>3</td>
</tr>
<tr>
<td>APRN 708: Academic Practicum (135 practicum hours)</td>
<td>Spring</td>
<td>3</td>
</tr>
<tr>
<td>APRN 709: Clinical Practicum (135 practicum hours)</td>
<td>Fall</td>
<td>3</td>
</tr>
<tr>
<td>APRN 710: Education Capstone Seminar</td>
<td>Fall</td>
<td>3</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>

**Nurse Educator Certificate Program**
- APRN 604, APRN 605, and APRN 608 are required for the Nurse Educator Certificate
- APRN 708 and APRN 709 are practicum courses with 135 hour requirements each
- Credits are charged per credit hour up to 10 hours in the Fall and Spring semesters
- Courses are charged per credit in Summer I and II (Maximum credits that can be taken are 7)
- Financial aid counts 6 graduate credits as full time

**Fulltime Option for APRNs to DNP**

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNP 800 Doctoral Knowledge Development</td>
<td>3</td>
<td>DNP 803 The Role of Technology and Interprofessional Collaboration</td>
<td>3</td>
<td>DNP 806 Scholarly Writing and Grant Development</td>
<td>3</td>
</tr>
<tr>
<td>DNP 801 Doctoral Research and Epidemiological Evidence-based Practice</td>
<td>3</td>
<td>DNP 804 Ethics and Quality Improvement (90 clinical/project hours)</td>
<td>3</td>
<td>DNP 807 Capstone 1 (135 clinical/project hours)</td>
<td>4</td>
</tr>
<tr>
<td>DNP 802 Doctoral Health Policy and Leadership (45</td>
<td>3</td>
<td>DNP 805 Project Development (135 clinical/project hours)</td>
<td>4</td>
<td>DNP 808 Capstone 2 (135 clinical/project hours)</td>
<td>4</td>
</tr>
<tr>
<td>Course Name</td>
<td>Credit Hours</td>
<td>Course Name</td>
<td>Credit Hours</td>
<td>Course Name</td>
<td>Credit Hours</td>
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<td>------------------------------------------------</td>
<td>--------------</td>
<td>------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>clinical/project hours)</td>
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<td>Total Semester Hours</td>
<td>9</td>
<td>Total Semester Hours</td>
<td>10</td>
</tr>
<tr>
<td>Total Semester Hours</td>
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<td>Total Semester Hours</td>
<td>10</td>
<td>Total Semester Hours</td>
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**Full-time Option BSN to APRN/DNP Plan of Study**

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td></td>
<td><strong>Fall</strong></td>
<td></td>
<td><strong>Spring</strong></td>
<td></td>
</tr>
<tr>
<td>APRN 602 Advanced Pharmacology</td>
<td>3</td>
<td>APRN 502 Biostatistics</td>
<td>3</td>
<td>APRN 603 Advanced Physical Assessment and Health Promotion (45 laboratory hours)</td>
<td>4</td>
</tr>
<tr>
<td>DNP 800 Doctoral Knowledge Development</td>
<td>3</td>
<td>APRN 601 Advanced Pathophysiology</td>
<td>3</td>
<td>DNP 803 The Role of Technology and Interprofessional Collaboration</td>
<td>3</td>
</tr>
<tr>
<td>DNP 802 Doctoral Health Policy and Leadership (45 clinical/project hours)</td>
<td>3</td>
<td>DNP 801 Doctoral Research and Epidemiological Evidence-based Practice</td>
<td>3</td>
<td>DNP 803 The Role of Technology and Interprofessional Collaboration</td>
<td>3</td>
</tr>
<tr>
<td>Total Semester Hours</td>
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<td>Total Semester Hours</td>
<td>9</td>
<td>Total Semester Hours</td>
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<tr>
<td><strong>Year 2</strong></td>
<td></td>
<td><strong>Fall</strong></td>
<td></td>
<td><strong>Spring</strong></td>
<td></td>
</tr>
<tr>
<td>APRN 507 Patient Education and Advocacy</td>
<td>3</td>
<td>APRN 703 Primary Care of Women (45 clinical hours)</td>
<td>2</td>
<td>DNP 804 Ethics and Quality Improvement (90 clinical/project hours)</td>
<td>3</td>
</tr>
<tr>
<td>APRN 701 Primary Care of Adults (135 clinical hours)</td>
<td>5</td>
<td>DNP 805 Project Development (135 clinical/project hours)</td>
<td>4</td>
<td>APRN 704 Primary Care of Geriatric Patients (45 clinical hours)</td>
<td>2</td>
</tr>
<tr>
<td>Total Semester Hours</td>
<td>8</td>
<td>Total Semester Hours</td>
<td>6</td>
<td>Total Semester Hours</td>
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<tr>
<td><strong>Year 3</strong></td>
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</table>

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<table>
<thead>
<tr>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Course Name</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>APRN 705 Internship I (135 clinical hours)</td>
<td>4</td>
<td>DNP 806 Scholarly Writing and Grant Development</td>
<td>3</td>
<td>DNP 807 Capstone 1 (135 clinical/project hours)</td>
<td>4</td>
</tr>
<tr>
<td>APRN 706 Internship II (135 clinical hours)</td>
<td>4</td>
<td>APRN 702 Primary Care of Infants, Children and Adolescents (90 clinical hours)</td>
<td>4</td>
<td>DNP 808 Capstone 2 (135 clinical/project hours)</td>
<td>4</td>
</tr>
<tr>
<td>Total Semester Hours</td>
<td>8</td>
<td>Total Semester Hours</td>
<td>7</td>
<td>Total Semester Hours</td>
<td>8</td>
</tr>
</tbody>
</table>

VII. ADVISEMENT

The Francis Marion University Registrar is responsible for the management of the registration process by which students enroll in classes. Registration procedures for each term are described in the schedule of classes for that term and on the University’s website. It is essential that each student obtain advisement throughout his/her plan of study in order to progress smoothly through the sequence of courses. The following policies and procedures are designed to facilitate the student’s progression throughout the program:

- Upon enrollment in the graduate nursing program, each student will be assigned an academic advisor.
- The student must meet/communicate with his/her assigned academic advisor at least once each semester prior to the pre-registration period to discuss and update the student’s plan of study.

To change an academic advisor, the student must submit a written request to the chair of the nursing programs (Appendix B) that will assign a new advisor and notify both the previous and new advisor of the change.

The DNP director will assign an advisor to guide the student’s project.

VIII. REGISTRATION

All nursing faculty members have expanded office hours during the advisement period in order to be available to all advisees. Normally advisement times are posted on faculty office doors with adequate spots and times for each advisee. Each student should meet/communicate with his/her nursing academic advisor to select courses to be taken. The student may enter his or her schedules via the web or in the Office of the Registrar with advisor approval. Students must confirm schedules and pay fees in the Cashier’s office.

Through the registration process, students assume academic and financial responsibility for the classes in which they enroll. They are relieved of these responsibilities only by formally
terminating enrollment by dropping or withdrawing in accordance with University procedures and deadlines specified in the schedule of classes each term.

**IX. FMU ACADEMIC INFORMATION**

**Senior Undergraduate Students**
Senior undergraduate students may apply for graduate credit with program/school approval *(FMU Catalog)*.

**Legal Resident**
Charges for tuition and fees depend upon the student’s status of residence or non-residence of South Carolina *(FMU Catalog)*.

**International Students**
International students must be proficient in English or have a TOEFL score of 577 paper version; 233 on the computer version or 90 on the Internet version *(FMU Catalog)*. In addition, a speaking score of 26 in the TOEFL iBT.

**Transient Students**
Degree-seeking students enrolled in graduate studies at institutions other than FMU who wish to take graduate courses at FMU must complete the following requirements: 1) submit a graduate application for admission and pay the non-refundable graduate application fee; and 2) submit a transient form from the Academic Officer or Registrar of that institution *(FMU Catalog)*.

**Auditing**
Due to the professional nature of the courses auditing is not allowed.

**Grade Point Average**
Grade points for a course are computed by multiplying the number of semester hour credits per course by the quality points associated with the grade earned *(FMU Catalog)*.

**Grade Changes**
If a mistake was made in calculating or recording a term grade, the instructor of the course may change the grade *(FMU Catalog)*. A written form for grade change will be signed by the instructor of the course and by the chair and submitted to the Registrar’s office.

**Grade Appeal**
The graduate nursing programs adhere to the University policy for Grade Appeals. Please refer to the current edition of the *Francis Marion University Catalog: Academic Information*. The following procedures will be followed:
1. The student will first attempt to resolve the issue by consulting with the instructor.
2. If the issue is unresolved after consultation with the instructor, the student will then consult with the program director to attempt a resolution.
3. If the matter is not resolved after consultation with the instructor and the program director, then the student may petition the chair/dean who will forward the matter to the Grade Appeals Committee.

The petition must include the following items: a completed petition form signed by the instructor or the course (unless the instructor is no longer a member of the FMU faculty), the student’s advisor, and the chair/dean of the academic unit that offered the course; a letter explaining the basis for the grade appeal; and if applicable, supporting documents and a list of any other evidence to be presented. The student’s argument will be limited to statements form the student and the evidence delineated in the petition. The University Grade Appeals committee will hear final course grade appeals not resolved at the level of the academic unit.

Any nursing student considering a grade appeal should fully understand that each faculty member has the academic freedom to determine grade criteria according to program guidelines and by any method chosen by the faculty member as long as those methods are communicated to every student in the class, and are applied to all students equally.

Unless the faculty member has acted in an arbitrary or capricious manner in the assignment of a final course grade in question, or unless the instructor’s grading policy is in violation of the guidelines established by the University or his/her own policies as noted in the syllabus or other written documents, it is the right of the instructor to determine whether or not the final course grade should be changed (FMU Catalog).

Repeating Courses
Students will be allowed to retake one (1) course due to an academic failure (FMU Catalog). Two (2) failed courses are grounds for dismissal from the program. No retaking of courses will be permitted for clinical failures. Receiving a second F will result in dismissal from the program, even if the first F has been replaced with a higher grade.

Academic Standing
Graduate degree students who have been accepted into a degree program must maintain a 3.0 cumulative grade point average for all graduate courses (FMU Catalog). Continuation in graduate studies requires satisfactory progress toward a graduate degree. Evidence of such progress includes maintenance of a minimum 3.0 cumulative grade point average. While in a graduate program at Francis Marion University, should the student’s cumulative grade point average fall below 3.0 or the student receive an F for a graduate course, that student will be placed on academic probation. All Graduate Students must have a minimum 3.0 cumulative grade point average to graduate from Francis Marion University.

Readmission After Dismissal
A graduate student may not continue taking courses after being dismissed from the program. By petition to the graduate nursing program, and on recommendation of the Graduate Committee, a student may be readmitted for further graduate study, or a student may be denied admission (FMU Catalog).
Time Limit

All requirements for a graduate nursing degree must be completed within a continuous six (6) year period (FMU Catalog).

Transfer Credit for Nursing Course(s)

A maximum of six (6) credits can be transferred from a regionally accredited institution, with the permission of the chair of the nursing program (FMU Catalog) for the MSN Program. The DNP program can potentially accept up to a maximum of three (3) transfer credit hours with the permission of the Director.

Transient Students

Degree-seeking students enrolled in graduate studies at institutions other than FMU who wish to take graduate courses at FMU must complete the following requirements: 1) submit a graduate application for admission and pay the non-refundable graduate application fee; and 2) submit a transient form from the Academic Officer or Registrar of that institution (FMU Catalog).

Attendance Policies

It is the responsibility of the student to attend all scheduled meetings in the courses in which he/she is enrolled. If a student is absent more than twice the number of required class or laboratory sessions per week during regular semesters or 15% of required sessions during an accelerated semester, a grade of F or W will normally be assigned, unless absences have been excused for cause by the instructor (FMU Catalog).

Dropping Courses

Graduate students may drop courses through the last day of classes for any term (students may not drop classes on Reading Day or during examinations). A student who drops a course(s) after completing 50% of the semester receives in each course a grade of W or F based on his/her academic average at the time of withdrawal (FMU Catalog).

Withdrawing From the University

Complete withdrawals must be initiated by the student at the Registrars’ Office. A complete withdrawal grade from will be completed. Failure to file the complete withdrawal grade report Form with the Registrar’s Office may result in the grades of F for the courses(s). A student who withdraws from the University after completion of 50% of the semester receives in each course a grade of W or F based on his/her academic average at the time of withdrawal (FMU Catalog).

Course Load

Usual course load is six (6) or more hours with a maximum load of 12 hours (FMU Catalog).

Grade Reports

At the end of each semester and each summer term, grade reports are made available to students (FMU Catalog).
Transcripts
Official transcripts, those bearing the University seal, are only issued with the written consent of the students (FMU Catalog).

Financial
All fees and expenses must be paid before last day to pay which is in the FMU Catalog.

Student Life
All graduate students are eligible to participate in all student activities and organizations (FMU Catalog).

University Counseling and Testing Services
Student counseling and testing services are available to all students. Faculty may refer students to the center if behavioral indications warrant or they have documentation related to the Americans with Disability Act.

Americans with Disabilities Act (ADA)
If a student has a documented disability and requires special assistance or accommodations, they should contact the University Counseling and Testing Center (Francis Marion University Student Handbook, current edition). Accommodations will be made with proper documentation from the University Counseling and Testing Center. The student must provide documentation to any or all course or clinical instructors of classes or clinical rotations in which the student would like to use the accommodations. If at any time during the semester the student’s accommodations need to be altered, the student will provide documentation from the University Counseling and Testing Center.

X. POLICIES SPECIFIC TO THE GRADUATE NURSING PROGRAMS

There are additional requirements needed for these professional programs. FMU uses a website platform, CastleBranch, to track students’ documentation requirements. The instructions to access the website and what specific documents are needed are contained in your admission letter.

Maintaining current documentation is essential for patient safety, accreditation, and clinical compliance. It is the student’s responsibility to make sure current documentation is uploaded in CastleBranch. If documentation has not been submitted by the indicated deadline or renewal date, the student will receive a written warning each week it remains overdue. All warnings are cumulative, and a student receiving three (3) warnings will be dismissed from the nursing program.

The student may not attend class or clinical until all documentation has been submitted. If a student misses two (2) clinical days they will receive a failing grade for the class. The student will not be able to meet the objectives of the course and shall be withdrawn from class with a failing grade.

Background Check
All clinical agencies utilized in the graduate nursing programs at Francis Marion University require a background check of students before permitting clinical experiences in the agency. This background check is purchased through CastleBranch as described in your admission letter. Clinical agency utilized for student experiences may deny a student with a criminal record permission to be assigned to their agency. Additionally, students who have a previous disciplinary action(s) and/or convictions may not be eligible to become licensed as an APRN by the State Board of Nursing, even if a BSN Degree has been conferred.

The student who has an arrest and/or convictions documented on the background check must meet with the chair or dean of the nursing program. The student will be counseled as to the nature of the offense, whether it will jeopardize the student’s status in the program, and possible alternatives regarding completion and/or withdrawal from the MSN program. The student will have an opportunity to provide documentation regarding the offense(s). A summary statement will be placed in the Student’s Academic Record. If a student is denied access to any clinical agency, it will result in the student being withdrawn from the program.

Pre-Clinical Drug Screening

In order to protect the public, health care agencies are beginning to require extensive pre-employment drug screenings. In addition, health care agencies are requiring that all health care professional students have pre-drug screening. The initial drug screening is purchased through CastleBranch as described in students’ admission letter. The graduate nursing program reserves the right to implement drug or alcohol screening at any time without prior notification in both the classroom and clinical settings.

Eligibility to be Employed by the Major Pee Dee Healthcare Systems

Graduate students who are not eligible to be hired by the major healthcare systems in the Pee Dee Region due to previous work-related infractions, may not be able to fulfill the clinical requirements and will therefore, be dismissed.

Health History and Immunization Requirements

The health history form will be obtained from the CastleBranch platform and then uploaded to the site when complete.

Immunizations Requirements

According to the University policy, students are required to complete all immunization requirements before attending classes. These requirements protect the health and safety of its students, clinical agencies, patients, and the graduate nursing program. Each immunization must be dated and signed or stamped by a licensed health care provider (physician, nurse practitioner, and/or physician assistant).

In lieu of vaccination documentation, a positive antibody titer may be submitted for most of the below requirements. Students must submit the lab report for your titer with a quantitative reading (a simple “positive” or “negative” will not suffice). A simple “history of disease”
statement, even signed by a health care provider, is not sufficient to meet immunization requirements.

- **Rubella (German Measles)** – Requirements are based on your Date of Birth as follows:
  - Students born **on or after 01/01/57** are required to have two (2) *Live* Red Measles Vaccines on or after the age of 12 months **and** both after 12/31/67.
  - Students **born on or before 12/31/56** are required to have One Live Red Measles Vaccine after 12/31/56.

In lieu of Vaccination Documentation, a Positive Rubella IgG Antibody Titer is acceptable. A copy of the lab report must be submitted on CastleBranch.

- **Rubella (Red Measles)** **One Live** Vaccine.

In lieu of Vaccination Documentation, a Positive Rubeola IgG Antibody Titer is acceptable. A copy of the lab report must be submitted on CastleBranch.

- **Varicella (Chicken Pox)** – **Two (2)** Varicella (Varivax) Vaccines.

In lieu of Vaccination Documentation, a Positive Varicella IgG Antibody Titer is acceptable. A copy of the lab report must be submitted on CastleBranch.

- **Tetanus** – must have had Tdap within the past 10 years, or Tdap at any time with a Td booster within the past 10 years.

- **1 Step PPD or QuantiFERON Gold Blood Test** is required yearly while enrolled in the program. If you have a previous positive TB test, a chest x-ray result to exclude TB disease and a yearly TB symptom questionnaire are required (submit the lab report from your x-ray on CastleBranch).

- **Hepatitis B** vaccines (series of three) or titer is needed.

- If the student chooses to decline or defer their flu shot, appropriate documentation must be submitted on CastleBranch. Yearly influenza vaccine is needed during flu season (October 1 – March 31).

**PLEASE NOTE:** If students object to receiving any of the above immunizations, they cannot meet the program requirements and the student will be withdrawn. If documentation of the immunizations required by the graduate nursing program is not presented by the start of classes, the student will receive a written warning each week and will not be allowed to attend class. All warnings are cumulative and a student receiving three (3) warnings will be dismissed from the program. No student may be in a clinical site without up-to-date immunizations.

**CPR Certification (AHA BLS Provider)**

Each nursing student must provide verification of current American Heart Association BLS Provider status and upload the current certification into the CastleBranch system. All nursing students are required to present official documentation prior to beginning any graduate nursing course. This certification/ recertification must be from a certified instructor endorsed
by the American Heart Association and must include infant, child, adult and AED training. Failure to meet this requirement will result in a warning each week. All warnings are cumulative.

PLEASE NOTE:
Maintaining current certification is the sole responsibility of the student.

Health Insurance
Students are required to provide proof of Health Insurance Coverage that must be maintained while enrolled in the program. Proof will be uploaded onto the CastleBranch platform. Failure to meet this requirement will result in a warning each week. All warnings are cumulative. Three (3) warnings will result in a dismissal from the program.

Proof of Malpractice Insurance
All graduate students must carry individual liability insurance of $1 million/$3 million coverage. Work insurance does not extend to the student role. Failure to meet this requirement will result in a warning each week. All warnings are cumulative. Three (3) warnings will result in a dismissal from the program.

CareLearning Passport
CareLearning Passport (http://passport.carelearning.com) is an online system used by South Carolina hospitals for training and orientation. Passport courses must be retaken yearly to maintain compliance. Renewal is set for one (1) year from the date of the earliest course taken. FMU students are required to complete the following courses:

- Abuse and Neglect
- AIDET
- Bloodborne Pathogens
- Culturally Competent Care
- Disaster Preparedness
- Electrical Safety
- Fire Safety
- Hand Hygiene
- Hazard Communication
- HIPAA
- Isolation and Standard Precautions
- Lewis Blackman Patient Safety Act
- Moving, Lifting, and Repetitive Motion
- Carolinas Hospital System Orientation*
- McLeod Health – Student Passport *

* The last two (2) courses are not included automatically when registering for Passport. The last two (2) courses must be added separately after completing the others listed.

A copy of the student’s transcript showing completion of these modules must be uploaded into CastleBranch. Failure to meet this requirement will result in a warning each
week. All warnings are cumulative. Three (3) warnings will result in a dismissal from the program.

**Other Documentation Requirements**

Other documentation requirements are described in your admission letter and on CastleBranch. These requirements must be met, including any requirements not specifically listed in this Handbook. Failure to meet these requirements will result in a warning each week. All warnings are cumulative. Three (3) warnings will result in a dismissal from the program.

Documentation requirements may change to meet program, accreditation, and/or clinical agency needs. The Clinical Coordinator will notify students of any changes in documentation requirements, which supersede the information published in this Handbook.

**Mental and Physical Eligibility Criteria**

The nursing graduate program expects students to have the physical capability to perform skills common to an APRN. Reasonable accommodations are available for students with disabilities. Appropriate documentation of each disability is required in the form of psychological evaluations and/or medical histories and should be provided to the Office of Counseling and Testing at least two (2) weeks prior to initial registration for classes. It is the student’s responsibility to inform the Director of Counseling and Testing of any need for services in adequate time to allow for their arrangements.

All documentation is treated confidentially and will be shared only with written permission from the student. At the beginning of each semester, the Office of Counseling and Testing will submit a letter addressing the needed accommodations to each of the student’s professors. A copy of the letter will be sent to the student.

It is the student’s responsibility to speak with each course coordinator and work out how his or her clinical accommodations will be met. The following items represent typical activities, and the abilities and psychomotor skills that students will be developing while enrolled in this program. Among the other learning objectives, the student must demonstrate safe and satisfactory performance of these abilities and psychomotor skills in order to successfully complete the clinical portion. Students **must be capable** of successfully completing each area of the mental and physical eligibility criteria in all clinical/lab/practicum experiences.

**Graduate students must be able to:**

- Perform motor skills safely:
  - Positioning, and transporting patients
  - Moving efficiently enough to meet the needs of patients in a timely manner
  - Lifting, positioning, or moving obese, paralyzed, and/or unconscious patients in order to perform procedures
- Perform activities requiring manual dexterity:
  - Administering parenteral injections
  - Operating equipment and devices such as thermometers, blood pressure devices, and diagnostic machines
• Perform activities requiring accurate and effective interpretation and communication of information in English, both written and spoken.
  o Reading and recording information
  o Directing assistive staff
  o Communicating with patients and families
• Respond effectively under stress.
• Respond to clinical alarms, signals and other displays indicating an urgent patient need, and take immediate action.
• Perform activities requiring sensation, auditory capacity, and visual perception.
• Perform activities requiring interaction with interdisciplinary team members, such as:
  o Ability to be assertive
  o Ability to delegate
  o Ability to participate in role-play activities
• Demonstrate ability to analyze data, calculate, and measure appropriate assessment parameters.

Changing Graduate Tracks
Students enrolled in a graduate nursing program who wish to change to another track within the program must complete the change of track form (Appendix A) with the required information. This form is then submitted to the chair of the nursing program who will then submit to the Nursing Graduate Committee for approval/denial.

If approved, only one (1) track change within the graduate nursing program is allowed. Any students wishing to make an additional track change will have to reapply to the graduate nursing program. This includes a request to change back to the original track.

Classroom Grading Scale:

<table>
<thead>
<tr>
<th>Alphabetic</th>
<th>Raw Score</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>93-100</td>
</tr>
<tr>
<td>B+</td>
<td>89-92</td>
</tr>
<tr>
<td>B</td>
<td>85-88</td>
</tr>
<tr>
<td>C+</td>
<td>81-84</td>
</tr>
<tr>
<td>C</td>
<td>77-80</td>
</tr>
<tr>
<td>F</td>
<td>76 or below</td>
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</tbody>
</table>

Rounding
Per program policy, only final grades will be rounded. Final grades of 0.50 or greater will be rounded up to the next whole numeric value. Therefore, a 76.5 is the minimum grade needed to pass this course, as this is rounded to a 77. Exam and quiz scores will not be rounded and will be entered in grade book in Blackboard to the nearest hundredth of a percent.

Clinical Criteria
A student must receive a satisfactory rating in all aspects of clinical as indicated on the Graduate Clinical Evaluation Tool.

Scheduled Tests/Exams
Missed tests/exams will be handled at the discretion of the course coordinator and will be outlined in the syllabus. Any student who misses more than one (1) scheduled course test/exam may receive a recommendation of course failure.

Use of Social Security Number

The graduate nursing program adheres to the University policy on use of Social Security numbers. Refer to the current edition of the FMU Catalog. If applicable, the student’s 9-digit student number should be used consistently on all quizzes, test, and examinations.

Graduate Testing

The Graduate Nursing Program uses Respondus LockDown Browser for all computerized testing. “LockDown Browser is a custom browser that locks down the testing environment within a learning management system” (http://www.respondus.com/products/lockdown-browser/). For all online tests taken off campus, Respondus Monitor is utilized. “Respondus Monitor is a companion application for LockDown Browser that uses webcam and video technology to prevent cheating during online exams” (http://www.respondus.com/products/monitor/index.shtml). The webcam can be built into your computer or plug in with a USB cable.

Laptops or surface computers are the only devices that may be used to take quizzes/tests/exams.

Instructions for downloading and use of Respondus LockDown Browser and Monitor can be found on the Student Graduate Nursing Site. Respondus Lockdown Browser and Respondus Monitor require high-speed Internet access.

Before each in-class quiz/test/exam, students will:
- Place all belongings at the front of the classroom,
- The proctor and one (1) other designated student will keep their cell phone in view in case of a Swamp Fox Alert. If a student has a cell phone at his or her desk during a quiz or test, the student will receive a 0, and
- Once a quiz/test/exam is started the student cannot leave, if a student chooses to leave the test will be scored as is.

Posting of Grades

All grades will be electronically posted on Blackboard Learning System™. No information with regard to the grade earned on any quiz, test, examination, clinical or classroom assignments will be given out over the phone. At the end of each semester, final grades are made available to students via Swamp Fox Internet. If applicable, the student’s 9-digit student number should be used consistently on all quizzes, tests, and examinations.

Educational Warnings

Nursing students will receive a written warning when unsatisfactory theory and/or clinical performance occur. Additionally, failure to turn in course paperwork at the scheduled time will result in a written warning. The educational warning will be placed in the graduate nursing program student’s file. The educational warning includes a written plan for the student
to work towards successful completion of the course/clinical requirements. Warnings are cumulative, and three (3) warnings will result in dismissal from the program.

**Students Identified as at Risk for Failure**

Faculty and/or adjunct faculty will identify any at-risk student needing clinical remediation. Students at-risk for clinical failure will meet with the course coordination and assigned clinical faculty member to create an individualized remediation plan with a completion timeline. Clinical remediation could include additional clinical hours, observed clinical experiences, tutoring, online resources, evidence-based practice resources, Typhon guidance, simulation laboratory learning practice, and/or referral to the FMU Counseling and Testing Center.

The remediation plan is created with input from the course coordinator, the student, and, if applicable the clinical faculty member with written measurable objectives and goals. Re-evaluation will occur by the timeline established in the written remediation plan. The timeline for remediation will be no longer than four weeks not including scheduled FMU holidays. The faculty member/adjunct faculty/ or course coordinator re-evaluates the student at the end of the four-week timeline to ensure objectives and goals have been met. Failure to meet objectives and goals will result in clinical failure. Clinical failure will result in dismissal from the MSN program per the FMU Catalog which states that “no retaking of courses will be permitted for clinical failures” (*FMU Catalog*).

**Program Dismissal Policy**

The following circumstances will result in automatic dismissal from the graduate nursing program:

- Failure to achieve a 3.0 cumulative GPA by the end of the program,
- Failing two (2) nursing courses. Receiving a second F will result in dismissal from the program, even if the first F has been replaced with a higher grade, and
- Failure to complete requirements for the degree within the 6-year period after initial registration in the graduate nursing program.

In addition, the Nursing Graduate Committee may recommend to the Nursing Department Chair that a student be dismissed if the student:

- Receives three (3) educational warnings.
- Demonstrates unsafe/unethical clinical practice.
- Have violations of the University’s Student Honor Code.
- Demonstrates conduct incompatible with the practice of professional nursing.

These are examples that could lead to dismissal, but infractions that lead to dismissal are not limited to these actions/behaviors.

The faculty member will bring the issue to the attention of the program director, who will then forward this information to the chair of the Nursing Graduate Committee for review by the committee. If the Nursing Graduate Committee recommends dismissal, the NGC chair will
forward a recommendation for dismissal to the Department Chair. If the dismissal is upheld by the Department Chair, an official dismissal letter will be issued.

A student who fails to register for courses as specified in his or her plan of study will be presumed to have voluntarily withdrawn from the graduate nursing program. If a student desires a leave of absence, he or she must send a letter to the NGC committee.

**Appealing a Program Dismissal**

A student who has been dismissed from the graduate nursing program may appeal his or her dismissal. The student should write a letter of appeal that indicates the reasons for unsuccessful course completion and include professional steps being taken to become a successful nursing student. The letter should be addressed to the Nursing Graduate Committee. The letter should be submitted electronically (properly labeled with the student’s name and date). This letter must be received **within two (2) weeks of the dismissal letter’s date**.

The Nursing Graduate Committee will review each appeal at its next meeting after the appeal is received. The student will be notified via mail of the committee’s decision. A copy of the appeal letter and the committee’s reply will be placed in the student’s department file.

Appeal decisions are individually based on information provided by the student, the student’s academic record, and the student’s potential for successful program completion. The committee’s deliberations are confidential, and students will not be provided an explanation for the decision rendered.

Once a decision has been made, the student cannot submit a second appeal to the NGC.

**Readmission to the Program**

All applications are evaluated on an individual basis. Only under unusual circumstances will a student who has been dismissed (or voluntarily withdrawn under circumstances meriting dismissal) be allowed to reenter the graduate nursing program. If a student is readmitted to the graduate nursing program after dismissal, one (1) course failure will be grounds for dismissal.

**Campus Safety**

Classroom doors will be locked at the beginning of class for safety reasons. Students will not be admitted to the class once the door is locked. If a student needs to leave during class they will not be readmitted until the class break. All DON students, faculty, and staff are responsible for campus safety.

**Children on Campus**

It is the policy of the nursing program that children are not permitted in classroom, clinical settings, and/or scheduled meetings. Choosing to bring your child to any social activity or other University or School of Health Sciences is at the risk of the student.

**Cell Phones**

Cell phones may be kept on in the classroom as long as they are inaudible. During tests and exams, all cell phones must be placed in the front of the room with the rest of the student’s belongings in an inaudible setting. The proctor and one (1) other designated student will keep their
cell phone in view in case of a Swamp Fox Alert.

Cell phones must be in an inaudible mode in the clinical setting per hospital or agency policy. However, cell phones may be used as a clinical resource to enhance patient care (i.e.-accessing UpToDate or other evidence-based resources) or for emergencies that involved public safety. Personal cell phone use is prohibited.

**Literary Format**

In order to provide consistency, uniformity, and standardization for all written documents in nursing courses, the *Publication Manual of the American Psychological Association (6th edition)* (APA Style Manual) is the adopted writing style. It is required that you purchase the book. This format should be used by all nursing students in writing papers as part of course assignments (unless otherwise specified).

**In addition:**
- All graded and/or written assignments must be typewritten (Microsoft Office: Word) in black ink, double-spaced with one inch (1”) margins per APA,
- All required written assignments will be considered late if not received by faculty by the designated time and date. Late work will be accepted per faculty discretion and as outlined in the course syllabus. An exception to this policy will be made only if the student has made prior arrangements with the respective faculty member,
- The student must submit all written course requirements in order to receive a course grade,
- Written work should be submitted directly to the appropriate faculty member as outlined in the course syllabus. Important written work, especially graded assignments, should not be placed in faculty mailboxes or in the door boxes located outside the faculty member's office without the direct permission of the faculty member. A copy of all written work submitted to faculty should be kept by students, and
- Faculty reserve the right to request that all written assignments be electronically submitted via “Assignments” on Blackboard Learning System™.

**Acceptable Uses of the Internet**

Francis Marion University internet guidelines are available in the *FMU Student Handbook* and on the web address [http://www.fmarion.edu](http://www.fmarion.edu), under the academic computing link. In addition, FMU has Computer Center Rules with regard to Disk Write Rights, Piracy, Viruses, Climate, and Media. The graduate nursing program adheres to all of the guidelines set forth by the University.

Mozilla Firefox is the recommended web browser for the FMU website and Blackboard Learning System.

**Email**

Electronic mail is an essential component of communication between the Nursing Faculty, administration, and students; therefore, all nursing students are required to have an active g.fmarion email account. All communication between faculty and students should be through the Francis Marion e-mail account. Email to all faculty and students must be addressed
professionally with a proper salutation, complimentary closing and signature. If any of the information is lacking, the email will be returned with a note that states “Please address this email in a professional manner.” Only one (1) issue should be addressed in each email to faculty members. Faculty have 24 hours to respond to emails except on weekends and holidays and after business hours.

**Bulletin Boards**

Bulletin Boards are the property of the University. Students may not post any material without permission from the course coordinator or appropriate faculty/staff.

**Emergency Preparedness**

Francis Marion University’s Emergency Preparedness Plan is designed to guide University personnel in responding to urgent situations and crises through planned and executed series of steps that will ensure the safety of our people and property. The graduate nursing programs will adhere to all guidelines set forth in the Emergency Preparedness Plan. All students are encouraged to register in Swamp Fox Alert.

**Hazardous Chemical Spills**


**Cancellation of Classes/Clinical**

The graduate nursing program adheres to the policies of the University with regard to scheduled class times. In the case of inclement weather or other disasters, the graduate nursing programs will follow the schedules established by the University. Students are to activate Swamp Fox Alert in order to receive information about closures. Students are also encouraged to listen to local radio and television for these schedule changes. Faculty may also notify students via email or Blackboard as written in the syllabus. Students are also reminded that they are to utilize sound, personal judgment when deciding whether to commute for a learning experience in hazardous weather conditions. In the event that the university is closed for inclement weather, students are allowed to attend clinical if it is safe to travel.

**Emergency Contact**

Students should *not* provide any of the nursing program telephone numbers for routine or emergency contacts. Instead, students should list either family members or close friends as their emergency contacts. Students may inform a close relative or friend to contact the nursing program in case of a true emergency.

**Employment Demands**

There is no policy limiting the number of hours a student enrolled in the graduate nursing program may be employed, since the ability to handle the combined responsibilities of college and employment is individual. Many students find it necessary to work while enrolled in school to help defray living and educational expenses. The graduate nursing curriculum is demanding and requires preparation and study time in addition to scheduled classes and
clinical experiences. Clinical experiences may also be held on the weekends. Certain practicum experiences involve intensive clinical work requiring the student’s full time and attention.

Students who try to balance workloads greater than 20 hours per week and a full-time academic load often place themselves at risk for academic failure. Students should plan for such experiences so they may reduce or eliminate other work commitments during intensive practicum experiences. Students who fail to meet the established academic standards in the graduate nursing program due to employment cannot receive special consideration. Students who need to work to pay for college expenses should discuss this with their nursing academic advisor before they are in academic jeopardy. Students may need to stop academic work for a period to help ensure success.

References for Employment

The faculty of the graduate nursing program support students and graduates in their career endeavors and are willing to provide references when appropriately requested. Students must request permission of faculty to list the faculty member as a reference on his or her resume and/or application.

XI. CLINICAL POLICIES AND GUIDELINES

Clinical Information

Each student will contract with a primary care practitioner in the appropriate specialty for each semester. The student is responsible to share with his/her clinical preceptor the learning objectives for that course and the clinical evaluation criteria. Students are responsible to schedule hours, and use the WIKI to update the hours. Any absence must be reported to the course coordinator, preceptor, and the faculty oversight. Any changes in clinical hours must be reflected on the WIKI.

Transportation

Each student will be using various clinical sites to accomplish the graduate learning outcomes. The student is responsible for obtaining transportation to and from the clinical sites.

Clinical Attendance and Punctuality

Attendance and punctuality of all clinical/laboratory/simulation experiences is expected 100% of the time. Exceptions, if made, will be made up at the discretion of the clinical faculty and/or the course coordinator. Faculty may request medical certification about the health status of the student for every absence or lateness. The following policies apply to clinical absences and lateness:

- When the student cannot attend the clinical session, the student must:
  - Call and speak directly to the assigned clinical preceptor, one (1) hour prior to the start of the clinical session.
  - If the student is late related to an incident on the way, he/she must call and notify the clinical preceptor.
- Following an absence, students are responsible to contact the faculty member and course coordinator about make-up alternatives;
• Punctual attendance is required at all clinical sessions. Tardiness is not a professional attribute. The faculty member or preceptor has the discretion of sending the student home for clinical lateness.
• The student who arrives at his/her clinical setting with symptoms of illness may be dismissed by the clinical faculty or preceptor, constituting a clinical absence.
• Two (2) clinical absences constitute a clinical failure.
• Educational warnings can be cumulative from semester to semester.
• The student may be dismissed for unprofessional or unacceptable clinical performance.
• In the event that the university is closed for inclement weather, students are allowed to attend clinical if it is safe to travel.

Clinical Start Date
Students may begin their clinical rotations after the first official day of classes per the FMU academic calendar for that specific semester.

Medication policy for graduate nursing students
The graduate nursing student will receive education on how to manage illnesses with medications/pharmaceuticals. During the clinical experience, all medications/pharmaceuticals must be discussed with the clinical preceptor for corroboration on the choice(s) made for the patient the graduate student is evaluating. The clinical preceptor is ultimately responsible for ordering the medications/pharmaceuticals. Any medication given by the graduate nursing student in the clinical setting must occur via an order from the clinical preceptor. When the graduate nursing student is administering these products during a clinical experience, he/she is functioning under the rules and regulations established for Registered Nurses by the SC Board of Nursing and the site of the clinical experience.

Criteria for MSN/FNP and DNP Preceptors
The following are minimal criteria, which must be met by persons serving as preceptors in clinical practicums of the graduate program. The preceptor must:
1. Be a nationally certified advanced practice nurse, a licensed physician, or a nationally certified physician assistant in a focus appropriate to the student’s area of study for the state of SC;
2. Have at least one (1) year of clinical experience following professional education;
3. Demonstrate a sincere interest in teaching and mentoring graduate nursing students enrolled in the clinical practice;
4. Be able to allocate sufficient time and space resources to effectively fulfill the role;
5. Show willingness to collaborate with graduate nursing faculty and graduate nursing students in planning and evaluating clinical practicum experiences; and
6. Not have a familial relationship to the student, or any relationship that could hinder the objectivity of the learning experience.

Note: Clinical experiences may not occur at a student’s current employment site/unit unless approved by the Director of the program.

Criteria for MSN/Nurse Educator and DNP Preceptors
The following are the minimal criteria for persons serving as preceptors in the clinical practicums of the graduate program. The preceptor must:

1. Have at least one (1) year of teaching experience following MSN professional education;
2. Demonstrate a sincere interest in teaching and mentoring graduate nursing students enrolled in the educational practicums;
3. Be able to allocate sufficient time and space resources to effectively fulfill the role; and
4. Show willingness to collaborate with graduate nursing faculty and graduate nursing students in planning and evaluating educational practicum experiences.

Approval of Clinical Site and Preceptor

Once a preceptor (NP, PA, or physician) has agreed to serve as a clinical preceptor, the Preceptor Agreement Form must be completed and returned to the Administrative Associate for the MSN program at least 28 FMU business days prior to the start of the upcoming semester. The Administrative Associate will verify that an Affiliation Agreement for the approved site is on file in the nursing office. It is the responsibility of the student to obtain this information and return it to the Administrative Associate prior to beginning a clinical rotation. Prior to the start of the clinical experience, verification of the preceptor’s license and certification is done by the student service coordinator.

If the student has questions about whether or not a clinical site is appropriate and will allow him/her to meet the specific course objectives, then he/she should contact the course coordinator or Director of the programs for MSN students and Advisor for DNP sites to ensure guidance and approval of the site. If a site is deemed unacceptable the student will need to seek a site where the learning objectives of the course may be accomplished.

PLEASE NOTE: If a student needs to switch a clinical site during a semester, the course coordinator needs to be notified immediately and before the clinical rotation is started. A memorandum of agreement is needed between FMU and each clinical site. If the student does not notify the course coordinator that he/she is switching clinical sites and switches without approval, he/she will be dismissed from the program for unprofessional behavior because it jeopardizes the legal contracts of FMU.

Clinical Sites: Appropriate and Inappropriate

Clinical sites must enable the student to meet the specific course objectives for each clinical course. Students are only allowed to have one (1) preceptor per clinical course. Appropriate and inappropriate clinical sites for each clinical course are as follows (other sites need to be approved by the course faculty):

- **APRN 701**: Primary Care of the Adult
  - Primary Care Office (Family and Internal medicine, preferred)
  - No specialty offices
  - No intensivist services
- **APRN 702**: Primary Care of Infants, Children, and Adolescents
  - Pediatrician office, preferred
  - Family practice that sees an acceptable number of children
- Urgent care/Emergency Department that sees an acceptable number of children at the discretion of the faculty teaching the course
- No specialty offices

**APRN 703: Primary Care of Women**
- OB/GYN office
- GYN office
- Student health center
- Health department
- Family practice sites that can meet the clinical focus and performs acceptable number of traditional women’s exams (i.e.-Pap Smears, breast exams, STD evaluations, etc.)

**APRN 704: Primary Care of Geriatrics**
- Family Practice whose patients meet clinical focus (aged 60 years and older)
- Internal Medicine
- Hospitalist Service
- Hospice
- Emergency Department
- Specialty offices (i.e.-nephrology, urology, cardiology, pulmonology, etc…)
- No intensivist services

**APRN 705 and 706: Internship I and Internship II**
- Primary Care Offices (Family and Internal Medicine, preferred)
- Exceptions may be made for locations such as inpatient hospitalist services, specialty offices, urgent care, and emergency departments located in rural and underserved areas/populations at discretion of the faculty teaching the course
- No intensivist services
- Pediatric practices can be used for 45 clinical hours

**APRN 708: Academic Practicum**
- Academic Setting (University or Technical school with a professor that teaches in the classroom)
- Practice Setting (Education Department with an educator who teaches in the classroom)

**APRN 709: Clinical Practicum**
- Academic Setting (University or Technical school with a professor that teaches in the clinical setting)
- Practice Setting (Unit Based-Hospital-with an educator who teaches in the facility.

**APRN 714 Acute Care of Young Adults**
- Pediatrician intensive care
- Urgent care/Emergency Department that sees an acceptable number of children at the discretion of the faculty teaching the course

**APRN 715 Acute Care of Adults**
- Adult intensive care units
- Urgent care/Emergency Department at the discretion of the faculty teaching the course
- No specialty offices
• APRN 716  Acute Care of Geriatric Patients  
  o Adult intensive care units  
  o Urgent care/Emergency Department at the discretion of the faculty teaching the course  
  o No specialty offices  
• APRN 717  Adult-Gerontology Acute Care Internship I  
  o Adult intensive care units  
  o Urgent care/Emergency Department at the discretion of the faculty teaching the course  
  o No specialty offices  
• APRN 718  Adult-Gerontology Acute Care Internship II  
  o Adult intensive care units  
  o Urgent care/Emergency Department at the discretion of the faculty teaching the course  
  o No specialty offices  
• APRN 719  Psychiatric and Mental Health Assessment in Rural Populations  
  o Psychiatric office, preferred  
  o Family practice that sees an acceptable number of PMH patients  
  o In-patient psychiatric units  
  o Urgent care/Emergency Department  
• APRN 720  Differential Diagnoses of Psychiatric and Mental Health Issues in the Rural Population  
  o Psychiatric office, preferred  
  o Family practice that sees an acceptable number of PMH patients  
  o In-patient psychiatric units  
  o Urgent care/Emergency Departments  
• APRN 721  Interventions for Psychiatric and Mental Illness in Rural Populations  
  o Psychiatric office, preferred  
  o Family practice that sees an acceptable number of PMH patients  
  o In-patient psychiatric units  
  o Urgent care/Emergency Department  
• APRN 722  Psychiatric and Mental Health Nursing Internship I  
  o Psychiatric office, preferred  
  o Family practice that sees an acceptable number of PMH patients  
  o In-patient psychiatric units  
  o Urgent care/Emergency Department  
• APRN 723  Psychiatric and Mental Health Nursing Internship II  
  o Psychiatric office, preferred  
  o Family practice that sees an acceptable number of PMH patients  
  o In-patient psychiatric units  
  o Urgent care/Emergency Department
DNP students are expected to self-identify areas of clinical practice needing additional hours. There are a minimum of 100 additional precepted clinical hours required in the MSN to DNP program.

Clinical Hours: Conferences or Continuing Education

In the MSN/FNP program a maximum of twenty (20) clinical hours throughout the entire program may be obtained at a conference or through continuing education. The conference or continuing education opportunities must be approved by the course coordinator prior to the student attending the conference or continuing education opportunity. After attending the conference or continuing education opportunity, the student must upload the certificate(s) of completion and enter the conference or continuing education hours into Typhon as conference hours. Conference or continuing education hours may be obtained in a single conference or as a combination of several conference or continuing education opportunities. Only courses requiring 90 or more clinical hours are eligible for use of conference or continuing education hours in place of patient-contact clinical hours.

Students must upload time logs from Typhon at midterm and at the end of the semester, which are signed by the preceptor. Any falsification and/or misrepresentation of clinical hours will result in a program dismissal.

In the MSN Program clinical hours, over 45 total hours must have a midterm evaluation signed by the clinical preceptor. Final clinical logs are required to be submitted and verified by a signed Typhon validation of hours by the student and the preceptor.

In the MSN-Nurse Educator Program, a maximum of seven (7) clinical hours per practicum, for a total of 14 hours throughout the entire program, may be obtained at a conference or through continuing education. The conference or continuing education opportunities must be approved by the course coordinator prior to the student attending the conference. After attending the conference or continuing education opportunity, the student must submit the certificate of completion.

In the DNP program, there are 100 precepted clinical hours and 440 project hours to be completed. All hours are documented into Typhon and the course coordinator will examine the entries to ensure the hours are being completed.

Specialty Clinical Rotations

Based on accreditation requirements, specialty clinical rotations can only comprise a maximum of 10% of all clinical hours throughout the entire FNP program. This equals a maximum of 58 specialty clinical hours. Specialty rotations can only be used in APRN 704, 705, or 706. Any student questions about whether a specialty site is appropriate should be directed to the course coordinator of the specific course in question or the Director of the FNP Program.

Initial Contact with the Clinical Preceptor

Students should make initial contact with the approved preceptor prior to the start of clinical by making an appointment. Some sites require contact with another agency or their human resources department (Please check with the facility first for requirements). Students are
expected to share their syllabus, clinical guidelines and the faculty contact information for the course. Students are also expected to provide a copy of the Preceptor Manual to the preceptor and have the Preceptor Manual Acknowledgment Form signed. This form must be returned to the course coordinator prior to the first day of clinical. Students must remember that clinical preceptors are not being paid to precept students. It is important to express appreciation and write a thank you note at the end of the semester.

Graduate nursing students are responsible to identify their own preceptors. If a student has exhausted all avenues to find an appropriate preceptor and is unable to secure a clinical learning experience they are to notify the course coordinator.

Student Health Services
Francis Marion University and the graduate nursing programs are committed to providing professional and cost-effective health care for its students through Student Health Services. Refer to the current edition of the Francis Marion University Catalog for additional information.

Injury Occurring During the Course of Any Learning Experience
In the event that a student acquires an injury and/or a needle stick during a learning experience (classroom, skills laboratory, simulation laboratory, healthcare organization, or extramural learning experience) the following procedure should be followed:
1. Wash the affected area immediately with soap and water if the injury is a needle stick.
2. Report the incident to your supervising faculty or preceptor immediately.
3. Contact CompEndium (FMU’s worker compensation plan at 877-709-2667) prior to seeking medical care unless immediate medical attention is needed.
4. Students should seek medical care as they deem necessary.
5. CompEndium makes the decision, not FMU, about claim payment.
6. All students are to have healthcare insurance.

Any student who suffers from an injury, develops physical or emotional problem, and takes medication that may alter critical thinking and clinical decision-making, which may interfere with safe nursing practice, has the responsibility of notifying all appropriate nursing faculty so that appropriate measures can be taken. Prior to returning to the clinical environment, the said student must provide a letter to all appropriate nursing faculty from their health care provider indicating “no restrictions”.

“Any student who presents problems in physical or emotional health which do not respond to appropriate treatment and/or counseling within a reasonable period of time, or any student who demonstrates behavior which conflicts with the safety essential to nursing practice, can be dismissed from the nursing program” (South Carolina Board of Nursing).

Health Costs/Coverage: Graduate Nursing Programs
The University and/or the graduate nursing programs are not liable for health care costs associated with a student’s illness or injury from clinical practice and/or lab activities.

Infectious/ Communicable Disease Policies at Clinical Sites
Students must comply with the infectious/communicable disease policy of the agency or facility with which they are currently associated for their clinical experience, as well as the policies of the nursing program. The specific agency/facility policies will be reviewed in the clinical orientation prior to clinical practice.

**Prevention and Transmission of Transmittable Disease**

All students are required to abide by the Center for Disease Control’s (CDC) and Occupational Safety and Health Administration (OSHA) universal precautions and precautions applicable to individuals with infectious/communicable diseases. It is the student’s responsibility to become thoroughly familiar with these guidelines and to practice universal precautions in all clinical/lab settings. Universal precautions may be summarized as treating all body substances; body fluids as potentially infectious. Protective Personal Equipment (PPE) should be used to reduce the risk of exposure to potentially infectious material.

**Student Refusal to Care for Patients with Infectious/Communicable Diseases**

Refusal to provide care to patients with infectious/communicable diseases is not in keeping with performance expectations for students in the graduate nursing programs and is inconsistent with the ethics of the nursing profession. It is expected that students will provide care to assigned patients with any infectious/communicable disease. In cases where continuing clinical practice presents more than a minimal risk, such as when a student is immune-suppressed, the clinical faculty may decide to temporarily reassign the student.

**Exposure Incidents and Follow-up to Blood/Body Fluids**

Exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials that result from the performance of student activities. Students who follow the recommendations developed by the CDC have minimal danger of contracting any infection in the course of their clinical activities. Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimes, continued or restricted practice after a student’s exposure incident will be determined by the student’s health care provider. Any student who experiences a blood or body fluid exposure incident is responsible for all medical costs incurred for his/her counseling, follow-up care/treatment and/or diagnostic tests/procedures conducted. These blood or body fluid exposures, like all incidents that occur on school time, must be reported to the supervising clinical instructor immediately.

**Expectations of Graduate Nursing Students**

Students’ primary responsibility is for acquisition of advanced clinical knowledge and skills. If questions or problems arise, students should contact their assigned clinical faculty. Students are expected to see a minimum of eight (8) patients per eight (8)-hour clinical day and enter them into Typhon. As a student progresses through clinical courses, it is the expectation that students will see greater than 8 patients per clinical, and acuity levels will increase throughout the program. Faculty understands that patient numbers may vary depending on the clinical site and level of acuity. Students must see a mixture of patient populations, varying ages and gender. Typhon clinical logs will reflect the numbers of patients seen and the date and hours of clinical time attended. Orientation and meetings do not count toward these hours.
According to the National Organization of Nurse Practitioner Faculties guidelines, “Direct patient care clinical hours refer to hours in which direct clinical care is provided to individuals & families in one of three (3) population-focused areas of NP practice; these hours do not include skill lab hours, physical assessment practice sessions, or a community project, if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served. In addition, whereas 500 direct patient care clinical hours is regarded as a minimum, it is expected that programs preparing NP’s to provide direct care to the appropriate age groups for the certification being obtained and it may exceed this minimum requirement.” All FNP students must complete at least one (1) clinical rotation with a nurse practitioner.

DNP students will complete a minimum of 100 precepted clinical hours to enhance their practice as an Advanced Practice Registered Nurse. All clinical hours in the DNP program will documented in Typhon. Course coordinators will confirm that the DNP hours are completed. Course coordinators have access to Typhon hours to ensure the DNP student is obtaining the required hours for completion of the Doctorate degree.

Clinical Preparation and Conduct

- Each semester students will be provided specific written guidelines as to assignments.
- Students are expected to come prepared for clinical/lab.
- Students must have met all documentation requirements for FMU and (if applicable) their clinical site.
- If a student is unprepared for clinical/lab or violates clinical policies, the student may be sent home and the incident will result in an educational warning. A second occurrence of the same or different infraction will result in an educational warning. A third incident will result in a clinical/lab and course failure.
- A student’s educational warnings are cumulative, and a third in a subsequent course can constitute a clinical failure and dismissal from the graduate nursing programs.
- Any grossly unsafe or negligent clinical event or unethical practice may constitute an automatic course or program failure without the student receiving a counseling or warning.
- Any falsification and/or misrepresentation of clinical hours will result in a program dismissal.

Clinical Evaluation of Student Performance

- Students may request a copy of each of their clinical evaluations.
- Student performance in the clinical area will be evaluated utilizing processes outlined in the Graduate Clinical Evaluation Tool for each course. There is a midterm evaluation by the preceptor required in FNP courses requiring more than 45 clinical hours. The student must achieve a satisfactory level of performance in the lab/clinical in order to progress.
- When a student’s (MSN or DNP’s) clinical performance in any clinical situation indicates that a student is unable or unwilling to perform at a safe and/or professional level of practice, the preceptor in consultation with the course coordinator and the
Director of the program will remove the student from the clinical area, and it will constitute an educational warning for that day.

- After the first educational warning, a written action plan will be made with the course coordinator and the clinical instructor. If the stipulations in the action plan are not met by the date and time identified, then the student will receive a second educational warning. If he/she receives a third educational warning, he/she will fail the course and will be dismissed from the graduate nursing program.
- Students are encouraged to continuously articulate learning needs throughout each semester in order to enhance the clinical and course faculty’s ability to facilitate relevant learning assignments and opportunities.

A clinical (course) failure or a program failure may be assigned by the faculty, in consultation with the chair, if the student is responsible for a sentinel or grossly unsafe or negligent event, even if it is the first occurrence (https://www.jointcommission.org/sentinel_event_policy_and_procedures/).

### Clinical Grading Scale: Graduate Clinical Evaluation Tool

<table>
<thead>
<tr>
<th>Rating</th>
<th>Skill level</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Below expected skill level</td>
<td>Consistently requires substantial assistance/supervision to perform task adequately</td>
</tr>
<tr>
<td>2</td>
<td>Basic skill level</td>
<td>Performs tasks with basic skill and with moderate amount of assistance/supervision</td>
</tr>
<tr>
<td>3</td>
<td>Intermediate skill level</td>
<td>Performs tasks with skill and able to interpret findings with minimal assistance/supervision</td>
</tr>
<tr>
<td>4</td>
<td>High skill level</td>
<td>Performs with proficiency and skill, interprets with consistently accurate judgment, and does not need assistance/supervision.</td>
</tr>
</tbody>
</table>

Students and preceptors will evaluate the students at midterm and at the completion of the clinical rotation. The student will be responsible for delivering the evaluation tool to the course coordinator at midterm and at the completion of the clinical rotation by whatever means the clinical coordinator prefers (i.e.-email, upload document into the course, hand delivery, etc.). Any rating of ‘1’ will result in a site visit with faculty observation of a patient encounter. By midterm, the faculty expects an average rating of ‘2’ or higher in each category. By the end of each clinical rotation, the faculty expects an average rating of ‘3’ in each category in order to successfully pass the clinical course. Course faculty will assign final grade.

### Professional Dress Code

In recognition of the educational and professional environment of Francis Marion University, all individuals associated with this institution are expected to maintain a neat and clean appearance at all times. In view of nursing’s professional goals, all students enrolled in the graduate nursing programs must project a professional image of nursing when engaged in clinical learning or preplanning experiences. Remember that when acting outside the university classroom, you will be seen as a guest, a representative of the graduate nursing programs, and a professional advanced practice nursing student. The dress code is designed to protect the
personal safety of students while in the clinical area. Although this dress code is congruent with the majority of health care agencies, some have dress codes that may be different or more restrictive. The course coordinator will inform the student of any additional agency requirements. Guidelines specific to clinical sites will be given by the preceptor during any clinical experiences.

Students must have proper identification (which may be a picture ID), and required equipment/supplies needed for clinical/lab experiences.

**Specific guidelines follow:**

- The monogrammed FMU graduate lab coat and ID are not to be worn when students are working in an agency as volunteers or for pay.
- Only an approved FMU graduate nursing program identifier may be displayed. All others must be removed or covered.
- **Lab Coat and Acceptable attire:** All students are required to wear the white FMU graduate student monogrammed long sleeve lab coat with tailored hemline, unless deemed otherwise in the clinical site. During specified clinical and administrative experiences, the lab coat must be worn over professional street clothes. Clothing must be neat, clean, with appropriate length skirts or trousers, professional shoes, and appropriate shirts/blouses. Scrubs may be worn in accordance with usual dress in select clinical sites.
- **Unacceptable attire:** Jeans, denim, heels higher than 2 ½ inches, open-toed shoes including sandals or thongs, shorts or mini-skirts, capri pants, frayed or camouflaged clothing, tight-fitting, torn, or low-cut clothes are deemed as unprofessional and inappropriate by the graduate nursing program.
- **Identification:** Approved Francis Marion University graduate nursing program identification must be worn in every clinical setting. A FMU student ID badge, an institutional ID badge, or picture ID is required.
  - A name pin (white lettering on blue background) as follows:
    - **Advanced Practice Nursing Students:**
      - First and Last Name, RN or MSN, APRN-BC or NP-C
      - The name badge should include which program the student is enrolled in, either the MSN or DNP program.
      - FMU School of Health Sciences
      - Graduate Student
    - **No chewing gum or tobacco products** are allowed in any clinical experiences.
    - **Nails:** Fingernails must be short enough not to injure patients. No nail polish or artificial nails are allowed.

Failure to comply with these policies will result in dismissal of the student from the clinical area. The student will receive an educational warning. If there is a repeated offense, the Clinical Faculty will notify the Course Coordinator, and a second educational warning will be issued. If a third incident occurs, it will constitute a clinical failure dismissal from the graduate nursing program for unprofessional behavior.

**Typhon/Clinical Guidelines for Nurse Practitioner Students**
Typhon is the clinical management system used by the FMU graduate nursing program. All graduate nursing students are required to enroll in Typhon.

Below are some guidelines related to clinical hours and Typhon entries:

1. Students must start clinical hours by the first week of the Summer sessions and the second week of Spring and Fall sessions.
2. Students must enter ALL information in Typhon within three (3) days of the clinical day. Faculty have seven days to either ‘approve’ or ‘not approve’ initial entries. Students must make complete revisions based on faculty comments within seven days from the day that faculty rejected the entry.
3. It is expected that students will apply faculty feedback to all future entries. An improvement in Typhon should be noted over the semester. Failure to apply feedback from oversight to future Typhon entries, can result in an Educational Warning.
4. Students must email their faculty oversight when a set of entries are complete and when revisions are complete.
5. Late Typhon entries and late revisions will not be accepted and those clinical hours must be repeated. An Educational Warning may be issued for lack of compliance with deadlines.
6. All clinical hours and Typhon entries must be documented in Typhon by the date and time specified in each course by the course coordinator to ensure that entries can be revised as needed and that grades can be submitted by the FMU deadline.

**Typhon Entry Expectations for Nurse Practitioner Students**

1. Complete all drop-down boxes.
2. Under the student participation section:
   a.Primary = > 50% effort by student
   b. Shared = 50-50 equal student-preceptor effort
   c. Less than shared = < 50% effort by student
      i. As the first semester progresses, the student should advance steadily from Less than Shared visits to Shared visits. It is expected that 90% of student-patient contacts will be Primary visits by the end of the third semester.
3. Complete Social Problems section, noting what was addressed in the visit. Any social issue or topic addressed for education and/or intervention should be listed here.
4. Enter all ICD-10 codes addressed at the visit and CPT codes (ie-visit E&M code, labs, radiography, etc…), making sure the codes you enter are valid before completing the entry. There is a button to ‘validate codes’.
5. Under Medications:
   a. Fill in the boxes regarding the number of OTC drugs taken regularly, currently prescribed, and new/refilled meds during the current visit
   b. Choose the drug classes that correspond to the new/refilled medications during the current visit
   c. Mark any adherence issues with medications, if necessary
6. The Clinical Notes section should include a SOAP note. (see below)

**Number of Required Patients per Clinical Day**
8 patients should be entered at minimum per eight (8)-hour clinical day. If the clinical day is longer than the standard eight (8) hour day, then you are expected to enter 1 additional patient per hour.

**Clinical Notes**

S: Subjective is what the patient states and should include the following…
- Chief complaint
- HPI—consider using the OLDCARTS or PQRST mnemonic to help gather this information
- Past Medical History, Past Surgical History, Family History
  - For a focused visit, include only the information that pertains to the current visit.
    - Do not include PSH or FH unless applicable to the visit
  - For a comprehensive visit (ie-new patient establishing care, 99204 or 99205), then you should include all this information.
- Social History
- Medications
- Allergies with reaction
- Review of Systems
  - For a focused visit, include only the systems that pertain to the current visit.
  - For a comprehensive visit (ie-new patient establishing care), then you should include at least ten (10) systems.
- O: Objective is what you physically assess or data collected during the current visit.
  - Vital signs
  - Physical Exam
    - For a focused visit, include only the systems that pertain to the current visit.
    - For a comprehensive visit (ie-new patient establishing care), then you should include at least two (2) assessment bullets from each of nine organ systems.
  - Any laboratory or diagnostic results obtained/reviewed during the current visit that are pertinent to the visit
- **Do not state WNL or normal** under objective.

A: Medical diagnosis/diagnoses.
- The diagnoses listed should match the ICD-10 codes you chose for the visit.
- Include all diagnoses addressed at visit.
- Include 3 differentials for acute visits pertaining to the primary/first diagnosis.
  - These can simply be listed in the plan under the primary/first diagnosis.

P:

For each diagnosis, do the following…
- Medications stopped and started, if applicable.
  - For new medications or refills, write out in prescription form
    - Ex: Lisinopril 20mg tablet, 1 tablet po daily, #30, 3 refills
  - For continued medications, write as…
    - Ex: Lisinopril 20mg tablet, 1 tablet po daily
- Further testing needs (ie- labs, xrays, etc…), if applicable
  - Labs/xrays should correspond to the specific diagnosis
- Patient education
- Referral, if applicable
- Follow-up

Health Promotion/Disease Prevention
- List 1 or more health promotion/disease prevention recommendations for the patient that gender and age specific
  - Examples-tobacco cessation education, vaccination recommendations, cancer screenings
  - You should vary your recommendations from patient to patient so that you expose yourself to the widest array of evidence-based recommendations.
  - Men and women of different ages do not have the same recommendations.

Answer the following question(s) for all entries:
Did the treatment of the primary diagnosis follow evidence-based practice?
- If yes, explain how—briefly in your own words.
If not, what should have been done differently?

Provide a current evidence-based reference from the United States.
- UpToDate is a great resource.
- Textbooks or guideline books are not acceptable references.

**Students Identified as at Risk for Failure**

Faculty and/or adjunct faculty will identify any at-risk student needing clinical remediation. Students at-risk for clinical failure will meet with the course coordination and assigned clinical faculty member to create an individualized remediation plan with a completion timeline. Clinical remediation could include additional clinical hours, observed clinical experiences, tutoring, online resources, evidence-based practice resources, Typhon guidance, simulation laboratory learning practice, and/or referral to the FMU Counseling and Testing Center.

The remediation plan is created with input from the course coordinator, the student, and, if applicable the clinical faculty member with written measurable objectives and goals. Re-evaluation will occur by the timeline established in the written remediation plan. The timeline for remediation will be no longer, then four (4) weeks not including scheduled FMU holidays.

The faculty member/adjunct faculty/ or course coordinator re-evaluates the student at the end of the four-week timeline to ensure objectives and goals have been met. Failure to meet objectives and goals will result in clinical failure. Clinical failure will result in dismissal from the MSN program per the FMU Catalog, which states, “no retaking of courses will be permitted for clinical failures” (*FMU Catalog*).

**Health Insurance Portability and Accountability Act of 1996 Statement**

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides a Federal law to protect privacy and confidentiality by preventing a release of an individual’s (patient’s) individually identifiable health information (i.e., information in a medical record).
The Nursing Faculty at Francis Marion University recognizes the importance of protecting health information and understands the responsibility to educate the students as to the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA protects all health care information generated by a healthcare provider, health plan, or facility. This information is protected whether it is verbal, written or electronic. The following information is a description of the HIPAA guidelines as they apply to students and faculty.

A nursing student having access to individually identifiable health information must complete HIPAA Privacy Rule training. Typically, this Privacy Rule training must be completed prior to the student beginning clinical. Records of the training sessions are maintained in the nursing graduate program.

Nursing students may view individually identifiable health information for treatment purposes. In other words, FMU graduate students must be involved in the care of the patient to view a patient’s individually identifiable health information (i.e., the contents of a medical record).

Individually identifiable health information may be stored in a variety of formats including paper, electronic (computers), video, audio, and photographs. Regardless of the format, all individually identifiable health information must be protected. Under no circumstances should any of this information be copied and/or removed from the clinical agency.

Caregiver Responsibilities
Caregivers (students and faculty) must be careful with the protected information to which they have access and should be aware of the environment in which they are discussing patients. The following guidelines are required for faculty and students in both classroom and clinical:

- Patient issues should only be discussed in a confidential area in the clinical area. There should be discussion of patient issues with as little information identifying the patient as possible. Case study presentations should be used in which the patient is described by age and diagnosis but not by name. Information (report sheet, notes, and lab) should be disposed of properly at the facility before leaving. No records or protected health information are to be removed from the facility.
- Information should only be shared with individuals who are directly caring for or have permission to have information regarding the patient.
- Computer security should be ensured at all times. Do not share passwords. Log off when you leave.
- Information related to patients or student assignments should never be faxed.

FMU graduate students can follow basic Do’s and Don’ts to protect a patient’s privacy. All of these are just a common sense approach to protect the privacy of individually identifiable health information.

<table>
<thead>
<tr>
<th>The Do’s:</th>
<th>The Don’ts:</th>
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• Do I need to look at this patient’s health information to provide treatment to the patient?
• Do keep a patient’s room door closed when providing care or discussing health information;
• Do speak softly when discussing health information while others are present;
• Do excuse visitors when patient information is to be discussed;
• Do follow proper procedures when disposing of a patient’s health information;
• Do log off computer systems when you are finished accessing health information;
• Do report any privacy violations to your college or the privacy officer.

| • Don’t talk about a patient’s health information in public places;  
• Don’t choose a computer password that can be easily guessed, such as your last name;  
• Don’t let faxes or other printed papers with a patient’s health information lie around unattended;  
• Don’t walk away from open medical records;  
• Do not give out a patient’s medical condition or location. Refer the call or request to your instructor or charge nurse on the unit. |

In addition, each FMU graduate student must realize that mental health, HIV/AIDS, sexual assault, and alcohol/drug abuse records are protected by additional Federal and State laws. Therefore, these types of individually identifiable health information must be protected with greatest care.

**Personal Computers:**

Because computers are an essential learning tool, every nursing student is required to have his or her own laptop or portable computer. The minimum configuration should include:

- The latest versions of Microsoft Windows and Microsoft Office, including Word and PowerPoint
- Wireless Internet access
- A webcam (either built-in or USB; required for off-campus online testing)
- Other hardware specifications consistent with those of your Internet provider.

Students may also use tablets, iPads, or Surface computers. All devices must have at least a 90-minute battery capacity when fully charged, since some classrooms do not provide individual electrical outlets for students. Personal handheld devices are recommended that can download eBooks for reference. If a student does not have a handheld device, they will be able to purchase the paper copy of the book.

**Other Computer Access on Campus:**

FMU’s Academic Computer Center and the Nursing Department Computer/ Student Lounge in the LNB are open to all enrolled students. Access to the laboratory may require a valid University ID Card. Students are required to supply their own external drives and printer paper. The software and documents available are copyrighted products and may not be reproduced, in part or in whole for any purpose. Students are required to follow all FMU policies about disk write rights, piracy, viruses, climate, and media when working in the computer lab.
Acceptable Uses of the Internet:
Guidelines for acceptable Internet use are available in the FMU Catalog, as well as on the Academic Computing section of the FMU website (www.fmarion.edu).

Printing:
Printers are located throughout the FMU campus. See the current FMU Catalog for printing policies.

Simulation Laboratory
The simulation laboratory is located on the third floor of CCHS and is equipped for the practice of advanced health provider core competencies. Open lab hours are provided but students can schedule additional hours by contacting the course coordinator.

Petitions for Variance from Policies
The NGC acts upon petitions from students seeking exception to the graduate nursing program academic policies and/or regulations. A written request for an exception must be submitted to the NGC with supporting rationale and documentation. Petitions must be sent to the respected Program Director. The student has the right to present their case to the NGC. The student will receive a letter from the NGC regarding the decision on the petition. A copy of the petition and the NGC’s reply will be placed in the graduate student’s performance file.

XII. STUDENT PROFESSIONAL INVOLVEMENT IN PROGRAM DEVELOPMENT

Student Evaluation of Course and Instructor
Student evaluations of course and instructor provide the opportunity to maintain and enhance educational quality (FMU Catalog). Every semester graduate students are provided the opportunity to evaluate each course and its instructor so that educational quality may be maintained and enhanced. All students are encouraged to respond to the evaluation with honesty, sincerity, and a sense of confidentiality. The graduate nursing program will adhere to the University guidelines in administering the evaluations. Nursing students may be asked to evaluate preceptors in the clinical settings as well as the clinical agencies. This will provide important information that can be utilized to enhance the quality of the clinical experiences.

Student Representation
Nursing faculty is requested to submit the names of graduate students for consideration to serve as members of the Nursing Graduate Committee (NGC). Students who volunteer will work in collaboration with faculty to review proposed curricular changes and procedures and instruments for graduate program evaluation. A student from each of the two (2) tracks will be invited to assist faculty.

FMU Nursing Alumni Society
The Nursing Alumni Society was begun in May 2007 with the first graduating class. The society is a subgroup of the Francis Marion University Alumni Association. All graduates are encouraged to join and to support the work of the society. Membership is a good way to
keep in touch with classmates and to keep informed about changes and progress in the school. Alumni are included in program activities, and are asked to support the program in a variety of ways.

**FMU Nursing Honor Society**

Chi Lambda is a chapter of Sigma Theta Tau International (STTI) Nursing Honor Society. The society recognizes scholarship, leadership, and service. Those eligible for induction include students who have completed 25% of their graduate curriculum and have a cumulative GPA of 3.5 or greater and community members who have demonstrated leadership and service in the community. The honor society conducts scholarly meetings at least twice each year.

**The Minority Nursing Association**

The Minority Nursing Association (MNA) is a professional organization that was established in August 2013 for nurses and nursing students in the Pee Dee Region. As professional nurses, we can encourage and support each other to grow personally and professionally, and provide guidance and mentoring to minority nurses and nursing students. A goal of the organization is to work together as advocates to identify and address the health care needs in minority communities of the Pee Dee Region through health promotion initiatives and activities. This organization is primarily for undergraduate students but all are welcome to attend.

**XIII. ALCOHOL AND OTHER DRUG POLICY**

Students, faculty members, and staff of FMU’s graduate program are responsible, as citizens, for knowing about and complying with the provisions of South Carolina Law that make it a crime to possess, sell, deliver, or manufacture those drugs designated as “controlled substances”. Any student enrolled in the graduate program who violates this law is subject to both prosecution and punishment by the civil authorities and to disciplinary proceedings by the University and the nursing program. For a complete account, please reference the current edition of Francis Marion University’s Student Handbook in the Students’ Rights section: Alcohol and Other Drug Policy Summary.

**Graduate Program Policy on Substance Abuse**

Our philosophy regarding student substance abuse revolves around protecting the public’s health and safety. To ensure patient safety, comply with clinical facility policies and the South Carolina Board of Nursing policy, the graduate program has adopted the “Alcohol and Other Drug Policy” which coincides with other University policies regarding these issues.

Substance abuse is defined as the non-prescribed use or abuse of any legal or illegal drug and/or alcohol. It is also the abuse of legally prescribed, but abusively, dangerously, illegally used drugs. The graduate program will be responsible for appropriately identifying students who are abusing alcohol/drugs and referring students to appropriate programs, agencies, or resources, either on or off campus as needed. For definition of this policy, use or abuse of illicit/illegal drugs, the illegal use of alcohol, or use of any substance that disrupts the operation of the nursing program or is deemed to be unsafe in relation to patient care are prohibited. Additionally, the
nursing program may refer students to the appropriate FMU office in situations that may involve violations of other University policy relating to these issues.

**Student Drug Screen Policy**

To maintain the safety of students, staff, and patients, the nursing program will apply the following guidelines to all on and off-campus student activities:

- Students must submit a 10 panel urine drug screen, initially done through CastleBranch, upon admission to the nursing program. A random 10 panel urine drug screen will be required if the student exhibits behavioral or performance problems including but not limited to:
  - Erratic behavior
  - Slurred speech
  - Disorientation
  - Staggering
  - Loss of consciousness
  - Falls
  - Nervousness
  - Poor concentration
  - Falling asleep during class/clinical activities
  - Increased absenteeism/tardiness
  - Impaired clinical judgment
  - Patient harm/negligence

- If intoxication is suspected, faculty will inform the student that he or she cannot remain at the facility and, for personal and public safety, must obtain transportation.
  - Local police will be notified when a student is unable to obtain alternative transportation.

- The student must submit to a drug screen, at a facility of their choosing, by 5pm of the occurrence date.
  - The student is responsible for the entire cost of the drug screen.

- The student’s drug screen will be considered positive if testing is not completed by 5pm of the occurrence date.
  - It is the student’s responsibility to find an agency and/or schedule an appointment to complete the drug screen.

- The nursing department reserves the right to request a random drug screen from any student at any time.

**Consequences of Failure to Participate in or Cooperate with Testing**

An instance of failure or refusal to participate in or cooperate with testing shall be deemed an occasion of impermissible drug/alcohol use that justifies dismissal under the graduate program policy on Dismissal from the Program.

**Possession and Distribution of Drugs or Alcohol**

Any student arrested for possession of drugs or alcohol must notify the DON Chair within twelve (12) hours of the incident and cannot participate in patient care or clinical until the allegations are resolved. This is to be in compliance with the policies and procedures of our
practice care partners. Failure to notify the DON Chair or designee within twelve (12) hours will result in dismissal from the program.

**Consequences of Impermissible Drug Use**

When prohibited drug and/or alcohol use has been confirmed through positive test results, the student shall meet with the DON Chair or designated representative and be dismissed from the program.

Any information concerning a student’s alleged or confirmed use of drugs/alcohol shall be restricted to institutional personnel and the South Carolina Board of Nursing. No individual test results of the drug/alcohol screen will be provided to clinical agencies. No release of such information will be made without the student’s written consent, unless in response to appropriate judicial process. The institution, however, will not voluntarily disclose such information in the absence of a subpoena or court order.

**XIV. PROFESSIONAL EXPECTATIONS**

**Academic Dishonesty**

See Honor Code found in the *University Student Handbook: Rights and Responsibilities: Honor Code*. All students and faculty are expected to refrain from acts of academic misconduct including, but not limited to, plagiarism, the giving or falsifying of any academic documents or related materials, cheating, and the giving or receiving of unauthorized aid in tests, examinations, or other assigned work.

Plagiarism is a form of academic misconduct and is the use of another person’s words or ideas without providing credit to that person. It is the theft of another person’s words or ideas to give the impression that you created them. These words and ideas may be from a variety of sources including printed works, speeches, presentations, and/or Internet sites and documents. Appropriate and complete referencing of words and ideas obtained from others is a requirement in ALL courses. If a work is anonymous, as may be the case with some internet documents, it still must be fully referenced. Plagiarism includes the use of a direct quotation without the use of quotation marks, even if an in-text citation is provided.

Violations of the Academic Conduct policy strike at the very heart of the University and the teaching and learning process. It is the responsibility of the instructor to determine the appropriate academic penalty for an act of cheating or plagiarism. Normally these penalties range from failure on the assignment to failure of the course (*FMU Student Handbook current edition*).

**Code of Ethics**

The graduate nursing program subscribes to the “Code of Student Conduct” as defined in the “Students’ Rights and Responsibilities” section of the current edition of the *Francis Marion University Student Handbook* and *Catalog*. The graduate nursing program subscribes to the American Nurses Association (ANA) Code of Ethics; whereby, all students and faculty are expected to be honest and honorable in all academic and professional endeavors. It is further expected that they will refrain from any activity, which might impair the image of the University, the nursing program, or the nursing profession.
**Professional Conduct**

Professional misconduct is construed as any violation of the following provisions:

- Faculty and students assume responsibility for individual and professional judgments and actions. They will seek consultation and clarification on professional actions in which there is uncertainty. It is expected that they will continue to maintain competence of their practice.
- The student nurse assumes responsibility and accountability for individual nursing judgments and actions at his/her level of knowledge and expertise.
- Nursing faculty and students exercise informed judgment and use individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.
- It is expected that faculty and students will respect and uphold the rights of all patients.
- Provide services with respect for human dignity and the uniqueness of the whole patient unrestricted by the nature of health problems, personal attributes and beliefs.
- Judiciously protect information of a confidential nature.
- Ensure the patient’s right to privacy.
- It is expected that faculty and students will protect the patient against incompetent, unethical or illegal practice.
- Participate in the profession’s efforts:
  - To protect the public from misinformation and to maintain the integrity of nursing.
  - To implement and improve standards of nursing and maintain conditions of practice conducive to high quality nursing care.
  - By assuming responsibility for reporting incompetent, unethical, or illegal practice to the appropriate authority.
- It is expected that faculty will respect and uphold the rights of students by:
  - Maintaining confidentiality of student records.
  - Obtaining or disseminating to the appropriate persons only information strictly pertinent to student’s current academic performance.
  - Treating the student as a human being of worth and dignity.
- It is expected that students will respect and uphold the rights of faculty.

**Confidentiality Policy**

The faculty and staff of the nursing program at Francis Marion University recognize the importance of protecting the private and confidential information regarding patients, their families, employees, staff, and peers as well as the operation(s) of agencies within which the faculty and students practice.

It is the legal and ethical responsibility of every faculty member and student to maintain and abide by laws relative to privacy including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines. This policy includes materials discussed in both the classroom and clinical settings. Information pertinent to patients may be relayed only to those individuals who have authority to have that information. All information pertaining to patients is confidential, regardless of form (verbal, hard copy, film or computerized form). Unauthorized access, use or disclosure is illegal.
The faculty and students agree to:

- Follow the HIPAA guidelines including this information in the nursing program HIPAA Statement found in the Graduate Nursing Handbook;
- Read, understand, sign and follow confidentiality and privacy policy statements before beginning each clinical experience. Policies vary from health care agency to agency; students and faculty are responsible for reviewing them at the beginning of every clinical experience;
- Protect confidentiality of patients, families, employees, peers and agency at all times;
- Access, use or share confidential information only as it is essential and allowed by law;
- Never release protected health information to any unidentified source; know the person you are talking to;
- Never talk about patients in public; never discuss confidential information where other patients, visitors or other employees might overhear, including elevators, dining facilities and telephones;
- Never leave patient records or information where unauthorized persons might see them;
- Never copy information nor remove any part of the patient’s record from the agency.
- Never use patient’s names or specifics about their healthcare issues on the www including Blackboard.

Safeguards that exist to protect patient data include institutional systems of passwords that identify users and their access to privileges in the computer system. The ability to use an electronic signature is a privilege that is granted in accordance with agency policies. It is not a right to have passwords and computer access.

Faculty and students agree:

- Never, lend or share his or her passwords with anyone else;
- Never, use another individual’s login, ID or password;
- To report immediately breaches or suspected breaches of security to appropriate agency authority;
- To realize that E-mail is not private or secure and therefore not communicate information via this system.

Definition of Unprofessional Behavior

Unprofessional or disruptive behavior is defined as any behavior that is contentious, threatening, insulting, or potentially litigious or otherwise interferes or has the potential to interfere with an individual’s or group’s professional responsibilities, self-respect, or ability to collaborate productively with others. It is behavior that creates an unsafe, intimidating, hostile, destructive or offensive work, academic or clinical environment. Dictates of professional behavior apply to faculty, staff, and students in the graduate nursing program. Examples of unprofessional or disruptive behavior include but are not limited to the following:

- Shouting or using vulgar, profane or abusive language
- Abusive behavior
- Physical assault or threat thereof
- Intimidating behavior
- Refusal to cooperate with others
• Conduct that constitutes sexual harassment
• Refusal to adhere to the graduate nursing program policies
• Inappropriate comments written in official documents that impugn faculty, staff, or students of the Graduate nursing program
• Non-constructive criticism addressed to an individual in such a way as to intimidate, belittle or suggest incompetence
• Imposition on staff of unnecessarily burdensome or idiosyncratic requirements that are generally not professionally accepted and do not result in improved efficiency
• Making or threatening reprisals for reporting disruptive or inappropriate behavior
• Inappropriate email conduct, lack of properly addressing faculty, shouting or using inappropriate language.
• Making or threatening reprisals for reporting disruptive or inappropriate behavior.

Student Arrest Policy
If a student is arrested or formally charge with an infraction of the law the offending student must report the violation to the DON Chair within two (2) university business days of the offense.

Social Networking Policy
Students are encouraged to use their most professional judgment about internet social networking sites. Information and / or pictures about the FMU nursing program, faculty, other students, clinical experiences, and patient information, in any format, is not appropriate on social networking sites. Violations of this policy will result in dismissal from the program for lack of maintaining professional standards.

Disciplinary Action for Unprofessional Behavior
Unprofessional or disruptive behavior demonstrated by a graduate nursing program student towards another student, patient, faculty, or staff will be managed as follows:

I. If possible and reasonable, the complainant should first attempt to resolve the issue by asking the individual to discontinue the inappropriate behavior. The complainant should document the attempted resolution and forward to his/her course coordinator or academic nursing advisor.

II. If behavior is repeated and deemed as an Honor Code violation, the complainant should bring the incident to the attention of the nursing program chair and use the procedures as referred to in the University Catalog and Student Handbook.

III. If behavior is repeated and is not an Honor Code Violation, the complainant should contact the nursing program chair.

Unsafe/ Unethical Student Practice
The faculty of the graduate nursing program has an academic, legal and ethical responsibility to protect the public and health care community from unsafe nursing practice. It is within this context that students can be disciplined or dismissed from the graduate nursing program for practice, which threatens or has the potential to threaten the safety or well-being of a patient, family member, another student, a faculty member or other health care provider.

• An unsafe/ unethical practice is defined as:
An act or behavior of the type, which violates the South Carolina Nursing Practice Act.

An act or behavior, which violates the Code of Ethics for Nurses of the American Nurses’ Association.

An act or behavior, which violates the objectives and/or policies of the graduate nursing program.

An act or behavior, which violates the objectives and/or policies of each Nursing Course.

An act or behavior, which violates the objectives and/or policies of the Health Care Agency.

An act or behavior, which constitutes nursing practice for which a student is not authorized or educated at the time of the incident.

When an incident occurs, which a faculty member believes may constitute an unsafe/unethical practice, the faculty member shall immediately notify the student and instruct the student to leave the clinical setting. The faculty member will then notify the course coordinator who will, in turn, notify the chair of the nursing program. The student may receive a course failure.

The clinical faculty member in consultation with the course coordinator will review all of the written documentation involved in the incident to determine whether there are grounds that unsafe/unethical practice has occurred. If it is determined at this point that critically unsafe/unethical practice and/or behavior has occurred, the Course Coordinator will meet with the chair of the nursing program to review all the written documentation and for providing recommendations with regard to the status of the student.

After a gravely unsafe incident a recommendation for dismissal from the nursing course and/or program is made, the chair of the nursing program will refer the matter to the NGC for review by the committee. If the Nursing Graduate Committee recommends dismissal, the NGC chair will forward a recommendation for dismissal to the Department Chair. If the dismissal is upheld by the Department Chair, an official dismissal letter will be issued. A student who has been dismissed from the graduate nursing program may appeal his or her dismissal. Refer to the current edition of the FMU Student Handbook in the Student Services Section: Judicial Affairs.

Sexual Harassment
The graduate nursing program follows the general policy guidelines found in the current edition of the Francis Marion University Catalog and Student Handbook. In the case of a student who believes that he or she has been the victim of discriminatory behavior, including sexual harassment, from employees of contracted clinical agencies and/or outside agents working in those agencies should report the matter to the course coordinator. The course coordinator will in turn notify the chair of the nursing program. All files and communication will be kept confidential.

XV. COMPLAINTS AND GRIEVANCES
The Department of Nursing (DON) defines concerns and/or complaints as student issues that are resolved at the level of the course coordinator, program director, or DON Chair. Students are required to follow the appropriate chain of command when bringing forth issues. The DON further defines grievances as issues that are not resolved within the department and are subsequently moved outside the department for further due process and resolution.

**Guidelines for Resolving Student Concerns or Complaints**

Students experiencing academic difficulty are strongly encouraged to schedule an appointment with faculty for assistance. If students are unable to resolve academic issues, then they should consult individuals in the following order:

1. Course coordinator, if different from above
2. Director of the program
3. DON Chair
4. Dean of the School of Health Sciences
5. Provost

For quicker resolution, students are encouraged to seek resolution of conflict using this process. It is the desire of the nursing faculty to facilitate faculty-student dialogue in order to promote a positive environment for learning.

**Student Concerns or Complaints**

The DON adheres to the University Guidelines for Student Concerns or Complaints as outlined in the current edition of the *Francis Marion University Catalog*. “The University deems it essential that all students be provided an adequate opportunity to bring concerns, complaints, or suggestions to the attention of the administration with the assurance they will be treated promptly, professionally, fairly, and without fear of reprisal. If any student believes he or she has been mistreated by any member of the faculty or staff, the procedures below should be followed. These procedures are intended to simplify the proper route for students to follow in reporting any perceived mistreatment by a University employee and are not intended to replace any existing policy or process for matters that may be grieved (i.e. sexual harassment, grade appeals, etc.).

- Concerns about faculty on academic or other matters should be reported to the department chair or dean who supervises the professor or instructor.
- Concerns about any form of perceived mistreatment by a University employee should be reported to the employee’s supervisor or to the office of the Vice President of the division to which the employee belongs.
- Concerns about admission, registration, advising, or financial assistance issues should be reported to the Associate Provost for Enrollment Management or the Provost’s Office.
- Concerns about billing, student accounts, or other administrative issues (Campus Police, Dining Services, Bookstore, etc.) should be reported to the office of the Vice President for Business Affairs.
- All other concerns about non-academic matters, including complaints about treatment by other students, should be reported to the Student Affairs Office. Students should be aware that once a concern is reported, the complainant may be directed to take further steps or action to have the matter addressed. By reporting to the offices above, the student will be able to determine the appropriate steps to address his or her concerns.”
Student concerns or complaints are handled in a professional manner. Discussion and problem solving of issues should be based on facts. Resolutions should acknowledge the satisfaction of all parties, but must maintain the integrity of the Nursing Program. If a concern or complaint is not resolved with the DON Chair, students are encouraged to follow the chain of command.

**Student Concerns or Complaints related to Admission, Progression, or Graduation**

Issues/concerns related to deviations from the prescribed admission policies, progression policies, program of study, and graduation policies should be addressed first with the program director followed by the DON Chair. If there is no resolution with the DON Chair, a letter can be sent to the Chair of the Nursing Graduate Committee (NGC). The following procedures will then be followed:

1. The NGC chair may request the student be present at the committee meeting if further clarification is needed,
2. The student will receive a letter from the NGC regarding their decision on the request, and
3. The student’s request and the Committee’s decision will be placed in the student’s academic file and is final.

**Student Concerns or Complaints related to Nursing Courses**

Course concerns in a single course, such as the quality of instruction, fairness and equity in awarding grades should use the following procedures:

1. If the issue concerns a single course, the student should make an appointment with the course faculty or course coordinator and attempt to come to an amicable resolution, and
2. If the issue cannot be settled at the course level, an appointment should be made to discuss the issue with the program director.
3. If the issue cannot be settled at the director level, an appointment should be made to discuss the issue with the DON Chair.

**Student Concerns or Complaints related to the Curriculum**

Issues involving the curriculum, sequencing, and scheduling of courses should begin with an appointment with the program director followed by the DON Chair.

**Student Grievances**

Issues that are not resolved within the Department of Nursing are processed further following the chain of command. Grievances related to grades are handled by the University Grade Appeal Committee. Refer to *Francis Marion University Catalog* and *Francis Marion University Student Handbook* for further information.

**XVI. FEES & EXPENSES**

Students are required to have all current fees paid by established deadlines in order to attend classes. The access to the Blackboard Learn system is directly linked to the financial aid
department. Any student who is not in good financial standing for the current semester is advised to leave class, resolve the problem, and return upon receipt of current fees having been paid. Classes missed due to failure to pay fees are unexcused absences. Students found to be delinquent will be withdrawn from all courses. The Blackboard Learn system updates roster every day.

**Expenses Students May Expect**

All students may expect to incur the following additional expenses: books and supplies, lab coats, watch with a second hand, name pin, various types of equipment (specific information provided to students by the graduate nursing program director/course coordinator), and travel to clinical sites. A car is necessary.

**Financial Information**

Contact the office of Financial Assistance at 843-661-1190 or by visiting the web site: “quick links” at [http://www.fmarion.edu](http://www.fmarion.edu).

**XVII. GRADUATION POLICIES**

**Application for Degree**

Graduate students are required to complete an application for degree with the Nursing Department, which is then forwarded to the Registrar. Refer to the *Francis Marion Catalog* for final deadline dates and fee requirements. All students are expected to attend the ceremony. Those students desiring to graduate in absentia should complete the appropriate information on the degree application.

**Requirements for graduation and for the award of the Masters of Science in Nursing (MSN) degree and the Doctor of Nursing Practice (DNP) as follows:**

To receive a graduate nursing degree from FMU a student must fulfill the following requirements (*FMU Catalog*):
1) Complete the number of graduate hours and specific courses required in the student’s approved program;
2) Achieve a 3.0 cumulative GPA on all graduate courses; and
3) Satisfactory completion of all the other requirements of the program, which includes completing all clinical hours successfully prior to graduation.

**UNIVERSITY and GRADUATE POLICIES**

- All University and Graduate polices apply to the graduate nursing programs.
- All warnings are cumulative and three (3) result in dismissal from the programs.
- All immunizations must be kept up to date per the Graduate Nursing programs.

**XVIII. GRADUATE FACULTY AND STAFF**

<table>
<thead>
<tr>
<th>Dr. Ruth Wittmann-Price, PhD, RN, CNE, CNEcl, CHSE, ANEF, FAAN</th>
<th>Dr. Annie Muller, DNP, APRN-BC</th>
</tr>
</thead>
<tbody>
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Mrs. Bonita McFadden, BS  
Administrative Specialist II
Appendix A

School of Health Sciences
Graduate Nursing Program
Track Change Application

Use this form to apply to change your track within the graduate nursing program. Before changing your track, consult your academic adviser. Complete this form and return to the Nursing Department Chair. This form will be presented at the Graduate Nursing Committee for approval/denial.
Personal Information

Student ID Number
__________________________________________________________

FMU Email Address
__________________________________________________________

Name
__________________________________________________________

Local Address
__________________________________________________________

Phone Number
__________________________________________________________

Current Track
__________________________________________________________

New Track
__________________________________________________________

Please give a brief explanation of reason for change.

By signing below, I confirm my understanding that should I decide to make an additional track change, I will have to re-apply to the MSN Program.

Student signature___________________________________ Date__________________
Appendix B

School of Health Sciences
Graduate Nursing Program
Change of Advisor Request

Use this form to apply to change your advisor within the graduate nursing program. Complete this form and return to the Nursing Department Chair. Thank you.

Personal Information

Student ID Number ______________________________________________________________

FMU Email Address ______________________________________________________________

Name ______________________________________________________________

Local Address ______________________________________________________________

Phone Number ______________________________________________________________

Current Advisor ______________________________________________________________

Please give a brief explanation of reason for change.

Student signature________________________________________ Date____________________