GEORGIA STATE UNIVERSITY
SCHOOL OF NURSING
BYRDINE F. LEWIS SCHOOL OF NURSING AND HEALTH PROFESSIONS

STUDENT HANDBOOK
FOR
MASTER’S PROGRAMS
2015-2016 EDITION

UPDATED AUG 2015/JML
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected Administrative Resources</td>
<td>5</td>
</tr>
<tr>
<td>I. Introduction to Handbook</td>
<td>6</td>
</tr>
<tr>
<td>General Overview</td>
<td>6</td>
</tr>
<tr>
<td>Vision</td>
<td>6</td>
</tr>
<tr>
<td>Mission Statement</td>
<td>6</td>
</tr>
<tr>
<td>II. Master of Science in Nursing</td>
<td>7</td>
</tr>
<tr>
<td>Program Objectives</td>
<td>7</td>
</tr>
<tr>
<td>Progression</td>
<td>8</td>
</tr>
<tr>
<td>Provisional Graduate Status</td>
<td>8</td>
</tr>
<tr>
<td>Change of Specialty Area</td>
<td>9</td>
</tr>
<tr>
<td>Continuous Enrollment Policy</td>
<td>9</td>
</tr>
<tr>
<td>Application for Graduation</td>
<td>9</td>
</tr>
<tr>
<td>Health Record</td>
<td>9</td>
</tr>
<tr>
<td>Health Requirements for Clinical Preceptorships</td>
<td>9</td>
</tr>
<tr>
<td>Guidelines for Infections Disease Control</td>
<td>10</td>
</tr>
<tr>
<td>Faculty Advisors</td>
<td>10</td>
</tr>
<tr>
<td>Registration</td>
<td>11</td>
</tr>
<tr>
<td>Transfer Credit</td>
<td>11</td>
</tr>
<tr>
<td>Master’s Curriculum</td>
<td>11</td>
</tr>
<tr>
<td>Clinical Affiliations</td>
<td>12</td>
</tr>
</tbody>
</table>
# APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Request to Change Specialty Form</td>
<td>20</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Health Form</td>
<td>21</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Transfer Form</td>
<td>23</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Clinical Placement Request Form</td>
<td>24</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Clinical Evaluation Tools</td>
<td>26</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Directed Reading Packet</td>
<td>40</td>
</tr>
</tbody>
</table>
Selected Administrative Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Office/Department</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Kropf</td>
<td>Dean</td>
<td>Byrdine F. Lewis School of Nursing and Health Professions</td>
<td>816 Urban Life Building</td>
<td>404-413-1101</td>
</tr>
<tr>
<td>Felisha Norrington, MSW</td>
<td>Director</td>
<td>Office of Academic Assistance</td>
<td>Byrdine F. Lewis School of Nursing and Health Professions</td>
<td>845 Urban Life Building</td>
</tr>
<tr>
<td>Denisa Reed</td>
<td>Admissions Coordinator III</td>
<td>Office of Academic Assistance</td>
<td>Byrdine F. Lewis School of Nursing and Health Professions</td>
<td>845 Urban Life Building</td>
</tr>
<tr>
<td>Joan S. Cranford, EdD, MSN, RN</td>
<td>Interim Director</td>
<td>School of Nursing</td>
<td>919 Urban Life Building</td>
<td>404-413-1195</td>
</tr>
<tr>
<td>Eva M. Horne, PhD, MN, BSN, FNP-BC</td>
<td>Coordinator, Master’s Programs</td>
<td>School of Nursing</td>
<td>907 Urban Life Building</td>
<td>404-413-1179</td>
</tr>
<tr>
<td>Jessica M. Legette, MSHE, BS</td>
<td>Sr. Administrative Coordinator, Master’s Programs</td>
<td>School of Nursing</td>
<td>900 Urban Life Building</td>
<td>404-413-1190</td>
</tr>
<tr>
<td>Miguel Muirhead, BA</td>
<td>Educational Technical Specialist Intermediate</td>
<td>School of Nursing</td>
<td>910 Urban Life Building</td>
<td>404-413-1188</td>
</tr>
<tr>
<td>Patricia L. W. Grant</td>
<td>Business Manager III</td>
<td>School of Nursing</td>
<td>917 Urban Life Building</td>
<td>404-413-1202</td>
</tr>
</tbody>
</table>
I. INTRODUCTION TO THE HANDBOOK

The faculty of the School of Nursing works to create a supportive environment that is affirming and facilitates the growth and progress of students who are engaged in graduate study. This handbook has been compiled by the faculty and contains information that may be helpful to the student while enrolled in the master’s program.

The Master’s Programs Student Handbook contains the most recent School of Nursing policies and procedures; thus, the handbook supersedes any other publication regarding policies and procedures. This handbook should be used in conjunction with the Graduate Catalog to answer policy and procedural questions regarding your graduate studies. The faculty encourages the student to obtain and keep a copy of the Graduate Catalog for the year in which the student was admitted, as well as this and any updated versions of the Master’s Programs Student Handbook. The handbook contains copies of required forms.

This handbook applies to students enrolled in Master’s of Science in Nursing (MS) degree, Post-Master’s Certificate (PMC), and RN-MS programs.

GENERAL OVERVIEW

The Department of Nursing at Georgia State University enrolled its first undergraduate students in 1969 and graduated its first class in 1971. The Master of Science degree with a major in nursing was authorized in 1976. The department became a School of Nursing in 1981, and a doctoral program in nursing was initiated in 1986. All nursing programs are fully accredited.

Faculty members in the School of Nursing are extensively involved in statewide, regional and national practice and research organizations. The faculty is also involved in a variety of specialty organizations and task forces which are concerned with conducting and supporting nursing research and advanced practice.

The Atlanta area is the site of many diverse clinical settings for conducting research and obtaining advanced practice opportunities. The School of Nursing has contracts with over 300 clinical agencies including primary and tertiary care facilities, several special care hospitals, extended care facilities and public health agencies.

VISION

The School of Nursing will be nationally recognized for innovative, responsive educational nursing programs focused upon diversity, urban healthcare and vulnerable populations. The school will be noted for expert practitioners, community partnerships and leading-edge research.

MISSION STATEMENT

The mission of the School of Nursing is to create a premier multicultural learning environment that produces leaders, clinicians, scholars and researchers who exemplify nursing excellence and enhance healthcare delivery to Georgia and beyond.
II. MASTER’S OF SCIENCE IN NURSING

The Master of Science degree program in nursing is designed to prepare graduates to assume a variety of advanced practice roles. Preparation is offered in a variety of clinical areas: adult health-gerontology nursing, psychiatric mental health nursing, perinatal/women’s health nursing, pediatric nursing, and family nurse practitioner. In addition, preparation is offered for a Nursing Leadership in Healthcare Innovations with concentrations in Nursing Administration and Nursing Informatics.

POST-MASTER’S CERTIFICATE
The post-master’s certificate program option is offered to master's-prepared nurses who wish to obtain additional specialty preparation and to current students who wish to become specialists in more than one area. Refer to the school of nursing webpage (http://snhp.gsu.edu/) for more information regarding offerings.

RN-MS
The RN-MS program option allows the registered nurse with a hospital diploma or associate degree to earn a Master of Science in Nursing degree.

PROGRAM OBJECTIVES

Master’s Programs graduates should be able to:

(1) Integrate evidenced based findings from the interdisciplinary fields of sciences and humanities for the continual improvement of nursing practice across diverse settings.

(2) Demonstrate organizational and systems leadership skills that promote high quality ethical, culturally responsive, and safe patient care for the practice of nursing at the master's degree level.

(3) Utilize current quality standards to improve all aspects of healthcare.

(4) Translate knowledge in planning, implementing and evaluating ethical, evidence based data and professional standards of care to effect change in nursing practice and healthcare organizations.

(5) Utilize patient care technologies and integrate appropriate innovations to assist in all aspects of patient care and coordination across the health care continuum.

(6) Employ policy development process skills and advocacy strategies to facilitate system change and positively impact health and healthcare.

(7) Demonstrate effective leadership of interdisciplinary healthcare teams and coordination of patient care.

(8) Integrate broad organizational, client centered, culturally sensitive concepts using evidenced based science for individuals, families and diverse groups with a focus on vulnerable and urban populations.

(9) Integrate advanced scientifically based direct and indirect nursing interventions that will positively
influence the outcomes of individuals, systems and populations.

PROGRESSION

Students must complete all requirements for graduation within six calendar years. Exceptions may be granted in unusual circumstances by the Master’s Program Committee of the School of Nursing.

All students must meet with their advisor to plan a course of study. The following policies of the School of Nursing are in effect:

1. Students must maintain a minimum cumulative grade point average of 3.0. A grade of “B” or better must be earned in every nursing course. Students who do not earn at least a “B” in each nursing course must repeat the course. A failure in two different nursing courses, will result in the student’s ineligibility to continue in the program. Only grades of “C” or higher in non-nursing courses will count toward graduation requirements.

2. Students must maintain a "B" average in the nursing program (3.0). A graduate student whose cumulative grade point average falls below 3.0 at the end of a semester will receive a warning from the Byrdine F. Lewis School of Nursing and Health Professions (SNHP). If at the end of the next 12 semester hours of enrollment a 3.0 cumulative grade point average is not achieved, the student will be withdrawn from the graduate program.

3. Students wishing to re-enter the nursing program may petition the Master’s Program Committee. A re-entry application form must be submitted to the Office of Academic Assistance. Students permitted to re-enter the program will do so under the current catalog and current school requirements. If reinstated, the student and advisor will develop a new program plan.

 Students placed on academic warning on two or more occasions will be suspended. During the process of an appeal, students may be permitted to continue attending classes

4. After the School has suspended the student from the graduate program for a cumulative GPA below 3.0 (see Graduate Catalog) and the student has been approved for reentry, the student has two semesters after reentry to obtain a cumulative GPA of 3.0 or above. If a cumulative grade of 3.0 is not achieved, the student will be suspended from the Byrdine F. Lewis School of Nursing and Health Professions.

PROVISIONAL GRADUATE STATUS

Provisional Graduate Status: Students who do not meet all admission criteria MAY be admitted on a provisional basis. These students are limited to nine semester hours of study. These nine hours of study are determined and authorized by the student’s faculty advisor. Courses that must be included in the program of study for provisional students include NURS 7310 Advanced Pathophysiological Concepts in Nursing, Part 1 and NURS 7320 Advanced Pathophysiological Concepts in Nursing, Part 2 and one of the following: NURS
7550 (Pharmacology), NURS 7900 (Theoretical Foundations for Advanced Practice Nursing), or NURS 7000 (Research Methods for Advanced Practice Nurses). A grade of B must be achieved in each course during the provisional status period (9 credits); no course may be repeated. If a B is not achieved in each course, then the student will be withdrawn from the program. If a GPA of 3.0 is achieved (with at least a B in each course in the 9 credit course plan), and upon recommendation of the Master’s Program Committee, the student is admitted to full graduate status and will receive a letter notifying him or her of the change in status.

CHANGING OF SPECIALITY AREA

Students who wish to change specialty areas must complete the following: A Request To Change Specialty Area, (see Appendix A), goals and rationale for the requested change, and an updated resume. This information is to be submitted to Office of Academic Assistance in the Byrdine F. Lewis School of Nursing and Health Professions. An interview may be required. Admission to one specialty does not guarantee admission to another specialty.

CONTINUOUS ENROLLMENT POLICY

Students must seek readmission to the program if they have not enrolled for two (2) consecutive semesters. In addition, students who deviate from their planned sequences of nursing courses are not guaranteed a place in those courses in subsequent semesters.

APPLICATION FOR GRADUATION

All candidates for a degree must file a formal application for graduation with the Graduation Office. Graduate degree candidates must apply at least two (2) semesters in advance for the expected semester of graduation. Deadlines for application for graduation may be found on the Graduation Website (http://registrar.gsu.edu/graduation/). The Graduation Office will inform the student’s school when the application is filed. The Office of Academic Assistance (OAA) in the Byrdine F. Lewis School of Nursing and Health Professions will conduct an audit and inform the student of any remaining requirements. The OAA conducts an independent audit to ensure that all degree requirements will be satisfied. This does not apply to Post-Master’s Certificate students who will receive a certificate and not receive a degree.

HEALTH RECORD

All students are required to maintain current health records. Students who do not have current health and clinical practice information will not be placed for clinical practica.

HEALTH REQUIREMENTS FOR CLINICAL PRECEPTORSHIPS

The clinical facilities where students complete direct and indirect clinical/residency activities have specific requirements for reporting of student and faculty health status. Currently, many agencies require hepatitis immunization, documentation of results of a tuberculin skin test, and, if possible, the date and result of subsequent chest X-rays. Also they require MMRs, Varicella titers, copy of current CPR certification (only American Heart Association certification accepted), and/or proof of student liability insurance. Please be aware that all MS and PMC students must maintain a current record of immunizations, skin testing, liability
insurance and other evidence of health status prior to any clinical practicum. Students will not be placed in clinical facilities if health forms and requirements are not current. To verify if all clinical requirements have been met students can log on to the Typhon Nurse Practitioner web-based tracking system. See Appendix B for copy of Health Form. The School of Nursing also requires a background check along with drug screening. This process is completed through, http://www.advantagestudents.com/. This testing is done at the student’s expense.

All students, faculty and staff (when appropriate) are required to submit a completed Health Form (Appendix A) prior to employment or admission and at appropriate intervals, if applicable, to specific colleges/schools. Immunizations must be current. See below for applicable requirements.

A. Immunizations - The following immunizations are required:

1. A tetanus-diphtheria pertussis within the last ten (10) years;
2. Two (2) MMRs [if the birth date is prior to 1957, proof of positive rubella titer or vaccination is required; if birth date is after 1957, the MMR series is required];
3. Record of chicken pox;
4. Flu Shot (annually);
5. Hepatitis B vaccine series [required for students, faculty and staff having exposure to blood or other potentially infectious materials, unless they have executed a written waiver];
6. TB screening [A PPD skin test is required upon employment or admission, and then every year thereafter for some programs within the University. Some clinical agencies require the PPD every six months. Therefore, faculty and/or students must comply with those agency policies].

B. Students and faculty are responsible for submitting proof of immunizations on the Health Form and/or an appropriate waiver form.

C. Some clinical agencies may require a physical exam and/or additional immunizations for students, faculty and staff prior to a clinical experience.

GUIDELINES FOR INFECTIOUS DISEASE CONTROL

Concern for the safety of all students, faculty, and staff of Georgia State University lead to the development of infection control guidelines. To assure the safety of those in the Georgia State community, the infection control guidelines are to be followed. For an explanation of these guidelines please go to, http://www.usg.edu/facilities/training/pathogens/.

FACULTY ADVISORS

10
A faculty advisor is assigned to each student upon admission and will remain the student's advisor until completion of the program, withdrawal, or termination unless a request for change is made. Students are responsible for contacting their advisor each semester for advisement and course authorization.

**REGISTRATION**

The Office of the Registrar will notify students by email each semester of the date and time for registration; this information is also found on the Georgia State University website, [http://www.gsu.edu/registrar/registration_guide.html](http://www.gsu.edu/registrar/registration_guide.html). Upon notification, all students should contact their faculty advisor for course authorization. Before students can register for any graduate nursing course, a faculty advisor must authorize the course. Students are responsible for checking on their assigned registration time by checking the University’s Registration web site, [http://www.gsu.edu/registrar/registration_guide.html](http://www.gsu.edu/registrar/registration_guide.html). Students may find a listing of courses on GoSOLAR on the GSU web site.

**TRANSFER CREDIT**

The maximum amount of credit hours that may be transferred is nine (9) semester hours. Course work which was used to satisfy graduation requirements for the master’s degree may not be transferred to meet requirements for the doctoral degree. The student’s academic advisor and the Master’s Program Coordinator must approve all courses accepted for transfer credit. All credits including transfer credits, presented for the Master of Science with a major in nursing degree must have been earned within six calendar years of the date of the degree.

The student must complete an “Evaluation of Transfer Credit” form (see Appendix C) for approval of transfer credit. This form should be returned to the Office of Academic Assistance in the Byrdine F. Lewis School of Nursing and Health Professions, along with any course descriptions and/or the course syllabus. On the form, the student is to note which Georgia State University degree requirement the transferred course will satisfy, if accepted.

A copy of the transcript showing the course information will be forwarded to the student’s advisor. The advisor and the Master’s Programs Coordinator will review the syllabus and consult with faculty who teach the Georgia State University required course to determine if the transferred course would meet the course objectives of the University course. The student advisor and the Master’s Program Coordinator will sign the form and return it to the Administrative Coordinator of the Master’s Program. If approved, the transfer credit will be documented on the student’s academic record through GoSOLAR.

**MASTER'S CURRICULUM**

The curriculum of each of the specialty tracks includes core nursing courses and specialty courses. Students may engage in either full-time or part-time study. A minimum of forty-eight (48) semester credit hours of course work is required for the Clinical Masters specialty concentrations; a minimum of (36) semester credit hours of course work is required for the Nursing Leadership in Healthcare Innovations concentrations. Refer to the Byrdine F. Lewis School of Nursing and Health Professions Graduate Catalog for the curriculum of...
each of the master’s program concentrations. PMC students should work in collaboration with their faculty advisor to develop a plan of study while in the program.

CLINICAL AFFILIATIONS

Student are highly encourage to be proactive in procuring their own clinical sites while in the program.

Faculty members and the graduate Clinical Placement Coordinator will determine clinical affiliations.

Generally, students are not permitted to serve their clinical experience in the agency where they are employed. Exceptions must be approved in writing by the course administrator and coordinator of the Master’s program.

Clinical experiences for any course may occur only in agencies where clinical contracts are in effect. Letters of agreement will be sent to these agencies followed by the official University agreement. This process takes 6-8 weeks. Course administrators will give specific directions regarding completion of clinical site information. This process allows for clinical contract completion as needed.

For clinical placements, the graduate Clinical Placement Coordinator works with the course administrator to determine the kinds of preceptors and sites needed for student practica. Students will be assigned to a clinical site that will offer experiences that will facilitate the attainment of the clinical objectives. Once assigned to a clinical/residency site, students will complete their practicum with the assigned preceptors at the assigned site. On rare occasions a student may request a change of preceptors/sites; however, changes in placement will only be considered if it is determined that the student cannot meet the course objectives with the assigned preceptor or at the assigned site.

The semester prior to the clinical practicum, students will be asked to indicate what kinds of clinical experiences they would like; they may also offer suggestions for a specific preceptor and site (see Appendix D). However, it may not be possible to honor these requests, due to unavailability of preceptor, situations in the organization, etc.

CLINICAL SITE REQUIREMENTS

Some clinical agencies require a background check and drug screening. Background check and drug screening are available through Advantage Students, http://www.advantagestudents.com/. Students are responsible for fees associated with the background check and the drug screening.

Clinical sites often have specific paperwork and educational material that students must complete before they are allowed to practice in the agency. The course administrator or graduate Clinical Placement Coordinator will direct the student in obtaining needed materials and forms.
**CLINICAL DRESS CODE**

1. Students should always dress in a neat and professional manner. A GSU name tag identifying the student as a registered nurse and as a GSU graduate student must be worn at all times. Official nursing pins and pins from professional organizations may be worn.
2. Lab coats should be worn. They should be a least hip-length and no longer than knee length. Scrub jackets should not be worn. Lab coats should not have embroidery or patches that identify other agencies.
3. Clothing should be neat, clean and non-wrinkled. Clothing made of denim, or that exposes the student’s shoulders, midriff or toes is not acceptable. Shorts and walking shorts are not allowed. Women’s skirts should be knee length or longer. Men may wear shirts without ties as long as the shirts have button neck openings.
4. Undergarments should not be clearly visible either outside the clothing or through the clothing.
5. Shoes should be low heeled and cover the student’s toes. Sneakers and sandals are not acceptable.
6. Hair styles should be professional and should not interfere with providing safe patient care. Extreme hair colors should be avoided while in clinical courses.
7. Fingernails should be neat and cut short enough to assure safe patient care. Artificial nails, nail tips and polish are not to be worn.
8. Watches with second hands are required.
9. With respect to jewelry: two or fewer plain stud or post earrings may be worn in the lower part of each ear. No other visible body piercing jewelry may be worn. Each student may wear up to a total of two finger rings, but these must not interfere with safe patient care. Necklaces and bracelets may not be visible.
10. Strongly scented personal hygiene items and perfume may not be worn.
11. Chewing of gum is not permitted.
12. All students must adhere to the smoking policies of their clinical agencies. In addition, if the student is a smoker, she/he must be aware of the need to reduce the smell of smoke on his/her clothing and person to a minimum. Smokeless tobacco products are prohibited.
13. Body art tattoos or other body art must not be visible.
14. If at any time the clinical agency dress code is more restrictive than that delineated in this policy, the student is required to adhere to the clinical agency policy.

Students are to conform to the dress code for all clinical practica. Students participating in residency practica must adhere to this dress code policy with an exception to number 2 in cases where lab coat attire is not required or appropriate.

**PROFESSIONAL CONFIDENTIALITY**

The protection of patient information is the crux of professional ethics in health care, and it is critical that patient information be protected in educational situations. With the increased use of technology (for example, in online courses where classes are often recorded, and with the widespread use of cell phones, PDAs and other electronic devices for photography and audio recording), it is especially important to maintain awareness of confidentiality issues.
It is important to note that class discussions are for educational purposes only. All information shared is for the purpose of enhancing learning and must not be disseminated outside the learning environment. For example, the use of case studies (both fiction and non-fiction) is a traditional part of the educational process, and it is natural to want to share clinical experiences with peers. However, individual rights to privacy must be maintained by all clinicians. For students, as well as other clinicians, all HIPAA regulations apply. You may visit the U.S. Department of Health and Human Service web site for more information at, http://www.hhs.gov/ocr/privacy/.

To summarize: In all settings-virtual or actual classrooms, lab experiences, Typhon and online discussion boards-no names of persons or places encountered during clinical or residency experiences should be mentioned. No reference to actual patient(s), provider(s), clinical facility names, or other unique identifying information can be made in written or verbal form. Students and faculty are to use pseudonym when discussing clinical situations. No photography of any kind may be taken in the clinical or residency setting.

STUDENT EVALUATION

Grading Statement: Graduate

A grade of 80 (B) or above is required in order to continue in the progression of the graduate nursing courses. In order to receive credit for any quizzes, case studies, or any other graded activities in the graduate nursing courses, the student’s average of weighted grades on course examinations must be 80% or above. However, a grade of 80 on the exams does not guarantee the student will receive a B grade; grades on other assignments may lower the grade.

Clinical, Field Experience or Internship Evaluation

At the completion of each clinical course, the student’s clinical performance will be evaluated by his/her preceptor in collaboration with the course faculty member. See Appendix E for a copy of the appropriate evaluation form. Students are encouraged to keep copies of evaluations and clinical/residency hours logs for their records.

Clinical Grading Policy

A clinical failure will result in a course grade of “D” or less based on the student’s clinical performance evaluation by the faculty. If the didactic course grade is lower than the clinical grade, the grade for the course will be reflected by the score of the didactic component.

PROFESSIONAL BEHAVIOR AND ACCOUNTABILITY

It is the policy of the School of Nursing to create and maintain a teaching/learning environment conducive to the sharing of information, exploration of new knowledge and current problems, and the open expression of ideas, while demonstrating respect for the dignity and worth of all individuals involved in the teaching/learning process.

Students are encouraged to refrain from any and all kinds of behaviors constituting disorderly, disruptive, or obstructive actions which interfere with the teaching-learning process. Students who violate this policy will
be subject to disciplinary procedures by the School of Nursing and Georgia State University.

This policy is consistent with the University policy on Disruptive Behavior as it appears in the Georgia State University catalog: disruptive behavior policy GSU.

Professional behavior and accountability is an overriding requirement for passing any graduate course. The programs in the Byrdine F. Lewis School of Nursing and Health Professions reserve the right to require the withdrawal of any student, who, in the opinion of the faculty, does not maintain the standards of clinical performance or conduct. Failure to adhere to professional behavior or professional accountability will result in a course(s) grade of “F” (failure).

**ELECTRONIC EQUIPMENT POLICY**

All electronic equipment should be on silent during class and clinical experiences. Students may have access to their cell phones at all times except during exams. Students are expected to refrain from using cell phones in the classroom or at clinical sites except in the event of a family emergency or disaster alert notification from the University. In the clinical setting, facility policy must be followed at all times.

Use of any photographic equipment (including cell phones) is prohibited in class and at clinical/residency sites except with faculty approval and written permission of subjects.

**PROGRAM EVALUATION**

Students will be invited to evaluate each course electronically at the end of each course. Students will also be asked to evaluate the preceptor at the end of each clinical practicum. Additionally, students will be asked to evaluate the total graduate program (an end-of-program evaluation) upon completion of coursework. Students’ suggestions for improvement are appreciated and considered for program improvement.

**APPEALING A PERFORMANCE EVALUATION**

**Purpose:** The faculty of the School of Nursing believes that each student should be assured the right to due process. This due process provides a way of receiving a fair determination of the evaluation of their performance within the courses of the School of Nursing. This evaluation may be of an assigned grade, written work, oral presentations, examinations, or clinical performance.

Should the student have concerns regarding their course grade, they may appeal the grade. The grievance process can be found in the University catalog or, http://registrar.gsu.edu/academic-records/grading/grade-appeals-and-changes/.

The responsibilities of the student, faculty, and School of Nursing related to the grievance process are listed below.

**Student Grievance Process:** The School of Nursing follows the process set forth in the Byrdine F. Lewis School of Nursing and Health Professions Student Appeals Policy and Procedure for grievances involving grades and evaluation. Please note the process to file a grievance for the Byrdine F. Lewis School of Nursing is as follows: Student must contact the instructor and course administrator to initiate the appeals process. If
not successfully resolved, the student should contact the program coordinator for resolution. If the grievance is not successfully resolved at that level, the appeal may then be forwarded to the Director of Nursing. If not resolved at that level, student should contact the Dean of the Byrdine F. Lewis School of Nursing and Health Professions. All documentation must follow the policies & procedures for the Byrdine F. Lewis School of Nursing and Health Professions. Additionally, a request for a waiver of established policy and procedure from curricular and/or programmatic requirements is covered in the Georgia State University Policy Procedures for Student Complaints, Petitions for Policy Waivers and Variances, and Appeals located in the Student Code of Conduct. Additionally, students may obtain assistance with these processes in the Byrdine F. Lewis School of Nursing and Health Professions Office of Academic Assistance.

**Student Responsibilities:** The student is responsible for determining the basis upon which the evaluation is questioned and for initiating and maintaining communication and compliance within the framework of the grievance process.

**Faculty Responsibilities:** Each faculty member is responsible for being aware of the student's right of grievance of an evaluation and for providing the student with guidance to initiate the process. The faculty is responsible for maintaining evaluation materials and providing materials necessary to the grievance process.

**School of Nursing Responsibilities:** The School of Nursing and the Director of Nursing will ensure that the student's expected progression through the program is not interrupted during the grievance process.

**POLICIES RELATED TO STUDENT ASSIGNMENTS**

**Written Student Assignments:** Unless otherwise instructed by the course faculty, papers should follow the Publication Manual of the American Psychological Association, (latest edition), be free of grammatical and spelling errors, and be electronically generated. Plagiarism will not be tolerated. Papers may not be returned to the student; thus the student should keep an extra copy. Faculty may refuse to accept or may decrease the grade (as much as one letter grade per day) for unexcused late assignments.

**USE AND ACKNOWLEDGMENT OF SOURCES**

**Plagiarism**

Plagiarism is the representation by a student of another's ideas or writing as one's own. There are basically two types of plagiarism:

1. The first, which is more serious, involves a deliberate attempt on the part of a student to pass the writing or ideas of another author as one’s own. It generally consists in the straight copying or slight paraphrasing of a source that the student attempts to conceal.

2. The second, which results from the student's lack of familiarity with the proper procedures for the source acknowledgment and use, involves one or more technical errors. The student, in this case, wants to acknowledge his indebtedness to outside materials, but is unaware of the correct ways in which to go about it.

*Both forms of plagiarism are serious violations of the principles of academic honesty upon which every university is based. They cannot be tolerated. Penalties, especially for those involved in deliberate*
plagiarism, may be quite severe.

Students contemplating deliberate plagiarism should be forewarned that since instructors are usually well acquainted with most reference materials associated with course work, they often easily recognize plagiarized material.

For those who do not know the correct methods for source use and acknowledgment, the following general rules should be noted.

A. All specific examples of indebtedness must be acknowledged at the appropriate points by means of reference notations, as designated by APA. Quote accurately.

B. Any outside source used in the preparation of an assignment should be mentioned in the bibliography, even if it did not furnish the student with specific ideas.

C. Avoid excessive paraphrasing of reference materials. In doing the research for a paper, the student should aim at thoroughly digesting the reference material consulted. Paraphrasing, i.e., simply changing the key words and sentence structure from the source, implies that the student has not synthesized the materials.

If the student must paraphrase, it should be done from memory. In addition, stringing together a series of quotations and paraphrases from a variety of sources with an original interpretation or analysis is not proper form for a research paper.

Cheating: Unauthorized Assistance

No student shall give or receive any assistance not authorized by the instructor in the preparation of materials to be submitted as a requirement for academic credit.

These materials include:

1. The preparation of written assignments or reports to be submitted as a requirement for course credit.

2. The completion of practice or written examinations.

3. The execution of clinical assignments.

RIGHTS WHEN ACCUSED OF A VIOLATION

Students have the right to due process when accused of any violation of policy. The appeals procedure for students within the Byrdine F. Lewis School of Nursing and Health Professions provides an impartial hearing on matters that cannot be resolved between student and faculty members. Any case involving the violations as stated above will handled as described in the University catalog, [http://codeofconduct.gsu.edu/](http://codeofconduct.gsu.edu/)
MASTER'S RESEARCH OPPORTUNITIES

Research and evidence-based practice are the foundation of quality nursing practice. Although the master’s curriculum does not require a research project, students are encouraged to complete research endeavors in addition to the required research courses. These activities will develop student abilities to engage in systematic inquiry. Two research courses are required for students in the Clinical Master’s Program specialty track:

1. NURS 7900 Scholarly Inquiry Theoretical Foundations for Advanced Practice Nursing (required)
2. NURS 7000 Research Methods for Advanced Practice Nurses (required).

DIRECTED READINGS

Additional credit hours may be obtained through a directed readings course (NURS 7060). Directed readings require faculty approval and completion of the forms included in the Directed Reading Packet prior to course authorization (see Appendix E).

RESEARCH ELECTIVE COURSE

Students may choose to select a research elective course to enhance their understanding of the research process. Students are to discuss this elective with their advisor.

III. RESOURCES

GRADUATE CATALOG

Students are responsible for information included in the graduate catalog, http://catalog.gsu.edu/graduate20152016/, the Byrdine F. Lewis School of Nursing and Health Professions catalog, and this School of Nursing Master’s student handbook. Various information and policies identified by the School of Nursing supersede those found in the other catalogs.

Additionally, students are responsible for the information that is contained on the School of Nursing web site, http://nursing.gsu.edu/. The School of Nursing web site contains information about the master’s and PMC programs, master’s student handbook, announcements, resources, and other pertinent information.

FINANCIAL ASSISTANCE

School of Nursing Scholarships:

Thanks to the commitment of donors, the School of Nursing is able to offer student scholarship opportunities. As a registered student, you may apply for merit and need-based scholarships. In other instances, candidates are nominated by the faculty to receive scholarships. Please visit, http://sfs.gsu.edu/scholarships-grants/src/, for details.
**Board of Regents Scholarships:**

A limited number of Board of Regents Opportunity Scholarships are available. Students must demonstrate extreme financial need to qualify. Please check with the Office of Academic Assistance, 404-413-1000, for further information.

**Non-Resident Tuition Waiver:**

A limited number of "out of state" tuition waivers are available through the Office of Academic Assistance in the Byrdine F. Lewis School of Nursing and Health Professions. For more information, contact the Director of the Office of Academic Assistance, 404-413-1000.

**HOUSING**

Some student housing is available near the campus. Information is available online from University Housing at [http://www.gsu.edu/housing/](http://www.gsu.edu/housing/). This office maintains a list of University housing and off-campus accommodations. The University Commons, private apartment complexes, and homes are within easy access of the Metropolitan Atlanta Rapid Transit System (MARTA).

**EXPENSES**

In addition to the normal fees at a state-supported university, master's students will incur the expenses of student liability insurance, transportation to and from clinical agencies, fees for drug screening and background checks, and possible parking fees at clinical agencies. The fee to cover the cost of the reproductive system assessments with live models in NURS 7500 Advanced Health Assessment is also incurred by students. The purchase of professional liability insurance is made via Market Place in the GSU Mall. The store name is the School of Nursing Student Prof Liability Insurance and can be accessed through, [https://webpay.gsu.edu/C20797_ustores/web/store_main.jsp?STOREID=70](https://webpay.gsu.edu/C20797_ustores/web/store_main.jsp?STOREID=70).

Student Liability insurance is required by the SON and is renewed annually. Students must also pay a one-time fee to cover the cost of the Typhon Nurse Practitioner Tracking System. This fee is paid online. Log-on and password information will be sent via student email account.
APPENDIX A
Request to Change Specialty Area

IMPORTANT: The deadline to submit this form is the mid-point of the semester prior to the term you are requesting the change. Requests received after the mid-point deadline will not be processed for the next term. Mid-point dates are listed in the Academic Calendar which may be accessed through the GSU website link http://www.gsu.edu/~wwwreg/acadcal.htm.

This form is to be used by a student currently enrolled in the M.S. Nursing Program who wishes to transfer from one specialty area to another. This request will be reviewed by the appropriate faculty members and the Coordinator of the Master’s Program. Students requesting a change in specialty area will be notified in writing once a decision has been made. It is strongly recommended that until a decision has been made, the student continue to work with his or her faculty advisor and continue to follow the current program’s curriculum.

<table>
<thead>
<tr>
<th>NAME:</th>
<th>PANTHER ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Specialty Area:</th>
<th>Term/Year Accepted:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requested Specialty Area:</th>
<th>Requested Term/Year Effective:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

JUSTIFICATION

On the reverse side of this form, the student is to provide a written explanation of why he/she is requesting a transfer to another specialty area. Please state the reasons in support of this request. This request form is to be typed or written legibly and signed by the student.

PLEASE RETURN THIS FORM TO:
Georgia State University
Byrdine F. Lewis School of Nursing and Health Professions
Denisa Reed, Admissions Coordinator III
Office of Academic Assistance
In person: Room 811
By fax: 404-413-1001
By mail: P.O. Box 3995, Atlanta, GA 30302-3995

* THE INFORMATION BELOW IS TO BE COMPLETED BY THE OFFICE OF ACADEMIC ASSISTANCE *

DECISION

<table>
<thead>
<tr>
<th>Approved</th>
<th>Not Approved</th>
<th>(Current) Specialty Track Coordinator</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Approved</th>
<th>Not Approved</th>
<th>(Requested) Specialty Track Coordinator</th>
<th>Date</th>
</tr>
</thead>
</table>

If approved, the student’s new advisor will be (name)

<table>
<thead>
<tr>
<th>Approved</th>
<th>Not Approved</th>
<th>Coordinator of the Master’s Program</th>
<th>Date</th>
</tr>
</thead>
</table>
SCHOOL OF NURSING

APPENDIX B
Health Form

HEALTH FORM
GRADUATE PROGRAMS – SCHOOL OF NURSING – GEORGIA STATE UNIVERSITY

Date: ____________________________

Name: ___________________________________  Panther ID: ____________________________

Program / Specialty: __________________________

Verification of Immunizations/Disease:

**Hepatitis B:**
Series #1 Date: __________  Series #2 Date: __________  Series #3 Date: __________

MMR (Measles-Mumps-Rubella)  Series #1 Date: __________  Series #2 Date: __________
(not required if DOB is prior to 1957)

**Tetanus-Diphtheria and Pertussis** TDAP Date: __________

**Tuberculin Skin Test (TB/PPD) Completion Date:** __________  mm induration __________

BCG Vaccine: Yes__  No__

**If positive TB/PPD, Chest X-Ray Results Date:** __________________________

INH: Yes__ No__  Period Taken? __________

(required annually)

***TB/PPD is required annually for all students who participate in clinical rotations

Additional Information:

Have you ever had the chicken pox? Yes__  No__

History of major illness, injury, or of surgery: ________________________________

________________________________________________________________________

Current health status, including disabilities: ________________________________

________________________________________________________________________

Current medications: ________________________________

________________________________________________________________________
Allergies:_____________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

*Evidence of Physical Examination within the past year:*

Physician:________________________________________ Date:________________________

Address/Physician office address:_______________________________________________

Any problems noted?________________________________________________________________

*Physician / Nurse Practitioner Signature:*

_______________________________________________________________________________

Date:________________________________________________________________________

Office Telephone Number:_________________________________________________________


PLEASE RETURN TO:
Georgia State University
School of Nursing
Office of Records and Information
ATTN: Graduate Programs
Urban Life Building
P.O. Box 4019
Atlanta, GA 30302-4019
APPENDIX C
Request for Evaluation of Transfer Credit - Graduate

INSTRUCTIONS: Part I and II are to be filled out by the student.

- A separate form must be filled out for each institution from which credit is requested.
- Please do not leave any spaces blank.
- If course work was taken prior to enrollment in GSU, a transcript is not required. If course work was taken after enrolling at GSU, an official transcript (in a sealed envelope from the transfer institution) must be sent directly to:

Georgia State University
Brydine F. Lewis School of Nursing and Health Professions
Office of Academic Assistance
P.O. Box 3885
Atlanta, GA 30302-3995

PART I.
Student’s Name_____________________________________ Panther ID. # _____________________
Dept. /School __________________ Specialty ___________ Advisor ________________
Evaluation of transfer credit from __________________________ to __________________________
Year/Month Year/Month

PART II.

<table>
<thead>
<tr>
<th>Course Prefix &amp; Number</th>
<th>Course Title (As it appears on the transcript)</th>
<th>Semester/Quarter</th>
<th>Credit Hour</th>
<th>Grade</th>
<th>List Here the GSU Degree Requirement This Course Will Satisfy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART III.

APPROVAL: ___________________________ Approved  Not Approved  Date _________
Advisor

______________________________ Approved  Not Approved  Date _________
Coordinator of the Master’s Program
APPENDIX D
The form must be typed and completed in its entirety. This includes correct phone numbers, addresses and full five digit zip codes. If the form is not complete, it will be returned to the sender.

Byrdine F. Lewis School of Nursing and Health Professions: Clinical Placement Request Form
Please return form to Sheryl McManus, ANP/GNP-BC, Clinical Placement Coordinator for Master's program, clinicalsgsuson@gsu.edu

Note: Due to competition for clinical sites, you may be required to travel some distance to your site. Students are encouraged to participate in securing clinical placement in private practice settings but must work with the Clinical Placement Coordinator in doing so. Please do NOT make personal arrangements for CNS experiences with individual employees of large health systems.

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>GSU Email Address:</th>
<th>Other email contact:</th>
<th>Preferred Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address and Zip Code:</td>
<td>Course Name/Number:</td>
<td>Semester/Year:</td>
<td></td>
</tr>
</tbody>
</table>

Current place of employment: __________________________________________________________

Speak other Languages? _____ yes _____ no If yes, what languages? How fluent? __________________________________________________________

Specialty:
Child Health/Pediatrics: _____ Psych/Mental Health: _____ Adult Health/CNS: _____
Family Nurse Practitioner: _____ Perinatal/Women’s Health: _____ Nursing Leadership in Healthcare Innovations: _____

If FNP, do you have any pediatrics experiences? _______; if so how many years ______________________

If you have a personal connection with a specific PRECEPTOR WHO HAS ALREADY AGREED TO PRECEPT YOU, please provide the information requested below:

Name of clinical site: ____________________________________________ Preceptor name & credentials if known: ____________________________________________
Address: ____________________________________________ City/State/Zip Code: ____________________________________________
Contact person/Title: ____________________________________________ Email: ____________________________________________
Telephone: ofc: ____________________________________________ Direct line or cell: ____________________________________________

What type of clinical setting have you had in your previous clinical courses, if any? This is my first clinical course ________
Private Practice_____ Health Dept _____ Hospital _____ Other _____ (please specify)________________________

Previous preceptors have been: (Check all that apply)
NP ____ Course: _______ Semester: _______ PA ____ Course: _______ Semester: _______
CNM ____ Course: _______ Semester: _______ CNS ____ Course: _______ Semester: _______
MD ____ Course: _______ Semester: _______

24
Other ___ (please specify including course & semester__________________________________________________________

Disclaimer: The Clinical Placement Coordinator will make every attempt to meet the student’s request for placement; however, if these sites are not available, the CPC and the course administrator will identify an appropriate site.

Updated: May 2015
# Clinical Rotation Preceptor Evaluation

Student Name: _______________________________ Date: ___________________

Clinical Setting: ____________________________ Course: ____________

We recognize that your involvement with the student may have been very brief. However, your perceptions of her/his performance are valuable to both the student and the faculty in assisting with their professional development. Please complete those sections of the form that you are able to evaluate.

**Legend:**

- **0** - NA
- **1** - Unsatisfactory
- **2** - Below Average
- **3** - Satisfactory
- **4** - Above Average
- **5** - Superior

## Objectives of the Site Visit

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I.</strong> To evaluate student's ability to:</td>
<td>Please Circle Rating</td>
</tr>
<tr>
<td>A. Establish rapport with patients.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>B. Elicit a history.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>C. Perform a physical exam.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>D. Write data succinctly and logically.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>E. Organize and present information verbally in a logical manner.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>F. Formulate a clinical impression.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>G. Order and/or perform common diagnostic tests.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>H. Correctly interpret test results.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>I. Formulate a plan of management.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>J. Provide appropriate teaching and counseling to patients/families.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>K. Assume responsibility and accountability appropriate for a Nurse Practitioner.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>Objectives of the Site Visit</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>L. Make independent decisions and ask for assistance when appropriate.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>M. Interact effectively with members of the health care team.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>N. Perform skills specifically related to specialty as appropriate.</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

**COMMENTS:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

______________________________  ______________________________
(Signed) (Student)              (Signed) (Preceptor)

Signed: _______________________
(Faculty)

THANK YOU FOR TAKING TIME TO PROVIDE THIS IMPORTANT INFORMATION.
### Student Clinical Evaluation – Pediatric Care

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor:</td>
<td></td>
</tr>
<tr>
<td>Dates of Clinical Experience:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scale</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Applicable</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither Agree nor Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

1. **Integrates advanced health assessment skills and knowledge in providing health care to children and adolescents.**

   1.1 Performs comprehensive assessments of children and adolescents.  
   0 1 2 3 4 5

   1.2 Interprets screening tools used in the assessment of infants, children, and adolescents.  
   0 1 2 3 4 5

   1.3 Analyzes the child’s growth and development, immunization status, dental care, nutrition, sleep and elimination patterns, and hearing and vision during routine clinic visits.  
   0 1 2 3 4 5

   1.4 Demonstrates appropriate documentation techniques.  
   0 1 2 3 4 5

   1.5 Reports findings found during the health assessment in a concise, organized, and timely manner.  
   0 1 2 3 4 5

**Comments:**

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
2. **Analyzes common health problems affecting infants, children, and adolescents.**

   2.1 Identifies common health problems found during the comprehensive assessment.  
   2.2 Applies knowledge of pathophysiology relating to common health problems found during the clinical rotation.  
   2.3 Utilizes appropriate references and/or literature to develop an effective plan of care for selected health care problems.

   **Comments:**

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. **Evaluates the plan of care for children with common health problems.**

   3.1 Initiates appropriate treatment and follow-up of children and adolescent with common health problems.  
   3.2 Analyzes parents'/child’s knowledge of the child’s/adolescent’s health status.  
   3.3 Evaluates the child’s/adolescent’s health status at the time of the return visit when appropriate.

   **Comments:**

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
4. Integrates consultation skills in caring for children.

4.1 Collaborates with other health care professionals for both the assessment and management of children seen during the clinical rotation.

4.2 Initiates referrals to facilitate diagnosis and management of various childhood problems.

Comments:

1. Synthesizes knowledge of teaching strategies when providing information to parents and children.

5.1 Evaluates parents’/child’s knowledge of the child’s present health status.

5.2 Summarizes the rationale for the plan of care to the parents/child at an appropriate level for understanding.

5.3 Examines factors which influence the parents’ and child’s understanding of the child’s present health status.

Comments:
2. Demonstrates awareness of the impact of common health problems in children upon the family system.

6.1 Evaluates a family’s cognitive, social, emotional, physical, and economical resources in meeting the needs of the child.

6.2 Analyzes cultural and environmental factors affecting the family’s response to health problems in a child.

6.3 Analyzes the specific effects of common health problems on the growth and development and its impact on the family.

Comments:

OVERALL PERFORMANCE

☐ Outstanding  ☐ Above Average  ☐ Average  ☐ Did Not Meet objectives

ADDITIONAL SKILLS

Please identify any additional skills which the student has developed during this clinical rotation.

1)  4)  
2)  5)  
3)  6)  

PRECEPTOR COMMENTS:

Clinical Preceptor/Setting

Date

Student Signature

Date

Faculty Signature

Date
To Preceptor: Please evaluate this graduate student by checking the appropriate column; comments to support your evaluation are encouraged.

| Graduate Student: | ________________________________ |
| Clinical Setting: | ________________________________ |
| Semester: | ________________________________ |

<table>
<thead>
<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Superior</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicated objectives and purposes for the experience in a clear and realistic manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Organized and suggested activities to meet stated objectives.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Used the resources in the setting to extract as much from the experiences as possible.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Has student maintained expert</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Below Average</td>
<td>Average</td>
<td>Above Average</td>
<td>Superior</td>
<td>N/A</td>
</tr>
<tr>
<td>---</td>
<td>---------------</td>
<td>---------</td>
<td>---------------</td>
<td>----------</td>
<td>-----</td>
</tr>
<tr>
<td>Clinical practice during this semester? Explain how:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Incorporated principles of teaching/learning in relationships with patients and staff. Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Collaborated with patients, staff and other health professionals to optimize the health status of patients. Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Used research findings to enhance practice. Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Identified clinical problem(s) which could be researched by agency personnel. Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Below Average</td>
<td>Average</td>
<td>Above Average</td>
<td>Superior</td>
<td>N/A</td>
</tr>
<tr>
<td>---</td>
<td>---------------</td>
<td>---------</td>
<td>---------------</td>
<td>----------</td>
<td>-----</td>
</tr>
<tr>
<td>9. Prepared for each clinical experience.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Exhibited professional behavior with patients/clients and staff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Strengths of Student:**
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**Aspects of Clinical Nurse Specialist Role still needing development:**
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

**Additional Comments:**
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Preceptor Signature:_________________________ Date:______________

Student Signature:_________________________ Date:______________

Faculty Signature:_________________________ Date:______________
Byrdine F. Lewis School of Nursing

Psych/Mental Health
Clinical Rotation Student Evaluation

Student Name: ___________________________ Date: ____________

Clinical Setting: ___________________________ Semester: ____________

Preceptor ___________________________ Course: __________________

Your perceptions of the student’s performance are valuable to both the student and the faculty in assisting with their professional development. Please complete those sections of the form that you are able to evaluate.

Legend:   P=Pass    F=Fail
Was the student’s performance:   1 - Below Average     2 - Above Average
                                           3 - Unsatisfactory  4 - Satisfactory  5 - Superior

<table>
<thead>
<tr>
<th></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please evaluate student’s ability to:</td>
<td>Please Circle Rating</td>
</tr>
<tr>
<td>A. Establish rapport with patients.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>B. Perform biopsychosocial assessment.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>C. Write data succinctly and logically.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>D. Organize and present information verbally in a logical manner.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>E. Formulate a clinical impression.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>F. Order relevant clinical tests and correctly interpret test results.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>G. Formulate appropriate treatment plan</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>H. Provide appropriate counseling/individual therapy.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>I. Assume responsibility and accountability appropriate for an Advanced Nurse Practitioner.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>J. Make independent decisions and ask for assistance when appropriate.</td>
<td>0 1 2 3 4 5</td>
</tr>
<tr>
<td>K. Interact effectively with members of the health care team.</td>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>
ADDITIONAL COMMENTS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed: ____________________________  Signed: ____________________________
(Student)  (Preceptor)

Signed: ____________________________  (Faculty)
**SCHOOL OF NURSING**  
*Preceptor Student Residency Evaluation Tool*

Student Name: ___________________________  Date: _______________________

Residency Site: ___________________________  Semester: ___________________

Preceptor ____________________________  Course:  7730 # 1  7740 # 2

Your perceptions of the student’s performance are valuable to both the student and the faculty. Please complete those sections of the form that you are able to evaluate.

**0 - Not Applicable    1 - Unsatisfactory    2 – Satisfactory    3 - Above Average**

1. Functions as an active participant in a leadership/informatics setting  0  1  2  3

2. Establishes a rapport with the preceptor and team members  0  1  2  3

3. Acts and presents themselves in a professional manner  0  1  2  3

4. Organized and prepared for work at hand  0  1  2  3

5. Seeks additional learning opportunities  0  1  2  3

6. Knowledge base related to administration/informatics improved with residency progression  0  1  2  3

**COMMENTS:**

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Signed: _______________________________  Signed: _______________________________

Preceptor  Student
Byrdine F. Lewis School of Nursing & Health Professions

Student’s Opinion of Clinical/Residency Preceptor

Preceptor’s Name & Credentials: _______________________________ Total hours __________

Clinical Site:
Name: ______________________________
Address: ____________________________
Phone: ____________________________

Course Name & Number: ______________ Semester/Year: _______________
Student’s Name: _____________________________

This form enables you to rate in several areas the quality of your instruction during this clinical/residency rotation. Please respond as accurately and honestly as you can. Omit the item entirely if you “don’t know” or “have no basis for evaluation.” Please write any comments in the space below. The following key should be used:

5 = Strongly Agree
4 = Agree
3 = Partially Agree and Partially Disagree
2 = Disagree
1 = Strongly Disagree

_____ 1. The orientation given to the clinical/residency setting was organized and provided a basis for the experiences.

_____ 2. The preceptor provided constructive criticism which facilitated growth and/or understanding of the clinical content.

_____ 3. The preceptor allowed independence within specified parameters.

_____ 4. The preceptor provided sufficient support during a new learning experience.

_____ 5. Feedback regarding performance was given in time for you to improve clinical performance.

_____ 6. This clinical/residency site should be used again.

_____ 7. This preceptor should be used again.

COMMENTS: ___________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

(2015)
# School of Nursing

## Leadership in Healthcare Innovations Program

### Residency Hours Log

Student Name: _________________________
Course: _______________________________
Semester: ____________________________

<table>
<thead>
<tr>
<th>Site</th>
<th>Preceptor Signature</th>
<th>Date</th>
<th>Time</th>
<th>Hours</th>
<th>Cumulative Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GENERAL GUIDELINES AND PROCEDURES (N7060)

**Student:** The student who plans to take a directed reading course (N7060) in the program of study must:

1. Complete the Student Course Request Form. (Data on this form may be considered preliminary and is refined upon meeting with the selected faculty member).
2. Review the faculty expertise/areas of interest list at [http://nursing.gsu.edu/395.html](http://nursing.gsu.edu/395.html).
3. Select a faculty member as Course Coordinator, contact the faculty member, and identify parameters for this directed reading.
4. Notify the faculty member if it becomes necessary to drop the course.

Steps 1, 2, and 3 must be completed prior to phase I registration. (This will allow time for mutual agreement about the course and for the faculty member involved to authorize the course.)

**Faculty:** The faculty member should discuss the request and resulting teaching load with the Assistant Dean for Nursing.

1. Once the faculty and student have agreed upon the specifics:
   1. A course syllabus form will be completed and placed in the student file.
   2. A second copy will be retained by the faculty member.
   3. A third copy will be given to the Administrative Coordinator for the Master’s Program for the tracking purposes.
STUDENT COURSE REQUEST FORM

This form must be completed by the student when making a request for a Directed Reading Course. Upon completion of this form, the student proceeds with the registration process through the School of Nursing Office of Records and Information.

NAME OF STUDENT: ________________________________

COURSE: _________________________________________

NUMBER OF HOURS OF CREDIT: _____________________

TITLE OR PROPOSED AREA OF STUDY:
(Include a brief description of what the student would like to study.)

OBJECTIVES:

LEARNING ACTIVITIES:

METHODS OF EVALUATION:

Signature of Faculty: ________________________________

Date: ___________________________________________

Signature of Student: ______________________________
SCHOOL OF NURSING

COURSE SYLLABUS FORM - DIRECTED READINGS (N7060)

(This course syllabus form should be completed by the faculty member and placed in the student file at the time the final course grade is reported. The form is designed to serve as a course syllabus and to provide a record of the student's activity in the course).

Course Number:

Course Name:

Credit Hours:

Placement: (Semester and year)

Class Schedule:

Faculty:

Textbook: None

Learning Activities:

Class/Meeting Schedule:

Evaluation:
SCHOOL OF NURSING

SAMPLE SYLLABUS / COURSE OUTLINE

Course Number: N7060

Course Name: Directed Readings

Credit Hours: 1-3 Hours

Placement: Fall, Winter, Spring and Summer Semesters

Class Schedule:

Faculty: To be designated by collaborative agreement--faculty, student and Associate Director, Graduate Programs.

Textbook: None

General Description: This course provides the student with an opportunity to complete readings and/or literature review on a special topic in nursing under the guidance of an instructor with expertise in the selected topic area. The student may elect to complete 1-3 credit hours of study.

Objectives: Upon completion of this course, the learner should be able to:

1. Specify an area of interest from a broad topic in nursing.
2. Report on the state of the art or history or clinical relevance of a selected topic.
3. Establish guidelines for own independent study.

Methods of Instruction: Independent study with expert guidance

--Readings
--Discussion
--Literature Review
--Interviews
--Observation/Reporting

Evaluation: The student will receive a letter grade, with the process and criteria determined by material agreement between the learner and the faculty member.