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

MASTER’S PROGRAM HANDBOOK
2018-2019 EDITION

Updated August 2018
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Selected Administrative Resources

Byrdine F. Lewis College of Nursing and Health Professions

Nancy Kropf, PhD
Dean
Byrdine F. Lewis College of Nursing and Health Professions
Urban Life Building
404-413-1100

Felisha Norrington, MSW
Director
Office of Academic Assistance
Byrdine F. Lewis College of Nursing and Health Professions
Urban Life Building
404-413-1000

Denisa Reed
Admissions Coordinator III
Office of Academic Assistance
Byrdine F. Lewis College of Nursing and Health Professions
Urban Life Building
404-413-1000

Lynda T. Goodfellow, EdD, RRT, FAARC
Associate Dean Academic Affairs
Byrdine F. Lewis College of Nursing and Health Professions
Urban Life Building
404-413-1100

Byrdine F. Lewis School of Nursing

Susan J. Kelley, PhD, RN, FAAN
Associate Dean and Chief Academic Officer for Nursing
School of Nursing
Urban Life Building
404-413-1200

Eva M. Horne, PhD, MN, BSN, FNP-BC
Director, Master’s Program
School of Nursing
Urban Life Building
404-413-1200

Joan S. Cranford, EdD, MSN, RN
Assistant Dean for Nursing
School of Nursing
Urban Life Building
404-413-1200

Teresa O. Kibler
Business Manager
School of Nursing
Urban Life Building
404-413-1200

Sabrina Taylor Sealey
Administrative Specialist-Administrative Master’s Program
School of Nursing
Urban Life Building
404-413-1200

Lisa Y. Williams, BA
Clinical and Residency Placement Coordinator Master’s Program
School of Nursing
Urban Life Building
404-413-1200
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 Masters 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. The doctorate of nursing practice was initiated in 2013. All nursing programs are fully accredited by The Commission of Collegiate Nursing Education.

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.
MASTER OF SCIENCE WITH A MAJOR IN NURSING

The Master's 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-gerontological clinical nurse specialist and nurse practitioner, psychiatric mental health nurse practitioner, pediatric nurse practitioner, 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

A post-master’s certification option in clinical specialty areas 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. A BSN is not awarded in this program.

ESSENTIALS OF MASTER’S EDUCATION

Master's program 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 population.

**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 an academic warning from the Byrdine F. Lewis College of Nursing and Health Professions. 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. 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.

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.

4. When 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 College 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 7950 (Research Methods and Theoretical Foundations for Advanced Practice Nursing). 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 College 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 master’s 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 and certificate 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 or completion. Deadlines for application for graduation may be found on the Graduation Website ([http://registrar.gsu.edu/graduation/](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 College 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.

**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/residency experiences.

**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, and liability insurance and other evidence of health status prior to any clinical/residency experiences. 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 onto 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
a drug screen on admission to the program. 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**

A faculty or academic 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. Upon notification, all students should contact their faculty advisor for course authorization. An email request by the faculty advisor is required for course authorization. Students are responsible for checking on their assigned registration time by checking the University’s Registration website http://www.gsu.edu/registrar/registration_guide.html. Students may find a listing of courses on GoSOLAR/PAWS on the GSU web site.

TRANSFER CREDIT

The maximum amount of credit hours that may be transferred is fifteen (15) 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 Director 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 five (5) 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 College 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 Director 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 Director 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 thirty-six (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 encouraged to be proactive in procuring their own clinical site while in the program. Faculty members and the graduate Clinical and Residency Placement Coordinator will determine clinical affiliations (see Appendix E). 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.

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/residency placements, the graduate Clinical and Residency Placement Coordinator works with the course administrator to determine the kinds of preceptors and sites needed for student placement. Students will be assigned to a clinical/residency site that will offer experiences that will facilitate the attainment of the clinical/residency objectives. Once assigned to a clinical site, students will complete their practicum with the assigned preceptors at the assigned site. On rare occasions a student may request a change of preceptor/site; 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 complete the Clinical Placement Request form (see Appendix D). In special situations, students may request to take two clinical courses simultaneously. Consideration of this request will only be made if the student has a 3.75 GPA and permission of their advisor.

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 can practice in the agency. The course administrator or graduate Clinical and Residency 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 always. 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.

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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 if 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 experiences. Students participating in residency must adhere to this dress code policy with an exception to #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 is shared to enhance 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/.

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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 pseudonyms when discussing clinical situations. No photography of any kind may be taken in the clinical or residency setting.

STUDENT EVALUATION

Grading Policy: 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 Master’s level courses (to include N7010, N7030, N7040, N7080, N7090, N7120, N7140, N7160, N7170, N7190, N7200, N7220, N7310, N7320, N7340, N7342, N7350, N7420, N7430, N7440, N7500, N7550) the student’s average of weighted grades on course examinations must be 80% or above. For all other Master’s level courses (to include all courses in the Nursing Leadership in Healthcare Innovations specialty track, education courses (N7950, N7360, N7600, N7940) a grading policy will be course specific and noted in syllabi. (Revised 9/14/2015 MPC)

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 F) for a copy of the appropriate evaluation form. Students are encouraged to keep copies of evaluations 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.

Policy on Grade of Incomplete or “I”

The grade of “I” (Incomplete) may be given to a student who for nonacademic reasons beyond his or her control is unable to meet the full requirements of a course. To quality for an “I,” a student must:

a) have completed most of the major assignments of the course (generally all but one) and
b) be passing the course (aside from the assignments not completed) in the judgment of the instructor.

See Appendix H for policy.
PROFESSIONAL BEHAVIOR AND ACCOUNTABILITY

To honor this commitment, all members of the Byrdine F. Lewis School of Nursing pledge to abide by our co-created goal and ground rules. We pledge to create and sustain a workplace that encourages honesty/integrity, professional excellence, collegiality/collaboration, cultural sensitivity/diversity, creativity/innovation and emotional and physical safety. When we disagree, we will restrict our differences to the issue itself while respecting the person with whom we disagree. We will conduct all our discussions and interactions in a respectful, civil, and dignified manner in our learning community.

This policy is consistent with the University policy on Disruptive Behavior as it appears in the Georgia State University catalog [http://codeofconduct.gsu.edu/files/2016/07/Disruptive-Students-in-the-Classroom.pdf](http://codeofconduct.gsu.edu/files/2016/07/Disruptive-Students-in-the-Classroom.pdf)

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/residency experiences. Students may have access to their cell phones always, 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 always.

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

PROGRAM EVALUATION

Students will be invited to evaluate clinical instructors and each course electronically at the end of each course. Students will also be asked to evaluate the preceptor at the end of each clinical/residency 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

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, https://catalog.gsu.edu/graduate20172018/1050.80 Student Complaints, Petitions for Policy Waivers and Variances, and Appeals

**Student Grievance Process:** The School of Nursing follows the process set forth in the Byrdine F. Lewis College 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 Master’s program director for resolution. If the grievance is not successfully resolved at that level, the appeal may then be forwarded to the Assistant Dean for Nursing. If not resolved at that level, student should contact the Dean of the Byrdine F. Lewis College of Nursing and Health Professions. All documentation must follow the policies and procedures for the Byrdine F. Lewis College 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 College 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 Assistant Dean for 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 College 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 are handled as described in the University catalog, http://codeofconduct.gsu.edu.pdf.

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 F).

RESOURCES

GRADUATE CATALOG

Students are responsible for information included in the university graduate catalog https://catalog.gsu.edu/graduate20162017, the Byrdine F. Lewis College 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 website, http://nursing.gsu.edu/. The School of Nursing website contains information about the master’s program, 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 can 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 College 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/. 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 clinical experiences and 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.

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.

Student Professional Liability Insurance is to be purchased by students enrolled in the Byrdine F. Lewis College of Nursing and Health Professions and renewed annually. This provides liability coverage for students while participating in their educational training program related to the curriculums previously listed. Access information on student professional liability insurance via iCollege Graduate Student Resource Center.

STUDENT HEALTH INSURANCE

Beginning Fall 2017, the Byrdine F. Lewis School of Nursing will require that all master’s and post-master’s certificate students have health insurance coverage. This will be a mandatory requirement and managed through the GSU Student Health Insurance office. Unless a waiver is applied for, all students registering for Fall 2017 will automatically be assigned GSU Health Insurance coverage and have a fee added to their tuition by Student Accounts. To have this fee removed, students must provide proof of personal health insurance. To find out more about Student Health Insurance (and the waiving out option) offered by GSU, please visit the following website: http://sfs.gsu.edu/tuition-fees/student-health-insurance/. Direct general questions and issues related to purchasing and waiving out of student health insurance to the following email address: ship@gsu.edu.
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>
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<thead>
<tr>
<th>Current Specialty Area:</th>
<th>Term/Year Accepted:</th>
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<tr>
<th>Requested Specialty Area:</th>
<th>Requested Term/Year Effective:</th>
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</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 College 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>
</tr>
</thead>
<tbody>
<tr>
<td>(Current) Specialty Track Coordinator</td>
<td>Date</td>
</tr>
<tr>
<td>(Requested) Specialty Track Coordinator</td>
<td>Date</td>
</tr>
</tbody>
</table>

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

Approved | Not Approved

Coordinator of the Master’s Program | Date
APPENDIX B
Health Form

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-Sabrina Sealey
Urban Life Building
P.O. Box 4019
Atlanta, GA 30302-4019
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 College 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>
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</table>

PART III.

APPROVAL: ___________________________ Approved   Not Approved   Date _________
Advisor

___________________________ Approved   Not Approved   Date _________
Coordinator of the Master’s Program
APPENDIX D
Clinical Placement Registration Form

_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._

_Please return form to Clinical Placement Coordinator (CPC) 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._

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>GSU Email Address:</th>
<th>Other email contact:</th>
<th>Preferred Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address and Zip Code:</th>
<th>Course Name/Number:</th>
<th>Semester/Year:</th>
</tr>
</thead>
</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: |

<table>
<thead>
<tr>
<th>Name of clinical site:</th>
<th>Preceptor name &amp; credentials if known:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City/State/Zip Code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact person/Title:</th>
<th>Email:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone: Ofc:</th>
<th>Direct line or cell:</th>
</tr>
</thead>
</table>

_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:_____ MD____ Course:_____ Semester:_____ |

_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: April 2017*
Clinical Placement Request Flow Chart

1. Student completes Clinical Placement Request Form and submits to Clinical Placement and Residency Coordinator (CPRC).

2. CPRC reviews request form and sends confirmation to practice office, student, and Course Administrator. Request affiliation agreement, if necessary.

3. If necessary, CPRC discusses clinical site appropriateness with Course Administrator.

4. Clinical site not approved. Student finds a new clinical site and submits a new Clinical Placement Request Form.

5. Student completes any additional credentialing steps for the site.

6. Student starts clinical rotation.
**NURSE PRACTITIONER CLINICAL PRACTICUM**

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.

<table>
<thead>
<tr>
<th>Legend:</th>
<th>0 - NA</th>
<th>1 - Unsatisfactory</th>
<th>2 - Below Average</th>
<th>3 – Satisfactory</th>
<th>4 - Above Average</th>
<th>5 - Superior</th>
</tr>
</thead>
</table>

**Objectives of the Site Visit**

<table>
<thead>
<tr>
<th>I.</th>
<th>Please Circle Rating</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

**Objectives of the Site Visit**

请您圈出评价等级

Comments
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Score</th>
<th>Signed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>L.</td>
<td>Make independent decisions and ask for assistance when appropriate.</td>
<td>0 1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.</td>
<td>Interact effectively with members of the health care team.</td>
<td>0 1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N.</td>
<td>Perform skills specifically related to specialty as appropriate.</td>
<td>0 1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed: ___________________________________________  Signed: ______________________________

(Student) (Preceptor)

Signed: ___________________________________________

(Faculty)

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

Student’s Name: ____________________________
Preceptor: _________________________________
Dates of Clinical Experience: ____________________________

<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: ____________________________


2.1 Identifies common health problems found during the comprehensive assessment. 0 1 2 3 4 5

2.2 Applies knowledge of pathophysiology relating to common health problems found during the clinical rotation. 0 1 2 3 4 5

2.3 Utilizes appropriate references and/or literature to develop an effective plan of care for selected health care problems. 0 1 2 3 4 5
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. 0 1 2 3 4 5

3.2 Analyzes parents'/child’s knowledge of the child’s/adolescent’s health status. 0 1 2 3 4 5

3.3 Evaluates the child’s/adolescent’s health status at the time of the return visit when appropriate. 0 1 2 3 4 5

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. 0 1 2 3 4 5

4.2 Initiates referrals to facilitate diagnosis and management of various childhood problems. 0 1 2 3 4 5

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. 0 1 2 3 4 5

5.2 Summarizes the rationale for the plan of care to the parents/child at an appropriate level for understanding. 0 1 2 3 4 5

5.3 Examines factors which influence the parents’ and child’s understanding of the child’s present health status. 0 1 2 3 4 5
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.

   0 1 2 3 4 5

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

   0 1 2 3 4 5

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

   0 1 2 3 4 5

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) 

2) 

3) 

4) 

5) 

6) 

PRECEPTOR COMMENTS:

__________________________________________________________________________________

__________________________________________________________________________________

Clinical Preceptor/Setting ___________________________ Date ___________________________

Student Signature __________________________________ Date ___________________________

Faculty Signature _________________________________ Date ___________________________
Clinical Rotation Student Evaluation

Student Name: _______________________________ Date: __________________

Clinical Setting: _______________________________ Semester: ________

Preceptor ___________________________ Course: ________ 7140 ______

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

Comments

Please evaluate student’s ability to:

A. Establish rapport with patients. 0 1 2 3 4 5
B. Perform biopsychosocial assessment. 0 1 2 3 4 5
C. Write data succinctly and logically. 0 1 2 3 4 5
D. Organize and present information verbally in a logical manner. 0 1 2 3 4 5
E. Formulate a clinical impression. 0 1 2 3 4 5
F. Order relevant clinical tests and correctly interpret test results. 0 1 2 3 4 5
G. Formulate appropriate treatment plan 0 1 2 3 4 5
H. Provide appropriate counseling/individual therapy. 0 1 2 3 4 5
I. Assume responsibility and accountability appropriate for an Advanced Nurse Practitioner. 0 1 2 3 4 5
J. Make independent decisions and ask for assistance when appropriate. 0 1 2 3 4 5
K. Interact effectively with members of the health care team. 0 1 2 3 4 5

ADDITIONAL COMMENTS:
Student Evaluation of Clinical Preceptor

Preceptor: ___________________________  Clinical Site: ___________________________
Course: 7140  Semester: Spring

This form enables you to rate in several areas the quality of your instruction in the clinical. 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:

A = Strongly Agree  D = Disagree
B = Agree  E = Strongly Disagree
C = Partially Agree and Partially Disagree

_____ 1. The orientation given to the clinical 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.

ADDITIONAL COMMENTS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signed: ___________________________  Signed: ___________________________
(Student)  (Faculty)

Hours completed __________
Clinical Rotation Student Evaluation

Student Name: ____________________________ Date: ____________________

Clinical Setting: __________________________ Semester: ________________

Preceptor__________________ Course: 7160

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

Was the student’s performance:

<table>
<thead>
<tr>
<th>Comments</th>
<th>Please Circle Rating</th>
</tr>
</thead>
</table>

Please evaluate student's ability to:

A. Establish rapport with patients.  0 1 2 3 4 5
B. Apply theories/principles in clinical practice for family and group therapy  0 1 2 3 4 5
C. Write data succinctly and logically.  0 1 2 3 4 5
D. Organize and present information verbally in a logical manner.  0 1 2 3 4 5
E. Formulate a clinical impression.  0 1 2 3 4 5
F. Make recommendations and referrals that are appropriate.  0 1 2 3 4 5
G. Formulate appropriate treatment plan  0 1 2 3 4 5
H. Provide appropriate counseling/individual therapy.  0 1 2 3 4 5
I. Co-lead and lead group therapy sessions.  0 1 2 3 4 5
J. Make independent decisions and ask for assistance when appropriate.  0 1 2 3 4 5
K. Interact effectively with members of the health care team.  0 1 2 3 4 5

ADDITIONAL COMMENTS:

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

Signed: ____________________________  Hours Completed: _________________
(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
School of Nursing

Student’s Opinion of Clinical/Residency Preceptor

Preceptor’s Name & Credentials: _______________________________ Total hours___________

Clinical Site:
Name: ________________________________
Address: ________________________________
Phone: ____________________________

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)
Leadership in Healthcare Innovations Program

Residency Hours Log

Student Name: _________________________
Course: _______________________________
Semester: _____________________________

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<th>Site</th>
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Index to Directed Readings Packet

1. Procedure Guidelines
2. Course Request Form
3. Course Syllabus Form
4. Course Syllabus Sample
5. Course Outline

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.
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 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: ____________________________
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: __________________________________________
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.
The grade of “I” (Incomplete) may be given to a student who for nonacademic reasons beyond his or her control is unable to meet the full requirements of a course. In order to qualify for an “I,” a student must:

a) have completed most of the major assignments of the course (generally all but one) and

b) be passing the course (aside from the assignments not completed) in the judgment of the instructor.

When a student has a nonacademic reason for not completing one or more of the assignments for a course (including examinations) and wishes to receive an “I” for the course, it is the student’s responsibility to inform the instructor in person or in writing of the reason. The grade of “I” is awarded at the discretion of the instructor and is not the prerogative of the student. Conditions to be met for removing an “I” are established by the instructor.

DEADLINES FOR REMOVAL OF “I”

The period given a student to remove an “I” is established by the instructor, subject only to the maximum time limits set by the university. The university requires that the grade of “I” be removed by the end of the second academic term after the “I” is assigned (whether the student was enrolled during these two terms.)

The Office of the Registrar will assign a grade of “F” at the end of the second academic term unless the Office of the Registrar receives a final grade (for S/U grading, a U will be assigned). This final grade can be submitted electronically using the procedures specified by the department of the course. Instructors may or may not change this F/U to an authorized grade (i.e., A, B, C, D, S or WF, etc.) but may not change it back to an “I.” Instructors may not change an “I” to a “W” unless a Hardship Withdrawal is awarded. In exceptional cases, departments may authorize students to have an “I” grade for more than two semesters, which must be approved by the department chair. Authorization to extend the “I” beyond two semesters must be renewed each semester. Students need not be enrolled to complete assignments for a course in which an “I” has been assigned. Auditing or retaking the same course will not remove an incomplete. No student may graduate with an incomplete grade.
School of Nursing

Master’s and Post Master’s Certificate Program
Policy on Requesting Grade of “I” (Incomplete)

Student_________________________________ Panther #____________________
Course prefix and No. ____________________ Term/Year _____________________
Course Administrator _____________________

To be considered for an incomplete or “I” grade for a course, the student must comply with the following:

- Read the university’s policy for a grade of “I” or Incomplete (see previous page)
- Of the required clinical hours for a course, have no more than 1 clinical credit hour (45 hours) remaining toward completion. **Progression to the next clinical course may not be allowed if greater than 45 clinical hours remain**
- Of the required didactic assignments for a course, have no more than 1 assignment remaining toward completion. **Progression to the next clinical course may not be allowed if greater than one assignment remains**
- Submit this request in electronic format to the course administrator
- Initiate the following request form 2 weeks before the end of the semester in which enrolled.

**To be completed by student:**
Nonacademic reason for assignment of “I” grade (i.e., illness, loss due to death, not being able to obtain a clinical site, etc.):

**To be completed by instructor:**
Action(s) required to complete course requirements and date by which all requirements must be completed:

Student Signature__________________________________________ Date: ________________
Course Administrator Signature______________________________ Date: ________________
Director of Master’s Program Signature________________________ Date: ________________
Cc: Academic Advisor

Administrative Coordinator Master’s Program