



**SAMUEL
MERRITT**
UNIVERSITY

THE FAMILY NURSE
PRACTITIONER PROGRAM
STUDENT HANDBOOK

Message from the Director

Dear Graduate Student,

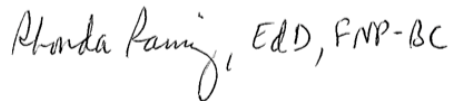
Welcome to the Samuel Merritt University Family Nurse Practitioner Program. Over the next five semesters (20 months) the FNP faculty will provide you with the foundation for your professional future as a Family Nurse Practitioner.

This handbook has been prepared to ease your transition into our graduate program and to provide guidance throughout your entire period of enrollment. In addition to this document, you should be familiar with the *Samuel Merritt University Catalog and Student Handbook*. An electronic copy of the *Catalog and Student Handbook* can be accessed via the University website.

We look forward to providing you with the best academic experience to prepare you for your profession.

Again, the faculty welcomes you to our program.

Sincerely,



Rhonda Ramirez, EdD, FNP-BC
FNP Program Director

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GRADUATE ACADEMIC CALENDAR

SAMUEL MERRITT UNIVERSITY FIVE YEAR ACADEMIC CALENDAR

ABS N SAC, RN to BSN, and all Graduate Programs (excluding CSPM) - all others use specific cohort calendar

	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
FALL TERM	FALL 2016	FALL 2017	FALL 2018	FALL 2019	FALL 2020
Orientation - SAC ABSN	8/8	TBA	TBA	TBA	TBA
Orientation - OAK RN to BSN	8/23	TBA	TBA	TBA	TBA
Orientation - SFP RN to BSN	8/25	TBA	TBA	TBA	TBA
Orientation - SAC RN to BSN	8/26	TBA	TBA	TBA	TBA
Orientation - OAK Graduate	9/8 - 9/9	TBA	TBA	TBA	TBA
Classes begin	9/12/2016	9/11/2017	9/10/2018	9/9/2019	9/8/2020
Add/drop period	9/12 - 09/23	09/11 - 09/22	09/10 - 09/21	09/09 - 09/20	09/08 - 09/18
Last day to register	9/23/2016	9/22/2017	9/21/2018	9/20/2019	9/18/2020
Spring term advising	10/31 - 11/11	10/30 - 11/10	10/29 - 11/09	11/04 - 11/15	11/02 - 11/13
Spring term registration	11/14 - 11/18	11/13 - 11/17	11/12 - 11/16	11/18 - 11/22	11/16 - 11/20
Thanksgiving break	11/23-11/25	11/22-11/24	11/21-11/23	11/27-11/29	11/25-11/27
Last day of Fall term classes	12/16/2016	12/15/2017	12/14/2018	12/13/2019	12/11/2020
Final examinations	12/19 - 12/23	12/18 - 12/22	12/17 - 12/21	12/16 - 12/20	12/14 - 12/18
Grades due in Registrar's Office	12/30/2016	12/29/2017	12/28/2018	12/27/2019	12/25/2020
SPRING TERM	SPRING 2017	SPRING 2018	SPRING 2019	SPRING 2020	SPRING 2021
Orientation - OAK Graduate	12/1-12/2	TBA	TBA	TBA	TBA
Orientation - SFP RN to BSN	12/1	TBA	TBA	TBA	TBA
Orientation - SAC RN to BSN	12/2	TBA	TBA	TBA	TBA
Orientation - OAK RN to BSN	12/6	TBA	TBA	TBA	TBA
Classes begin	1/9/2017	1/8/2018	1/7/2019	1/6/2020	1/4/2021
Add/drop period	01/09 - 01/20	01/08 - 01/19	01/07 - 01/18	01/06 - 01/17	01/04 - 01/15
Last day to register	1/20/2017	1/19/2018	1/18/2019	1/17/2020	1/15/2021
Martin Luther King, Jr. holiday	1/16/2017	1/15/2018	1/21/2019	1/20/2020	1/18/2021
President's holiday break	2/20-2/22	2/19-2/21	2/18-2/20	2/17-2/19	2/15-2/17
Summer term advising	03/13 - 03/24	03/12 - 03/23	03/11 - 03/22	03/09 - 03/20	03/08 - 03/19
Summer term registration	03/27 - 03/31	03/26 - 03/30	03/25 - 03/29	03/23 - 03/27	03/22 - 03/26
Last day of Spring term classes	4/14/2017	4/13/2018	4/12/2019	4/10/2020	4/9/2021
Final examinations	04/17 - 04/21	04/16 - 04/20	04/15 - 04/19	04/13 - 04/17	04/12 - 04/16
Grades due in Registrar's Office	4/28/2017	4/27/2018	4/26/2019	4/24/2020	4/23/2021
SUMMER TERM	SUMMER 2017	SUMMER 2018	SUMMER 2019	SUMMER 2020	SUMMER 2021
New student orientation	3/30-3/31	3/22-3/23	3/28-3/29	3/26-3/27	3/25-3/26
Classes begin	5/8/2017	5/7/2018	5/6/2019	5/4/2020	5/3/2021
Add/drop period	05/08 - 05/19	05/07 - 05/18	05/06 - 05/17	05/04 - 05/15	05/03 - 05/14
Last day to register	5/19/2017	5/18/2018	5/17/2019	5/15/2020	5/14/2021
Commencement	5/26/2017	5/25/2018	5/24/2019	5/22/2020	5/28/2021
Memorial Day holiday	5/29/2017	5/28/2018	5/27/2019	5/25/2020	5/31/2021
Independence Day holiday	7/3-7/5	7/4-7/6	7/3-7/5	7/2-7/6	7/2-7/6
Fall term advising	07/17 - 07/28	07/16 - 07/27	07/15 - 07/26	07/13 - 07/24	07/12 - 07/23

SAMUEL MERRITT UNIVERSITY FIVE YEAR ACADEMIC CALENDAR

ABS N SAC, RN to BSN, and all Graduate Programs (excluding CSPM) - all others use specific cohort calendar

SUMMER TERM (continued)	SUMMER 2017	SUMMER 2018	SUMMER 2019	SUMMER 2020	SUMMER 2021
Fall term registration	07/31 - 08/04	07/30 - 08/03	07/29 - 08/02	07/27 - 07/31	07/26 - 07/30
Last day of Summer term classes	8/11/2017	8/10/2018	8/9/2019	8/7/2020	8/6/2021
Final examinations	08/14 - 08/18	08/13 - 08/17	08/12 - 08/16	08/10 - 08/14	08/09 - 08/13
Grades due in Registrar's Office	8/25/2017	8/24/2018	8/23/2019	8/21/2020	8/20/2021

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HISTORICAL PERSPECTIVE OF NURSE PRACTITIONERS

The first nurse practitioner program began as a demonstration project at the University of Colorado in 1965. The project was developed to “determine the safety, efficiency, and quality of a new mode of nursing practice to improve health care to children and families” (Ford & Solver, 1967). This first program was developed using a continuing education format. Federal support to develop the role and education of nurse practitioners occurred with the provision of monies through the Nurse Training Act of 1964 (PL 88-581) and Title II of the 1968 Health Manpower Act (PL 94-63).

In the 1970s, there were many different kinds of programs that emerged to educate and train nurse practitioners. The content and quality of these early programs varied greatly. Recognizing the growing importance of the nurse practitioner movement, the American Nurses’ Association Congress of Nursing Practice issued a definition of the nurse practitioner role in 1974. In 1975, after further consideration, the American Nurses Association (ANA) issued standards for the preparation of nurse practitioners in an attempt to ensure quality control in the developing programs. In 1976, the ANA developed a certification program for nurse practitioners to promote quality of practice and to provide extramural validation of knowledge and skills. Other certification programs have since been developed by groups such as the National Association of Pediatric Nurse Associates and Practitioners (NAPNAP), the National Association of American Colleges of Obstetricians and Gynecologists (NAACOG), and most recently the American Academy of Nurse Practitioners (AANP). As of January 1992, approximately 24,620 nurse practitioners had voluntarily prepared for and passed nurse practitioner certification examinations.

In 1979, in response to similar concerns, the National League for Nursing issued a position paper stating “the nurse practitioner should hold a master’s degree in nursing in order to ensure competence and quality of care” (National League for Nursing, 1979). Today, as a result of that position statement and in an attempt to ensure the highest quality of patient care, the Master’s degree program is the predominant type of preparation for nurse practitioners. This trend has resulted in a similar increase in the number of master’s prepared nurse practitioners capable of providing competent and cost-effective patient care.

According to studies conducted since the inception of the nurse practitioner movement, nurse practitioners can provide quality patient care and increase accessibility to health care services in a safe and cost effective manner (Adamson, 1976; Gordon, 1974; Jacox, 1987; Linn, 1976; McGrath, 1990; Wheeler, 1990, et.al., 1983; U. S. Congress, Office of Technology Assessment, 1986). Numerous studies have also found that patients were satisfied with the care they received from nurse practitioners and accepted them as primary care givers (Adamson, 1976; Betcheler, 1975; Feldman, 1987).

In the last nearly 40 years, the number of nurse practitioners in the United States has steadily increased. The clinical sites of practice have varied but over half have been employed in primary care ambulatory settings. As the number of nurse practitioners programs has increased, collaborative educational arrangements between nurse practitioner faculty and physicians have developed. The shortage of nurse practitioner clinical preceptors has also resulted in the use of physicians as student preceptors in clinical settings. This cooperation between nurses and physicians has led to the

development of highly skilled practitioners and a better understanding of the value of an interdisciplinary approach to patient care.

NURSE PRACTITIONERS: SCOPE OF PRACTICE

The practice of nurse practitioners has developed and expanded in scope continuously since the inception of the advanced practice role in 1965. In 1980 the American Nurses Association published a statement describing the concepts, educational preparation and practice characteristics of primary health care nurse practitioners. In 1985 the ANA issued its Scope of Practice statement. Since then the ANA Council of Nurses in Advanced Practice has completed a major portion of the update and consolidation of the NP (and CNS) scope of practice publications into a draft entitled “Advanced Nursing Practice Scope and Standards of Care.” This draft was ready for review by outside experts in April 1994. At the ANA 1994 convention the new Council for Advanced Nursing Practice was unveiled.

The dimension and scope of practice of the nurse practitioner’s role have often been described in terms of the health continuum, which is health promotion, specific protection against diseases, early diagnosis and treatment to prevent or limit disability, and rehabilitation. Nurse practitioners are responsible for managing all health problems encountered by the client (may include referral) and are accountable for health and cost outcomes. Nurse practitioners provide primary health care in accordance with this knowledge base, experience and competence. In their direct nursing role as primary health care providers they:

1. Assess the health status, illness conditions, response to illness, and health risks of individuals, families, and groups, employing the skills of taking histories, conducting physical examinations, and using laboratory data. They also assess resources, strengths and weaknesses, coping behaviors, and the environment.
2. Diagnose the actual and potential health problems or needs that are based upon analysis of the data collected.
3. Plan therapeutic intervention jointly with the client.
4. Assist the client to develop problem-solving and self-care abilities to the greatest possible extent. The assessment and diagnosis serves to guide the plan of care although the plan may include such actions that are needed to further delineate (or diagnose) the problem.
5. Intervene to assist the client, increasing the client’s participation in his or her own care as much as possible. Types of interventions include measures to promote health, protect against disease, treat illness in its earliest stages, manage chronic illness, and limit disability by providing prompt treatment. Interventions may include but are not limited to direct nursing care, prescription of medications or other therapies, and consultation and/or referral to other health care providers. Nurse practitioners have the responsibility for the coordination of care that involves other health professionals. Nurse practitioners provide continuity and help the client deal effectively with the health care system.
6. Evaluate with the client (and, when indicated, with the collaborating health care provider or team) the effectiveness, comprehensiveness, and continuity of the intervention. If necessary, a new or modified plan and intervention are initiated. Overall evaluation of the nurse practitioner work as a

primary care provider is accomplished through ongoing self-evaluation, the peer review process, and institutional quality assurance programs (ANA, 1985).

THE LEGAL PERSPECTIVE IN CALIFORNIA

The Family Nurse Practitioner students at Samuel Merritt University are experienced registered nurses and are required to carry professional liability insurance through the duration of their graduate studies (SMU provides liability insurance while enrolled). Because nurses practice under a professional license they are responsible for their own nursing decisions and actions. For example, since 1998 in the legal environment in the state of California, Family Nurse Practitioner students perform “delegated” medical tasks with supervision from their clinical preceptors.

Nursing practice is regulated by both state legislation and by nurses themselves through the implementation of standards defining nursing practice requirements for licensing, regulations regarding the licensing process, and rules delineating the responsibility of the regulatory agency for nursing. For example, in the state of California, all state rules, regulations and definitions of nursing practice are the responsibility of the Board of Registered Nursing. Nurse practitioners must meet additional criteria to practice in their respective states.

I480. Definitions.

(a) “Nurse practitioner” means a registered nurse who possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforms to board standards as specified in Section I484.

(b) “Primary health care” is that which occurs when a consumer makes contact with a health care provider who assumes responsibility and accountability for the continuity of health care regardless of the presence or absence of disease.

(c) “Clinically competent” means that one possesses and exercises the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice.

(d) “Holding oneself out” means to use the title of nurse practitioner.

I481. Categories of Nurse Practitioners.

A registered nurse who has met the requirements of Section I482 for holding out as a nurse practitioner, may be known as a nurse practitioner and may place the letters “R.N., N.P.” after his/her name alone or in combination with other letters or words identifying categories of specialization, including but not limited to the following: adult nurse practitioner, pediatric nurse practitioner, obstetrical-gynecological nurse practitioner, and family nurse practitioner.

I484. Standards of Education.

The program of study preparing a nurse practitioner shall meet the following criteria:

a) Purpose, Philosophy and Objectives

- 1) Have as its primary purpose the preparation of registered nurses who can provide primary health care
- 2) Have a clearly defined philosophy available in written form

3) Have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate

b) Administration

- 1) Be conducted in conjunction with one of the following:
 - A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine, or public health
 - B) A general acute care hospital licensed pursuant to Chapter I (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department
- 2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.
- 3) Have written policies for clearly informing applicants of the academic status of the program.
- 4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program.
- 5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.
- 6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.

c) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.

- 1) Each faculty person shall demonstrate current competence in the area in which he/she teaches.
- 2) The director or co-director of the program shall:
 - A) be a registered nurse;
 - B) hold a Master's or higher degree in nursing or a related health field from an accredited college or university;
 - C) have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.
- 3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.
- 4) A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence.
- 5) A clinical instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.

d) Curriculum

- 1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.
- 2) The program shall provide evaluation of previous education and/or experience in primary health care for the purpose of granting credit for meeting program requirements.

- 3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but also to minimize the potential for disease progression.
- 4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.
- 5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.
- 6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.
- 7) The program may be full-time or part-time and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), which shall include theory and supervised clinical practice.
- 8) The course of instruction shall be calculated according to the following formula:
 - A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.
 - B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.
 - C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.
- 9) Supervised clinical practice shall consist of two phases:
 - A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.
 - B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.
 - C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.
- 10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.
- 11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.
- 12) The curriculum shall include, but is not limited to:
 - A) Normal growth and development
 - B) Pathophysiology
 - C) Interviewing and communication skills
 - D) Eliciting, recording and maintaining a developmental health history
 - E) Comprehensive physical examination
 - F) Psycho-social assessment
 - G) Interpretation of laboratory findings
 - H) Evaluation of assessment data to define health and developmental problems
 - I) Pharmacology
 - J) Nutrition
 - K) Disease management
 - L) Principles
 - M) Assessment of community resources

- N) Initiating and providing emergency treatments
 - O) Nurse practitioner role development
 - P) Legal implications of advanced practice
 - Q) Health care delivery systems
- 13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.

Legal requirements vary from state to state that is beyond the scope of this document. Out of state online students should refer to their state's BRN for legal requirements.

FNP PROGRAM OVERVIEW

The FNP curriculum consists of 49 semester units, including interdisciplinary core courses, FNP specialty courses, clinical practica, and internship. A total of 630 clinical hours is required. The curriculum and clinical sites reflect the track's emphasis on serving multicultural and underserved populations and focus the student's clinical time on Primary Care, Women's Health and Pediatrics. Students will work with a MD, PA or NP "preceptor" who will supervise and mentor them through the clinic experience.

The FNP program is offered on a year-round basis with admission in the summer semester for the Oakland campus and in the fall semester for the Sacramento campus. The course sequencing is slightly different from the on-ground sequencing and the part-time length is seven semesters. Full-time students complete the program in five semesters, including two summer semesters. Part-time students complete the program in nine semesters. Online program admissions occur every semester in January, May and September. The online program offers an opportunity to admit students from other states. The curriculum is consistent with the highest national standards, including guidelines established by the National Organization of Nurse Practitioner Faculties and the American Association of Colleges of Nursing.

The Family Nurse Practitioner (FNP) program focuses on preparing family-oriented primary care providers for multicultural and underserved populations. FNPs are advanced practitioners of nursing with a specialty in primary healthcare. They provide ongoing comprehensive care to individuals, families, and communities. FNPs are responsible for health promotion and maintenance, diagnosis, treatment, and management of health problems, consultation with other healthcare providers, and referral as indicated. FNPs function independently and interdependently with other providers of healthcare. Practice is based on concepts of family health nursing research and theory, as well as concepts from other related disciplines such as medicine and pharmacy. Students complete 49 graduate units and are awarded a Master of Science degree upon completion and are eligible for state and national certification. Full or part-time study is available for students who are licensed as registered nurses.

FAMILY NURSE PRACTITIONER STUDENT LEARNING OUTCOMES

Upon graduation the student will be able to...

- Provide family-oriented primary healthcare:
- Elicit a detailed and accurate history,

- Perform the appropriate physical exam, record pertinent data, and develops and implements plan of care.
- Perform and/or order and interpret relevant diagnostic studies.
- Perform appropriate office procedures.
- Provide health promotion and disease prevention.
- Integrates cultural considerations in the provision of primary care.
- Consult and refer within an interdisciplinary practice model.
- Collaborate with patients and families to provide evidence- based primary care that is theoretically sound.
- Assume a leadership role in the profession at local, state, national and international level.
- Produce quality work that demonstrates graduate level scholarly work and can withstand peer review.

CURRICULUM

COURSE DESCRIPTIONS

N601 - Research Methods (3 units)

This course presents an overview of the research process, with emphasis on using the scientific method to identify and investigate problems in clinical practice. Major topic areas include: types of research approaches, formulation of research problems and hypothesis/research questions, preparing a literature review including theoretical/conceptual framework, study designs and selecting a research method, sampling, measurement of variables, data collection and analysis.

N602 - Analysis of Health Policy Issues (3 units)

This course focuses on political structures, the political process, and development of health care policy. The course begins with an overview of the health care system as shaped by cultural and societal values, perceived purposes of health care, and modern technology. Attention will be given to issues of economics, finance, regulatory systems, and social justice for consumer groups.

N619 - Advanced Pathophysiology (3 units)

This is a course which builds on prior knowledge of anatomy, physiology, and pathophysiology. The major focus of the course is the exploration of current theory and research related to pathophysiological processes as applied to commonly encountered problems in family-oriented primary care practice, including physiological and mental health disorders. The course includes a life span perspective, including content relevant to perinatal, pediatric, adult, and geriatric clients. Application of content to the care of diverse multicultural populations is emphasized.

N626 - Theoretical Foundations for Advanced Practice Nursing (3 units)

This course provides an opportunity to explore the principles, practice, scientific inquiry and the integration of contemporary theories in advanced practice nursing (APN). Learners will analyze selected theoretical frameworks and their application to clinical practice. Foundational theories specific to the domains of clinical practice, informatics, patient safety and ethics will be examined. The principles of interdisciplinary education and practice are also emphasized.

N670 - Family Centered Advanced Practice Nursing (2 units)

Healthcare in the 21st century requires APRN's to incorporate a broad set of concerns that influence health and family life. In this course global health and environmental justice are explored as pre-

conditions for healthy families. The influences of culture, society, behavior, and human development on the health of the families are explored. The course examines family-centered healthcare in relation to interprofessional collaboration, evidence based practice, quality improvement, and safety.

N671/N671L - Advanced Physical Assessment/Lab (2 units theory, 1 unit lab)

This course focuses on the strategies and skills needed to assess individuals throughout the life span in a family-oriented primary care setting with diverse populations. The expected outcome is advanced physical assessment competency appropriate for the primary care practice. Analysis of assessment data based on developmental and ethnic variation is included. The integration of assessment data in the clinical decision making process is emphasized.

This lab course is taken concurrently with N671 that focuses on the strategies and skills needed to assess individuals throughout the life span in a family-oriented primary care setting with diverse populations. The expected outcome is advanced physical assessment competency appropriate for the primary care practice. Analysis of assessment data based on developmental and cultural variation is included. The integration of assessment data in the clinical decision making process is emphasized.

N672 - Professional Role Development for Advanced Practice Nursing (1 unit)

This course is an onsite/online hybrid seminar designed to introduce the APRN student to the role of the advanced practice nurse in the primary healthcare setting. The evolution of the role from an historical and legislative perspective is explored. Issues including the evolving scope of practice, key role competencies, and inter-professional collaboration are introduced. Each student will be expected to discuss his/her own philosophical/ethical framework for clinical practice. Using a case study approach the student will integrate a patient's cultural preferences, values, and health beliefs in a treatment plan.

N673 - Professional Advocacy for Entry to the Advanced Practice Role (1 unit)

This course is offered in the final semester of the FNP program and builds on N672, using an online hybrid format. The course is designed to socialize the graduating student to the role of a family nurse practitioner. Online modules and onsite seminars challenge students to explore the FNP scope of practice, prescribing regulations, and credentialing process as outlined in the Nurse Practice Act. Other topics discussed in the course include models for entrepreneurial practice, methods for negotiation of employment, and avenues for innovative leadership. The course will also explore methods for marketing the NP role to the general public as a high quality, accessible alternative to current mainstream healthcare options. The student will graduate with an up-to-date e-portfolio that documents achievement of NP core and population based competencies, professional achievements, and goals.

N674 - Health Protection, Promotion, & Screening for Individuals, Families, & Communities (3 units)

Collaborative inter-professional family-centered primary healthcare is influenced by 21st century innovations in technology, genetics, behavior/change theories, and environmental health. This course integrates these influences into the provision of healthcare services focused on health protection and promotion, disease prevention, and health screening across the life- span. Critical analyses of clinical strategies and interventions in health promotion and protection based on the evidence and relevant theoretical frameworks are included. The effects of social, cultural, and developmental influences are emphasized.

N675/N675L - Care of Acute & Episodic Conditions/Lab (3 units theory, 1 unit lab)

This course builds on N674 by focusing on the assessment, diagnosis, management, and patient education of common acute episodic illnesses across the lifespan. The course emphasizes evidence-based healthcare that is both patient-centered and provided in the context of a healthcare team. For each condition included the genetic, environmental, epidemiological, pathophysiological, cultural, and family implications are considered. Diagnostic reasoning/ testing in primary care including radiology, laboratory, microbiology, advanced imaging, and EKG are identified for each condition along with considerations of access, cost, efficacy, and quality as essential elements in planning healthcare services. The role of the NP as patient advocate, the process of negotiating an individualized treatment plan, the patient's right to refuse care, safety, and privacy requirements are included.

This lab course is taken concurrently with N675. Learning strategies include simulation-based case studies and skills lab hours. Skills lab sessions focus on common office procedures performed in the primary care setting and clinical case discussions. Emphasis will be placed on interpretation of laboratory and diagnostic results and evaluation and management of patients based on such results.

N676 - Care of Chronic & Complex Conditions (3 units)

Trends in healthcare include an aging population, multiple co-morbidities, and increasing lifespan. Linked with these issues is a move to care for people in the community rather than in the acute care setting. The goal of this course is to identify and explore the care of persons with multiple co-morbidities including but not limited to diabetes, cardio-vascular disease, rheumatologic, and pulmonary conditions. The focus of evaluation intervention and treatment emphasizes the importance of quality of life, normal aging, and the optimization of health status in persons with chronic illnesses.

N677 - Advanced Pharmacology (3 units)

This course in clinical pharmacotherapeutics builds on prior knowledge of drug classifications, prototypes within classifications, actions, interactions, and side effects. The major focus is on medications that are commonly prescribed in the treatment and management of common acute and chronic illnesses in primary for patients across the lifespan. Emphasis is placed on safe and effective prescribing and supporting patient adherence. Legal considerations for furnishing controlled substances are also addressed.

N678L - Clinical Practicum (2 units)

Healthcare is undergoing an information explosion. Implementation of new and evolving standards for practice addresses issues of patient safety, the use of culturally and linguistically appropriate services (CLAS), informatics, and healthcare that is both team-based and patient-centered. Moreover, it is crucial that everyone involved in healthcare work together to improve both the health care system and the health of people through practice inquiry. In this course the learner is immersed in a variety of clinical settings and given the opportunity to apply these evolving standards in the provision of healthcare services. This clinical course is taken concurrently with N674 with an emphasis on health protection and promotion.

N679L - Clinical Practicum (6 units)

This course builds on N678L and continues to investigate healthcare services within the context of evolving standards for evidence-based practice. In this course the learner is immersed in a variety of

clinical settings and given the opportunity to apply these evolving standards in the provision of healthcare services. This course emphasizes acute episodic healthcare conditions across the lifespan. This clinical course is taken concurrently with N675 with an emphasis on acute and episodic healthcare.

N680L - Internship (6 units)

This course builds on N678L and N679L by expanding the learner's focus to include the management of common complex chronic conditions. Again, in this course the learner is immersed in a variety of clinical settings and given the opportunity to apply the knowledge, skills, and attitudes to assess, diagnose, and develop a treatment plan across the lifespan. This clinical course is taken concurrently with N676 with an emphasis on chronic and complex healthcare problems.

N606 - Directed Synthesis Project

The special project may take one of two forms:

- a) Preparation of a scholarly paper for publication in concert with a faculty member. This assignment, which requires considerable student initiative, will include participation in the development of a topic, literature review, data collection and analysis as appropriate, and preparation of a scholarly paper for publication.
1. Preparation of a scholarly report on the implementation of a major health program or instructional innovation designed to improve health care to high-risk populations in the community. Such a project is the culmination of work initiated in the core theory and clinical courses in the student's area of concentration.
2. Other scholarly projects are possible by arrangements. Three semester units of credit are awarded upon successful completion of the special project.

Oakland Campus - ELMSN-FNP Full Time Course Sequence

6 Semesters	Course Number	Course Title	Units
PRELICENSURE (SPRING)	N601	Research Methods	3
	N602	Analysis of Health Policy Issues	3
OAK Semester 1 (SUMMER)	N626	Theoretical Foundations for APNs	3
	N670	Family Centered Advance Practice Nsng	2
	N672	Professional Role Development for APNs	1
OAK Semester 2 (FALL)	N619	Advanced Pathophysiology	3
	N671/N671L	Advanced Physical Assessment/Lab	3
OAK Semester 3 (SPRING)	N674	Health Protection, Promotion & Screening	3
	N677	Advanced Pharmacology	3
	N678L	Clinical Practicum (90 Hours)	2
OAK Semester 4 (SUMMER)	N675/ 675L	Care of Acute & Episodic Conditions/Lab	4
	N679L	Clinical Practicum (270 Hours)	6
OAK Semester 5 (FALL)	N606	Synthesis Project	3
	N673	Professional Advocacy for Entry to AP Role	1
	N676	Care of Chronic & Complex Conditions	3
	N680L	Internship (270 Hours)	6

Sacramento Campus - ELMSN-FNP Full Time Course Sequence

6 Semesters	Course Number	Course Title	Units
PRELICENSURE (SUMMER)	N601	Research Methods	3
	N602	Analysis of Health Policy Issues	3
SAC Semester 1 (FALL)	N626	Theoretical Foundations for APNs	3
	N670	Family Centered Advanced Practice Nsng	2
	N672	Professional Role Development for APNs	1
SAC Semester 2 (SPRING)	N619	Advanced Pathophysiology	3
	N671/N671 L	Advanced Physical Assessment/Lab	3
SAC Semester 3 (SUMMER)	N674	Health Protection, Promotion & Screening	3
	N677	Advanced Pharmacology	3
	N678L	Clinical Practicum (90 Hours)	2
SAC Semester 4 (FALL)	N675/ 675L	Care of Acute & Episodic Conditions/Lab	4
	N679L	Clinical Practicum (270 Hours)	6
SAC Semester 5 (SPRING)	N606	Synthesis Project	3
	N673	Professional Advocacy for Entry to AP Role	1
	N676	Care of Chronic & Complex Conditions	3
	N680L	Internship (270 Hours)	6

Oakland Campus - ELMSN-FNP Part Time Course Sequence

9 Semesters	Course Number	Course Title	Units
PRELICENSURE (SPRING)	N601	Research Methods	3
	N602	Analysis of Health Policy Issues	3
OAK Semester 1 (SUMMER)	N626	Theoretical Foundations for APNs	3
	N672	Professional Role Development for APNs	1
OAK Semester 2 (FALL)	N619	Advanced Pathophysiology	3
OAK Semester 3 (SPRING)	N677	Advanced Pharmacology	3
OAK Semester 4 (SUMMER)	N670	Family Centered Advanced Practice Nsng	2
OAK Semester 5 (FALL)	N671/N671 L	Advanced Physical Assessment/Lab	3
OAK Semester 6 (SPRING)	N674	Health Protection, Promotion & Screening	3
	N678L	Clinical Practicum (90 Hours)	2
OAK Semester 7 (SUMMER)	N675/ 675L	Care of Acute & Episodic Conditions/Lab	4
	N679L	Clinical Practicum (270 Hours)	6
OAK Semester 8 (FALL)	N606	Synthesis Project	3
	N673	Professional Advocacy for Entry to AP Role	1
	N676	Care of Chronic & Complex Conditions	3
	N680L	Internship (270 Hours)	6

Sacramento Campus - ELMSN-FNP Part Time Course Sequence

9 Semesters	Course Number	Course Title	Units
PRELICENSURE (SUMMER)	N601	Research Methods	3
	N602	Health Policy	3
SAC Semester 1 (FALL)	N626	Theoretical Foundations for APNs	3
	N672	Professional Role Development for APNs	1
SAC Semester 2 (SPRING)	N619	Advanced Pathophysiology	3
SAC Semester 3 (SUMMER)	N677	Advanced Pharmacology	3
SAC Semester 4 (FALL)	N670	Family Centered Advanced Practice Nsng	2
SAC Semester 5 (SPRING)	N671/N671 L	Advanced Physical Assessment/Lab	3
SAC Semester 6 (SUMMER)	N674	Health Protection, Promotion & Screening	3
	N678L	Clinical Practicum (90 Hours)	2
SAC Semester 7 (FALL)	N675/ 675L	Care of Acute & Episodic Conditions/Lab	4
	N679L	Clinical Practicum (270 Hours)	6
SAC Semester 8 (SPRING)	N606	Synthesis Project	3
	N673	Professional Advocacy for Entry to AP Role	1
	N676	Care of Chronic & Complex Conditions	3
	N680L	Internship (270 Hours)	6

Oakland Campus - Post Baccalaureate FNP Hybrid - Full Time Course Sequence

5 Semesters	Course Number	Course Title	Units
OAK Semester 1 (Summer)	N601	Research Methods	3
	N626	Theoretical Foundations for APNs	3
	N670	Family Centered Advanced Practice Nsng	2
	N672	Professional Role Development for APNs	1
OAK Semester 2 (Fall)	N619	Advanced Pathophysiology	3
	N671/N671L	Advanced Physical Assessment/Lab	3
OAK Semester 3 (Spring)	N602	Analysis of Health Policy Issues	3
	N674	Health Protection, Promotion & Screening	3
	N677	Advanced Pharmacology	3
	N678L	Clinical Practicum (90 Hours)	2
OAK Semester 4 (SUMMER)	N675/N675L	Care of Acute & Episodic Conditions/Lab	4
	N679L	Clinical Practicum (270 Hours)	6
OAK Semester 5 (Fall)	N606	Synthesis Project	3
	N673	Professional Advocacy for Entry to AP Role	1
	N676	Care of Chronic & Complex Conditions	3
	N680L	Clinical Practicum (270 Hours)	6

Sacramento Campus - Post Baccalaureate FNP Hybrid - Full Time Course Sequence

5 Semesters	Course Number	Course Title	Units
SAC Semester 1 (Fall)	N601	Research Methods	3
	N602	Analysis of Health Policy Issues	3
	N626	Theoretical Foundations for APNs	3
	N670	Family Centered Advanced Practice Nsng	2
	N672	Professional Role Development for APNs	1
SAC Semester 2 (Spring)	N619	Advanced Pathophysiology	3
	N671/N671L	Advanced Physical Assessment/Lab	3
SAC Semester 3 (Summer)	N674	Health Protection, Promotion & Screening	3
	N677	Advanced Pharmacology	3
	N678L	Clinical Practicum (90 Hours)	2
SAC Semester 4 (Fall)	N675/N675L	Care of Acute & Episodic Conditions/Lab	4
	N679L	Clinical Practicum (270 Hours)	6
SAC Semester 5 (Spring)	N606	Synthesis Project	3
	N673	Professional Advocacy for Entry to AP Role	1
	N676	Care of Chronic & Complex Conditions	3
	N680L	Clinical Practicum (270 Hours)	6

Oakland Campus - Post Baccalaureate FNP Hybrid - Part Time Course Sequence

8 Semesters	Course Number	Course Title	Units
OAK Semester 1 (SUMMER)	N626	Theoretical Foundations for APNs	3
	N672	Professional Role Development for APNs	1
OAK Semester 1 (FALL)	N619	Advanced Pathophysiology	3
OAK Semester 1 (SPRING)	N602	Analysis of Health Policy Issues	3
	N677	Advanced Pharmacology	3
OAK Semester 2 (SUMMER)	N601	Research Methods	3
	N670	Family Centered Advanced Practice Nsng	2
OAK Semester 2 (FALL)	N671/N671 L	Advanced Physical Assessment/Lab	3
OAK Semester 2 (SPRING)	N674	Health Protection, Promotion & Screening	3
	N678L	Clinical Practicum (90 Hours)	2
OAK Semester 3 (SUMMER)	N675/ 675L	Care of Acute & Episodic Conditions/Lab	4
	N679L	Clinical Practicum (270 Hours)	6
OAK Semester 3 (FALL)	N606	Synthesis Project	3
	N673	Professional Advocacy for Entry to AP Role	1
	N676	Care of Chronic & Complex Conditions	3
	N680L	Internship (270 Hours)	6

Sacramento Campus - Post Baccalaureate FNP Hybrid - Part Time Course Sequence

8 Semesters	Course Number	Course Title	Units
SAC Semester 1 (FALL)	N601	Research Methods	3
	N626	Theoretical Foundations for APNs	3
	N672	Professional Role Development for APNs	1
SAC Semester 1 (SPRING)	N619	Advanced Pathophysiology	3
SAC Semester 1 (SUMMER)	N677	Advanced Pharmacology	3
SAC Semester 2 (FALL)	N602	Analysis of Health Policy Issues	3
	N670	Family Centered Advanced Practice Nsng	2
SAC Semester 2 (SPRING)	N671/N671 L	Advanced Physical Assessment/Lab	3
SAC Semester 2 (SUMMER)	N674	Health Protection, Promotion & Screening	3
	N678L	Clinical Practicum (90 Hours)	2
SAC Semester 3 (FALL)	N675/ 675L	Care of Acute & Episodic Conditions/Lab	4
	N679L	Clinical Practicum (270 Hours)	6
SAC Semester 3 (SPRING)	N606	Synthesis Project	3
	N673	Professional Advocacy for Entry to AP Role	1
	N676	Care of Chronic & Complex Conditions	3
	N680L	Internship (270 Hours)	6

Online - MSN FNP - Full Time Course Sequence

5 Semesters	Course Number	Course Title	Units
Semester 1	N601	Research Methods	3
	N626	Theoretical Foundations for APNs	3
	N670	Family Centered Advanced Practice Nsng	2
	N672	Professional Role Development for APNs	1
Semester 2	N619	Advanced Pathophysiology	3
	N671/N671 L	Advanced Physical Assessment/Lab	3
	N674	Health Protection, Promotion & Screening	3
Semester 3	N602	Analysis of Health Policy Issues	3
	N677	Advanced Pharmacology	3
	N678L	Clinical Practicum (90 Hours)	2
Semester 4	N673	Professional Advocacy for Entry to AP Role	1
	N675/675L	Care of Acute & Episodic Conditions/Lab	4
	N679L	Clinical Practicum (270 hours)	6
Semester 5	N606	Synthesis Project	3
	N676	Care of Chronic & Complex Conditions	3
	N680L	Internship (270 hours)	6

Online - MSN FNP - Part Time Course Sequence

7 Semesters	Course Number	Course Title	Units
Semester 1	N601	Research Methods	3
	N670	Family Centered Advanced Practice Nsng	2
	N672	Professional Role Development for APNs	1
Semester 2	N619	Advanced Pathophysiology	3
	N626	Theoretical Foundations for APNs	3
Semester 3	N671/N671L	Advanced Physical Assessment/Lab	3
	N674	Health Protection, Promotion & Screening	3
Semester 4	N602	Analysis of Health Policy Issues	3
	N677	Advanced Pharmacology	3
	N678L	Clinical Practicum (90 hours)	2
Semester 5	N675/N675L	Care of Acute & Episodic Conditions/Lab	4
	N679L	Clinical Practicum (270 hours)	6
Semester 6	N676	Care of Chronic & Complex Conditions	3
	N680L	Internship (270 hours)	6
Semester 7	N606	Synthesis Project	3
	N673	Professional Advocacy for Entry to APN Role	1

Samuel Merritt University - FNP Program Policies

ATTENDANCE & PARTICIPATION

Time spent logged into Canvas and posting assignments meet the attendance and participation requirements for courses delivered online.

Students are expected to participate in all coursework and classroom activities, and complete all assignments by the posted due date and time.

The faculty recognize that events may occur that interfere with participation and/or the completion of coursework by the assigned due date. It is imperative that students communicate with the course faculty as soon as they are aware of any conflict that interferes with the above stated expectations (*preferably PRIOR to due dates*).

ACADEMIC PERFORMANCE

Academic integrity is expected of all faculty, staff and students in order to promote a productive and safe environment for learning. Key components of academic integrity are communication and mutual respect among the members of the Samuel Merritt University community. Faculty, staff, and students are expected to abide by the codes of conduct and ethics of this University, as well as the code of ethics of their respective professions, which includes reporting misconduct to the appropriate authorities. Lack of academic integrity includes, but is not limited to, plagiarizing, cheating, deception, breach of confidentiality, failure to report a clinical error, falsifying research results, and failure to confront and/or report misconduct of others.

Faculty members reserve the right to evaluate individual cases of academic dishonesty by a student and to take appropriate action, which may include failure on a paper or exam or failure in the course. Faculty may also recommend censure, probation, suspension or dismissal to the Academic Vice President. A written report of any action will be placed in the student's file in the Office of the Registrar. If the student's status in the program is affected, a permanent notation will be made on his/her transcript.

Regardless of any action taken by the course faculty member, lack of academic integrity constitutes grounds for suspension or dismissal from Samuel Merritt University through the Office of the Academic Vice President.

ACADEMIC HONESTY AND PLAGIARISM POLICY

Individual Assignments – graded assignments that are the students' original work. No portion of any assignment submitted may be the work of any other student in this course, or any other course.

Group Assignments – graded assignments that are the work and collaboration of a group of students (as assigned by instructor), that cumulatively is submitted as one assignment and will be graded based on the submission of the group. No portion of any assignment submitted may be the work of any other student in this course, or any other course. Group assignments must have a page added to the submitted assignment that indicates the students' names and the work designated and completed by each student in the group.

Collaboration – students speaking with one another, or otherwise working on assignments together, in discussion settings. Collaboration is allowed only on a case-by-case basis, as allowed by the Instructor. All students involved in any collaboration will be named on all assignments submitted.

Cross-course collaboration – no students will be allowed to work together on assignments between courses, i.e. ELMSN-Hybrid-MSN ONL. Because each individual course is taught by different SMU faculty, there will be no cross-course collaboration allowed based on multiple faculty involved in teaching courses.

Course expectation – all assignments will be either individual or group (please refer to syllabus). Collaboration is allowed at the Instructors discretion and with clear instruction to students, otherwise all students must work individually or in their group. No student may submit any assignment that is not original, and completely their own work. Please refer to SMU Academic Student Handbook and Course Policies regarding academic dishonesty and plagiarism.

COMMUNICATION, PROFESSIONALISM AND CONDUCT

We recognize that students in the FNP program have overcome many challenges to get to this level in their education. It is our desire to support you in your learning processes and to support the reputation and quality of the SMU FNP program at the highest caliber. We further recognize that our FNP students are mature, responsible, competent at studying and learning, and are hard-working adults with many duties and responsibilities outside of the SMU FNP experience. In order to support you and ensure the mutually beneficial reputation of the SMU FNP program, we will clarify expectations between us.

As your FNP administration, faculty and staff, you can expect:

1. We will strive to be current in our academic, political, and professional knowledge in advanced practice nursing.
2. We will be prepared for your learning in all FNP courses and clinical rotations.
3. We will show up for FNP courses and FNP clinical rotations with an “I am here to learn with you” attitude, on time, and as scheduled.
4. We will “set the bar high” in our expectations of you in the FNP student role.
5. We will strive to communicate effectively orally and in writing, in a timely manner.
 - We will strive to provide feedback on papers and assignments to you within 7 days of receiving them.
 - We will strive to answer your emails and phone calls to us within 72 hours.
 - If we are unavailable to you during these time frames for any reason, we will contact you at a minimum of two weeks in advance and inform you either through Canvas or email and provide the name of a reliable contact person that can return your emails and phones in our absence.
 - We will use graduate level wording, and proper English composition, spelling and grammar in our communications to you.
6. If we change our class, lab or schedule in a way that impacts your classes or your clinical rotations, except in an extreme emergency, we will give you a minimum of a two week notice.
7. We will strive to be FNP role models for you.
8. We will work together to see every adverse or challenging situation as an opportunity to learn.
9. Whenever possible, we will provide a minimum of a two week notification of your upcoming clinical rotation sites.

As SMU FNP students, we expect:

1. You will be prepared when coming to FNP theory and clinical rotations. This means, you have read the required material, when appropriate, and have a positive, “I am here to learn with you” attitude, will commit to show up on time, be engaged, and attend and participate during the full time scheduled.
2. You will demonstrate an effective meaningful professional communication manner, both orally and in writing, in a timely manner. You will use graduate level wording and proper English composition, spelling and grammar in your communications to us. When you receive an email or written communication from us, we expect an acknowledgement of that communication in a timely manner written within 72 hours.
3. You will strive to “set the bar high” in your expectations of us in FNP administration, faculty and staff roles.
4. If you change your attendance schedule to a class, lab, clinical or other University based activity, except in an extreme emergency, you will give us a minimum of a two week notice, and if you are going to miss in a clinical site where multiple SMU FNP students are in practice, we expect you to find a replacement for you in your absence.
5. You will strive to be role models and mentors for other FNP students.
6. You will strive to see each adverse or challenging situation as an opportunity to learn.
7. You will keep your clinical hours current and documented, and respond rapidly to requests related to potential or current clinical sites timely.

LATE SUBMISSION OF ASSIGNMENTS

Up to 50% point deduction will occur for assignments submitted late. Assignments are not accepted beyond the fifth day past the due date, unless *prior* arrangements are made with the course faculty.

A student who does not attend required course meetings/activities will receive a lower grade for the course.

TEST SCORES

A failing score of <75% on any course exam or equivalent assignment may be remediated one time only. The maximum score allowed for a remediation is 75%.

SPECIFIC FNP POLICIES

For All Courses

- Students are expected to arrive to class and/or clinical site meetings on time, appropriately attired, wearing SMU nametag, and adequately prepared.
- Students are expected to maintain professional communication with staff, faculty, and peers at all times.
- Online students are expected to participate on time in Discussion Boards and other assigned activities.

For Theory Courses

- It is the student's responsibility to be familiar with all course requirements.
- Students are expected to be attentive to classroom activities and NOT spend time on personal email or other unrelated activities while class is in session.

For Clinical Courses

The University requirement for FNP clinical hours is 630 over the final 3 semesters.

The guidelines for dividing clinical hours for the 3 clinical semesters are as follows: The minimum clinical hours are: N678L - 90 hours, N679L - 270 hours, N680L - 270 hours.

Clinical hours are those spent in the clinical practice setting or clinical simulations. This may include group discussions and presentations about patients, clinical events, and research about medical conditions encountered related to specific patient diagnosis and management *while at the practice site*. The following *do not* count towards the FNP Program clinical hour requirement: travel to and from the clinical assignments, professional conferences, CEUs, and research related to general patient diagnosis and management *outside* of the clinic.

It is of mutual understanding that the FNP Program Policies include the following:

- Students cannot precept in the same work-unit where they are employed.
- Students cannot precept with a relative, friend or anyone with whom they have a relationship (e.g. a care provider).
- Hours for the program must be in family or primary care setting.
- Students can spend limited time in specialty practices approved by the FNP Program.
- If the student decides not to accept a clinical assignment, they must sign the FNP Program waiver.
 - A student might be required to find their own clinical site.
- The program's focus is Primary care and although most of your clinical hours will be in primary care settings of family practice, pediatrics or women's health, we do support some specialty rotations that cross over.
- These may include but are not limited to Dermatology, ENT, and Oncology, wound care, hematology, podiatry, orthopedics, urgent care, occupational health and psychiatry. Very specialized settings, such as aesthetics, outpatient surgery center and travel medicine to name a few may be arranged through your faculty and clinical coordinator. However, no more than 1/4 of your clinical hours for that semester may be in a specialized setting.
- Students are expected to attend clinical days as if it were their place of employment. Therefore, students must notify the clinical faculty, preceptor, and clinical site as soon as possible if they cannot attend clinical, will be late, or there is a change in hours.

- In some cases, students might be able to obtain clinical hours at faculty practices. Students should check with their assigned clinical coordinator to see if this is an option.
- Updating of the Doodle (Brighter Beginnings Faculty Practice only) schedule is the responsibility of the student. Edits less than 2 weeks must be arranged & approved with the faculty of that day.
- A minimum of 4 students and a maximum of 6 will be scheduled each day. Less than or greater than is at the discretion of the faculty.
- Sacramento Faculty Practice (WellSpace Health) is scheduled each semester by the FNP Clinical Coordinator. In the case a student is sick or has an emergency, it's the student's responsibility to identify a replacement and notify the Clinical Faculty and FNP Clinical Coordinator by emailing the names and identifying the dates exchanged to SACFacultyPractice@SamuelMerritt.edu.
- Unless it is an illness or emergency situation, students are expected to find their own replacement for the day that they will miss if the remaining student count drops below the minimum of 4.
- If a student fails to contact the faculty for a missed day, or removes self within 24 hours prior to clinic without approval, the student is put on 'tentative fail' of the clinical course. He/ she will have to make up those clinical hours with another clinic day by the deadline established. Those make up hours are not allowed to be recorded into Typhon. The 'tentative fail' is lifted once agreement has been met/ clinical hours made up.
- An absence of more than one day of clinical during the semester jeopardizes meeting competencies, and must be discussed with the clinical faculty for remediation.
- Students are expected to provide the names and contact information of their preceptors to their clinical instructor at the beginning of the semester and throughout the rotation.
- For faculty sites, students are expected to participate in pre- or post- clinical conference and complete their documentation and tasks by the end of clinic day.
- Students at risk in clinical are expected to:
 - Meet with their clinical faculty to review expectations as soon as possible.
 - A learning contract will be initiated.
 - At any time during the student's clinical rotation, a learning contract can be initiated as soon as concerns or problems are noted.
 - A midterm student self-evaluation, along with a learning contract will be initiated for review during the student's final evaluation.
 - Complete a plan for remediation, including learning goals. This midterm evaluation or when concerns are first noted will be completed in writing.

SAFE AND PROFESSIONAL PRACTICE IN CLINICAL SETTINGS

Policy

A student whose pattern of behavior is found to be unsafe and/or unprofessional may be excluded from a clinical practicum at any time and could receive a failing grade in the course. The student is referred to the program director/department chair and may be subject to further disciplinary action.

Guidelines

The student will demonstrate patterns of healthcare professional behavior which follow the legal and ethical professional codes; promote the well-being of clients, healthcare workers, and self in the biological,

psychological, sociological, and cultural realms; demonstrate accountability in preparation, documentation and continuity of care; and show respect for the human rights of individuals.

Indicators to be used as guidelines for evaluating safe and professional practice are:

Regulatory

The student practices within the boundaries of the applicable State Practice Act, the guidelines and objectives of the department, and the rules and regulations of the healthcare agencies. Examples of safe and/or professional practice include, but are not limited to the following:

1. notifying the agency and/or instructor of clinical absence.
2. adhering to the dress code.
3. presenting for clinical practicum free from the influence of un-prescribed psychoactive drugs, including alcohol.
4. demonstrating accountability by making up missed clinical experiences, as designated by faculty member.
5. arriving promptly for clinical assignments.
6. meeting obligations in a timely manner.

Ethical

The student practices according to the relevant professional association's Code of Ethics, Standards of Practice, and the State Practice Acts. Examples of safe and/or professional practice include, but are not limited to the following:

1. accepting assignments in keeping with the University's policy of non-discrimination.
2. appropriately performing any activity related to clinical practice.
3. reporting unethical behavior of other healthcare providers, including other students.
4. demonstrating honesty in all aspects of clinical practice.

Biological, Psychological, Social, and Cultural Realms

The student's practice meets the needs of the human from a biological, psychological, sociological and cultural standpoint. Examples of safe and/or professional practice include, but are not limited to the following:

1. displaying stable mental, emotional and physical behavior.
2. following through on referrals or interventions to correct own areas of deficiency in clinical practice which, if ignored, may result in harm to others.
3. building interpersonal relationships with agency staff, coworkers, peers and/or faculty that result in clear, constructive communication, promoting quality client care and/or unit functioning.
4. being physically capable of carrying out essential procedures.

Accountability

The student's practice demonstrates accountability in the responsible preparation, documentation and promotion of continuity in the care of clients. Examples of safe and/or professional practice include, but are not limited to the following:

1. communicating concisely both orally and in writing.
2. documenting client behavior accurately and comprehensively.
3. reporting questionable professional practices.
4. undertaking activities with adequate orientation, theoretical preparation and appropriate assistance.
5. demonstrating honesty in all aspects of practice.

Dress code

Students are expected to dress professionally in appropriate clothing for their clinical setting. The following serves as a guideline for the FNP-program and is in conjunction with the clinical agency's expectations.

1. It is expected that compliance with the dress code of each individual clinical agency will be respected.
2. Appropriate attire and a neat personal appearance are required when interacting with faculty and peers in classroom situations.
3. Appropriate attire and neat personal appearance are required during interactions with patients and clinical colleagues.
4. Lab coats should be worn with SMU name tags during every clinical rotation.
5. Attire to be worn under lab coat should be either causal professional or more formal professional attire depending on the setting.
6. Scrubs are **not** proper attire for most nurse practitioners, unless they are consistent with other practitioners in the assigned clinical setting, or are covered with a lab coat.
7. Ties for men are optional.
8. Closed toed and low-heeled shoes should be worn in clinic (clogs are the exception but no high-heeled mules). Shoes should be appropriate for the clinical setting (No flip-flops, sandals or open toes).
9. Hair should be arranged so as not to interfere with patient care and safety.
10. Nails should be clean, short and maintained to ensure patient safety. Artificial nails are not permitted for patient care.
11. Perfumed or scented products should not be worn, as many patients are intolerant.
12. Jewelry should not interfere with patient care or safety.

CLINICAL PERFORMANCE

The Clinical Coordinator will help prepare you for clinic by providing a clinical guide, set up training to learn our Clinical Database- Typhon and work with you on Clinical Placements.

FNP Student Expectations

1. Attend all prearranged clinical conferences in a timely manner. Notify preceptors promptly if you are unable to be at clinical.
2. Share with clinical faculty and clinical coordinator regarding strengths, weaknesses and learning needs and preferences.
3. Provide clinical faculty and preceptor with written personal objectives that are consistent with overall course objectives.
4. Participate in self-evaluation as well as preceptor and faculty evaluation.
5. Participate appropriately in the clinical agency in relation to dress, demeanor, nametag, confidentiality and use of resources.
6. Develop collaborative and considerate working relationships with all client and staff colleagues in the clinical agency.
7. Advocate for clients/families rights for appropriate care and self-determination above the student's learning needs.

TYPHON STUDENT TRACKING SYSTEM

The FNP Program utilizes the web-based clinical student tracking system developed and maintained by the Typhon Group. This secure, password protected software application has multiple functions related to the general management of the FNP clinical curriculum as well each student's self-management of their individual data-- professional profile, documentation of required credentials, and completed clinical cases. Every student is fully oriented to the use of Typhon during the second semester (just prior to first clinical rotation, N678L); thereafter it is the student's responsibility to maintain their account as directed during the orientation. The Clinical Coordinator and clinical instructors are responsible for monitoring and maintaining designated components of the site.

At the end of every semester, the Clinical Coordinator will send a summary of hours to each preceptor. It is crucial that you accurately reflect time spent with each preceptor and that each site location documented is accurately reflected of the day you spent at clinic.

Each student's account provides program or clinical agency administrators with access to any necessary credential or regulatory document whenever required for the purposes of ascertaining compliance with accreditation standards or policies. **The importance of maintaining all documents up to date on Typhon cannot be overemphasized. Additionally, students are required to maintain current documents as soft copy on a USB (aka jump- or flash-) drive at all times when physically present at any clinical agency.**

TYPHON REQUIREMENTS

Documentation of hours and patient encounters are expected to be entered into Typhon on a daily and/or weekly basis. You are expected to meet the minimum clinical hour requirement for each clinical course by the end of the respective semester. Hours that exceed the minimum requirement need to involve more complex decision making care. Hours that exceed the maximum will be considered for rollover into the next semester on a case by case basis. It is your responsibility to notify your clinical faculty should you have additional hours over the maximum. Expectations for hours that exceed the semester minimum:

- Must meet the subsequent course expectation for complexity and decision making
- Will be considered on a case-by-case basis after student notification of the assigned clinical faculty in discussion with the Director or Assistant Director of the FNP Program

Every patient encounter is expected to be logged into the Typhon system within 1 week of occurrence. The following data points are required:

- **SEMESTER**
- **COURSE**
- **PRECEPTOR**
- **CLINICAL SITE**
- **AGE**
- **GENDER**
- **TIME WITH PATIENT (standardized) –**
 - 1st semester use 1 hr/patient, 2nd 45 min, 3rd 30 min
- **DIAGNOSIS w/ ICD10 code**
- **CPT CODES**
- **TREATMENT PLAN**

COMPETENCY ASSESSMENT

OSCE - An Objective Structured Clinical Examination (OSCE) is a type of examination often used in health sciences to test clinical skill performance and competence in skills such as communication, clinical examination, procedures and interpretation of results.

For on-campus students, An OSCE usually comprises a circuit of short (usually 20 minutes) stations, in which each student is examined on a one-to-one basis with one or two impartial examiner(s) and standardized patients (actors). Each station has a different examiner, as opposed to the traditional method of clinical examinations where a student would be assigned to an examiner for the entire examination. Students rotate through the stations, completing all the stations on their circuit. In this way, all students take the same stations.

As the name suggests, an OSCE is designed to be:

- *Objective* - all students are assessed using exactly the same stations with the same scoring scheme. In an OSCE, students get points for each step that they perform correctly which therefore makes the assessment of clinical skills more objective rather than subjective, where one or two examiners decide whether or not the student fails based on their subjective assessment of their skills.
- *Structured* - stations in OSCEs have a very specific task. Where simulated patients are used, detailed scripts are provided to ensure that the information that they give is the same to all students. Instructions are carefully written to ensure that the student is given a very specific task to complete. The OSCE is carefully structured to include parts from all elements of the curriculum as well as a wide range of skills.
- *Clinical Examination* - the OSCE is designed to apply clinical and theoretical knowledge. Where theoretical knowledge is required (for example, answering questions from the examiner at the end of the station) then the questions are standardized and the student is only asked questions that are on the scoring sheet.

Simulation

Patient encounter simulations are conducted throughout the FNP curriculum beginning in Advanced Physical Assessment and continuing into Clinical Practica. To realistically reproduce a patient encounter, standardized patients (SPs) are sometimes utilized. These SPs portray patients during an interview and physical examination with the student. These SPs report their symptoms to the student and the student, in turn, conducts the patient interview and performs a physical examination. Through these interviews, students learn how to communicate with patients in certain medical situations, followed by the appropriate physical assessment.

Oral Exams

In the final semester of the program, students undergo oral examinations with two faculty members. These exams are conducted to assess students' foundation of knowledge and their ability to critically think through three clinical case scenarios, one each in pediatrics, women's health, and internal medicine.

Online OSCE and Oral Examination

The OSCE experience for the online students is embedded in the 3 clinical courses N678L, N679L using an online methodology. Each clinical course has 3 evaluation experiences in the final weeks of the semester. The first experience is a medical decision-making scenario based on a case study, the second evaluation is a telephone triage experience, and the final experience is a video-taped patient evaluation using a standardized patient scenario.

Online students participate in the culminating evaluative experience referred to as the oral exams using a web-based format. See the previous description of the oral examination.

EVALUATION

Student Outcome Evaluation/Program Evaluation:

All students are required to complete evaluation instruments assessing the outcomes of their educational program. Ongoing evaluations are conducted in all programs to assess and ensure quality educational experiences. The evaluation instruments are collected each semester and/or during the final term prior to graduation. Failure to complete the instruments may result in a hold (Stop List) on the academic record.

Students are required to complete and submit an evaluation each semester reviewing current clinical site (non-faculty practice), preceptor (non-faculty) and Clinical Faculty Evaluation. The electronic evaluation will be submitted to you through Typhon, the SMU clinical database.

GRADUATE PROGRESSION AND GRADUATION

All students must satisfactorily complete all required prerequisite courses to progress in the major. In order to matriculate into the 5th semester of the Family Nurse Practitioner, the Entry-level Master of Science in Nursing student must successfully complete the curriculum as outlined in the current catalog and pass a standardized assessment test as determined by the School of Nursing at the prescribed passing score.

Graduate students in the Master of Science in Nursing programs must achieve satisfactory academic performance, including: a minimum grade of “C” in all required courses; a grade of “S” on all clinical experiences; and a cumulative grade point average 3.0. Graduate students are also required to complete evaluation instruments assessing their learning experiences, including clinical coursework, at periodic intervals.

Copy Revised: 10/31/2016 by RR and KP