CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
DEPARTMENT OF NURSING

Doctor of Nursing Practice (DNP) Student Handbook

2025-2027

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Section I. Overview of the Department and Program

A. Introduction

California State University Bakersfield (CSUB) opened in September 1970 as the 19th member of the 23-campus CSU system. Its vision is to become the leading campus in the CSU system in terms of faculty and academic excellence and diversity, quality of the student experience and community engagement.

CSUB is located at the southern end of the San Joaquin Valley approximately 110 miles north of Los Angeles. CSUB, the only four-year institution within a 100-mile radius, is in the city of Bakersfield and operates as a commercial, medical, and educational center for the area. The University serves a regional population of over 800,000 including the city and unincorporated areas. The campus, which was developed on a 375-acre site that was donated from the private sector, sits on the growing western edge of metropolitan Bakersfield. CSUB currently offers more than 50 different Bachelor's and Master's degree programs and two Doctoral degree programs, one in Educational Leadership and another in Nursing Practice.

The University is fully accredited by the Western Association of Schools and Colleges, Senior College, and University Commission (WSCUC, formerly known as WASC), with six programs also accredited by national organizations. WSCUC accreditation was reaffirmed in 2020, and the University's next comprehensive review will be held in Fall 2027.

CSUB is a comprehensive regional University and is committed to excellence in its four schools: Arts and Humanities, Business and Public Administration, Natural Sciences, Mathematics and Engineering (NSME), and Social Sciences and Education. The Department of Nursing (DON) is one of eight departments in the School of NSME.

B. Overview of the Department of Nursing

Undergraduate Program
The DON has offered the BSN degree since the University first opened its doors in 1970. Over the past 5 decades, more than 3,000 students have completed a BSN at CSUB. CSUB remains the only public university in the region where students can earn a BSN. Non-licensed students can obtain a BSN and eligibility for permission to take the National Council Licensure Examination (NCLEX-RN) through the Traditional BSN Program, a rigorous 3-year experience. Registered nurses can earn a bachelor's degree through the RN-BSN Program, which features a predominantly online curriculum. As a result of heavy demand, the Traditional BSN Program and the RN-BSN Program have both been granted Impacted Status designation from the CSU Chancellor's Office. In the CSU system, a program is granted Impacted Status when the number of applications received exceeds program capacity. At CSUB, admissions standards and ranking criteria for the Traditional BSN and RN-BSN programs are established by the Undergraduate Program Committee (UPC), and cohorts are comprised of the top-ranking candidates.
The majority of the RN-BSN Program is delivered in an online format. All of the nursing didactic courses are offered online and do not require on-campus attendance. The program's one clinical course, Community Health Practicum, requires 90 hours of clinical experience.

Graduate Program
DON opened the MSN program in 1987 with a graduate degree in Nursing Administration and secured National League for Nursing (NLN) accreditation in 1991. After the implementation of

the Family Nurse Practitioner (FNP) Track in 1996, the BSN and MSN programs transitioned successfully to CCNE accreditation in 1998. Additional MSN Tracks were also introduced and discontinued over the years, based on student demand and available resources. Between 1990 and 2010, the MSN program graduated 114 FNPs and 87 Clinical Nurse Leaders, Clinical Nurse Specialists, Nurse Educators, and School Nurses. Most MSN graduates have remained in Kern County and are leaders within the local healthcare community.

Due to a statewide budget cut, The MSN program was in moratorium between 2010 and 2014. During this time, however, leaders within our community and on campus continued to monitor the trends within the healthcare system, our community's needs, and the professional goals of our current and prospective students. A feasibility study was conducted, which indicated a tremendous need for more FNPs; a healthy MSN/FNP program is a critical resource for the Central Valley of California. The MSN Program with an FNP Track reopened in Fall 2014 with full approval by the California BRN and was accredited by the CCNE. Initially approved for a single cohort in 2014, the program progressed to biannual admissions by 2016 and to an annual admission schedule by 2019, effectively doubling the MSN-FNP program enrollment to better address the shortage of primary care providers in the community.

The Department of Nursing transitioned the MSN-FNP program to the Doctor of Nursing Practice (DNP) degree program to meet the emerging national NP education standards that require a DNP degree for all entry level NPs by 2025. The DON received official approval from the CSU Chancellor's office in 2024. The inaugural DNP class started in Fall 2025. The MSN-FNP program was placed on moratorium.

The DNP program has two subprograms: A Master of Science in Nursing to the Doctor of Nursing Practice (MSN-DNP) program and a Family Nurse Practitioner (DNP-FNP) program. The MSN-DNP program is designed for master's prepared Advanced Practice Registered Nurses (APRNs). This includes Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Nurse Anesthetists, and Nurse Midwives who are seeking the terminal degree in nursing discipline and will be prepared for autonomous clinical practice and interprofessional leadership at the highest level. While the purpose of the DNP-FNP program is to produce doctorally-prepared nurse practitioners to address the critical shortage of primary care providers in the region, and to meet the emerging educational and scholarly standard for nurse practitioners.

Nursing Faculty
The Department's nursing faculty are highly qualified nurse scholars and educators prepared in research and practice of their respective nursing disciplines. Faculty members meet the California Board of Registered Nursing expectations for clinical competence, the University and the Commission on Collegiate Nursing Education's expectations for scholarship, teaching, practice and leadership.

Resources
The Department maintains three technical areas for nursing students in the Romberg Nursing Education Center (RNEC) on the CSUB campus: a nursing skills laboratory, a computer laboratory, and a state-of-the-art simulation center with an attached smart classroom to support multiple forms of technology-assisted classroom instruction.

Community Partners
Students practice their nursing skills at various locations in Bakersfield and in the surrounding areas. These facilities include hospitals, physicians' offices, health clinics, schools, public health agencies, homeless shelters, hospices agencies, and specialty care centers.

CSUB Non-Discrimination and Non-harassment Policy
The Department of Nursing follows the CSUB policy on non-discrimination and non-harassment and does not discriminate on the basis of race, religion, sex, age, handicap, color, marital status, sexual or national origin. https://www.csub.edu/bas/hr/HR_Policies_Procedures/index.html

C. California State University, Bakersfield Mission Statement

California State University, Bakersfield is a comprehensive public university committed to offering excellent undergraduate and graduate programs that advance the intellectual and personal development of its students. An emphasis on student learning is enhanced by a commitment to scholarship, diversity, service, global awareness and life-long learning. The University collaborates with partners in the community to increase the region's overall educational attainment, enhance its quality of life, and support its economic development.

D. Department of Nursing Mission, Vision, and Values

Mission

The Department of Nursing provides nursing education to undergraduate and graduate students seeking entry into professional nursing or advanced nursing education. The faculty provides a collaborative, inclusive, and interactive learning environment committed to excellence in teaching, scholarship, service, and practice. The Department of Nursing accomplishes the mission through collaboration with the communities of interest.

The Department of Nursing fosters an environment that encourages lifelong learning and advancement within the profession. Graduates will have the acquired knowledge, skills, attitudes, and values essential to the practice of advanced professional nursing. As professional nurses, our graduates will engage in evidence-based practice in an interprofessional healthcare environment. In recognition of the health needs of a multicultural society, advanced professional nurses who are graduates of CSUB will address healthcare issues and needs of their community.

Vision
The CSUB Department of Nursing pursues innovative ways to advance nursing practice and address the growing complexities associated with creating a healthier population in California's Central Valley.

Values
The Department's values align with those of the University, including academic excellence, freedom of inquiry and statement, global awareness and cultural sensitivity, diversity, honesty and fairness, democratic governance, community engagement, and personal responsibility. The

DON embraces professionalism and a respect for the inherent ethical values of altruism, autonomy, human dignity, integrity, and social justice as fundamental to the discipline of nursing.

E. University and Department Mission Congruence

The DON mission, goals, and expected program outcomes are congruent with the University's mission.

UNIVERSITY MISSION[1]	DON MISSION[2] & PHILOSOPHY[3]
CSUB is a comprehensive public university offering **excellent undergraduate** and **graduate** programs that advance the **intellectual and personal development** of its students.	The DON provides nursing education to **undergraduate** and **graduate** students seeking entry into **professional nursing or advanced education.**[2] Graduates will have the acquired **knowledge**, **skills**, **attitudes**, and **values** essential to the practice of professional nursing.[2]
We emphasize student learning through our commitment to scholarship, ethical behavior, diversity, service, global awareness and lifelong learning.	The faculty provides a **collaborative**, **inclusive**, and **interactive learning environment** committed to excellence in **teaching**, **scholarship**, **service**, and **practice**.[2] The DON fosters an environment that encourages **lifelong learning** and **advancement** within the profession.[2] Teaching/learning practice provides the student with opportunities to care for individuals, families and communities. The **student comes to the learning situation with a specific cultural and ethnic background**. Each student's learning style, strengths, and goals have evolved out of past interactions between innate characteristics and the environment. With the assistance of the faculty, it is the student's responsibility to strive to identify personal strengths and weaknesses and to achieve **self- understanding**, which **enhances personal and professional growth**.[3]
The University **collaborates** with **partners in the community** to increase the region's overall **educational** attainment enhance its **quality of life** and support its economic development.	The DON accomplishes the mission through **collaboration** with the **communities of interest**.[2] In recognition of the health needs of a multicultural society, professional nurses who are graduates of CSUB will address **healthcare issues and needs** of their **community**.[2] The effectiveness of the program is measured ultimately by the extent to which students demonstrate **achievement of the program's terminal objectives**…and make significant contributions to the **improvement of healthcare** and the profession of nursing.[3]

[1]CSUB Mission Statement retrieved from www.csub.edu/about/mission on September 15, 2023
[2]DON Mission Statement (*Faculty Handbook*)
[3]DON Philosophy of the Teaching Learning Process and Professional Education (*Faculty Handbook*)

F. Department of Nursing Goals

The DON goals reflect professional nursing standards. These standards are provided in the following documents, which serve as a foundation for the curricula and policies of the DON:

1. *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (CCNE, 2024)
2. *The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021)*
3. *National Task Force Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2022)
4. *Nurse Practitioner Core Competencies Content* (NONPF, 2022)
5. *Population-Focused Nurse Practitioner Competencies* (NONPF, 2013)
6. *Common Advanced Practice Registered Nurse Doctoral Level Competencies (2017)*
7. *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2025)
8. *Nursing's Social Policy Statement: The Essence of the Profession* (ANA, 2010)
9. *Nursing: Scope and Standards of Practice* (ANA, 2015)
10. *California Code of Regulations (CCR)* pertaining to nursing education (California BRN, regularly updated)

G. DON Goals Specific to DNP Programs

1. Demonstrate student outcomes that reflect program excellence through ongoing and consistent Program Evaluation to determine efficiency and effectiveness.
2. Maintain quality indicators in both DNP programs.
   a. MSN-DNP program:
      i. Maintain the completion rate of 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decision to transfer to another institution of higher education.
      ii. Achieve an employment rate of 80% or higher, when excluding graduates who have elected not to be employed.
   b. DNP-FNP program:
      i. Maintain the completion rate of 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decision to transfer to another institution of higher education.
      ii. Achieve an employment rate of 80% or higher, when excluding graduates who have elected not to be employed.
      iii. Maintain the pass rate for certification examination of 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years. Recruit and retain highly qualified faculty.
3. Expand Support Services for Students and Faculty
4. Support community health promotion and disease prevention through use of CSUB DON community and service-learning activities.
5. Collaborate with university departments interested in creating interprofessional learning courses.

H. Philosophy of Nursing

The outstanding faculty of the CSUB Department of Nursing has designed the departmental philosophy and curriculum around the Nursing metaparadigm concepts of client, environment, health and the nurse.

We assume nursing is a scientific discipline and as a discipline makes a distinctive contribution to the maintenance and promotion of health. This contribution is achieved through facilitating maximum functional health status by collaborating with individuals, families, groups and the community. Activities to accomplish nursing goals are viewed as congruent with society's expectations and needs.

Professional nursing draws upon the related disciplines of natural and social sciences, humanities, and nursing science for its theory as a foundation for practice. In addition, nursing continues to develop and refine its knowledge base through scientific inquiry into its theory and practice. Critical thinking, progressive inquiry, and decision-making skills are emphasized using the nursing process, which is directed toward achievement of maximum functional status for the client. The use of this process results in complex independent judgments based on accurate data and knowledge. We believe that the ability to engage in this process necessitates a baccalaureate level of nursing education. Such education is the essential preparation for beginning professional nursing practice.

Client

The client of nursing is the recipient of nursing care and may include the person across the lifespan, family, group, or community. The faculty believes in the integrity, dignity, and worth of the person as an open, goal-directed, humanistic being. We assume each person as an open system includes distinct, but integrated physiological, psychological, and socio-cultural systems. The person as an open system actively engages in interchange of energy with the environment and tends to achieve a balance among the various forces operating within and upon it. As an open system, the individual attempts to achieve balance with respect to these forces by utilizing, conserving, and replenishing energy in order to function effectively and efficiently. The motivating energy underlying this interchange with the environment is assumed to be present from conception through the lifespan. Developing through the process of adaptation, each person is engaged in modification through interaction with the environment. Effective adaptation during development can be defined as momentary periods of balance and maximum functional status. Genetic factors, spiritual orientation, education, occupation, and cultural/ethnic group membership influence individualized development. Although individuals strive to achieve balance and maximum functional status, they also actively seek new experiences that may disturb their balance at least temporarily. These new experiences may require variable behavioral modifications to re-establish balance. Further, we believe that individuals are rational, ever-changing, and capable of making critical choices.

Within our philosophical framework, the person across the lifespan, as an open system, interacts with, is part of, and influences other systems. The family is a dynamic social system which responds to the needs and desires of its members and the community in which it is located. As the primary reference group for the individual, the family serves to protect, educate, and nurture. Individuals or sub-populations sharing a common purpose or problem are the group/aggregate clients of nursing. A community, also a client of nursing, interacts with individuals, groups and

institutions for their mutual protection and common good. Because we believe in the value of relationships, linking people to each of the above social systems, we view the individual not in isolation, but as an integral part of the larger whole. These relationships are significant because they influence the individual's development, systems stability, functional status and health.

Environment

The environment may be defined as a composite of all the conditions and elements that make up the internal and external surroundings and influence the development of individuals. Additionally, the environment may be conceptualized as human, social, political, economic, geographic, and physical factors influencing each other. We view society as the network of dynamic relationships that links individuals to other systems such as family, other individuals, group/aggregates, community, nation, and the universe. The individual and society are linked to and part of the environment. Further, individuals, society, and the environment mutually influence each other through exchange of energy. One aspect of the interaction of these multiple factors is their influence on health.

Health

Health can be defined as a state of maximum wellness/functional health status at a given point in time. The concept of maximum wellness has been classically defined as an "integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable within the environment where he is functioning" (Dunn, 1959, p. 18). Hence our belief that health consists of the ability to function optimally within an ever-changing environment and that health influences one's growth and development. Health is composed of multiple factors, some of which include the presence or absence of a disease state and the ability to adapt to internal and external stressors. Personal responsibility for an individual's health is assumed by virtue of the individual's health promoting behaviors.

Nurse

We believe the professional nurse works autonomously and collaboratively with others to promote the health of individuals, families, and communities. Nurses are individually accountable to the public they serve. As a patient advocate and change-agent, the nurse works with others to facilitate growth and needed changes in the healthcare delivery system by evaluating and utilizing research findings. The professional nurse not only interacts with patients/clients during the provision of care but also supervises and coordinates the care given by others. Advanced communication, education, leadership, research, and clinical skills are used to carry out these nursing functions. Professional nurses provide nursing services to individuals of all ages and to families in a wide variety of healthcare settings where they function with various degrees of independence and complexity. Increasingly, evolving nursing roles in the healthcare delivery system will require even greater independent decision-making, accountability, and autonomy of practice. Scientific and technological advances necessitate commitment to life-long learning and may include higher education. While ensuring the welfare of the public, the nurse also has the added responsibility to enhance the welfare of the profession of nursing. This is accomplished by being actively involved with political and social forces impacting upon the profession.

I. Philosophy of the Teaching Learning Process and Professional Education

Learning is an active, experiential process that is lifelong, dynamic, continuous, and growth-producing. This faculty views teaching as a deliberate endeavor to guide a learning situation in order to bring about a desired learning outcome. We believe that our goal as professional nursing educators is to provide experiences for students to become mature, skilled, responsible practitioners of nursing who arrive at independent, complex judgments. These judgments are based on complete and accurate data coupled with theory and knowledge, not only from nursing, but also from the liberal arts and sciences. Because of the complexity of the evolving body of knowledge we believe that professional nursing education is a life-long process.

Development of the student in the acquisition of nursing knowledge takes place through the student's interaction with the environment. The nature of the learning environment is therefore a significant factor in learning. The Department of Nursing structures the learning environment that proceeds from simple to complex experiences. Teaching/learning practice provides the student with opportunities to care for individuals, families, and communities. The student comes to the learning situation with a specific cultural and ethnic background. Each student's learning style, strengths, and goals have evolved out of past interactions between innate characteristics and the environment. With the assistance of the faculty, it is the student's responsibility to identify personal strengths and weaknesses and to achieve self-understanding, which enhances personal and professional growth.

We view faculty members as educators and facilitators of learning with the goal of stimulating student interest and encouraging students to assume responsibility for their own learning. We recognize that the faculty member's expertise, perceptions, beliefs, and expectations influence the learning process. The faculty member exposes students to attitudes, experiences, skills, and knowledge, encouraging students to discover meaningful relationships relevant to nursing practice. The faculty member serves as a role model to the student by demonstrating a variety of nursing skills, not the least of which is sensitivity in human relationships. The elements of openness, trust and caring in the student-faculty relationship are critical to the establishment of an environment conducive to learning.

Creativity and flexibility in teaching allow for responsiveness to changing environmental and societal needs. Thus, we recognize various instructional methods in promoting learning. Individual needs of the student, based on their cultural and ethnic backgrounds, available experiences, content to be learned, and environmental conditions all influence the Department of Nursing choice of instructional methodology. We believe that the most effective methods are those which actively involve the student with the material to be learned. In addition, the faculty utilizes academic and personal counseling as well as the campus educational support system which provides assessment and tutorial help.

A planned nursing curriculum, subject to ongoing evaluation by faculty, students, and the community of interest, is essential to guide students in becoming professional nurses. The curriculum is designed to foster behaviors consistent with professional standards and guidelines. The intent of the curriculum is to stimulate intellectual curiosity, analytical ability, critical thinking, ethical reasoning, and individual creativity in all settings. The effectiveness of the program is measured ultimately by the extent to which students: (1) demonstrates achievement of the program's terminal objectives; (2) are valued by patients/clients and employers; (3) derive

satisfaction from their nursing activities; and (4) make significant contributions to the improvement of healthcare and the profession of nursing.

J. Philosophy of DNP Programs

The faculty of the Department of Nursing is dedicated to the advancement of nursing education that builds on foundational baccalaureate nursing education. We embrace the philosophy that nursing is a humanistic discipline, focused on the holistic care of individuals actively interacting with their environment to achieve optimal health and well-being.

The Doctor of Nursing Practice (DNP) program is grounded in a comprehensive body of knowledge that integrates nursing science, health sciences, behavioral sciences, humanities, and natural sciences. Aligned with competency-based education and addressing the ten domains for nursing (AACN, 2021), the DNP program emphasizes the integration of knowledge, skills, and attitudes necessary for excellence in clinical practice, leadership, and system improvement. Students entering the program are expected to possess a strong foundation in professional nursing and demonstrate competence at the baccalaureate or master's level. The program's flexibility and personalized approach enable students to build upon this foundation to achieve their unique personal and professional goals.

Graduate education in nursing fosters intellectual curiosity, critical analysis, and the ability to synthesize and apply knowledge from diverse disciplines to complex clinical scenarios. DNP students engage in a rigorous process of scientific inquiry, translating evidence into practice to improve patient outcomes and influence healthcare systems. Through this process, students develop expertise in advanced nursing practice, leadership, interprofessional collaboration, and quality improvement. The DNP program emphasizes the 8 concepts of nursing practice—person, environment, health, nursing, caring, professionalism, inquiry, and systems thinking—as integral to providing safe, equitable, and high-quality care.

Doctoral education in nursing cultivates intellectual curiosity, critical analysis, and the application of knowledge to complex clinical scenarios. The DNP program integrates Advanced Practice Registered Nurse (APRN) doctoral-level competencies, preparing students to improve patient outcomes, influence healthcare systems, and demonstrate advanced clinical reasoning, leadership, and evidence-based decision-making.

Grounded in the eight essential concepts of nursing practice—clinical judgment, communication, compassionate care, diversity, equity and inclusion, ethics, evidence-based practice, health policy, and social determinants of health—the program emphasizes culturally competent, patient-centered care and leadership while fostering a commitment to lifelong learning and ethical practice. By mastering these concepts, graduates are equipped to assume roles as expert clinicians, nurse leaders, educators, and policymakers, advancing the profession and contributing to improved healthcare outcomes.

K. DNP Programs Description

The DNP program has two subprograms: A Master of Science in Nursing to the Doctor of Nursing Practice (MSN-DNP) program and a Family Nurse Practitioner (DNP-FNP) program.

The MSN-DNP Program is designed for master's prepared Advanced Practice Registered Nurses (APRNs), including Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Nurse Anesthetists and Nurse Midwives, who are seeking the terminal degree in the nursing discipline and to be prepared for autonomous clinical practice and interprofessional leadership at the highest level. The purpose of the MSN-DNP Program is to meet the emerging educational and scholarly standards for advanced nursing practice.

The DNP-FNP program is designed for registered nurses (RNs) who have a Bachelor of Science (BS) or Master of Science (MS) in Nursing, and who are not Family Nurse Practitioners and aspire to become doctorally prepared nurse practitioners. The purpose of the DNP-FNP program is to produce doctorally prepared nurse practitioners to address the critical shortage of primary care providers in the region and to meet the emerging educational and scholarly standard for nurse practitioners.

L. DNP Programs Learning Outcomes (PLOs)

The program learning outcomes for both Doctor of Nursing Practice (DNP) Programs, MSN-DNP and DNP- FNP programs, are to produce graduates who can:

1. Synthesize and integrate scientific knowledge from nursing and other disciplines into clinical judgment and diagnostic reasoning in healthcare practices as the basis for the highest level of nursing practice.
2. Design, deliver, manage, and evaluate comprehensive person-centered care using evidence-based and best practices within a variety of contexts, with respect for diversity and social determinants of health unique to the individual.
3. Engage in effective partnerships across the healthcare delivery continuum to promote culturally competent practices, increase health promotion and disease prevention, and advance equitable population health policy.
4. Generate, integrate, and disseminate evidence-based practice and research that integrates nursing science and knowledge to improve health and transform healthcare.
5. Improve quality and safety through both system effectiveness and individual performance using scientific evidence.
6. Collaborate with the interprofessional team and community of interest to optimize safe, effective person-centered, and population-centered care.
7. Demonstrate innovative organizational and systems leadership across the health care continuum to improve health outcomes.
8. Utilize informatics and communication technology to influence decision-making processes in delivering safe, quality healthcare.
9. Support the interprofessional healthcare team as an equal partner and adhere to ethical principles by providing unique nursing perspectives and professional attributes.
10. Engage in activities and self-reflection that foster lifelong learning, and support a sustainable progression toward holistic well-being, professional and interpersonal maturity, and robust leadership capacity.

M. DON Mission and DNP Programs Learning Outcomes Congruence

The DNP program outcomes and objectives are congruent with the DON mission. Department of Nursing Mission	DNP Program Learning Outcome
The Department of Nursing provides nursing education to undergraduate and graduate students seeking entry into **professional nursing or advanced nursing** education. Graduates will have the acquired **knowledge, skills, attitudes,** and **values** essential to the practice of advanced professional nursing.	Synthesize and integrate scientific **knowledge** from nursing and other disciplines into **clinical judgment and diagnostic reasoning** in healthcare practices as the basis for the **highest level of nursing practice.** Generate, integrate, and disseminate evidence-based practice and research that integrates **nursing science and knowledge** to improve health and transform healthcare. Support the interprofessional healthcare team as an equal partner and adhere to **ethical principles** by providing unique nursing perspectives and professional attributes.
The Department of Nursing accomplishes the mission through **collaboration with the communities of interest**.	Collaborate with the **interprofessional team and community of interest** to optimize safe, effective person-centered, and population-centered care. Utilize informatics and communication technology to **influence decision-making processes** in delivering safe, quality healthcare.
The Department of Nursing fosters an environment that encourages lifelong **learning and advancement within the profession.**	Demonstrate innovative organizational and systems **leadership** across the healthcare continuum to improve health outcomes. Engage in activities and self-reflection that foster **lifelong learning,** and **support a sustainable progression** toward holistic well-being, professional and interpersonal maturity, and robust leadership capacity.
As professional nurses, our graduates will engage in **evidence-based practice** in an interprofessional healthcare environment.	Improve quality and safety through both system effectiveness and individual performance using **scientific evidence**.
In recognition of **the health needs of a multicultural society,** advanced professional nurses who are graduates of CSUB will address healthcare issues and **needs of their community.**	Design, deliver, manage, and evaluate comprehensive person-centered care using evidence-based and best practices within a variety of contexts, with respect for **diversity and social determinants of health** unique to the individual. Engage in effective partnerships across the healthcare delivery continuum **to promote culturally competent practices**, increase health promotion and disease prevention, and advance equitable population health policy.

N. DNP Program Student Learning Outcomes (SLOs)

The student learning outcomes for both Doctor of Nursing Practice (DNP) Programs, DNP- FNP and MSN- DNP programs, are students' abilities to:

1. Assess, analyze, evaluate, and manage complex health environments serving diverse populations to improve patient and population health outcomes using current and emerging best practices.
2. Advance clinical scholarship and contribute to the nursing science to inform clinical and system decisions incorporating professional values and ethical principles.
3. Support and improve patient care and health care systems using clinical practice models, health policy, informatics, and organizational leadership skills.
4. Advocate for health promotion and disease prevention, population health initiatives, and evidence-based health policy through stakeholder and interprofessional collaboration.
5. Integrate scientific theory, teaching and learning strategies, and clinical expertise to contribute to the advancement of nursing profession through lifelong learning.

Section II. Admission, Progression, and Graduation Policies

A.   Doctor of Nursing Practice (DNP) Program Admission Process

The Department of Nursing Graduate Program Committee (GPC) recommends qualified candidates for admission to the DNP program; however, students must first be admitted to the University. The GPC is responsible for decisions regarding classification status. While the GPC may approve exceptions related to admission, progression, and graduation, all decisions must adhere to the University's established requirements.

1. Interested students may contact the Department of Nursing to meet with the Graduate Program Advisor. The Graduate Program Advisor will evaluate the student's educational background, discuss eligibility for admission, and provide students with information about the DNP Programs. Students will be referred to CSUB Office of Graduate Admissions and Financial Aid, if needed.
2. At the Office of Graduate Admissions, the students can inquire about the CSUB Graduate Application for Admission. The required CSUB application is submitted through Cal State Apply and forwarded to the Department of Nursing once it has been evaluated by the admissions office. The website to apply to CSUB is https://www2.calstate.edu/apply Students would choose the appropriate term, create should search for "nursing" at CSU Bakersfield. Students must supply the Office of Graduate Admissions with official transcripts of all undergraduate and graduate studies completed.
3. The student must apply to the DNP program online through NursingCAS at https://nursingcas.org/. On NursingCAS, search "Bakersfield" to show the CSUB Nursing Programs. Students must submit all official college transcripts to NursingCAS. The application instructions can be obtained on the Department of Nursing homepage and going to the appropriate DNP program.
4. A required program evaluation fee must be paid to the CSUB Department of Nursing. This fee is separate from the Cal State Apply and NursingCAS application fees.
5. A student file containing all admission documents will be developed by the Graduate Program Advisor. It is the student's responsibility to make certain that their full application is complete by the deadline.
6. Student files will be forwarded to the Graduate Program Committee for consideration. Students will be notified of the Committee's decision regarding admission status.
7. Further information on admission can be found in the current CSUB Catalog.

B.   DNP Programs Admission Requirements

Holistic Admissions
California State University Bakersfield, Department of Nursing utilizes a holistic and inclusive review process for admission to the Doctor of Nursing Practice (DNP) program. Applicants to the program are evaluated based on their unique experiences alongside traditional measures of academic achievement like grade point average (GPA) and standardized test scores. We believe the combination of this broad range of factors reflects the applicant's academic readiness that will more likely lead to a successful outcome. Through the holistic admission process we hope to have a diverse class of students with the background, qualities, and skills needed to be successful nursing professionals who are ready to meet the needs of diverse patient populations.

The holistic admission process involves appraisal of the applicant's GPA and answers to questionnaires detailing the life experience, community service, personal attributes and strengths that would support admission to the program. Applications will be evaluated by an admission committee composed of faculty from the graduate program through a blinded process.

The DNP program has two subprograms: A Master of Science in Nursing to the Doctor of Nursing Practice (MSN-DNP) program and a Family Nurse Practitioner (DNP-FNP) program.

C. MSN-DNP Program Eligibility

Applicants must meet the following minimum eligibility requirements to be considered for the MSN-DNP program:
1. Be a graduate of an accredited nursing program with an earned Master of Science in Nursing (MSN) degree.
2. Meet CSUB graduate admission requirements (https://www.csub.edu/graduate-admissions/admission).
3. Be in good standing at the last college/university attended.
4. Have a cumulative GPA of at least 3.0 in overall graduate course work.
5. Hold a current registered nurse license from the California Board of Registered Nursing (BRN), unencumbered, unrestricted, with no disciplinary action pending or imposed.
6. Hold an advanced practice registered nurse (APRN) national certification.
7. Have one-year full-time experience in advanced practice role.
8. The Graduate Record Exam (GRE) is not required.
9. Preference will be given to applicants who reside in the CSUB Service Area; have previous experience serving underserved and/or rural populations; or have experience in primary care setting in advanced practice role.

To be considered for admission, a prospective student must submit a complete application with all required documentation during the application period. All eligible applications are reviewed by the GPC using a holistic and inclusive review process.

D. MSN-DNP Program Post Acceptance Requirements

Once accepted to the MSN-DNP Program, accepted students will be required to:
1. Submit a Program RSVP Form
2. Complete a background check
3. Complete a drug screen
4. Complete all Annual Requirements
5. Attend the Mandatory MSN-DNP Program Orientation

Background Check

DNP students must complete a background check through-Verified Credentials. Students must use the independent company selected by the CSUB Nursing Department. Background checks completed by another company WILL NOT BE ACCEPTED. Access to background check

information is limited to the Nursing Department Chair, or an appointed designee. Background check information remains confidential.

If an area of concern is identified on the background check:

1. The chair will notify the individual nursing student.
2. The nursing student may elect to have a second background check completed by a company approved by the Department of Nursing.
3. The nursing student has the right to correct any misinformation from the background check with the company that completed it.
4. Background check results may be released to:
   a. CSUB Human Resources
   b. Clinical agency Human Resources, and/or the BRN.

Drug Screen for MSN-DNP Program
Initial Non-NIDA drug screening is required for all graduate students. This is completed one time for each new student entering the nursing program. Drug testing will be done at the student's expense through Verified Credentials. Drug testing MUST be completed prior to the beginning of the semester in which the student is admitted. The Department of Nursing Chair, or an appointed designee, will be notified of the results. Results will not be noted on the health clearance form. Repeat drug testing may be required, if the student exhibits suspicious behavior in the clinical setting, at the discretion of the clinical instructor or the clinical agency. The repeat drug test will be at the student's expense.

E. Annual Requirements for the MSN-DNP Program

Submit to Verified Credentials each fall semester.

1. Maintain a clear, active California RN license
2. Maintain an active APRN national certification
3. Maintain an American Heart Association BLS Certification
4. Purchase CSU Bakersfield Student Professional Liability Insurance before the first day of each fall semester and maintain the insurance throughout the program.
5. Submit a copy of signed Honor Commitment form.
6. Submit a copy of signed Confidentiality Statement
7. Submit a copy of signed Photo Release
8. Submit a copy of signed Memorandum of Understanding
9. Submit copies of signed Child Abuse and Elder Abuse forms

MSN-DNP Program Requirements	Upon Acceptance to the Program	Each Fall Semester
Maintain a clear, active California RN license	X	X
Maintain an active APRN national certification	X	X
Maintain an American Heart Association BLS Certification	X	X
Purchase CSU Bakersfield Student Professional Liability Insurance before the first day of each fall semester	X	X
All required forms	X	X

F. DNP-FNP Program Eligibility

Applicants must meet the following minimum eligibility requirements to be considered for the DNP-FNP program:

1. Be a graduate of an institution accredited by a regional accrediting association with an earned Bachelor of Science in Nursing (BSN) degree.
2. Meet CSUB graduate admission requirements. https://www.csub.edu/graduate-admissions/admission).
3. Be in good standing at the last college/university attended.
4. Have a cumulative baccalaureate GPA of at least 3.0 (Applicants who attended a program that issued pass or fail grades for all classes will not be a competitive applicant).
5. Hold a current registered nurse license from the California Board of Registered Nursing (BRN), unencumbered, unrestricted, with no disciplinary action pending or imposed.
6. Hold a current American Heart Association BLS Certification.
7. Have a minimum of two years of full-time experience working as an RN.
8. The Graduate Record Exam (GRE) is not required.
9. Preference will be given to applicants who reside in the CSUB Service Area; have previous experience serving underserved and/or rural populations; or have 3 years of full-time acute care experience in the last 5 years.

To be considered for admission, a prospective student must submit a complete application with all required documentation during the application period. All eligible applications are reviewed by the GPC using a holistic and inclusive review process.

G. DNP-FNP Program Post Acceptance Requirements

Once accepted to the DNP-FNP Program, accepted students will be required to:

1. Submit a Program RSVP Form
2. Complete a background check
3. Complete a drug screen
4. Complete all Annual Requirements
5. Attend the Mandatory DNP-FNP Program Orientation

Background Check

DNP-FNP students must complete a background check through Verified Credentials. Students must use the independent company selected by the CSUB Nursing Department; background checks completed by another company WILL NOT BE ACCEPTED. Access to background check information is limited to the Nursing Department Chair, or an appointed designee. Background Check information remains confidential. If an area of concern is identified on the background check:

1. The chair will notify the individual nursing student.
2. The nursing student may elect to have a second background check completed by a company approved by the Department of Nursing.
3. The nursing student has the right to correct any misinformation from the background

check with the company that completed it.
4. Background check results may be released to:
   a. CSUB Human Resources
   b. Clinical agency Human Resources, and/or the BRN.

Drug Screen for the DNP-FNP Program

Initial Non-NIDA drug screening is required for all graduate students. This is completed one time for each new student entering the nursing program. Drug testing will be done at the student's expense through Verified Credentials. Drug testing MUST be completed prior to the beginning of the semester in which the student is admitted. The Department of Nursing Chair, or an appointed designee, will be notified of the results. Results will not be noted on the health clearance form. Repeat drug testing may be required, if the student exhibits suspicious behavior in the clinical setting, at the discretion of the clinical instructor or the clinical agency. The repeat drug test will be at the student's expense.

H. DNP-FNP Program Annual Health and Safety Requirements

(Submit to Verified Credentials each fall semester)

Our contracted agencies require students to annually complete workplace safety training that meets the Occupational Safety and Health Administration (OSHA) guidelines. Your annual requirements are to be submitted prior to the first day of class of fall semester, each year. These requirements are required by the university and clinical agencies.

If you fail to complete these requirements, you will be administratively dropped from your nursing courses.

The following annual requirements will be submitted to the DON for review and approval. All nursing students are required to update their clinical requirements documentation annually. The required annual documentation include:

1. Maintain the physical and mental qualifications necessary for clinical setting (Essential Functions form)
2. Maintain a clear, active California RN license
3. Maintain an American Heart Association BLS Certification
4. Purchase CSU Bakersfield Student Professional Liability Insurance before the first day of each fall semester and maintain the insurance throughout the program.
5. Submit a copy of recent (within 12 months) Physical Examination Report before the first day of **each** fall semester.
6. Submit an immunization record, including MMR, Varicella, Hep B, and Tdap.
7. Annual TB screening
8. Submit evidence of a completed Respiratory Fit (Mask Fit) testing
9. Submit a copy of signed Honor Commitment form.
10. Submit a copy of signed Confidentiality Statement
11. Submit a copy of signed Photo Release
12. Submit a copy of signed Memorandum of Understanding
13. Submit copies of signed Child Abuse and Elder Abuse forms

14. Submit a copy of evidence of Annual OSHA Training (within 12 months) from your employer.

Students who have not met the requirements will not be allowed in clinical settings. **Students should keep the original documents for their own records.**

DNP-FNP Program Requirements	Upon Acceptance to the Program	Each Fall Semester
Physical and Mental Qualifications (Essential Functions Form)	X	X
Maintain a clear, active California RN license	X	X
Maintain an American Heart Association BLS Certification	X	X
Purchase CSU Bakersfield Student Professional Liability Insurance before the first day of each fall semester	X	X
Submit a copy of recent (within 12 months) Physical Examination Report before the first day of **each** fall semester.	X	X
Submit an immunization record, including MMR, Varicella, Hep B, and Tdap	X	
Annual TB screening (within 12 months)	X	X
Annual (Mask Fit) testing (within 12 months)	X	X
Annual flu shot	X	X
All required forms	X	X
Evidence of Annual OSHA Training (within 12 months) from your employment.	X	X

Required Identification

During the first month of the program, students will obtain a photo identification badge from the University. The Department of Nursing will provide instructions to all graduate nursing students on how to obtain their identification badge.

Physical and Mental Qualifications

The Department of Nursing follows the CSUB nondiscrimination policy, and students requesting accommodation should contact the Disability Services office. A student with a disability must have the disability verified by the Services for Students with Disabilities office at CSUB. It is to the students' advantage to do this as soon as possible in the semester to ensure that approved accommodation can be granted in a timely manner. Students requesting accommodation must demonstrate their ability to meet the Essential Functions.

If, after admission to the nursing program, a student develops a physical or mental disability that limits his/her ability to meet the Essential Functions, it is the student's responsibility to bring this information to the attention of the clinical faculty before he or she begins the clinical course. If unable to meet the clinical course objectives, the student will not be allowed to participate in clinical activities. The student must provide documentation from his or her physician prior to returning to clinical, which states that the student is able to meet the Essential Functions.

The Essential Functions form must be signed dated and submitted to the Department of Nursing

prior to start of your classes. You will complete this form annually certifying that you are able to meet the essential functions required by the Department of Nursing.

I. Graduate Student Classification Status

1. <u>Conditionally Classified</u>
    An applicant may be admitted as a Conditionally Classified Graduate Student if, in the judgment of the graduate admissions committee, the applicant has a potential for successful completion of all the "conditions" specified by the faculty for admission as a Classified Graduate Student and potential for successful completion of all the requirements for the graduate program. Upon satisfactory completion of all "conditions" specified by the faculty, the student's status will be administratively changed to Classified Graduate Student.

2. <u>Classified:</u>
    A student may be formal admitted to the graduate program in this category if the student fulfills all the eligibility and admission requirements.

J. CSUB DNP Program Graduation Requirements

EO 1067 DNP Programs Policy provides guidance on DNP graduation requirements in the CSU system. Students must successfully complete the Qualifying Examination and the DNP project requirements for graduation. For the degree to be conferred in a particular term, the doctoral project shall be submitted by the deadline specified by the program. CSUB DNP Program Policies for both are described below.

Doctoral Qualifying Assessment

A Doctoral Qualifying Assessment is required for all DNP students. Students must meet all requirements listed below to Advance to Candidacy.
1. Demonstrate appropriate progression toward the completion of the DNP program coursework requirements.
2. Maintain a 3.0 or better cumulative grade point average for all DNP courses taken.
3. Demonstrate progression toward 1000 hours of post baccalaureate clinical practice.
4. Consistent entries of exemplary work in the DNP Portfolio.
5. Complete N6720 DNP Project II: Proposal.
6. CSUB IRB approval for the proposed DNP project.
7. Complete oral defense of the DNP project proposal.

Advancement to Doctoral Candidacy

The DNP curricula are organized as cohort-based programs. Students will progress in the program as a cohort. Students are required to follow the program requirements and policies set forth for the DNP program. The DNP student must earn a 3.0 or better cumulative grade point average for all DNP courses taken to remain in good standing in the program.

Students must file a petition for Advancement to Candidacy with the Department of Nursing DNP Program Director when they have met the all the requirements in the Doctoral Qualifying

Assessment. Students will be advanced to Candidate Status after their petition has been approved.

Doctoral Project

According to Title 5, California Code of Regulations, a DNP project should focus on a significant nursing practice issue and is expected to contribute to an improvement in professional practices, policy, or patient outcomes. It should be a rigorous, systemic, and scientific endeavor that demonstrates the student's mastery of evidence-based practice at the doctoral level. The written component of the doctoral project should be prepared using the stylistic and grammatical manner of the American Psychological Association (APA). It will be organized into five chapters.

Chapter 1 – Background and Purpose of Project: Consists of the statement of the problem or purpose of the project. The development of a research question or hypothesis is not necessary; however, a clear purpose of the intended study should be developed as it relates to a current healthcare concern. A theoretical framework is woven into the development of purpose of the project and support of the project need is clearly stated.

Chapter 2 – Literature Review: Consists of a thorough, but focused, review of the literature to critically analyze the evidence to provide a balanced view.

Chapter 3- Methodology: Consists of a detailed plan by which specific research activities will be conducted. The methodology must be responsive to the research question or purpose of the study. It should describe the implementation of the methodology to carry-out the doctoral project.

Chapter 4 – Analysis and Results: Discussion and presentation of the results or findings.

Chapter 5 – Conclusion and Implication: A discussion of the project outcomes and conclusions. Included should be limitations of this study, recommendations for further study, and the relative effects on healthcare improvement that could be further advanced related to the doctoral project goals.

Phases of the Doctoral Project

The completion of the Doctoral Project has four sequential phases. Students must pass each phase before advancing to the next.

1.   Concept Development (N6710)
      a. Select project committee
      b. Establish a timeline for project completion
      c. Develop PICO question
      d. Conduct comprehensive, but focused, literature review
      e. Draft Chapters 1 & 2

2.   Proposal Development (N6720)
      a. Revise Chapters1 & 2 and Draft Chapter 3

     b. Prepare IRB proposal
     c. Obtain CSUB IRB approval after receiving MOU or IRB from the practice site
     d. Oral defense of the proposal
     e. Successful defense of the proposal will allow students to advance to candidacy status

3.   Implementation (N6730)
     a. Implement project
     b. Identify appropriate journal for manuscript submission
     c. Submit the selected journal's author guideline
     d. Submit a draft of Chapter 1- 4 based on manuscript submission requirement

4.   Evaluation and Dissemination (N6740)
     a. Complete project
     b. Complete oral defense of the final doctoral project
     c. Complete the final manuscript approved by Chair and Committee Members
     d. Submit final manuscript to DNP Repository and the selected journal
     e. Submit a poster presentation for dissemination
     f. Dissemination of the project at local, regional, national, or international level

Students shall complete all requirements for the degree within five years of matriculation into the doctoral program. Extension of up to two years may be made only when the student meets all the following criteria: the student is in good standing; the extension is warranted by compelling circumstances; and the student demonstrates current knowledge of research and practice in advanced nursing practice (Title 5, California Code of Regulations).

K. Academic Residence and Transfer of Units

The California State University Executive Order (EO) 1067 DNP Program Policy requires that at least 80% of earned required DNP program units shall be completed in residence at the campus awarding the degree. No more than 9 semester units may be transferred into the DNP program at CSUB, pending review by the Graduate Program Committee (GPC). Any units accepted by the GPC may not be counted towards completion of the core courses. Courses completed must be graduate level courses from an accredited graduate nursing program, with a grade of B or better. Course syllabi, catalog description of the courses, and a copy of the transcript showing the posted grades for the courses must be submitted to the GPC along with a formal request to accept the transfer credits.

L. Grading Scale/Policies and Procedures

Graduate nursing students must have a GPA of 3.0 (on a scale of 4.0=A) to be admitted to Candidacy status.

Grading Scale: The grading scale for nursing courses is:
A   = 93-100   B- = 80-82   D+   = 67-69

A-	= 90-92	C+	= 77-79	D	= 63-66
B+	= 87-89	C	= 73-76	D-	= 60-62
B	= 83-86	C-	= 70-72	F	= 59 or below

Grading Policy

A minimum of grade of "B-" is required in every graduate course. Eighty percent (80%), which is a B- is the lowest passing score for each individual course. *A student with 79.9% will receive a C+. There will be no rounding up to 80% at the end of the semester.* A student may not advance to candidacy status or graduate without an overall GPA of 3.0 (on a scale of 4.0=A).

A student who failed to achieve a minimum grade of "B-" in a graduate course may request reentry into the program (based on seat availability and approved by the GPC) to repeat the course one time. A student who has previously had a grade of "B-" or less, will be ineligible to remain in the program if the student had any subsequent course grade of "B-" or less.

Procedures for Changing Grades

Once a final grade has been assigned, it can be changed only in the case of a declared clerical error or through the auspices of a student academic grievance procedure. The definition of a clerical error is an error made by the instructor in grade estimating or posting. No grade change may be made as a result of work completed or presented following the close of the grading period except for completion of work when an "I" or "SP" or "RP" was issued, or, in cases of emergency, as approved by the Dean.

Grade changes are made by completing the "change of grade" form. The "change of grade" form is a multi-copy form and after the grade changes have been made and properly recorded, a copy of the form is sent to each of the following: student, instructors, department of major (student's advisory file), Admissions & Records.

Failure to Assign a Grade

If an instructor of record fails to assign a final grade, then the department in which the course was offered or in the case of interdisciplinary courses the department in which the instructor serves, should select, by majority vote, a qualified member of the faculty who will determine the appropriate grade and instruct the registrar to assign the grade thereby determined.

M. Assignment of a Grade of "Incomplete"

The grade of "Incomplete" can only be assigned according to all of the following criteria:

- at the discretion of the instructor, *and*
- when a majority of the course has been satisfactorily completed by the student with a "B-" or better, *and*
- when the student is unable to complete the coursework on time due to unforeseen and fully justified reasons, *and*
- when completion of the remaining coursework does not require unreasonable Department

of Nursing resources.

A clinical grade of "I" cannot be assigned to make up clinical hours unless clinical supervision will be available under existing scheduled sections of the same course. A grade of "I" may prevent the student from continuing in nursing courses until the "I" is replaced with a passing grade through satisfactory completion of the remaining coursework according to the student/instructor contract. The "I" grade will automatically convert to an "F" if the student fails to complete the contract within one semester. A grade of "I" cannot be assigned as a way for a student who is failing a course to earn additional points through additional coursework.

N. Program Standards and Progression

According to the policies of the CSUB Department of Nursing, students must meet the standards set by the program. Program standards are based on the policies of contracted clinical agencies, the California Board of Registered Nursing, the ANA Code of Ethics, state and federal laws, and the profession of Nursing. Students whose professional performance and behavior does not meet these standards may be dismissed from the CSUB nursing program regardless of their academic performance. This includes, *but is not limited to:*

1. Social Media policy violations
2. Breaches of patient confidentiality standards under HIPAA
3. Academic Integrity violations, including but not limited to cheating, unauthorized possession of an examination, or dishonesty in academic matters or patient care
4. Falsification of patient records or academic documents
5. Unauthorized access to clinical agency facilities, equipment, supplies, or medical records
6. Scope of practice violations, including performance of NP-level patient care activities outside of authorized clinical hours
7. Drug or alcohol related offenses
8. Theft
9. Other criminal activities substantially related to the qualifications, functions, and duties of a registered nurse
10. Inability to meet the Essential Physical and Mental Qualifications of the nursing program
11. Disruptive or violent behavior, under the CSUB Zero Tolerance policy
12. Severe maladaptation to the educational process as evidenced by a pattern of:
    a. Inadequate classroom or clinical preparation
    b. Late completion of assignments
    c. Poor communication and/or irresponsible behavior
    d. Absence from scheduled classroom or clinical hours
    e. Incivility during classroom or clinical hours that disrupts the teaching and learning environment

A student who is dismissed due to failure to meet CSUB nursing program standards will be notified by the Department Chair. The student may request to have this decision reviewed by the Graduate Program Committee.

O. Leave of Absence

All students enrolled in the program must complete the courses in the sequence as set by the program schedule, unless registration is waived via an approved leave of absence.

Students who find it necessary to interrupt their progression in the program due to a non-emergency reason must make their request to the Graduate Program Director prior to the beginning of the semester in which the leave is intended. Students wishing a leave of absence due to emergency must make their request as soon as practicable after the emergency is known. Students shall provide all relevant facts and documentation necessary to support their request. If a student fails to do so, they will need to follow the re-entry process as detailed below.

The Graduate Program Committee, through the Graduate Program Director will notify the student of the terms of separation and return to the department. This notification shall include 1) the approved maximum length of the leave; 2) the expectations of the Department concerning the student's duty to maintain communication; and 3) any other terms the Graduate Program Committee assigns.

Students who are on an approved leave must make the Department aware of any change of status that will affect their ability to return.

Students who do not abide by the terms of an approved leave of absence will be considered to have taken an unapproved leave of absence

P. Withdrawal from the Graduate Nursing Program or University

Withdrawal from the graduate nursing program will be considered if the student was passing all nursing courses at the time of the withdrawal. It is considered as a nursing course failure if the student was not passing the graduate core course with a "B-" or better. Although the University transcript may reflect a "W," the course will be viewed as a nursing course failure by the Department of Nursing.

Q. Re-entry Request

Students who wish to re-enter the graduate nursing program must submit a formal written request to the Graduate Program Committee (GPC) within five years of their initial enrollment. Requests will be considered based on academic history, professional performance, seat availability, and, for students dismissed due to non-adherence to program standards, the seriousness of the violation(s).

R. Clinical Refresher Course for DNP-FNP Students

After being granted permission to re-enter the graduate nursing program by the GPC, the DNP-FNP student will be required to enroll in a clinical refresher course. The clinical refresher course is an independent study course designed to update the individual student's clinical skills. The student is strongly encouraged to audit and attend the course bonding theory. The student will

contract with a specified clinical faculty regarding the requirements of the course and the activities that the student will be responsible for completing. The student will be responsible for completion of the agreed upon contract within a predetermined time frame to receive credit. The faculty will provide guidance and coordination for selected activities outlined in the refresher course syllabus.

Failure to complete required course activities, excessive or unexcused absences, or patient safety concerns will result in a clinical warning and may lead to a no credit grade for the course. Failure of the student to demonstrate skills consistent with the specific nursing course tool will result in no credit for the course and the student may not progress in the nursing program. A No Credit grade in a clinical refresher course will be counted as a nursing failure.

S. Student Complaint and Grievance Procedures

The formal Student Complaint and Grievance Procedure requires that students first attempt to address their concern through informal meetings within the appropriate lines of authority. Faculty, including those in leadership positions within the DON, are introduced to incoming students at the New Graduate Student Orientation and can be contacted as needed for additional concerns and information. Students can arrange for specific appointments or utilize faculty designated office hours to express their views or complaints. If students are unable to resolve their complaints with a course instructor, they are encouraged to meet with the team leader of the course. If there is no resolution at this level, the student and instructor are encouraged to meet with the FNP Program Director, Graduate Program Director, or Chair of the DON. Students who remain unsatisfied can meet with the Dean of the School and the Vice-President for Student Affairs. An on-campus Ombudsperson is available to students and serves as an objective mediator who helps resolve conflicts which arise from disagreements. The current CSUB Ombudsperson is recognized as an excellent resource for CSUB students and the DON.

Students are encouraged to utilize the informal procedures, including meeting with the Ombudsperson. If no resolution can be achieved through these discussions, a student may elect to file a formal grievance through the University procedures as outlined on the Academic Programs website.

Information on student complaint and grievance procedures and forms can be found on the web via the University's Grievance and Complaint page at https://www.csub.edu/ssd/section-504-grievance-procedure.shtml

T. University Academic Policies for Graduate Students

CSUB Academic Policies for Graduate Students can be found: https://catalog.csub.edu/policies-procedures/academic-policies/graduate/division-graduate-studies/

U. Support Services and Resources

Several support services and resources are available to all students at CSUB. The Walter Stiern Library provides regular orientation tours to acquaint students with the library services. Students

can obtain textbooks and supplies from the CSUB Runner bookstore. The CSU Bakersfield Dining Services is available for meals and refreshments. The Children's Center provides daycare for children 6 months to 5 years of age.

Counseling services are available to students. In addition, testing services are available for national admissions tests, career, aptitude and personality tests. Services are available for students with disabilities. The Student Health Center provides on-campus healthcare. A centralized placement service is maintained through the Community Engagement and Career Education Center Students needing tutorial assistance can contact the Writing Resource Center. Additional resources are available to graduate students through the Graduate Student Center.

Student Financial Services are available to assist students with financial account and tuition fee services. Tuition, student forms, and frequently asked questions may be found on their website at: https://www.csub.edu/bas/fiscal/studaccount/

The University Academic Calendar is regularly maintained and may be found at: https://www.csub.edu/calendars/academic.shtml

V. Financial Aid and Scholarships

Nursing Student Loans

Nursing student loans are available for students in the graduate program.

Scholarships

Various organizations make money available to nursing students, including graduate students based on certain eligibility criteria.

Grants

Grants for nursing research are also available from various funding agencies. For more information on such grants, contact the Financial Aid Office or the graduate program coordinator.

Sigma Theta Tau, International, Xi Epsilon Chapter at CSUB provides grants for graduate project endeavors. See the Xi Epsilon Research and Awards Committee Chair.

For additional information contact the Office of Financial Aid and/or the Graduate Student Center (https://www.csub.edu/financial-aid/). Applications for financial aid and scholarships are to be submitted directly to the Financial Aid Office. Additional applications may be required for specific scholarships on special forms.

SECTION III. Student Responsibilities

A. Ethical Standards

A hallmark of professional practice is a Professional Code of Ethics. Ethical codes for professional nursing practice have been developed and revised by the American Nurses Association (ANA):

Code of Ethics for Nurses by the American Nurses Association (Revised 2015)			
Definition		Interpretive Statements	Examples
Provision 1	1.1 Respect for Human Dignity 1.2 Relationships with Patients 1.3 The Nature of Health 1.4 The Right to Self-Determination 1.5 Relationships with Colleagues and Others	The nurse practices with compassion and respect for every person.	Establishing relationships of trust with patients and colleagues; supporting the patient's right to make decisions about their healthcare, following Advance Directives.
Provision 2	2.1 Primacy of the Patient's Interests 2.2 Conflict of Interest for Nurses 2.3 Collaboration 2.4 Professional Boundaries	The nurse's primary commitment is to the patient; family, group, community, or population.	Collaborate to provide high-quality patient-centered health care, avoid intimate relationships with patients.
Provision 3	3.1 Protection of the Rights of Privacy and Confidentiality 3.2 Protection of Human Participants in Research 3.3 Performance Standards and Review Mechanism 3.4 Professional Responsibility in Promoting a Culture of Safety 3.5 Protection of Patient Health and Safety by Acting on Questionable Practice 3.6 Patient Protection and Impaired Practice	The nurse promotes, advocates for, and protects the rights, health and safety of the patient.	Not talking about patients in the elevator, cafeteria, or at home. No talking about patients or their situation on any social media site. No patient identifiers on care plan or any other documents. Report errors. Notify if another student has made an error. (Condoning errors through silence is unacceptable.)
Provision 4	4.1 Authority, Accountability, and Responsibility 4.2 Accountability for Nursing Judgments, Decisions, and Actions	The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with	Maintaining sterile technique when performing procedures. Not performing procedures for which you have not been trained.

	4.3 Responsibility for Nursing Judgments, Decisions, and Actions	the obligation to promote health and to provide optimal care.	Notifying the Professor and Preceptor if you need further supervision.
	4.4 Assignment and Delegation of Nursing Activities or Tasks		
Provision 5	5.1 Duties to Self and Others	The nurse owes the same duties to self as to others.	Leading a healthy lifestyle.
	5.2 Promotion of Personal Health, Safety, and Well-Being		Never abandon a patient.
	5.3 Preservation of Wholeness of Character		
	5.4 Preservation of Integrity		Commitment to lifelong learning and education in the nursing profession.
	5.5 Maintenance of Competence and Continuation of Professional Growth		
	5.6 Continuation of Personal Growth		
Provision 6	6.1 The Environment and Moral Virtue	The nurse establishes, maintains, and improves the ethical environment of the work setting that are conducive to safe, quality health care.	Giving pain meds on time.
	6.2 The Environment and Ethical Obligation		Giving reassurance to patients and their families.
	6.3 Responsibility for the Healthcare Environment		
Provision 7	7.1 Contributions through Research and Scholarly Inquiry	The nurse, in all roles, advances the profession through research and scholarly inquiry, professional standards.	Nursing research must conform to ethical standards.
	7.2 Contributions through Developing, Maintaining, and Implementing Professional Practice Standards		
	7.3 Contributions through Nursing and Health Policy Development		
Provision 8	8.1 Health is a Universal Right	The nurse collaborates with other health professionals and the public to protect human rights, promote health	If child abuse is suspected, mandatory reporters of abuse.
	8.2 Collaboration for Health, Human Rights, and Health Diplomacy		Offer immunizations.

	8.3 Obligation to Advance Health and Human Rights and Reduce Disparities	diplomacy, and reduce health disparities.	
	8.4 Collaboration for Human Rights in Complex, Extreme, or Extraordinary Practice Settings		
Provision 9	9.1 Articulation and Assertion of Values	The profession of nursing, through its professional organizations, must articulate nursing values, maintain integrity and integrate social justice into nursing.	Apply hospital/clinic rules fairly for all patients/families.

Treat other healthcare professionals respectfully.

Advocate for health policy changes.

Collaborate with communities to address health disparities.

Influence public policy for better healthcare outcomes. |
	9.2 Integrity of the Profession		
	9.3 Integrating Social Justice		
	9.4 Social Justice in Nursing and Health Policy		

B. Code of Academic Conduct

All members of the academic community are responsible for the academic integrity of the CSUB campus. Existing policies forbid cheating on examinations, plagiarism, and other forms of academic dishonesty. (1) Academic dishonesty is contrary to the purposes of the University and is not to be tolerated. High standards of behavior must be in place to support the community. Examples of academic misconduct include, but not limited to:

- Using unauthorized materials during an examination
- Plagiarism – using materials from sources without citations
- Altering an exam and submitting it for re-grading
- Fabricating data or reference
- Using false excuses to obtain extensions of time

The ultimate success of a code of academic conduct depends largely on the degree to which it is willingly supported by students themselves.

C. Attendance Policy

Lecture Attendance

1. Class attendance is expected of all students enrolled at the University. The instructor in each course sets the standard expected in this regard. When students are absent from classes, it is their responsibility to inform instructors of the reason for the absence and to arrange to make up missed classwork and assignments. Absence of more than 15% of the

class attendance will result in a course failure, unless due to a serious and compelling reason has been approved by the faculty.
2. Students' guests are allowed in lectures only with special permission from the instructor.
3. Students must obtain permission prior to recording in the classroom.
4. Children are not permitted in the classroom.
5. A computer is required for the program.

D. Performance Notice Policy

A performance notice may be issued to a DNP student who fails to meet the expected standards outlined in the course objectives for the DNP Program.

The performance notice can be given to an MSN-DNP student under circumstances including, but not limited to:

1. Failure to meet the objectives of the course during the semester.
2. Failure to submit DNP practicum hours to Typhon in a timely manner.
3. Failure to complete required DNP practicum hours in a timely manner.
4. A repetitive pattern of late assignments submissions.
5. Performance notice may result in a course failure.

A performance notice can be given to a DNP-FNP student under circumstances including, but not limited to:

1. Failure to meet the objectives of the course during the semester.
2. Failure to submit a schedule of clinical hours and dates to Typhon at the start of the semester; and/or update the schedule as changes and new dates are scheduled.
3. Failure to complete clinical hours in a timely manner.
4. Failure to communicate in an appropriate time frame to your instructor for schedule changes, missing assignments, etc.
5. A repetitive pattern of late assignments submissions.
6. Performance notice may result in a course failure.

Each performance notice will result in a 3% grade reduction from the final course grade. Repeated performance notices will result in grade reduction and /or a course failure.

E. Late Assignment Policy

Points will be deducted for all late assignments submitted after the due date and time. Twenty-five percent (25%) of the grade will be deducted for each day the assignment is late including weekends and holidays.

F. Professionalism Policy

It is expected that the graduate student will conduct themselves in a professional and responsible manner both in class and in their clinical setting.

Professional Conduct in the Advanced Practice Nursing Role:

- Respect for Confidentiality: Keep all clinical/patient data confidential. Clinical/patient data used in all schoolwork, papers, presentations, research findings and in the clinical setting must be used in a manner that is accurate, truthful, and confidential. Patient data must have a justifiable reason for its presence. Acknowledge real data gaps that may exist in written work.
- Honesty: Be truthful in verbal and in written communications; do not cheat, plagiarize, or otherwise act dishonestly. Maintain accurate, honest records of patient care.
- Integrity: adherence to a code of conduct and professionalism and the American Nurse's Association's Code of Ethics for Nurses; Acknowledge your errors of omission and commission to patients, peers, Faculty, Preceptors, and staff.
- Decision Making: Make patient care decisions based on patients' needs and desires as well as evidenced based practice.
- Professionalism: Appearance, dress, professional behavior follow generally accepted professional norms; Establishes, maintains, and improves the ethical environment of the work setting demonstrated through their professional behavior.
- Responding to supervision: Accepts and incorporates feedback in a non-resistant and non-defensive manner; Accepts responsibility for failure or errors.
- Demonstrating dependability and appropriate initiative: Completes tasks in a timely fashion (papers, reports, examinations, appointments, patient documentation).
- Recognizing limits & when to seek help: Appears aware of own inadequacies; correctly estimates own abilities or knowledge with supervision; Recognizes own limits, and when to seek help.

G. Social Media Policy

Cell phones or electronic devices may only be used for accessing clinical and educational resources. Social media should not be accessed during class or clinical time.

There is no such thing as a "private" social media site. Search engines can locate items many years after the publication of the original post. Comments can be forwarded or copied. It is often wise to delay posting until you are clear headed, even if you feel angry or passionate about a particular subject. If you are unsure about posting something, ask your faculty.

No inappropriate content should be text messaged, or posted on Facebook, X or on any other social media networks; this includes responding to another student's post. If you wouldn't say it in an elevator, you shouldn't put it online. Inappropriate content includes but is not limited to: patient information, stories or pictures related to patients or families cared for during clinical, and information related to health care agencies, co-workers, faculty and/or managers. Information should not be shared with family members, friends, or posted on social media even if names or other identifying information are not used. Absolutely no pictures should be taken, saved, forwarded or posted of patients or family members, even if you have their permission. Patient confidentiality must be upheld at all times.

You can be fined for a HIPAA violation, and/or sued independently for breeching of confidentiality or for ruining the reputation of patients, family members, faculty, or co-workers. You are legally liable for what you post. Please note, this includes emails, over unsecured networks, containing patient information to peers, staff, and/or faculty.

Failure to follow these guidelines related to use of social media may result in grade reduction, course failure, and/or dismissal from the nursing program.

H. DNP-FNP Student Essential Functions

There are essential functions or abilities necessary for admission and progression in the complex discipline of nursing at CSU Bakersfield. The candidate must be able to perform all the essential functions each semester. The Department of Nursing follows the CSUB nondiscrimination policy, and students requesting accommodation should contact the Disability Services office. These essential functions include, but are not limited to, the following:

1. **Critical Thinking**
   Student must demonstrate critical thinking ability sufficient for clinical judgment.

   a. Make effective clinical decisions.
   b. Identify cause and effect relationships with clinical data.
   c. Develop nursing care plans.
   d. Perform math calculations requisite to safe dosage calculations and medication administration.
   e. Read, synthesize, analyze, evaluate, and integrate material in the classroom and the clinical setting.

2. **Professional-Ethical Conduct**
   Student must possess the ability to reason morally and practice nursing in a professional and ethical manner.
   a. Demonstrate integrity, honesty, responsibility, and tolerance.
   b. Abide by professional standards of practice.
   c. Deliver compassionate care to all patient populations

3. **Interpersonal Skills**
   Student must demonstrate appropriate interpersonal abilities while interacting with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.
   a. Communicate effectively and sensitively with other students, faculty, staff, patients, families, and other professionals.
   b. Demonstrate willingness and ability to give and receive feedback.
   c. Develop mature, sensitive and effective relationships with clients.
   d. Establish trust and rapport with clients and colleagues.

4. **Communication**
   A student must have the ability to clearly communicate in oral and written forms, and to effectively interpret communication with others.
   a. Use appropriate grammar, vocabulary, and syntax.
   b. Effectively communicate nursing actions.
   c. Appropriately interpret client responses.
   d. Initiate health teaching.
   e. Demonstrate accurate nursing documentation.
   f. Accurately report patient information to members of the health care team.

5. **Mobility and Stamina**
   A student must possess sufficient gross and fine motor skills and endurance to provide safe and effective nursing care in all health care settings.
   a. Perform basic life support, including BLS.
   b. Function in an emergency situation.
   c. Safely assist a patient in moving (e.g., from wheelchair to commode, from chair to bed, lift and transfer from gurney to bed).
   d. Calibrate and use equipment.
   e. Perform treatments and procedures.
   f. Apply pressure to stop bleeding.
   g. Manipulate diagnostic instruments to adequately perform all aspects of a physical assessment.
   h. Sit, stand, and move about in patient environments for 12-hour periods.

6. **Tactile**
   a. Perform palpation and other functions necessary for a physical exam.
   b. Assess texture, shape, size and vibration.
   c. Note temperature changes in skin and equipment.
   d. Perform therapeutic functions (e.g., inserting a urinary catheter or IV, change dressings, give medications).

7. **Auditory**
   A student must have sufficient auditory ability to effectively monitor and assess health needs of patients.
   a. Hear cries for help.
   b. Hear alarms on equipment and overhead codes.
   c. Hear auscultatory sounds using a stethoscope.
   d. Hear and interpret verbal communication from patients.
   e. Communicate over the telephone.

8. **Visual**
   A student must possess visual ability for observation and assessment necessary in nursing care.
   a. Observe patient responses (e.g., changes in skin color, grimaces).
   b. See drainage on dressings and note characteristics of body fluids.
   c. Note fluid levels in collection devices, syringes and infusion devices.

d. Read gauges that monitor patient progress (e.g., sphygmomanometer).
e. Discriminate colors for diagnostic purposes.
f. Assess movements of patients.
g. Observe patient behavior (e.g., in rehab or psychiatric facilities).

9. **Behavioral-Emotional Health**
A student must possess the emotional health required for full use of his or her intellectual abilities, exercise of good judgment, and the prompt completion of all responsibilities in the care of patients.
a. Maintain mature, sensitive, and effective relationships with patients, students, staff, faculty and other professionals under even highly stressful situations.
b. Experience empathy for the situations and circumstances of others and effectively communicate that empathy.
c. Be willing to examine and change his or her behavior when it interferes with productive individual or team relationships.
d. Prioritize competing demands.
e. Function in stressful circumstances.
f. Separate own needs and experiences in order to maintain objectivity and client-centered care.
g. Adjust to changing circumstances.
h. Plan effectively and complete all assigned duties carefully.

I. DNP-FNP Program Dress Code Policy

CSUB nursing students must follow CSUB and agency policy regarding uniform dress and professional behavior.

Dress

CSUB Department of Nursing Program photo identification/name tags MUST be worn while in all clinical areas including clinical rotations on campus. All students must be clearly and continuously identified as students during clinical experiences. Students are expected to dress in accordance with clinical policy with their identification tag exposed. Pressed white laboratory coats must be worn in all clinical agency or healthcare settings including clinical rotations on campus.

Business casual attire as a minimum standard is expected where contact with other professionals is possible. Examples of these activities include but are not limited to:

- Classes held on- and off-campus
- Non-classroom professional or academic activities held on campus
- Conferences, affiliate luncheons, etc.
- Professional related meetings
- Visits to clinical agencies, including patient visits, etc.

Footwear
Wear clean closed toe shoes. Must be appropriate for clinical practice.

Hair

Hair is neatly maintained and clean. Any extreme look or color is not permitted. Men may choose a neatly trimmed mustache or beard. Facial hair is maintained in short style to insure adequate seal for respiratory isolation masks/particulate respirators. No handle bar style mustaches or long beards are acceptable.

Makeup

Makeup is fresh and natural. Extremes in color, glitter, or amount are not acceptable.

Nails

Hands and nails are clean and free of any stains.

Perfume

Close contact with patients and staff requires students to not wear fragrance/perfume or after shave.

Sunglasses

Sunglasses may be perceived as blocking interpersonal communication. Do not wear them indoors; however, polarized glasses that tint light gray in bright light are acceptable.

Jewelry

The following jewelry is allowed: a) One small post earring (with no dangles) in each ear; b) One small ring; c) Small necklaces and neck chains inside the uniform; d) ankle chains that are not visible or audible; and e) small wrist watches with second hands. No other jewelry and/or visible body piercing is allowed in the clinical area. (Please do not assume because the pierced ornament is in your tongue that it is invisible. It is not acceptable professional dress).

Tattoos

No visible tattoos are permitted. Cover any tattoos that may be visible.

Hygiene

Personal hygiene must be of high standards. Absence of body, mouth and clothes odor is necessary. Do not chew gum or smokeless tobacco while in clinical areas. Students may smoke only in the designated areas during assigned meal or break time.

Exceptions

Requests for exceptions must be submitted to the Clinical Instructor and/or agency in writing a minimum of five working days prior to the day of the clinical experience.

The guidelines, established by CSUB students and nursing faculty, will be enforced for all students in the Nursing program. Any student failing to comply will be asked to leave the clinical area and may not return until modifications are made. Any desired deviation from this code must be presented to the Clinical Instructor for their consideration. Students should be aware that additional dress restrictions and infection control policies might be required in specific departments of agencies, clinical sites, or hospitals.

J. CSUB Injury Policy

The single most important response action in the case of student, visitor or employee injury is to contact University Police to ensure that emergency medical services are made available to the injured person(s) as quickly as possible. Instructions on reporting hazards accidents and injuries can be found on CSUB Safety and Risk Management website:

https://www.csub.edu/safety-risk-management/reporting-hazards-accidents-and-injuries.shtml

If Faculty and Staff is injured on the job, employees should report incidents to their supervisor and the **Human Resources Department** to fill out all necessary paperwork for work related injuries. If there is an immediate emergency, employees are to get the best treatment available and then report the injury to the appropriate supervisor and the Human Resources Department as quickly as possible.

Based upon the nature of the incident/accident, Risk Management will investigate and may provide recommendations or request repairs, notify insurers, and ensure full documentation of the incident for purposes of prevention of future injuries and for managing any claims that may result.

Students, visitors, and others should report incidents and/or accidents by contacting **University Police** at (661) 654-2667. Students should report to the Faculty supervising during the time of the incident if the incident occurs during class or laboratory session. Risk Management will follow up with the responsible University staff regarding the reported Accident/Incident.

Student and visitors should file a Campus Incident Report. Based upon the nature of the incident/accident, Risk Management will investigate and may provide recommendations or request repairs, notify insurers, and ensure full documentation of the incident for purposes of prevention of future injuries and for managing any claims that may result.

In the event of blood-borne pathogen exposure, complete the CSUB Bloodborne Pathogen Exposure Report available at https://www.csub.edu/safety-risk-management/_files/bbp-exposure-report.pdf and fax the form to (661) 654-2299.

Faculty will submit the original Supervisor Report of Injury Form and the DWC 1 Form to Tim Ridley, Director, Safety and Risk Management within 3 days.

Faculty member will counsel student as appropriate to determine how injury could have been prevented and to recommend counseling services as appropriate.

Additional Notes:
Employee Health Nurse at clinical site may be in contact with the student/faculty.

K. Policy for DNP-FNP Students Practicing Procedures on Each Other

In the course of the nursing program, when learning new skills, it is often useful for students to take the role of the patient. This enhances the learning experience in several ways:

1. For practicing, students may act as live "patients" to give them a more realistic patient experience.
2. For the student that acts as a "patient", it gives her/him an idea of what the procedure is like from the patient's perspective and should help her/him to be a more sensitive care giver.

In asking the individual student to take on the patient role, the student's right to privacy and right to refuse a given procedure will be protected. Faculty will make every effort to protect students' privacy by making sure students follow the same guidelines they would use in the hospital to avoid exposure to the patient. Certain procedures may be deemed by the faculty to be unsuitable or potentially dangerous for students to practice on each other. Each faculty team and/or the Graduate Program Committee will make this decision when the occasion arises.

Please sign and return one copy to your clinical faculty.

My signature indicates that I have read and understand the above policy and that I will not hold CSUB or any faculty member liable.

Print Name:
Signature:
Date:

L. Simulation Center & Skills Laboratory Rules for DNP-FNP Students

These rules are designed to promote safe and efficient use of the Simulation Center and Skills laboratory. The Simulation Center and Skills laboratory setting is intended to simulate the agency environment. The equipment in the Simulation Center is quite expensive and must be treated with respect. It is expected that behavior in the Simulation Center and Skills laboratory will reflect an understanding of proper behavior in the clinical setting. The following rules apply to individuals or groups using the Simulation Center and Skills laboratory:

1. Food and drink are NOT allowed in the Simulation Center and Skills Laboratory.
2. Students must wear their CSUB identification badge and adhere to CSUB Dress Code when in the skills lab. White laboratory coats are to be worn during assigned clinical simulation time.
3. Students are not allowed in the Simulation Center and Skills Laboratory without faculty supervision, unless given express consent by the Skills Lab Coordinator.
4. Replace chairs, bedside tables, mannequins, and beds and privacy curtains to their proper location. Students and faculty are to follow the cleaning policy set forth by the university.
5. Faculty must supervise the use of equipment in the locked cabinets. Students may use their own laboratory equipment on scheduled lab day and by pre-arrangement with faculty. All equipment must be returned to the area designated by the Skills Laboratory Coordinator at the end of each laboratory session. Faculty will supervise the return of equipment and ensure the laboratory is locked after use.
6. The simulation equipment (mannequins, models) requires gentle handling and students must be supervised by a faculty member. The Computerized Patient Simulators are to be handled by trained faculty ONLY.

7. Sitting or lying on the beds is prohibited, except for specified simulation laboratory experiences. Never wear shoes while in or on the beds. The beds are not intended for naps. If you are ill, go to the Student Health Center.
8. Report any safety or equipment problems to the faculty, Skills Lab Coordinator or the nursing office.
9. Simulation exercises demand the same privacy as would be accorded a patient in the Agency.
10. Trash and used disposable equipment should be placed in the proper containers before you leave. Contaminated equipment should be disposed or cleaned according to policies or manufacturers' guidelines.
11. Simulation Center and Skills Laboratory equipment and supplies are for use only for clinical lab course work only.
12. Syringes and needles can only be used in the skills laboratory or lecture room when faculty is available to supervise. Syringes and needles cannot be signed out or taken out of the nursing building by students. The supervising faculty is responsible for the correct disposal of used syringes and needles.
13. Faculty and students must adhere to any other policies related to Simulation set forth by the Department of Nursing and CSUB.

M. Student Representation on Departmental Committees

A student representative is elected by each class in the Nursing Department to departmental committees such as Nursing Organization, Graduate Program Committee, Program Evaluation Committee, and various ad hoc committees. It is the responsibility of the student representative to attend or send an alternate, and to report back to the nursing students. It is also the responsibility of the students to provide the elected representatives with input so that they may adequately represent their colleagues. The voting privileges of student representatives on faculty committees are spelled out in the Faculty Bylaws.

N. Student Feedback

Student evaluation of specific courses, faculty, and level objectives is sought at many points during the nursing program as part of the Program Evaluation Plan. Course, Level and Program evaluations are submitted using surveys through Qualtrics. In addition, evaluation of the faculty member's teaching is done in a formal manner through the SOCI (Student Opinionnaire on Courses and Instruction). Students in each regular class offered at the University are asked to fill in questionnaires which report their assessment of the course content and the instruction in that class. These SOCIs are used both by individual faculty members and the University administration in a continuing effort to ensure that California State University, Bakersfield's instructional program is as effective as possible. The SOCI is administered during the last few weeks of the semester prior to finals.

O. Lines of Communication

If students are having academic difficulty or other problems in any course, they should first ask their instructor for help to resolve the problem. If this does not result in resolution of the problem,

the student needs to seek the assistance of the Team Leader for the course. If the difficulty and/or problems still persist, the student may then seek the assistance of the FNP program director for clinical related issues and the Graduate Program Director for all other issues. If there is still a problem, the student should then seek the help of the Department of Nursing Chair.

Any unresolved issues can be referred to the CSUB Ombudsperson:

https://www.csub.edu/deanofstudents/ombudsperson.shtml

P. Nursing Department Policy for Written Assignments

1. All formal papers must be typed.
2. Students should demonstrate mastery of professional writing by using correct punctuation, spelling, and grammar.
3. The Department of Nursing has adopted the *Publication Manual of the American Psychological Association (APA)* (7th ed.) as the standard for all written work. The *APA Manual* is available for purchase from the university bookstore or online and is a required textbook for all courses.
4. Students are to use the *APA Manual* guidelines for grammar, format, style, citations, and references.
5. Students are expected to turn in original work. A violation could include cheating, plagiarism, unauthorized material- Artificial Intelligence, and/or unauthorized collaboration. An academic integrity violation and/ or a course warning will be issued and placed in the student's file.
6. Penalties can range from point deductions on the assignment to course failure depending on the severity of the violation.
7. Plagiarism is a violation of the CSUB Academic Integrity Policy and may also be reported to the Office of Dean of Students for further action.

Q. CSUB Graduate Academic Integrity Policy

https://www.csub.edu/deanofstudents/_files/GraduateAcademicIntegrity_Policy.pdf

Philosophy on Academic Integrity:
The California State University, Bakersfield (CSUB) Guiding Principles begin with a commitment to academic excellence and to the pursuit of integrity and truth. CSUB administrators, faculty, staff, and students are expected to honor and uphold these principles and in so doing protect the integrity of all academic work. A degree at CSUB is a product of our campus's commitment to ethical behavior, academic integrity, and academic excellence. When a violation of academic integrity occurs, it diminishes the value of that degree and impacts the reputation of our campus.

Policy:
Students at CSUB are expected to do all their academic work (coursework, assignments, exams, research, etc.) without getting or giving unauthorized assistance. Faculty have the responsibility of planning and supervising academic work so that honest effort is encouraged and positively reinforced. This policy is in addition to the Professional Standards of the student's graduate program.

<u>Types of Academic Integrity Violations:</u>

Academic integrity violations include, but are not limited to, plagiarizing, cheating, providing unauthorized assistance, collaborating with other students without the approval of the instructor, using technology improperly, and falsifying university documents for the purpose of gaining an unfair academic advantage, improving a grade, or obtaining course credit. Academic Integrity violations are listed in the Student Conduct Code and the University Handbook, and all offenses listed below, but not limited to the following, are taken seriously.

Plagiarism is claiming the published or unpublished work of someone else as your own. This includes handing in someone else's work; turning in copied or purchased compositions; using paragraphs, sentences, phrases, words, or ideas, including paraphrasing, written by another writer; or using data and/or statistics compiled by someone else as your own without giving appropriate credit to the original writer. Plagiarism also includes using work submitted in another class without permission of the instructor.

Cheating includes, but is not limited to, using "cheat (crib) sheets" or notes during an exam without the approval of the instructor, copying from someone else or looking at another student's answers during an exam, using books or outside sources without permission during an exam or assignment, receiving answers on an exam or assignment from someone else, or using an online source to obtain answers without approval.

Unauthorized Assistance is providing answers or information on an assignment or exam to a fellow student without approval of the instructor.

Unauthorized Collaboration is working with others on an assignment or exam without approval of the instructor and/or copying from someone else without their knowledge.

Both unauthorized assistance and collaboration interfere with the ability of the instructor to evaluate the individual student's performance in their course.

Improper use of technology includes using computers, computer programs, cell phones, calculators, or other software or electronic aids to gain an unfair academic advantage without permission of the instructor.

Falsification of University Documents includes, but is not limited to, falsifying signatures, such as another student's signature or a faculty/staff signature on a university form (for example, an add/drop form).

Using **Artificial Intelligence** to complete an assignment or exam developed to assess your knowledge of a particular subject matter, idea, or concept or using it without the explicit permission of the instructor for the purpose of gaining an unfair academic advantage would also be considered a violation.

<u>Procedures for Reporting a Violation of the Graduate Academic Integrity Policy:</u>

Any violation of Academic Integrity should be reported to the Dean of Students' Office.

When a faculty, staff, or administrator discovers a violation of the academic integrity policy, they shall discuss the violation, including the evidence, with the student(s) involved and allow the student(s) to respond. Any academic penalty, including the student's potential grade penalty for the offense, falls within the purview of the faculty member teaching the course. (See "Recommended Consequences for Academic Dishonesty.") For further guidance, consult with the appropriate Program Director, Department Chair, Academic Dean, or Dean of Students' Office.

After the violation has occurred and the penalty imposed, the incident, with all supporting evidence, shall be reported to the Dean of Students' Office through the Academic Integrity Violation Reporting Form to be considered in its totality in order to determine whether the reported incident is part of a larger pattern of misconduct. Disciplinary sanctions for academic dishonesty are processed through the procedures outlined in the Student Conduct Process.

Recommended Consequences for Academic Integrity Violations:
Grade penalties are at the sole discretion of the faculty member. This policy assumes that every graduate student is familiar with the expectations of ethical writing and decision-making. Suggested guidelines for academic penalties within the course can range from failure of the assignment/exam/paper/project to failure of the course depending on the severity of the academic integrity violation. Any additional academic penalty, including whether the degree/program can continue, should also align with the professional standards of the specific graduate program.

Additional Potential Sanctions for a Violation of the Graduate Academic Integrity Policy:
In addition to the academic penalty assigned by the faculty member and/or program, disciplinary sanctions imposed by the University may include probation, suspension, permanent expulsion from the university and from the CSU system, or the withholding of a degree.

Disciplinary probation will be noted on the student's formal academic record only for the duration of the probationary period. Disciplinary suspension of more than an academic year and expulsion will be part of the student's permanent academic record. Once a disciplinary sanction is determined, the outcome will be provided to the instructor who reported the incident and remains in the student's electronic disciplinary file in accordance with the CSU Records/Information Retention and Disposition Schedule.

Repeated Violations of the Graduate Academic Integrity Policy:
Any repeated violation of the academic integrity policy will result in more serious academic sanctions. Normally, this will include suspension or expulsion from the university with a note on the student's permanent record. Decisions regarding penalties for repeated violations shall be determined by the Student Conduct Officer after conferring with a committee composed primarily of one tenured faculty member per school with teaching responsibilities in at least one of their respective graduate programs

Grievance Process:
A graduate or post-baccalaureate student who experiences difficulties arising from course evaluation, judgment of performance, graduate degree requirements, advancement to candidacy,

general regulations, and/or other grievance situations should discuss the issues first with the appropriate graduate or credential program director. For additional details, refer to the section on Grievances and Appeals in Division of Graduate Studies section of the catalog and/or Student Complaint and Grievance Procedures as listed on the Graduate Student Center Forms & Catalog webpage.

Proposed Syllabus Language:
Academic Integrity: Certain forms of conduct violate the university's policy of academic integrity and the Student Conduct Code. Academic dishonesty (cheating) is a broad category of actions that use fraud and deception to improve a grade or obtain course credit. Academic dishonesty is not limited to exams alone but arises whenever students attempt to gain an unearned academic advantage. Plagiarism is claiming the published or unpublished work of someone else as your own. This includes handing in someone else's work; turning in copied or purchased compositions; using paragraphs, sentences, phrases, words, or ideas, including paraphrasing, written by another writer; or using data and/or statistics compiled by someone else as your own without giving appropriate credit to the original writer. Plagiarism also includes using your work submitted in another class without permission of your current instructor. Using Artificial Intelligence to complete an assignment or exam developed to assess your knowledge of a particular subject matter, idea, or concept or using it without the explicit permission of the instructor for the purpose of gaining an unfair academic advantage would also be considered a violation.

When a faculty member discovers a violation of the academic integrity policy, the faculty member will meet with the student(s) involved and is required to notify the Dean of Students' Office. The Dean of Students or designee will investigate; confer with the faculty member, student(s), and any witnesses identified; and review all evidence submitted by the faculty member and student(s) to impose an administrative sanction, beyond the academic penalty already placed by the faculty member. Students who perform dishonestly in this course may earn zero credit on the assignment/exam or a failing grade in the course. For details on the grievance process, refer to the section on Grievances and Appeals in Division of Graduate Studies section of the catalog.

Students are expected to uphold the standards of academic integrity, the CSUB Guiding Principles, the Student Conduct Code, and the Professional Standards of their graduate program.

Catalog Statement:
The principles of truth and integrity are recognized as fundamental to our campus community. CSUB administrators, faculty, staff, and students are expected to honor and uphold these principles and in so doing protect the integrity of all academic work. A degree at CSUB is a product of our campus's commitment to ethical behavior, academic integrity, and academic excellence. When a violation of academic integrity occurs, it diminishes the value of that degree.

Students at CSUB are expected to do all work assigned to them without getting or giving unauthorized assistance. Faculty have the responsibility of planning and supervising academic work so that honest effort is encouraged and positively reinforced.

Section IV. DNP Programs Requirements and Policies

A. Course Requirements for the Doctor of Nursing Practice Degree Program

The DNP program has two subprograms: A Master of Science in Nursing to the Doctor of Nursing Practice (MSN-DNP) program and a Family Nurse Practitioner (DNP-FNP) program.

MSN-DNP Program Requirements

DNP Core Courses
N6410 Scholarly Writing and Grant Writing
N6420 Integrative Healing Practice and Self Care
N6430 Biostatistics and Epidemiology
N6440 Population and Global Health
N6450 Informatics and Telehealth
N6460 Leadership Role and Interprofessional Collaboration
N6470 Evidence Based Practice and Quality Improvement
N6480 Human Diversity and Healthcare Ethics
N6490 Healthcare Economics and Policy
N6810 Curriculum Strategies in Nursing Education

DNP Project Courses
N6710 DNP Project I: Concept Development
N6720 DNP Project II: Proposal
N6730 DNP Project III: Implementation
N6740 DNP Project IV: Evaluation and Dissemination
N6900 DNP Practicum

MSN-DNP Program Course Schedule

Semester 1- Fall		Units
N6410	Scholarly Writing and Grant Development	2
N6420	Integrative Healing Practice and Self Care	2
N6470	EBP and Quality Improvement	3
N6710	DNP Project I: Concept Development	2
		9
N6900	DNP Practicum variable units up to 12 units (recommended 3units/semester)	1-12*
Semester 2- Spring		
N6430	Biostatistics and Epidemiology	3
N6440	Population and Global Health	3
N6480	Human Diversity and Healthcare Ethics	3
N6720	DNP Project II: Proposal	2
		11
N6900	DNP Practicum variable units up to 12 units (recommended 3units/semester)	1-12*
Semester 3- Summer		
N6450	Informatics and Telehealth	3
N6460	Leadership Role and Interprofessional Collaboration	3
N6490	Healthcare Economics and Policy	3
N6730	DNP Project III: Implementation	2
		11
N6900	DNP Practicum variable units up to 12 units (recommended 3units/semester)	1-12*
Semester 4- Fall		
N6740	DNP Project IV: Evaluation and Dissemination	2
N6810	Curriculum Strategies in Nursing Education**	3

	**Also required in PG-NEC program	
		5
N6900	DNP Practicum variable units up to 12 units (recommended 3units/semester)	1-12*
	Program Total	**48**

DNP-FNP Program Requirements

DNP Core Courses
N6410 Scholarly Writing and Grant Writing
N6420 Integrative Healing Practice and Self Care
N6430 Biostatistics and Epidemiology
N6440 Population and Global Health
N6450 Informatics and Telehealth
N6460 Leadership Role and Interprofessional Collaboration
N6470 Evidence Based Practice and Quality Improvement
N6480 Human Diversity and Healthcare Ethics
N6490 Healthcare Economics and Policy
N6810 Curriculum Strategies in Nursing Education

APRN Core Courses
N6510 Advanced Physiology & Pathophysiology
N6520 Advanced Pharmacotherapeutics I
N6530 Advanced Health Assessment Across the Lifespan
N6532 Advanced Health Assessment Across the Lifespan (Lab)
N6540 Holistic Diagnostic Reasoning and Clinical Decision Making
N6542 Advanced Diagnostics simulation
N6560 Advanced Pharmacotherapeutics II & Herbals

FNP Population Focused Courses
N6610 Person Centered Care I (Didactic)
N6611 Person Centered Care I (Clinical) (135 hours)
N6612 Advanced Primary Care - Adult Simulation
N6620 Person Centered Care II (Didactic)
N6621 Person Centered Care II (Clinical) (135 hours)
N6622 Advanced Primary Care - Pediatrics Simulation
N6630 Person Centered Care III (Didactic)
N6631 Person Centered Care III (Clinical) (90 hours)
N6632 Advanced Primary Care - Women's Health Simulation
N6640 Person Centered Care IV (Didactic)
N6641 Person Centered Care IV (Clinical) (135 hours)
N6642 Advanced Primary Care - Psychiatric/Mental Health Simulation
N6650 Person Centered Care V (Didactic)
N6651 Person Centered Care V (Clinical) (315 hours)

DNP Project Courses
N6710 DNP Project I: Concept Development
N6720 DNP Project II: Proposal

N6730 DNP Project III: Implementation
N6740 DNP Project IV: Evaluation and Dissemination

DNP-FNP Program Course Schedule

Semester 1- Fall		Units
N6510	Advanced Physiology and Pathophysiology	3
N6520	Advanced Pharmacotherapeutics I	3
N6410	Scholarly Writing and Grant Development	2
N6420	Integrative Healing Practice and Self Care	2
		10
Semester 2- Spring		
N6530	Advanced Health Assessment Across the Lifespan Didactic	2
N6532	Advanced Health Assessment Across the Lifespan Clinical	2
N6430	Biostatistics and Epidemiology	3
N6440	Population and Global Health	3
		10
Semester 3- Summer		
N6540	Diagnostic Reasoning and Clinical Decision Making	2
N6542	Advanced Diagnostics simulation	2
N6450	Informatics and Telehealth	3
N6460	Leadership Role and Interprofessional Collaboration	3
		10
Semester 4- Fall		
N6610	Person Centered Care I Didactic	3
N6611	Person Centered Care I Clinical 135 hours	3
N6612	Advanced Primary Care-Adult Simulation	1
N6470	EBP and Quality Improvement	3
N6710	DNP Project I: Concept Development	2
		12
Semester 5- Spring		
N6620	Person Centered Care II Didactic	3
N6621	Person Centered Care II Clinical 135 hours	3
N6622	Advanced Primary Care - Pediatrics Simulation	1
N6480	Human Diversity and Healthcare Ethics	3
N6720	DNP Project II: Proposal	2
		12
Semester 6- Summer		
N6630	Person Centered Care III Didactic	2
N6631	Person Centered Care III Clinical 90 hours	2
N6632	Advanced Primary Care - Women's Health Simulation	1
N6490	Healthcare Economics and Policy	3
N6730	DNP Project III: Implementation	2
		10
Semester 7- Fall		
N6640	Person Centered Care IV Didactic	3
N6641	Person Centered Care IV Clinical 135 hours	3
N6642	Advanced Primary Care-Psychiatric/Mental Health Simulation	1
N6740	DNP Project IV: Evaluation and Dissemination	2
N6810	Curriculum Strategies in Nursing Education**	3
		12

Semester 8- Spring		
N6650	Person Centered Care V Didactic	3
N6651	Person Centered Care V Clinical 315 hours	7
N6560	Advanced Pharmacotherapeutics II and Herbals	2
		12
	Program Total	**88**

B. Course Descriptions

NURS 6410 Scholarly Writing and Grant Development (2)
Enhance students' skills in scholarly writing and grant development. Demonstrate proficiency in conducting literature reviews and appraising research articles. Develop scholarly inquiries addressing opportunities for improvement and innovation in healthcare delivery, processes, outcomes, or systems.
Prerequisite: Admission to the DNP Program.
Typically Offered: Fall

NURS 6420 Integrative Healing Practice and Self Care (2)
Explore the principles and concepts of integrative healthcare practices that are inclusive, patient-centered, culturally, and linguistically sensitive. Emphasize personal self-care practices to enhance health, well-being, and resilience in both personal and professional contexts.
Prerequisite: Admission to the DNP Program.
Typically Offered: Fall

NURS 6430 Biostatistics and Epidemiology (3)
Examine biostatistics in scientific research and review concepts of epidemiology. Equip students with knowledge and skills to interpret health-related data and apply statistical concepts to evidence-based practices in healthcare.
Prerequisite: Admission to the DNP Program.
Typically Offered: Spring

NURS 6440 Population and Global Health (3)
Use theories from nursing and other disciplines to address issues related to the social determinants of health and health disparities. Promote health and prevent illness at the individual, community, population, and global levels incorporating nursing scientific knowledge and evidence-based practices.
Prerequisite: Admission to the DNP Program.
Typically Offered: Spring

NURS 6450 Informatics and Telehealth (3)
Utilize technology in healthcare settings and data management to drive decision-making and manage clinical support. Explore the use of informatics and telehealth to improve the delivery of safe and efficient healthcare services using evidence-based practices, professional and regulatory standards.
Prerequisite: Admission to the DNP Program.
Typically Offered: Summer

NURS 6460 Leadership Role and Interprofessional Collaboration (3)
Cultivate a sustainable professional identity reflecting nursing values, professionalism, and leadership as a change agent at the system level. Integrate evidence-based practices and concepts of diversity, equity, and inclusion through interprofessional collaboration to improve patient outcomes and population health.
Prerequisite: Admission to the DNP Program.
Typically Offered: Summer

NURS 6470 Evidence Based Practice and Quality Improvement (3)
Critically appraise and translate scientific evidence into practice and lead quality improvement initiatives. Analyze quality improvement methodologies to promote a culture of safety, optimal healthcare outcomes, and effective healthcare delivery.
Prerequisite: Admission to the DNP Program.
Typically Offered: Fall

NURS 6480 Human Diversity and Healthcare Ethics (3)
Integrate the concepts of diversity, equity, and inclusion to create an equitable and inclusive healthcare environment and improve healthcare outcomes. Apply ethical concepts to promote reflective practices and foster cultural humility and life-long learning.
Prerequisite: Admission to the DNP Program.
Typically Offered: Spring

NURS 6490 Healthcare Economics and Policy (3)
Appraise the healthcare policies and economic factors in complex healthcare systems. Evaluate systemic barriers to equitable healthcare delivery while advocating for policy changes to improve cost-effectiveness and healthcare outcomes.
Prerequisite: Admission to the DNP Program.
Typically Offered: Summer

NURS 6810 Curriculum Strategies in Nursing Education (3)
Provide students with the knowledge and skills needed to design, implement, and evaluate nursing education curricula. Focus on the use of evidence-based curriculum design to meet the needs of diverse students.
Prerequisite: Admission to the Post-Graduate Nurse Educator Certificate program or DNP program.
Typically Offered: Fall

APRN Core Courses (7)
NURS 6510 Advanced Physiology and Pathophysiology (3)
Explore advanced principles and concepts of human physiology, etiology, pathogenesis, and progression of diseases at the cellular and systemic levels. Synthesize and integrate current and emerging scientific evidence into clinical judgment and diagnostic reasoning in clinical practices.
Prerequisite: Admission to the DNP Program.
Typically Offered: Fall

NURS 6520 Advanced Pharmacotherapeutics I (3)
Meet California Board of Registered Nursing requirements regarding furnishing medications, controlled substances and devices for the treatment and prevention of health conditions across the lifespan. Provide in-depth understanding of advanced pharmacological principles and therapeutics in disease management.
Prerequisite: Admission to the DNP Program.
Typically Offered: Fall

NURS 6530 Advanced Health Assessment Across the Lifespan (Didactic) (2)
Focus on advanced knowledge and skills to perform comprehensive health assessments on individuals across the lifespan. Collect and analyze relevant health information to develop individualized, comprehensive, holistic plan of care using evidence-based practice.
Prerequisites: N6510, N6520 (Minimum grade of B- is required for all prerequisites).
Co-requisite: N6532.
Typically Offered: Spring

NURS 6532 Advanced Health Assessment Across the Lifespan (Clinical) (2)
Conduct comprehensive health history and physical assessment on individuals across the lifespan using advanced knowledge and skills learned in N6530. Formulate individualized and comprehensive care management based on data acquired through interviewing, physical assessment, and clinical laboratory tests.
Prerequisites: N6510, N6520 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6530.
Typically Offered: Spring

NURS 6540 Diagnostic Reasoning and Clinical Decision Making (2)
Develop diagnostic reasoning and clinical decisioning skills to formulate evidence-based plan of care for individuals across the lifespan. Enhance knowledge in assessing, diagnosing, and formulating differential diagnoses, and developing plan of care for diverse patient populations.
Prerequisites: N6510, N6520, N6530, and N6532 (Minimum grade of B- is required for all prerequisites).
Co-requisite: N6542.
Typically Offered: Summer

NURS 6542 Advanced Diagnostics Simulation (2)
Enhance the APRN students' skills in diagnostic reasoning and clinical decision-making through simulation using realistic, scenario-based clinical situations. Emphasize hands-on experience and critical thinking in providing patient-centered care across the lifespan.
Prerequisites: N6510, N6520, N6530, and N6532 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6540.
Typically Offered: Summer

NURS 6560 Advanced Pharmacotherapeutics II and Herbals (2)
Expand knowledge of the Advanced Pharmacotherapeutics I course. Acquire expertise as APRNs utilizing holistic approach, on both pharmacological and non-pharmacological treatments, for the management of multiple and complex problems. Focus on therapeutics, pharmacokinetics, drug metabolism, interactions, safety, and efficacy.
Prerequisite: N6520 (Minimum grade of B- is required for all prerequisites).
Typically Offered: Spring

FNP Population Focused Courses (14)

NURS 6610 Person Centered Care I (Didactic) (3)
Explore the roles of the Advanced Practice Nurse in the primary care settings. Appraise person-centered strategies for health promotion and disease prevention in diverse populations. Develop advanced clinical reasoning skills using problem focused assessment.
Prerequisite: N6540 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6611 and N6612.
Typically Offered: Fall

NURS 6611 Person Centered Care I (Clinical) (3) (135 hours)
Provide direct advanced nursing care, with a focus on health promotion and disease prevention to diverse populations. Increase knowledge and skills directly related to the FNP role. Emphasize on common episodic patient encounters in primary care settings.
Prerequisite: N6542 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6610 and N6612.
Course Fee: Yes
Typically Offered: Fall

NURS 6612 Advanced Primary Care-Adult Simulation (1)
Enhance the APRN students' experience of patient health management through simulation using realistic, scenario-based clinical situations. Emphasize hands-on experience, critical thinking, patient assessment techniques, and improve decision-making abilities in providing primary care in adult patients.
Prerequisite: N6542 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6610 and N6611.
Course Fee: Yes
Typically Offered: Fall

NURS 6620 Person Centered Care II (Didactic) (3)
Explore the roles of the Advanced Practice Nurse in the primary care settings. Appraise person-centered strategies for health promotion and disease prevention in diverse populations, emphasizing on pediatric populations. Develop advanced clinical reasoning skills and a comprehensive plan of care.
Prerequisite: N6610 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6621 and N6622.
Typically Offered: Spring

NURS 6621 Person Centered Care II (Clinical) (3) (135 hours)
Provide direct advanced nursing care, with a focus on age-appropriate interventions. Increase knowledge and skills directly related to the FNP role. Emphasize on pediatric populations, acute and chronic illness across the lifespan in primary care settings.
Prerequisite: N6611 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6620 and N6622.
Course Fee: Yes
Typically Offered: Spring

NURS 6622 Advanced Primary Care - Pediatrics Simulation (1)
Enhance the APRN students' experience of patient health management through simulation using realistic, scenario-based clinical situations. Emphasize hands-on experience, critical thinking, patient assessment techniques, and improve decision-making abilities in providing primary care in pediatric patients.
Prerequisite: N6610 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6620 and N6621.
Course Fee: Yes
Typically Offered: Spring

NURS 6630 Person Centered Care III (Didactic) (2)
Develop the Advanced Practice Nurse role in primary care settings. Integrate person-centered strategies to provide comprehensive healthcare to diverse populations, emphasizing women's health. Implement and evaluate therapeutic interventions to address multiple and complex problems.
Prerequisite: N6620 (Minimum grade of B- is required for all prerequisites)**.**
Co-requisites: N6631 and N6632.
Typically Offered: Summer

NURS 6631 Person Centered Care III (Clinical) (2) (90 hours)
Provide direct advanced nursing care, with a focus on age-appropriate interventions. Increase knowledge and skills directly related to the FNP role. Emphasize women's health, acute and chronic illness across the lifespan in primary care settings.
Prerequisite: N6621 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6630 and N6632.
Course Fee: Yes
Typically Offered: Summer

NURS 6632 Advanced Primary Care - Women's Health Simulation (1)
Enhance the APRN students' experience of patient health management through simulation using realistic, scenario-based clinical situations. Emphasize hands-on experience, critical thinking, patient assessment techniques, and improve decision-making abilities in providing primary care in women's health.
Prerequisite: N6622 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6630 and N6631.
Course Fee: Yes

NURS 6640 Person Centered Care IV (Didactic) (3)
Develop the Advanced Practice Nurse role in the primary care settings. Integrate person-centered strategies to provide comprehensive healthcare to diverse populations, emphasizing on psychiatric and behavioral health. Implement and evaluate therapeutic interventions addressing complex problems and social determinants of health.
Prerequisite: N6630 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6641 and N6642.
Typically Offered: Fall

NURS 6641 Person Centered Care IV (Clinical) (3) (135 hours)
Provide direct advanced nursing care, with a focus on age-appropriate interventions. Increase knowledge and skills directly related to the FNP role. Emphasize psychiatric and behavioral health, acute and chronic illness across the lifespan in primary care settings.
Prerequisite: N6631 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6640 and N6642.
Course Fee: Yes
Typically Offered: Fall

NURS 6642 Advanced Primary Care - Mental Health/Psychiatric Simulation (1)
Enhance the APRN students' experience of patient health management through simulation using realistic, scenario-based clinical situations. Emphasize hands-on experience, critical thinking, patient assessment techniques, and improve decision-making abilities in providing primary care in mental health.
Prerequisite: N6332 (Minimum grade of B- is required for all prerequisites).
Co-requisites: N6640 and N6641.
Course Fee: Yes
Typically Offered: Fall

NURS 6650 Person Centered Care V (Didactic) (3)
Assume the role of the Advanced Practice Nurse in the primary care settings. Demonstrate competency, knowledge, skills, and attitude as an entry level APRN. Transition to practice as an APRN providing care for diverse populations across the lifespan.
Prerequisite: N6640 (Minimum grade of B- is required for all prerequisites).
Co-requisite: N6651.
Typically Offered: Spring

NURS 6651 Person Centered Care V (Clinical) (7) (315 hours)
This culminating clinical course allows students to demonstrate competency in clinical decision-making and problem solving as FNPs at the advanced beginner level. Be ready to transition to practice as an APRN providing care for diverse populations across the lifespan.
Prerequisite: N6641 (Minimum grade of B- is required for all prerequisites).
Co-requisite: N6650.
Course Fee: Yes
Typically Offered: Spring

NURS 6691 Clinical Refresher Course (1)
Meet the needs of the student who is out of sequence in nursing clinical courses in the DNP
Program at CSUB. Tailored to meet the clinical course requirements to facilitate the student's
progression in the DNP program.
Prerequisite: Admission to the DNP Program.
Course Fee: Yes
Typically Offered: To Be Determined

NURS 6710 DNP Project I: Concept Development (2)
The first of a four-course series designed to guide students in completing the doctoral project.
Focus on identifying practice problems, conducting literature review, formulating research
questions, and developing a project to address a healthcare issue or improve nursing practice.
Prerequisite: Admission to the DNP Program.
Typically Offered: Fall

NURS 6720 DNP Project II: Proposal (2)
The second of a four-courses series designed to guide students in completing the doctoral project.
Focus on developing appropriate methodology, designing feasible implementation plan,
submitting proposal for IRB approval, and defending the project proposal.
Prerequisite: N6710 (Minimum grade of B- is required for all prerequisites).
Typically Offered: Spring

NURS 6730 DNP Project III: Implementation (2)
The third of a four-courses series designed to guide students in completing the doctoral project.
Focus on the implementation, data collection and analysis, and the evaluation of the DNP project
outcome.
Prerequisite: N6720 (Minimum grade of B- is required for all prerequisites).
Typically Offered: Summer

NURS 6740 DNP Project IV: Evaluation and Dissemination (2)
The last of a four-courses series designed to guide students in completing the doctoral project.
Focus on the evaluation and completion of the project, and the dissemination of doctoral project
results.
Prerequisite: N6730 (Minimum grade of B- is required for all prerequisites).
Typically Offered: Fall

NURS 6900 DNP Practicum Variable Units (1-12)
Engage students in the integration of theory and research into clinical practice. Assist students in
meeting the AACN requirements of all DNPs to have a minimum of 1,000 hours of clinical
practice post-baccalaureate as part of a supervised academic program.
Prerequisite: Admission to the DNP Program.
Typically Offered: To Be Determined

NURS 7000 Continuous Enrollment (0)
Graduate students who have completed most of their coursework but have not completed their culminating experience or thesis may enroll in this 0-unit course for the purpose of maintaining continuous enrollment.
Prerequisite: Approval of the Program Director.
Typically Offered: To Be Determined

C.   Standards Used in Developing the DNP Program Course Content:

1. *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (CCNE, 2024)
2. *The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021)*
3. *National Task Force Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2022)
4. *Nurse Practitioner Core Competencies Content* (NONPF, 2022)
5. *Population-Focused Nurse Practitioner Competencies* (NONPF, 2013)
6. *Common Advanced Practice Registered Nurse Doctoral Level Competencies (2017)*
7. *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2025)
8. *Nursing's Social Policy Statement: The Essence of the Profession* (ANA, 2010)
9. *Nursing: Scope and Standards of Practice* (ANA, 2015)
10. *California Code of Regulations (CCR)* pertaining to nursing education (California BRN, regularly updated)

The crosswalk of Core Competencies for Professional Nursing Education (AACN, 2021) and Nurse Practitioner Core Competencies (NONPF, 2022).

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Domain 1: Knowledge of Nursing Practice	NP Domain 1: Knowledge of Practice
Domain 2: Person-Centered Care	NP Domain 2: Person-Centered Care
Domain 3: Population Health	NP Domain 3: Population Health
Domain 4: Scholarship for the Nursing Discipline	NP Domain 4: Practice Scholarship and Translational Science
Domain 5: Quality and Safety	NP Domain 5: Quality and Safety
Domain 6: Interprofessional Partnerships	NP Domain 6: Interprofessional Collaboration in Practice
Domain 7: Systems-Based Practice	NP Domain 7: Health Systems
Domain 8: Informatics and Healthcare Technologies	NP Domain 8: Technology and Information Literacy
Domain 9: Professionalism	NP Domain 9: Professional Acumen
Domain 10: Personal, Professional, and Leadership Development	NP Domain 10: Personal and Professional Leadership

Available at: https://www.nonpf.org

D. Curricular Alignment of DNP Program End of Program Learning Outcomes and Current Nursing Educational Standards

AACN Essentials	NONPF NP Role Core Competencies	The Common APRN Doctoral-Level Competencies	DNP Programs End of Program Objectives/Learning Outcomes
10 Domains/ Competencies/ Sub competencies	**10 Domains/ Competencies/ Sub competencies**	**8 Domains 2 Progression Indicators**	**10 Objectives**
Domain 1: Knowledge for Nursing Practice Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.	**NP Domain 1: Knowledge of Practice** The nurse practitioner integrates, translates, and applies established and evolving scientific knowledge from diverse sources as the basis for ethical clinical judgement, innovation, and diagnostic reasoning.	**Domain 2: Knowledge of Practice** Domain Descriptor: Synthesizes established and evolving scientific knowledge from diverse sources and contributes to the generation, translation and dissemination of health care knowledge and practices.	Synthesize and integrate scientific knowledge from nursing and other disciplines into clinical judgment and diagnostic reasoning in healthcare practices as the basis for the highest level of nursing practice.
Domain 2: Person-Centered Care Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.	**NP Domain 2: Person-Centered Care** The nurse practitioner uses evidence-based and best practices to design, manage, and evaluate comprehensive person-centered care that is within the regulatory and educational scope of practice. Fundamental to person-centered care is respect for diversity, differences, preferences, values, needs, resources and determinates of health unique to the individual.	**Domain 1: Patient Care** Domain Descriptor: Designs, delivers, manages, and evaluates comprehensive patient care.	Design, deliver, manage, and evaluate comprehensive person-centered care using evidence-based and best practices within a variety of contexts, with respect for diversity and social determinants of health unique to the individual.
Domain 3: Population Health Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative	**NP Domain 3: Population Health** The nurse practitioner partners, across the care continuum, with public health, healthcare systems, community,		Engage in effective partnerships across the healthcare delivery continuum to promote culturally competent practices, increase health promotion and

activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.	academic community, governmental, and other entities to integrate foundational NP knowledge into culturally competent practices to increase health promotion and disease prevention strategies in effect the care of populations.		disease prevention, and advance equitable population health policy.
Domain 4: Scholarship for Nursing Discipline Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.	**NP Domain 4: Practice Scholarship and Translational Science** The nurse practitioner generates, appraises, synthesizes, translates, integrates, and disseminates knowledge to improve person-centered health and systems of care.		Generate, integrate, and disseminate evidence-based practice and research that integrates nursing science and knowledge to improve health and transform healthcare.
Domain 5: Quality and Safety Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.	**NP Domain 5: Quality and Safety** The nurse practitioner utilizes knowledge and principles of translational and improvement science methodologies to improve quality and safety for providers, patients, populations, and systems of care.	**Domain 3: Practice-Based Learning & Improvement** Domain Descriptor: Demonstrates the ability to investigate and evaluate one's care of patients, to appraise and assimilate emerging scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning	Improve quality and safety through both system effectiveness and individual performance using scientific evidence.
Domain 6: Interprofessional Partnerships Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.	**NP Domain 6: Interprofessional Collaboration in Practice** The nurse practitioner collaborates with the interprofessional team to provide care through meaningful communication and active participation in person-centered and	**Domain 7: Interprofessional Collaboration** Domain Descriptor: Demonstrates the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.	Collaborate with the interprofessional team and community of interest to optimize safe, effective person-centered, and population-centered care.

	population-centered care.	**Domain 4: Interpersonal and Communication Skills** Domain Descriptor: Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, the public, and health professionals; and promote therapeutic relationships with patients across a broad range of cultural and socioeconomic backgrounds.	
Domain 7: Systems-Based Practice Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.	**NP Domain 7: Health Systems** The nurse practitioner demonstrates organizational and systems leadership to improve healthcare outcome.	**Domain 6: Systems-Based Practice** Domain Descriptor: Demonstrates organizational and systems leadership to improve healthcare outcomes	Demonstrate innovative organizational and systems leadership across the health care continuum to improve health outcomes.
Domain 8: Informatics and Healthcare Technologies Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.	**NP Domain 8: Technology and Information Literacy** The nurse practitioner envisions, appraises, and utilizes informatics and healthcare technologies to deliver care.		Utilize informatics and communication technology to influence decision-making processes in delivering safe, quality healthcare.

Domain 9: Professionalism Descriptor: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.	NP Domain 9: Professional Acumen The nurse practitioner demonstrates the attributes and perspectives of the nursing profession and adherence to ethical principles while functioning as a committed equal partner of the interprofessional health care team, and adherence to ethical principle.	Domain 5: Professionalism Domain Descriptor: Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles.	Support the interprofessional healthcare team as an equal partner and adhere to ethical principles by providing unique nursing perspectives and professional attributes.
Domain 10: Personal, Professional, and Leadership Development Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.	NP Domain 10: Personal and Professional Leadership The nurse practitioner participates in professional and personal growth activities to develop a sustainable progression toward professional and interpersonal maturity, improved resilience, and robust leadership capacity.	Domain 8: Personal and Professional Development Domain Descriptor: Demonstrates the qualities required to sustain lifelong personal and professional growth	Engage in activities and self-reflection that foster lifelong learning, and support a sustainable progression toward holistic well-being, professional and interpersonal maturity, and robust leadership capacity.

E. MSN-DNP Clinical Practicum

The American Academy of Colleges of Nursing (AACN) has mandated that all DNP graduates must complete at least 1000 hours of clinical experiences as part of a supervised academic program in their specialty area post baccalaureate. Most master level programs require approximately 500 supervised practicum hours. Therefore, on average, DNP students will need to complete an additional 500 practicum hours focused on the acquisition of DNP competencies. Even if a student has completed more than 1000 clinical hours in the master's program, the student still needs to complete hours within the DNP program to demonstrate meeting the outcomes of the DNP Essentials.

This MSN-DNP program has 12 units (540 practice hours) embedded in the curriculum; these hours are required as a part of the DNP coursework. N6900 DNP Practicum is a variable unit course and may be repeated as needed. Students have the option to select how many hours they want to complete each semester. For students enrolled in the full time 4 semester program, we recommend students to complete 3 units (135 hours) each semester.

The practicum will facilitate student's professional goals as well as meet student learning outcomes of the DNP program. Students are required to pursue leadership practice experiences

that will address the DNP Essentials, the DNP Program Outcomes, and lead to mastery of the advanced practice nursing specialty of Scholar-Practitioner and Nurse Leader.

A student may complete practicum hours and implement their final doctoral project at the student's place of employment if permitted by the employer, provided the experiences are not a part of the individual's job duties and they are not being financially reimbursed for performing practicum activities. Students are required to build diverse practicum experiences related to the DNP Essentials and program outcomes. They should also apply scholarly evidence and other principles learned from didactic courses to their practicum activities.

In practicum experiences, students are encouraged to engage in the following activities:

- Employ inter- and intra-professional collaboration with members of the healthcare team.
- Interact with other doctoral student specialties including PhD, DNP, and any other applicable specialties including engineering, public health, business professionals, and healthcare administration.
- Engage with experts in nursing and other disciplines to facilitate mentorship and meaningful student engagement and education.
- Participate in a wide variety of learning activities that bring about application, synthesis, and expansion of knowledge at the doctoral level.
- Share meaningful learning experiences within various practice environments that utilize nurse leaders.
- Spend practicum hours in the practice environment related to the final DNP Project. This can be accomplished in several ways including collaborating with a Project Mentor or stakeholders regarding the project, attending and participating in administrative meetings pertaining to the DNP Project in the practice setting, etc.

Additional Information:

- All DNP Practicum Hours must be logged using the required format for the course enrolled. All hours, including CITI modules, and doctoral level professional conference attendance, must be signed off by the Project Chair.
- Hours spent in the DNP Project development, implementation, and evaluation can appropriately be considered practicum hours provided these hours are spent engaging with the project team and occur in the practice environment. However, hours spent writing the project proposal are not considered practicum experience.
- CITI training may count for up to 8 hours of DNP Practicum.
- Doctoral level professional conference participation may be considered by the Project Instructor for approval provided the topic presented pertains to the DNP Project topic of that student. Pre-approval from the Project Chair is required. To receive practicum hour credit for a professional conference, the student should submit CEU's completed. For every one CEU granted through conference attendance, 1 practicum hour will be awarded.

*Practicum Experiences may **not** include:*

- Practice as a nurse educator, including educating nursing students, engaging in the educational process, and experiences in academic curriculum cannot be counted toward practicum activities and cannot be the focus of a student's DNP Project.

- Travel time to and from the practice site and/or professional conferences may **not** be counted toward practice hours.
- Time spent doing literature review.
- **Direct patient care. It should not be a part of the MSN-DNP student's practicum experience at any point.**

Practicum Mentor

Each DNP student selects a mentor for their practicum experience. The mentor must be an expert in the area in which the DNP student wishes to develop expertise. The Practicum Mentor will not necessarily be a DNP–prepared advanced practice nurse. The mentor, in conjunction with the program advisor, serves as overseer, advocate, and coordinator of activities in the healthcare setting. Students may have more than one mentor. Mentors will submit a resume or curriculum vitae for review of appropriate qualifications.

Examples of individuals who might fill the Practicum Mentor role include:

- an advanced practice nurse or other professional with a doctoral degree
- an advanced practice nurse with considerable experience and recognition as an expert in a particular clinical field
- an MD with specialized training and experience
- a nurse with a high-level administrative position as the Director, Vice President, President, or CEO within a health care organization
- a doctorally–prepared nurse educator
- a nurse with an advanced business or other degree, etc.

The practicum mentor should hold a position in the organization where the individual can facilitate the DNP student's access to clinical services, organizational information, decision makers, and other personnel in order to meet the DNP student's practicum outcomes and implement the doctoral project (if applicable) during the practicum within the organization.

F. DNP-FNP Clinical Experience

There are four advanced practice registered nurse (APRN) roles: Certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), clinical nurse specialist (CNS), and nurse practitioner (NP). The FNP Program at CSUB prepares APRNs for the role of nurse practitioners (NP). Family nurse practitioners provide care for individuals and families across the lifespan. The FNP's role includes preventative healthcare, assessment, diagnosis, and treatment of acute and chronic illness for individuals and families (NONPF, 2013). Emphasis is placed on health promotion, disease prevention, and management of common health conditions. Graduates are prepared to provide high-quality, evidence-based, and family-centered care to infants, children, and adults across the lifespan and from diverse backgrounds.

Graduates of the FNP Program are:
- Qualified to be certified as NPs by the State of California
- Qualified to earn their furnishing number from the State of California
- Prepared to take national FNP certification exams

The FNP Program curriculum is an 8-semester, full-time schedule of courses. Clinical hours are completed through preceptorships with local primary care providers in various healthcare settings.

The first 3 semesters of the program include Pharmacotherapeutics for Advanced Practice Nursing, Pathophysiology for Advanced Practice Nurses, Advanced Health Assessment and Diagnostic Reasoning and Clinical Decision Making courses, which prepares students to conduct comprehensive history and physical exams. The first of five nurse practitioner clinical courses starts in the 4th semester. Students continue to take didactic courses at CSUB during the time they are completing their clinical requirements. An outline of the required courses is included below.

Clinical experience, defined as direct client care to individuals/families and/or communities, is a required component of the nurse practitioner curriculum. Clinical experience allows students to apply theory in the clinical situation, develop an understanding of the nurse practitioner's role, function as a member of an interdisciplinary team, and demonstrate the ability to mobilize and coordinate available community resources in the management of client health and illness states. Students develop their clinical reasoning skills and test their philosophy of practice through clinical experience. This opportunity to apply in practice the theory, research, and technical skills they are learning must be sufficient to enable the student to develop the competencies necessary for practice.

The FNP Faculty members are accountable for the final evaluation of students; however, preceptors are vital members of the teaching team and are clinically expert individuals with whom students have the opportunity to work. Faculty members, clinical preceptors, and students are continuously collaborating to enhance the clinical experience.

G. DNP-FNP Program Clinical Course Progress

Semester 1	Semester 2	Semester 3
Fall - First Year Students attend classes at CSUB	**Spring - First Year** Students attend classes at CSUB, including clinical laboratory time	**Summer – First Year** Students attend classes at CSUB, including advanced diagnostics simulation
Semester 4	Semester 5	Semester 6
Fall - Second Year Students attend classes at CSUB and spend a minimum of 135 hours with a preceptor	**Spring - Second Year** Students attend classes at CSUB and spend a minimum of 135 hours with a preceptor	**Summer – Second Year** Students attend classes at CSUB and spend a minimum of 90 hours with a preceptor
Semester 7	Semester 8	
Fall - Third Year Students attend classes at CSUB and spend a minimum of 135 hours with a preceptor	**Spring - Third Year** Students attend classes at CSUB and spend a minimum of 315 hours with a preceptor	

H. DNP-FNP Program Guidelines for Student Progress

End of Semester 1 (didactic courses), the student will:

1. Conduct literature reviews, appraise articles, synthesize information, and integrate best evidence into nursing practice.
2. Correlate pathophysiologic alterations with advanced knowledge of physiologic function to facilitate clinical decision-making.
3. Integrate current and emerging scientific evidence into clinical judgment and diagnostic reasoning.
4. Identify appropriate therapeutic regimens, and devices used in the diagnosis, prevention, and treatment of healthcare conditions
5. Critically appraise inequalities and health disparities in the quality and access of integrative therapies for racial, ethnic, and socioeconomic minorities.
6. Develop and implement strategies related to self-care to promote health, well-being and resilience.

End of Semester 2 (N6532 Advanced Health Assessment Across the Lifespan - Lab)

In addition to the successful completion of theory requirements, the student will:

1. Obtain pertinent health histories using appropriate communication techniques as APRNs.
2. Demonstrate proper techniques of systematic and comprehensive physical examination on individuals across the lifespan as APRNs.
3. Synthesize subjective and objective data to formulate differential diagnoses.
4. Identify evidence-based patient-centered plans of care for common health problems.
5. Educate patients on the relevance of preventive health practices and risk reduction strategies and engage patients in decision-making to promote optimal health in simulation.

End of Semester 3 (N6542 Advanced Diagnostics Simulation)

The emphasis during this semester will be on developing diagnostic reasoning and clinical decisioning skills to formulate an evidence-based plan of care for individuals across the lifespan. Enhance knowledge in assessing, diagnosing, and formulating differential diagnoses, and developing plans of care for diverse patient populations. The student will:

1. Integrate skills in advanced history-taking and physical assessment to generate diagnostic reasoning and clinical decision-making in patient care.
2. Involve patients in decision-making when ordering and evaluating diagnostic tests utilizing evidence-based guidelines in simulation.
3. Promote therapeutic relationships by using effective communication skills when educating patients/families about their health conditions, treatment options, and medical and self-management strategies.
4. Practice cultural humility when providing person-centered care to diverse populations, taking into consideration cultural, ethnic, economic, and social determinants of health.

5. Utilize healthcare technologies and electronic health records systems to ensure accurate clinical documentation using SOAP format, and effective collaboration among healthcare providers.
6. Maintain professional standards of the APRN role while promoting safety, preserving ethical principles, and demonstrating respect for autonomy.
7. Engage in self-reflection to improve clinical performance following a simulation session.

End of Semester 4 (N6611 Person Centered Care I – 135 clinical hours. First clinical course.

The emphasis during this first clinical course will be on data gathering, conducting routine H & P's, and health promotion/risk reduction activities. The student will:

1. Perform a thorough and complete screening history and physical, including developmental health history, and psycho-social assessment.
2. Perform a focused history and physical on the common "walk-in" patient problems and report the findings to the preceptor. In doing focused histories and physicals, it is expected that the student will cover at least what is needed, but probably make the error of gathering too much data.
3. Demonstrate basic communication skills including active listening, acknowledging the concerns of the patients, responding and using appropriate language, and avoiding medical jargon.
4. Recall and elicit through interviewing a review of systems for major organ systems. For example, if a patient comes in complaining of a respiratory complaint, the student will be able to state what the basic respiratory ROS he or she would obtain.
5. Develop and use diverse protocols as a basis for intervention and management of common health problems.
6. Plan appropriate health promotion/discuss prevention interventions. For example, if a patient has a history of smoking, the student will be able to encourage smoking cessation.
7. Assess family structure and support mechanisms as well as identify community resources.
8. Demonstrate a beginning level in interpretational laboratory findings.
9. Evaluate the assessment data to provide a preliminary diagnosis of health and developmental problems.
10. Be aware of their limitations. They have to be able to acknowledge areas of limited knowledge and say: "I don't know." The corollary of this is that they request appropriate preceptor help depending on the clinical problem at hand.
11. Continue to develop basic procedural skills performed by nurse practitioners in primary care settings.

End of Semester 5 (N6621 Person Centered Care II – 135 clinical hours)

The emphasis during this semester will be on health promotion, disease prevention, and management of patients with acute self-limiting illnesses across the lifespan. The student will

start incorporating referrals to other healthcare professionals in their plan of care and understand the implications of this dimension in terms of coordinating primary care. The student will:

1. Collect a focused database on common self-limiting and acute health problems including bronchitis, otitis media, conjunctivitis, pharyngitis, chest pain, etc.
2. Make accurate assessments and differential diagnoses for common acute problems seen in the primary care setting.
3. Demonstrate basic counseling skills and improved communication skills with patients and their families.
4. Elicit and record developmental health history, psycho-social assessment, and nutritional assessment.
5. Make consistent and accurate problem lists for all patients they see.
6. Order and interpret appropriate diagnostic tests, including radiology tests, and initiate and evaluate treatments, including pharmacotherapy, for health problems that have been covered in class or by standardized procedures.
7. Incorporate nutritional assessment and intervention into their assessment and management of chronic health problems.
8. Perform, when required, special physical exam techniques. For example, checking for jugular venous distension, testing for ascites, etc.
9. Provide an oral presentation to the preceptor or faculty member, in which the student gives pertinent positives and negatives for patient problems encountered.
10. Refine procedural skills performed by nurse practitioners in primary care settings

End of Semester 6 (N6631 Person Centered Care III – 90 clinical hours)

The emphasis during this semester will be prioritized on pediatric, women's, and behavioral health populations. The student will:

1. Engage with individuals and caregivers in establishing a caring relationship.
2. Communicate effectively with individuals on plans of care.
3. Provide care coordination and enable effective transitions of care to specialists.
4. Integrate population health data to achieve effective healthcare outcomes.
5. Engage in interprofessional efforts in plans of care.
6. Incorporate ethical principles in resource allocation to achieve equitable health and advocacy.
7. Evaluate the impact of healthcare emergency preparedness in vulnerable populations.

End of Semester 7 (N6641 Person Centered Care IV – 135 clinical hours)

The emphasis during this semester will be consolidation of prior skills, the management and follow up of patients with chronic diseases across the life span. The student will be expected to apply pathophysiological concepts to clinical practice and have knowledge of common differential diagnoses and develop sound assessments. The student will continue to emphasize risk reduction and health promotion activities. The student will:
1. Collect a focused database on common chronic diseases, including: hypertension, diabetes, COPD, congestive heart failure, rheumatoid arthritis, coronary artery disease, and cerebral vascular disease.

2. Make accurate assessments and differential diagnoses for common chronic health problems.
3. Evaluate patients with common chronic diseases and, with preceptor consultation recommend appropriate pharmacological and non-pharmacological interventions. Provide appropriate follow up care.
4. Develop greater depth in determining the need to order laboratory tests and in interpreting those tests.
5. Refine oral presentation skills, in which the student gives pertinent positives and negatives for patient problems encountered in an organized and concise fashion.
6. Initiate and provide emergency treatments. For example, if a patient comes in with an allergic reaction, the student will provide initial treatment.
7. Continue to refine procedural skills performed by nurse practitioners in primary care setting.

End of Semester 8 (N6651 Person Centered Care V – 315 clinical hours)

The emphasis this semester will be on the refinement of clinical skills. The student should be able to collect a focused database on patients with chronic multi-system disease, for example, COPD with underlying coronary artery disease, poorly controlled hypertension with underlying diabetes mellitus, etc. Any deficiency in depth or breadth of clinical experiences will be corrected by the end of the semester. The student will:

1. Develop a greater depth in the interpretation of labs, pharmacotherapeutics, and nutrition.
2. Refer and consult with other health professionals and specialists.
3. Demonstrate efficiency in office practice.
4. Demonstrate patient follow-up skills, especially regarding patients with chronic multi-system disease.
5. Focus on the professional aspects of the nurse practitioner's role, including the legal and ethical implications of advanced practice.
6. Integrate best evidence into NP practice.
7. Apply quality improvement principles in care delivery.
8. Contribute to a culture of safety in patients, providers, and work environment.
9. Perform effectively in a team role by applying knowledge of systems to work effectively across the continuum of care.
10. Complete any outstanding requirements for graduation.

The student is responsible for working with the preceptor and the office staff in choosing appropriate patients to meet these requirements. The number of patients seen will depend upon the complexity of the patients' problems and the students' familiarity with the condition. Students are expected to be thorough and complete. Student productivity is expected to increase as the student progresses in the program. Typically, students see an average of 3-4 patients per day during their early clinical rotation (N6611), and 5-6 patients per day in their second semester (N6621) and gradually increasing in the subsequent semesters (N6631, N6641, and N6651).

I. DNP-FNP Typhon Patient Log Records

Typhon is a clinical data management system that will aide in the student clinical experience and job search after graduation. Students pay a one-time fee to register for Typhon and can use the system through the clinical courses and after graduation. Typhon will be used to log clinical experiences, create an electronic student portfolio, manage external documents (resume, clinical schedule), generate reports of clinical experiences, administer evaluations, and store site and preceptor information. This electronic logging system becomes part of the student's permanent file and substantiates the Director's recommendation of the student in applying for certification upon graduation.

Account Information

- You will receive an email from the Typhon system with your account information. You must set up your account within 24 hours of receiving this email.
- The first time you log in, you will be prompted to pay the site fee and complete your account information. At this time, change your password from the default as well. You will also need to accept the end-user license agreement.
- When completing your account information, you will need to select "Sample, Preceptor" and "Sample Clinical Site" as the "Required Defaults" the first time so you are able to move to the main menu. Once you get to the main menu you will be able to add your preceptor and clinical site (this is explained in section "Adding a Preceptor/Clinical Site") and go back in and change your preceptor and clinical site defaults.

Adding a Preceptor/Clinical Site

- Please note that you must submit a separate request for your preceptor and clinical site.
- Go to "Setup Default Choices" under "Your Account" on the main menu. Under the "Required Defaults" you will notice a link to the side of the preceptor and clinical site drop down menus that says "REQUEST ADDITION." Click this link and enter in the required information.
- Requests are approved in 1-2 business days. Once the addition is verified and approved, you will receive an email notifying you that your preceptor and/or clinical site have been added to the directory. At this point you will be able to select the preceptor/clinical site as your default setting or when inputting a case log.
- Note: You will need the preceptor/clinical site contact information including an address, phone number, and email address. Preceptor evaluation links are sent to the email address that you provide, so please ensure that the email address that you submit is your preceptor's preferred email address.

Entering a Case Log

- Go to "Add New Case Log" from the main menu. Input the "Date of Encounter" by clicking on the calendar icon or by clicking the "TODAY" link, which will input the current date for you automatically. Then click "Save Data."
- Input all relevant and required information and then click "Save Data" located in the center of the screen.
- At any point you can delete the case. That option is located in the bottom right-hand corner. You can also save the case and begin a new one or go to the next case in your case log list by clicking on those options in the bottom left-hand corner.

Reviewing Faculty Case Log Comments
- Go to "Case Log Highlights (by Day/Week/Month)" under "Case Log Reports" on the main menu. Input the "Date of Case Logs" by clicking on the calendar icon or by clicking the "TODAY" link, which will input the current date for you automatically. You may also select the option to see the week, month, or daily totals incorporating that date by checking the corresponding box below. Then click "Apply Filters." Any CFA comments will appear in the first column in red next to the case log number.

Entering a Time Log
- Go to "My Time Logs" from the main menu. Click on "Add a Daily Time Log" and input the "Date of Time Log" by clicking on the calendar icon or by clicking the "TODAY" link, which will input the current date for you automatically. Make sure your "Course" is listed correctly, then click "Save Data."
- Input the number of hours and/or minutes for your clinical shift that day and click "Save Data."
- You may also check the box "Display patient, consult & conference time" if you would like those totals made available on the screen. If you want to see your shift time parallel to your patient time, go to "My Hours by Course" under the "Other Activities & Reports" heading. You may also go into "My Time Logs" and select

  a date range and check the "Display patient, consult & conference time," box in the top left corner, then hit "Apply Filters."

Completing an Evaluation
- Go to "My Evaluations & Surveys" under "Other Activities & Reports" on the main menu. Click on the appropriate link to complete the evaluation. Make sure you hit the "Submit Evaluation" button when finished.

Viewing Evaluations Completed About You
- Go to "My Evaluations & Surveys" under "Other Activities & Reports" on the main menu. Evaluations completed about you are listed on the bottom portion of the page.

Uploading External Documents
- Go to "My External Documents" under "Other Activities & Reports" on the main menu. Then click "Add a Document."
- When uploading documents for your CFA to view, please select "Word" or "PDF" for category. CFAs are not able to view documents with the category of "My Portfolio."

Missing Information
- The "Missing Information" link on the main menu will have a flashing red arrow next to it if any of your case logs are incomplete. You would simply click on "Missing Information," view the entry and input the required data.

Instructions & Video Tutorials
- Helpful tutorials related to your use of Typhon can be accessed under the "Help" section on the main menu. Please view these tutorials prior to starting a clinical course.

Clinical logs are due each week of clinical. Please refer to your course syllabus for specific due date information.

Submission of a clinical log for each patient encounter into the Typhon system is a mandatory expectation of the clinical experience. Each student is responsible for maintaining his or her own clinical experience logs. *All* patient encounters, whether seen independently, in collaboration with preceptor, or as observation, require an entry into Typhon within 7 days of clinical encounter.

Every entry will include demographic information for the patient. You must select **three** patient encounters on each clinical day that will be entered as abbreviated SOAP notes. You may attach the SOAP notes as external documents (in Typhon). The remaining patient encounters will be entered as clinical summaries.

Weekly log entries should include the following components:

1. The following five pieces of demographic information must be entered for each patient encounter**:**
   - Demographic information (age, sex, race)
   - Chief complaint
   - ICD- 10 Code
   - CPT code
   - Level of student participation

2. Enter 3 abbreviated SOAP notes for each clinical day.
   - Select 3 patients from each clinical day and write an abbreviated SOAP note for each one as described below.
   - Each of the 3 entries for the day should be for a different chief complaint.
   - Do not repeat the same chief complaints each week. Aim to write a SOAP note that you have not entered into Typhon in the past. This will allow faculty to provide valuable feedback about content specific to that chief complaint/system.
   - Write notes about patient encounters that assist you in meeting your current course objectives.
     For example:
       - N6611 focus on patient encounters that entail annual physical exams, well visits and prevention, risk assessment, counseling (eg. Smoking cessation)
       - N6621 focus on patient encounters for pediatric, acute and chronic illness management
       - N6631 focus on patient encounters regarding women's health, acute and chronic illness management
       - N6641 focus on psychiatric and behavioral health and other complex case presentations
       - N6651focus on complex patient cases with multiple co-morbidities
   - Note: Clinical faculty may request that additional SOAP notes be written for each clinical day based on need to refine SOAP writing skills or to demonstrate other clinical competencies. This need will be determined on an individual basis.

3. For all other encounters, include a Clinical Summary containing 1-2 sentences in the "Clinical Notes" section detailing the following information:

a. Presenting Complaint
b. Assessment(s)/Diagnosis(es) List
c. Plan

Example: 52 yo white female presented for low abdominal pain and dysuria. Dx with UTI, prescribed Bactrim DS 1 PO Q12 x 3 days.

J. Summary of Minimum Clinical Requirements for DNP-FNP Students

Introduction

The following information is intended to serve as a guide for the students' *selection of clinical experiences* required of the FNP courses: N6611, N6621, N6631, N6641 and N6651. It is recognized that patient problems encountered in the clinical setting do not always coincide with the order of gaining didactic knowledge through the scheduled classes and assignments. However, the student is expected to gather complete subjective and objective data, even though the student may not currently be able to *fully assess the problem or to develop a complete treatment plan.* At any given time, the student will be responsible for the diagnoses and treatment of only those conditions covered didactically in the FNP courses.

Each patient seen will be recorded on the Typhon Patient Log Record. Level of responsibility (LOR) is to be recorded along with other pertinent information. Patients designated with a LOR of 1 (observed care) will count as clinical time, but not as a Minimal Clinical Requirement. Only patients seen in categories 2-4 (level of responsibility) may be counted toward the MCR. In addition, only the problems addressed by the student should be recorded, even though the patient may have additional problems on their problem list. All problems addressed by the student should be recorded each time the patient is seen. Typhon Patient Log Records are reviewed on a weekly basis by faculty. Students must tally their clinical hours information on a weekly basis on the *Clinical Hours Log* and provide a copy to faculty and preceptor. This will assure faculty and preceptor alike that the student is making timely progress.

Level of Responsibility (LOR)

LEVEL 1   Observation Only: Student observes provider or "assists" peripherally in procedure. Utilized when student observes surgery or other procedures without scrubbing. Can be recorded on Patient Log Records but not MCRs.

LEVEL 2   Major Consultation: Preceptor rechecks almost all of history and or exam and provides most of the assessment and plan. Utilized for students very early in the Program or for a patient with very complex or potentially life-threatening problems.

LEVEL 3   Dual Responsibility: Approximately half FNP student responsibility; utilized for beginning students or complex patient problems.

LEVEL 4   Complete Encounter: The student sees a patient without preceptor consultation during the patient visit. However, the student must briefly present the patient's case to the preceptor prior to the patient leaving.

OR

Brief Consultation: The student utilizes the preceptor for less than 5 minutes, usually for presentation or to confirm positive exam findings. The student is responsible for assessment and plan with preceptor approval.

IMPORTANT:

Students are expected to write the progress note on the chart for Levels 2-4, although preceptor may write an additional note for patients who require consultation. All student charting should be signed off by the preceptor. This is a legal requirement.

Minimum Clinical Requirements (MCR)

The impetus for using the MCR is twofold:

1. Provide necessary record keeping of depth and breadth of nurse practitioner student experiences as mandated by the Board of Registered Nursing.

2. Assure a broad foundation of clinical experience that is oriented to primary health care of families.

MINIMUM CLINICAL REQUIREMENTS

For Family Nurse Practitioner Students

A total of 810 hours of clinical practice is required in the Family Nurse Practitioner program. FNP student must complete a minimum of

- 540 hours in primary care settings,
- 160 hours with a nurse practitioner, and a minimum of
- 160 hours in state or nationally designated medically under-served areas or rural areas.

Definitions of primary care settings, medically underserved areas and rural areas can be found in Health Resources and Services Administration (HRSA) Workforce Glossary. https://bhw.hrsa.gov/grants/resourcecenter/glossary

A balance in clinical experience is important. The desirable distribution of adult health, women's health and child health should be 60%, 20% and 20%. The following detailed the minimum clinical encounters required in the program. Encounter refers to one client. The detail of requirements can be counted in two areas or twice in the same area but not more than twice.

Pediatrics (less than 18 years old): 20 or more encounters, including 10 or more encounters in well-baby/ child visits or sports physicals. These may count for other disease categories as well

Respiratory – ENT: 40 or more encounters, including but not limited to COPD, asthma, rhinitis, bronchitis, pneumonia, otitis media, otitis externa, or sinusitis.

Eye: 10 or more encounters including but not limited to performing a fundoscopic examination, conjunctivitis, foreign body, or wood lamp.

Cardiovascular: 40 or more encounters including but not limited to congestive heart failure, chest pain, valve disease, hypertension, or CAD.

GI: 40 or more encounters including but not limited to abdominal pain, hepatitis, duodenal ulcer, GERD, appendicitis, pancreatitis, biliary disease, or other acute abdomen.

Musculoskeletal: 20 or more encounters, including but not limited to extremity injury, joint disease, or low back pain.

Neurology: 20 or more encounters including but not limited to headache, vertigo, CVA/TIA, head trauma, movement, or sensory disorders.

Endocrine: 20 or more encounters including but not limited to diabetes, thyroid disorders, parathyroid disorders, hypothalamus or pituitary disorders, or amenorrhea.

GU: 20 or more encounters including but not limited to prostate exams, urinary tract infection, BPH, renal stone, or pyelonephritis.

Dermatology: 20 or more encounters including but not limited to acne, eczema/atopic dermatitis, contact dermatitis, actinic keratosis, tinea/candidiasis, cellulitis, or abscess.

OB/GYN: 20 or more encounters, including but not limited to Pap smears, pelvic exam, STI, contraception, obstetric care, intrapartum or postpartum care.

Psychiatry/Mental Health: 20 encounters including but not limited to situational/individual/family crises, anxiety, depression,
bipolar, schizophrenia, drug/alcohol dependency, or abuse.

Technology: 20 encounters including but not limited to interpretation of health technology/device use, mobile health technology, telehealth, or telecommunications.

Interprofessional practice: 20 encounters including referrals or consultation with other interprofessional team members in the plan of care of patients.

Leadership: 20 encounters including facilitation and management of patient-centered care, leading the NP role in providing proper patient follow-up or patient coaching.

Student Responsibilities:
The student is responsible for indicating the level of responsibility for each patient encounter:
1. Student practitioner observes care given by preceptor.
2. Extensive preceptor consultation on any/all aspects of the case. Less than shared responsibility.
3. Equal responsibility between student nurse practitioner and preceptor with some review of history and/or physical examination.
4. Primary responsibility for patient encounter (>50%).

Patient encounters in category 1 will not be counted in these clinical requirements. Only patient contacts in categories 2 through 4 will be accepted as meeting the requirement. It is expected that approximately 1/4 of these requirements will be completed each semester, from the second to the fifth semester. It is anticipated, however, that overlap will occur and that students may see fewer patients in the second and third Semesters but considerably more in the remaining semesters as their efficiency and ability to manage more complex patients improves.

How to Determine if A Patient Encounter Would Be Accepted to Count Towards the MCR

1. Patient cannot just be observed. LOR must be 2-4 (if you are watching your preceptor handle the encounter, you may not count it).
2. The encounter must be diagnosis specific for the MCR counted, ie: if the MCR is contact dermatitis, the diagnosis must state contact dermatitis not rule out contact dermatitis or contact dermatitis vs. psoriasis.
3. The SOAP must contain questions (i.e., Review of Systems, HPI) about the MCR, a physical exam of the part, an assessment with the diagnosis (which is the same as the MCR) and a treatment plan for the diagnosis.

K. Required BRN Curriculum Content for the DNP-FNP Program

Indicate where in the curriculum each of the following subject areas are addressed. [Title 16, CCR Section 1484(d) (12)]

Subject Area	Course Number(s)	Theory Hours	Clinical Hours
A. Normal growth and development	N6530 N6620	4 8	20* 40*
B. Pathophysiology	N6510	30	20*
C. Interviewing & communication skills	N6530	3	18 32*
D. Eliciting, recording & maintaining a developmental health history	N6530 N6610 N6620 N6630 N6640 N6650	3 4 4 4 4 4	10 20* 20* 20* 20* 20*
E. Comprehensive physical examination	N6530 N6610 N6620 N6630 N6640 N6650	10 10 10 10 10 10	24 85* 85* 85* 85* 85*
F. Psycho-social assessment	N6530 N6610 N6620 N6630 N6640 N6650	2 7 2 2 4 4	10 25* 25* 25* 25* 25*
G. Interpretation of laboratory findings	N6530 N6610 N6620 N6630 N6640 N6650	2 7 2 4 4 4	25* 25* 25* 25* 25* 25*
H. Evaluation of assessment data to define health & developmental problems	N6530 N6610 N6620 N6630 N6640 N6650	2 7 8 4 12 12	6 50* 50* 25* 50* 50*
I. Pharmacology	N6520 N6560 N6610 N6620	48 30 8 6	40* 30* 30* 30*

	N6630	10	15*
	N6640	10	30*
	N6650	10	30*
J. Nutrition	N6530	2	20*
	N6610	2	10*
	N6620	2	10*
	N6630	2	5*
	N6640	5	10*
	N6650	5	10*
K. Disease management	N6610	3	135*
	N6620	20	135*
	N6630	20	90*
	N6640	20	135*
	N6650	18	315*
L. Principles of health maintenance	N6530	2	20*
	N6610	6	60*
	N6620	2	60*
	N6630	2	30*
	N6640	5	60*
	N6650		60*
M. Assessment of community resources	N6440	12	30*
	N6480	20	
	N6490	3	
N. Initiating & providing emergency treatments	N6640	4	
	N6641		20
O. Nurse practitioner role development	N6460	12	
	N6490	4	
	N6651		6
P. Legal implications of advanced practice	N6480	12	
	N6490	2	
	N6530	2	
	N6620	2	12*
Q. Health care delivery system	N6440	12	10*
	N6480	2	
	N6490	18	

*Clinical experience in N6611, N6621, N6631, N6641, N6651

L. FNP Preceptor Program Policies and Procedures

(based on California BRN Regulations for Preceptorships)

1. Definition: The Graduate Preceptor Program at California State University, Bakersfield (CSUB) is a component of the Nursing Program that includes a teaching strategy designed to provide students with learning experiences that are guided by a Primary Health Care Provider who may also be an expert in his or her area of specialty.

2. Selection of Preceptors
   a. A preceptor must have:
      i. A current license to practice in the state of California as a physician or nurse practitioner.
      ii. At least one year of clinical experience either as a physician or nurse practitioner providing primary care.
      iii. In a group practice, any other provider participating in supervision of the student must also meet the same qualifications with regard to education and clinical experience.

   b. With the advance permission of the clinical faculty, a relief preceptor, who meets the qualifications specified by CSUB Nursing Department, shall be available on the designated preceptor's days off to:
      i. Ensure continuity of the student's precepted learning experience.
      ii. Ensure that a preceptor is present and available on the patient care unit at all times while the student is providing care/nursing services.

   c. Preceptors will be evaluated by the Department of Nursing at least every two years.

3. The student shall be enrolled in the designated CSUB course in which he/she is assigned to a preceptor and will not be compensated by the clinical facility where the clinical rotation occurs.

4. The Preceptor Program files shall be kept in the CSUB Nursing Department office and includes the following information for the designated semester/year assigned:
   a. Dates of preceptorship
   b. Preceptor's name
   c. Preceptor's current licenses
   d. Preceptor responsibilities (as designated by the assigned course)

5. Preceptorship Orientation
   a. The Preceptor Handbook orients preceptors and serves as the written guidelines regarding the program, courses, role, and responsibilities of Nursing Faculty (Course Team Leader, Clinical Instructor), Preceptor, and Student and the required forms.
   b. The Preceptor Handbook and syllabus are kept on file in the Nursing Department for all graduate clinical courses.
   c. Clinical faculty orient the preceptor to ensure adequate identification of performance expectations and goals/objectives for the students' learning experience.
   d. Faculty/Graduate Student ratio shall not exceed 1:8.

Roles and Responsibilities

1. Graduate Nursing Student
   The students are responsible for being self-directed in identifying initial and ongoing learning needs, for seeking learning opportunities to meet identified needs, and for being accountable for their performance in advanced practice nursing. The student responsibilities include:

   a. Provide the preceptor with the preceptor handbook
   b. Present the preceptor with a copy of the student's resume and clinical objectives
   c. Review the clinical objectives and negotiate clinical schedule with the preceptor prior to actual clinical experience
   d. Maintain a clinical log online through Typhon Group Software for NP clinical
   e. Track clinical hours in Typhon and have all clinical hours verified by the preceptor using the Clinical Hour Verification form. Clinical hours should be initialed by the preceptor at the end of each clinical day
   f. Demonstrate progressive independence and competency in the advanced practice role in accordance with one's academic progression
   g. Arrive at clinical sites on time and prepared to perform in accordance with the assigned learning activities in accordance with the course
   h. Perform the advanced practice role under the supervision of the preceptor recognizing the limitations of educational preparation and complying with professional standards, clinical site policies, and advanced practice protocols
   i. Demonstrate professional student behavior in the advanced practice nursing role.
   j. Demonstrate accountability for thoroughness and timeliness in completing assigned role responsibilities
   k. Actively seek input into the evaluation process and participate in self-evaluation of strengths and identified areas for professional growth with preceptor and clinical faculty
   l. Contact clinical faculty if faculty assistance is necessary
   m. Respect patient confidentiality at all times during the clinical experience
   n. Complete preceptor and clinical site evaluations at the end of the clinical rotation
   o. Ensure patient safety
   p. Seek guidance from preceptor and clinical faculty

2. Clinical Faculty
   a. Collaborates with the Graduate Nursing Student and the Preceptor to ensure adequate identification of performance expectations and goals/objectives for the student's learning experience. This includes assisting with the assessment, planning, implementation, and evaluation of the student's individualized learning experience.
   b. Provides guidance and learning materials or tools to assist in identifying and meeting the student's learning needs.
   c. Serves as a resource to the Graduate Nursing Student and to the Preceptor; assisting as needed with the implementation of an action plan to address identified areas for improvement of the student's performance.

d. Provides reliable contact information to preceptors and students. Maintains availability by phone with prompt message return.
e. Performs site visits to evaluate both clinical placement sites and student performance.
f. Provides feedback and assigns grades for all required written assignments and on-campus conference participation/performance.
g. Completes student's evaluation with input from the preceptor and the graduate nursing student.

3. Preceptor
   The preceptor serves as a mentor to the students. The preceptor will support students by:

   a. Assist the student by arranging opportunities and resources to obtain learning experiences appropriate to the course and individual learning objectives.
   b. Assign patients as appropriate to the daily or course objectives.
   c. Assign patients consistent with the education and experience level of the student.
   d. Enable the student to perform comprehensive and focused history and physical exams, rechecking any history or physical assessment as necessary.
   e. Guide the student in developing appropriate patient management plans including pharmacologic and nonpharmacologic management.
   f. Guide the student in developing differential diagnoses for patients.
   g. Encourage the student to investigate and participate in clinical inquiry or research.
   h. Contact the clinical faculty advisor if any problems arise.
   i. Complete the student evaluation at mid-term and upon completion of the semester, verify Clinical hours at the end of each clinical day by signing the Clinical Hour Verification form.
   j. Complete Preceptor Evaluation of Clinical Preceptor Experience at the end of the term.

Section V. Forms

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
Department of Nursing
Family Nurse Practitioner Program

Preceptor Profile Form: Biography/Curriculum Vitae

Name: _____   Credential(s): _____

License # :_____   Expiration Date: _____

Area of Specialization: _____ Years of Experience: _____

Facility: _____ Business Address: _____

Work Phone: _____ Work Fax: _____

Email Address: _____

Education: List your basic medical/nursing education/advanced education as a physician or in nursing or other fields

Name of College	Location	Degree Earned	Dates of Attendance

Certifications: List any certifications that you hold.

Name of Certification	Organization Providing Certification	Dates of Certification

Clinical Experience: List your most recent clinical experience other than your present employment.

Name of Employer	Job Title/Responsibilities	Dates of Employment

Professional Honors and Awards: List any special professional honors/awards you have received (e.g., Sigma Theta Tau and other professional organizations; conference presentations; scholarships; publications; recognition).

Preceptor Experience: List prior preceptor experience with CSUB, other colleges, hospitals, & health care organizations

Name of Organization	Type of Student	Dates/Length of Preceptorship

*In lieu of completing this section, attach your curriculum vitae documenting this information.

PLEASE RETURN TO:
California State University, Bakersfield
Department of Nursing – 29 RNC
Attn: Administrative Support
9001 Stockdale Highway
Bakersfield, CA 93311-1022

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
Department of Nursing
Family Nurse Practitioner Program

Confirmation of Agreement to Precept

I, _____(**Printed name of Preceptor**) have met with the graduate student regarding a preceptorship at this agency. I have reviewed the preceptorship agreement, and we have discussed the course objectives, clinical requirements, and the FNP Student Evaluation document for _____ (**course number**) and agree to act as Clinical Preceptor to _____RN (**Printed name of Graduate Student**) as part of his/her enrollment in the CSUB Graduate Nursing Program clinical course. I am aware that I will need to confer with the Clinical Instructor during and at the end of the Semester to provide any information I believe is necessary regarding the student's progress in the clinical practicum. A written evaluation of the student, on the provided form should be submitted at the end of the Semester.

I meet the following minimum qualifications to precept this student:

- Possession of a current California license to practice as a physician or nurse practitioner.
- A copy of my California License to Practice is available at my facility.
- At least one year of clinical experience either as a physician or nurse practitioner providing primary care.
- In a group practice, any other provider participating in the supervision of the student must also meet the same qualifications with regard to education and clinical experience.

I am willing to serve and be available as a preceptor for this student enrolled in the above-named course during the period of _____ (Semester), in _____ (year).

I am also aware that I must complete the FNP Student Evaluation document prior to the end of the Semester in which this student is enrolled.

Preceptor (Print): _____

Telephone: _____ FAX: _____

Most convenient time to call: _____

Email: _____

Agency: _____

Address: _____

City/State: _____ Zip: _____

_____   _____
Preceptor's Signature   Date

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
Department of Nursing
Family Nurse Practitioner Program

Clinical Attendance Record

Student Name: _____

Term: (please check one)   **Course Number**: (please check one)
☐Fall   ☐N 6611 Person Centered Care I – 135 hours
☐Spring   ☐ N 6621 Person Centered Care II – 135 hours
☐Summer   ☐ N 6631 Person Centered Care III – 90 hours
☐Year: _____   ☐ N 6641 Person Centered Care IV – 135 hours
                                                 ☐ N 6651 Person Centered Care V – 315 hours

Preceptor Name		Preceptor Phone Number	
Agency Name		Agency Phone Number	
Agency Address			

Student Schedule				
Date	Time	Number of Hours	Cumulative Hours	Preceptor Initials

Preceptor Name: _____

Preceptor Signature: _____ Date: _____

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
Department of Nursing
Family Nurse Practitioner Program

Evaluation Surveys

Midterm Evaluation of CSUB FNP Student Qualtrics Survey

	Responses				
Questions					
Course Number					
	Semester 4 – Fall – N6611 Person Centered Care I – 135 clinical hours	Semester 5 – Spring – N6621 Person Centered Care II - 135 clinical hours	Semester 6 – Summer – N6631 Person Centered Care III - 90 clinical hours	Semester 7 – Fall – N6641 Person Centered Care IV – 135 Clinical hours	Semester 8 – Fall – N6651 Person Centered Care V - 315 Clinical hours
Student Name					
Preceptor Name					
Agency Name and Address					
The student is progressing towards meeting the clinical objectives.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student is progressing towards safe clinical practice.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student exhibits professionalism.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Please provide your comments if you disagree with any of the above statements.					
Would you like to speak with the Faculty in Charge?	Yes, please provide a phone number	No			
Please sign here					
Thank you very much for your support of our FNP students. If you disagree with the student's progression as listed above the faculty on record will contact you.					

Preceptor Final Evaluation of CSUB FNP Students Qualtrics Survey

Questions	Responses				
Course Number					
	Semester 4 – Fall – N6611 Person Centered Care I – 135 clinical hours	Semester 5 – Spring – N6621 Person Centered Care II - 135 clinical hours	Semester 6 – Summer – N6631 Person Centered Care III - 90 clinical hours	Semester 7 – Fall – N6641 Person Centered Care IV – 135 Clinical hours	Semester 8 – Fall – N6651 Person Centered Care V – 315 Clinical hours
Student Name					
Preceptor Name					
Agency Name					Other
Clinic Address					
The student critically analyzes data and translates new knowledge into practice using evidence-based guidelines.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student takes initiatives to provide safe patient care in related to access, equity, cost, and quality.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student utilizes appropriate technologies in the clinical setting effectively.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student seeks out opportunities to increase levels of independence.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student utilizes effective verbal and nonverbal skills to provide good communication with patients and the health care team.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student collects relevant and appropriate subjective and objective data during patient encounters.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student develops appropriate differential diagnoses during patient encounters.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student integrates health promotion/disease prevention with appropriate patient plan of care including diagnostics, therapies, interventions, pharmacology and referrals.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student records patient data in a complete, concise, and well-organized format.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student submits the preceptor's assistance with unfamiliar and/or complicated situations.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student arrives on time and is appropriate in time management.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The student accepts constructive criticism from the healthcare team.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
You are satisfied with this student's ability to meet the Family Nurse Practitioner competencies.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Please provide comments if you strongly disagree with any of the above statements or any additional comments.					

FNP Students Evaluation of Preceptors Qualtrics Survey

Questions	Responses				
Course Number					
	Semester 4 – Fall – N6611 Person Centered Care I – 135 clinical hours	Semester 5 – Spring – N6621 Person Centered Care II - 135 clinical hours	Semester 6 – Summer – N6631 Person Centered Care III - 90 clinical hours	Semester 7 – Fall – N6641 Person Centered Care IV - 180 Clinical hours	Semester 8 – Fall – N6651 Person Centered Care V - 270 Clinical hours
Student Name					
Preceptor Name					
Agency Name and Address					
Preceptor is available to students, serves as a good model and demonstrates as a competent APN.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor demonstrates effective rapport with clients.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor utilizes student's strengths and knowledge.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor assists student in identifying appropriate goals and needs for experience (relative to that particular semester).	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor considers student's limits according to level of training.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor provides constructive feedback on student's performance throughout the day.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor leads student through decision making process and facilitate differential diagnoses.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Q12 Preceptor reviews/co-signs each documentation/note, if appropriate.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor encourages questions from student.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor thoughtfully reviews diagnosis and differential diagnosis with student.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor discusses alternative management with the student.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor allows student opportunities to suggest drug of choice, calculate dosages, suggest lab and/or radiology to be ordered.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Preceptor communicates clinical knowledge well with the student.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Please give additional comments and/or examples: _____					

FNP Students Evaluation of Clinical Sites Qualtrics Survey

	Responses				
Questions					
Course Number					
	Semester 4 – Fall – N6611 Person Centered Care I – 135 clinical hours	Semester 5 – Spring – N6621 Person Centered Care II - 135 clinical hours	Semester 6 – Summer – N6631 Person Centered Care III - 90 clinical hours	Semester 7 – Fall – N6641 Person Centered Care IV - 180 Clinical hours	Semester 8 – Fall – N6651 Person Centered Care V - 270 Clinical hours
Student Name					
Agency Name					
Student is given adequate time to see patients	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
There are sufficient numbers of clients with varied ages, types of problems, etc…	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Student is allowed to select the clients according to the students need	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Student is given the opportunity to follow up with clients and/or problems of interest.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Reports from lab and/or radiology are available for student to review.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Support staff are helpful to student and accepting of the student's role.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
The philosophy of the clinic supports health promotion and disease prevention.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Instructional materials are available for clients to supplement their learning, such as pamphlets.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Community resources, other agencies, and professional disciplines are involved with client's welfare.	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
Please give examples or comments (especially if you choose strongly disagree):					
How many miles do you travel from CSUB to clinical site?					