ORIENTATION MANUAL FOR CLINICAL FACULTY, PRECEPTORS, & GTAs

Prelicensure & Postlicensure

This orientation manual is available on the Preceptor and Clinical Faculty Training webpage: https://www.nursing.virginia.edu/academics/preceptors/

Updated 9/15/2017
I. INTRODUCTION

Welcome to clinical teaching in the UVA School of Nursing! Your contributions in providing clinical guidance and supervision for students are invaluable to our mission of creating top-notch new nurses for the profession! We wish to provide you with ample information, resources, and support as you initiate and then continue to develop your skills as a clinical educator.

- **Clinical faculty** includes individuals who contract with the School of Nursing to teach and supervise student learning activities in clinical settings. Clinical faculty include experienced clinicians as well as PhD or DNP students. Clinical faculty oversee the clinical activities for assigned clinical groups of students, and work closely with the assigned course professor.

- **Preceptors** are clinicians who provide direct teaching and supervision for one (sometimes two) students in the clinical area. Preceptors provide invaluable guidance and mentoring to students over an extended period of time, and work closely with the assigned clinical faculty to ensure appropriate student progress and achievement.

While this manual provides important guidance, all preceptors and clinical faculty are encouraged to make use of a wide array of resources to support your clinical teaching efforts and development.

II. SCHOOL OF NURSING ORGANIZATIONAL STRUCTURE

**Department Chairs:**
- Elizabeth Epstein, PhD, RN
- Richard Westphal, PhD, RN, PMHCNS-BC, PMHNP-BC

**Assistant Department Chairs:**
- Assistant Chair: Gina DeGennaro, DNP, CNS, RN, AOCN, CNL
- Assistant Chair: Anita Thompson-Heisterman, MSN, APRN, PMHCNS-BC, PMHNP-BC

**Academic Programs:**
- Associate Dean for Academics: Christine Kennedy, PhD, RN, FAAN
  - BSN Program Director: Randy Jones, PhD, RN, FAAN through December 2017; Bethany Coyne, PhD, APRN, PNP-BC beginning January 2018
    - RN-BSN Coordinator: Tomeka Dowling, DNP, MS, RN
  - Clinical Nurse Leader Coordinator: Emily Drake, PhD, RN, CNL, FAAN
  - Advanced Practice Program Director for MSN & DNP: Clareen Wiencek, RN, PhD, CNP, ACHPN
    - Adult-Gerontology Acute Care Coordinator: Jill Howie Esquivel, RN, PhD, ACNP-BC
    - FNP Coordinator: Linda Eastham, PhD, APRN, FNP-BC
    - NNP Coordinator: Barbara Reyna, PhD, RN, NNP-BC
    - PNP-AC Coordinator (Interim): Barbara Reyna, PhD, RN, NNP-BC
    - PNP-PC Coordinator: Amy Boitnott, DNP, RN, FNP, PNP
    - PMHNP Coordinator: Edie Barbero, PhD, RN
- PhD Program Director: Kathryn Laughon, PhD, RN, FAAN

Clinical sites for student learning are coordinated by the course professor working with the program coordinator (PC) as well as the academic clinical coordinator (ACC) (if one is assigned to the program/course). The academic clinical coordinators are as follows:
- Acute Care (BSN only): Elizabeth Taliaferro-Jones, MSN, RN
- Clinical Nurse Leader: Christian Simmers, MSN, APRN, FNP-BC
III. LAWS AND REGULATIONS RELATED TO TEACHING

A. VIRGINIA BOARD OF NURSING REGULATIONS

The Virginia Board of Nursing regulates both nursing practice and nursing education. As you begin your clinical teaching activities it is imperative to understand the regulations associated with clinical teaching and clinical learning. A snapshot of the nursing specific regulations can be reviewed below. The full regulations can be accessed through the Virginia Board of Nursing website at:

http://www.dhp.virginia.gov/nursing

Virginia Board of Nursing: Related Regulations – A Snapshot


A. In accordance with § 54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct client care tasks to which he has been assigned.

B. Faculty shall be responsible for ensuring that students perform only skills or services in direct client care for which they have received instruction and have been found proficient by the instructor. Skills checklists shall be maintained for each student.

C. Faculty members or preceptors providing on-site supervision in the clinical care of clients shall be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the student’s clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the clients.

D. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship.

E. Preceptors shall provide to the nursing education program evidence of competence to supervise students’ clinical experience for quality and safety in each specialty area where they supervise students. The clinical preceptor shall be licensed as a nurse at or above the level for which the student is preparing.

F. Supervision of students.
   1. When faculty are supervising direct client care by students, the ratio of students to faculty shall not exceed 10 students to one faculty member. The faculty member shall be on site in the clinical setting solely to supervise students.
2. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students. **In utilizing preceptors to supervise students in the clinical setting, the ratio shall not exceed two students to one preceptor at any given time.** During the period in which students are in the clinical setting with a preceptor, the faculty member shall be available for communication and consultation with the preceptor.

G. Prior to beginning any preceptorship, the following shall be required:
   1. Written objectives, methodology, and evaluation procedures for a specified period of time to include the dates of each experience;
   2. An orientation program for faculty, preceptors, and students;
   3. A skills checklist detailing the performance of skills for which the student has had faculty-supervised clinical and didactic preparation; and
   4. The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation.

B. **THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**
   Just as there are laws governing patient privacy (HIPAA), similar laws exist to protect student privacy. Student records are confidential and protected under the Family Educational Rights and Privacy Act (FERPA). As a general rule, faculty and preceptors should approach student privacy much in the same manner that clinicians approach patient privacy. **Conversations about student progress and achievement are appropriate among the educational team but should otherwise be treated as confidential. Student papers and faculty documentation and evaluation of student progress (e.g., grades) are treated as confidential.** School of Nursing resources can be contacted for any questions about student privacy issues. In addition, the University of Virginia FERPA policy is available at [http://uvapolicy.virginia.edu/policy/STU-002](http://uvapolicy.virginia.edu/policy/STU-002).

IV. **PREPARATION FOR CLINICAL TEACHING AND PRECEPTING**

The Curriculum
Understanding the overall program of study for the student is essential to effectively guiding the student through the assigned course. The program of study can be accessed on the School’s website, and you will be provided a copy as a part of your orientation. The clinical courses provide the student with an opportunity to demonstrate developing competency in applying nursing knowledge and skills to clinical practice environments.

A. **ORIENTATION**

Clinical Faculty
Once the contract for service as a clinical faculty member is completed, there are required orientation activities at four levels that must be completed: 1) the University requirements, 2) the School of Nursing requirements, 3) the specific academic program(s) orientation, and most importantly, 4) the specific assigned course(s) requirements. The assistant department chair serves as the primary contact person
and resource for ensuring that all orientation needs are met at the University, School of Nursing, and academic programs levels, and the course professor(s) works with you to ensure complete orientation to the assigned course(s).

1. UVA Orientation Requirements
The University of Virginia is built around a community of trust and respect. All members of the community are responsible for upholding these values. New clinical faculty are required to review and complete any online modules required by the University.

2. School of Nursing Orientation Requirements
There are many resources available for new clinical faculty as they begin teaching on a single course, part-time, or full-time basis. Many School of Nursing personnel are available to assist new faculty as they get settled.

   o Human Resources: Gay Lynn Tonelli, glt9c@virginia.edu, 243-2533; Sue Loving, srl@virginia.edu, 924-8792.
   o Compliance: Devonia Love, dnc6r@virginia.edu, 243-0023.
   o Facilities: Becky Bowers, 924-0133.
   o Department: the assistant department chair serves as the coordinator of your overall orientation to the University and School of Nursing.
   o SON Faculty/Staff Handbook (available on the School of Nursing intranet). As faculty in the School of Nursing, you are required to become familiar with the policies and procedures associated with being an employee.
   o Clinical orientation requirements: Clinical faculty new to the UVA system must complete required screenings, trainings, immunizations, and infection control training. Clinical faculty who are already affiliated with UVA must maintain a current status with these requirements.
   o There will be additional requirements that will be setting specific. For example, if the clinical faculty is assigned to teach on a unit at a different health care facility such as Martha Jefferson Hospital, requirements for that organization must also be met.
   o UVA Medical Center Orientation: Contact your assistant department chair for more information.
   o On-unit clinical orientation: Contact the unit manager to arrange a minimum of 3 days of orientation to nursing care delivery in the assigned unit.

3. Academic Program Orientation Requirements
In addition to the general orientation activities that must be completed, clinical faculty must also be knowledgeable about the academic program(s) in which they are teaching, as well as complete introductory training related to clinical teaching.

   o Visit the School of Nursing website for new clinical faculty and preceptors at https://www.nursing.virginia.edu/academics/preceptors/ for training documents and resources.
   o Meet with the program director and/or coordinator for the program in which you are assigned to teach.
   o Attend the faculty orientation meeting prior to the start of the first semester.

4. Course and Clinical Orientation Requirements
One of the most important aspects of clinical faculty orientation is understanding the objectives, content, and required activities associated with the assigned course. The course professor and academic clinical coordinator are the best resources for gaining this information.

The following activities should be completed well before the beginning of the semester:

   o Meet with the course professor and course faculty to orient to the following:
Course syllabus, which includes the objectives, content, required learning activities, and student evaluation methods.

Processes for documenting student performance and progress. The course professor is the primary resource for any unexpected or unsatisfactory student behaviors.

Set up and learn to use the clinical section Collab site (Collab is UVA’s electronic course management system). This system will provide the student roster and email contact information.

Obtain the academic schedule for the semester and develop the associated student clinical schedule, including the student orientation plan.

Attend and participate in the course faculty meetings as scheduled by the course professor.

**PRECEPTORS**

Once arrangements for a precepted experience have been confirmed, there are required orientation activities for preceptors to ensure success for both the preceptor and the student.

**1. Academic Program Orientation**

Preceptors must be knowledgeable about the academic program(s) in which they are precepting, and complete introductory training related to clinical teaching.

- Visit the School of Nursing website for new clinical faculty and preceptors at [https://www.nursing.virginia.edu/academics/preceptors/](https://www.nursing.virginia.edu/academics/preceptors/) for the required training presentation and the related documentation that this has been completed.

- Provide an updated CV to the School of Nursing.

**2. Course and Clinical Orientation Requirements**

One of the most important aspects of precepting a student is understanding the objectives, content, and required activities associated with the assigned course. The course professor, academic clinical coordinator, and assigned clinical faculty are the best resources for gaining this information.

The following orientation activities should be completed before the beginning of the student preceptorship:

- Meet with the clinical faculty member to orient to the following:
  
  - Course syllabus, which includes the objectives, content, required learning activities, and student evaluation methods.
  
  - Processes for documenting student performance and progress. The course professor is the primary resource for any unexpected or unsatisfactory student behaviors.
  
  - Obtain the academic schedule for the semester and develop the associated student clinical schedule, including the student orientation plan.

**B. ROLES**

All faculty members (course professors, clinical faculty, and graduate teaching assistants) are expected to adhere to the Guidelines for Course and Clinical Faculty, available in the SON Faculty/Staff Handbook (section #1.02.1).
The following roles information is described separately for prelicensure (BSN and CNL) and postlicensure (advanced practice) students.

PRELICENSURE (BSN AND CNL-DIRECT ENTRY)

PROGRAM COORDINATORS
a. The PC provides leadership to assure quality related to curriculum management and assessment, recruitment and retention of students, preceptors, faculty support and compliance with academic regulatory standards.
b. Along with the course professor, provide basic preceptor orientation to the program, mission, and goals.
c. Facilitate preceptor participation in events/retreats.

ACADEMIC CLINICAL COORDINATORS
a. Recruits qualified preceptors for student experiences.
b. Facilitates preceptor participation in events/retreats.
c. Coordinates preceptor activities in practice area, including communication with practice area managers and staff.
d. Along with clinical faculty, serves as a resource and general support for the preceptor during the student rotation through the practice area.

course professors
a. Overall responsibility for ensuring that students meet the course objectives.
b. Responsible for the structure and sequencing of course content and assignments.
c. Assign final course grades.
d. Verify an agreement is in place for the site and relevant student type; if not, request one (or have the student submit a request).
e. Along with the PC, provide basic preceptor orientation.
f. Serve as a resource as needed for clinical faculty and preceptors in problem-solving student issues.

CLINICAL FACULTY FOR ALL CLINICAL GROUPS (DIRECTLY SUPERVISED AS WELL AS PRECEPTED)

a. Obtains and reviews the clinical agency contract and knows role expectations.
b. Maintains consistency with course expectations and activities and inform the course professor when course objectivities/expectations cannot be facilitated.
c. Maintains strict patient confidentiality when posting clinical assignments and monitor all student communication (written and verbal) to ensure compliance with HIPAA standards.
d. Orients the unit/agency leadership to the specifics of the clinical experience including the purposes and objectives of the experience, background, and skills of the assigned students, expected roles of clinical faculty, staff, and preceptors. This orientation should take place well in advance of the first clinical day. Provides the unit with a copy of the course syllabus and uses any agency-specific forms of communication as mandated by the specific agency (ex., UVA Health System requires a specific form/information).
e. All GTAs and new clinical faculty members are expected to attend designated orientation sessions from the Office of the Associate Dean for Academics and individual programs (ex., BSN, CNL, MSN, etc.) and complete required orientation activities and modules.
f. Keeps the course professor informed of any problems that arise.
g. Makes clinical assignments using appropriate communication tools (not emails), ensuring that experiences of an appropriate nature and level are provided for students.
h. Evaluates student progress and keeps the course professor informed of that progress.
i. Performs and documents student evaluations, including conference, using the format provided by the course professor.
j. Maintains positive public relations with the units/agencies.
k. Sends acknowledgments of appreciation to each unit/agency at the semester.

ADDITIONAL CLINICAL FACULTY ROLES SPECIFIC TO PRECEPTORSHIPS

a. Serves as a resource to student and preceptor
   o Is available to preceptor and student by phone or pager during all clinical hours.
   o Evaluates the student’s clinical competence and performance via direct observation, input from the preceptor, competency assessments, reviewing logs/assignments, and/or simulation.
   o Assumes primary responsibility for problem-solving student issues.
   o Evaluates preceptor, including reviewing student evaluations of preceptor.

b. Ensures that clinical objectives are met (learning contracts may be used to guide student experiences)
   o Provides the preceptor with a copy of the course syllabus and evaluation tools.
   o Assists students in establishing appropriate objectives for each clinical experience, based on opportunities in the clinical setting, student strengths and deficits, and general course objectives.
   o Guides the preceptor and student in the selection of alternative clinical experiences to support achievement of learning objectives and facilitates these experiences.
   o Meets with students at midterm to review progress toward individual and course objectives.
   o Meets with students, and preceptors when available, weekly in clinical conferences.

c. Assesses student performance for clinical component of the course grade
   o Reviews all student logs.
   o Assesses student’s clinical knowledge through discussions in the clinical setting, clinical conferences, and in midterm conference.
   o Assesses any written work by the student, such as plans of care, that reflect cognitive development.
   o Reviews preceptor evaluations of student, and solicits verbal feedback about student performance from the preceptor and his/her colleagues.

PRECEPTOR ROLE

a. Provides direct clinical supervision and guidance of students (1 to 2 students)
   o Orients the student to the clinical setting, patient population, health care team, and key aspects of nursing care delivery in the environment.
   o Reviews all medications prior to student administration.
   o Directly supervises all clinical skills the first time they are performed, and until preceptor is comfortable that student can perform the skill unsupervised.
   o Fosters critical thinking by questioning students about the rationale for nursing and medical interventions.
Immerses and engages students in clinical practice experiences, integrating them into the practice setting.
Negotiates clinical learning objectives prior to each clinical experience.

b. Assists in the assessment of student performance
   - Gives verbal feedback to the student at the end of each clinical day, following performance of procedures, and as needed.
   - Completes a written evaluation of student performance at midterm (if needed) and at the end of the semester that includes anecdotal feedback.
   - Informs clinical faculty of student progress as well as issues and concerns related to student performance.

c. Assists the student to revise his/her objectives for the clinical experiences
   - Notes progress toward meeting established objectives.
   - In collaboration with clinical faculty, identifies additional clinical experiences to meet the student’s needs and enhance learning.

STUDENT ROLE
All students are expected to adhere to the policies and guidelines as described in the School of Nursing student handbooks, the University Record (the academic catalog), as well as the expectations described in the course syllabus. Additional student roles related to precepted clinical activities in the following:

1. Establishes individual objectives (learning contracts may be used)
   - Uses course objectives as a guide.
   - Appropriately identifies own areas of strength and deficits.
   - Collaborates with faculty and preceptor as needed in setting objectives.
   - Collaborates with preceptor to revise objectives as the particular clinical experience proceeds.

2. Schedules clinical hours
   - Contacts preceptor to determine a schedule for completing the required hours for each clinical course.
   - Informs clinical faculty of the schedule at the beginning of the preceptorship, and does not change the schedule once it is established.
   - Informs preceptor and clinical faculty of any emergency changes to the schedule.
   - Attends weekly clinical conferences.

3. Utilizes clinical faculty and preceptor appropriately
   - Functions within legal and personal limitations in the student role.
   - Seeks guidance when needed.
   - Acknowledges deficits.

4. Participates in self evaluation and evaluation of preceptor
   - Attends midterm conference with clinical faculty.
**POSTLICENSURE (ADVANCED PRACTICE)**

**PROGRAM COORDINATOR (PC)**

a. Provides leadership to assure quality related to curriculum management and assessment, recruitment and retention of students, faculty support and compliance with academic regulatory requirements

b. Confirms and finalizes clinical site placements with the appropriate agencies; verifies an affiliation agreement with the site is place and requests one if not (may delegate this to ACC)

c. Responsible for knowing and adhering to the terms of the affiliation agreement with the clinical site

d. Represents the program to students

e. Coordinates implementation of respective program curriculum

f. Fulfills the administrative responsibilities for the program

g. See position description for full scope

**ACADEMIC CLINICAL COORDINATOR (ACC)**

Assigned to strategic areas to:

a. Coordinate student clinical placements

b. Strategize and develop effective systems/processes to identify new and preferred clinical sites

c. Coordinate process for ongoing communication between UVA SON and clinical agencies to ensure challenges are addressed in timely manner

d. Maintain a data base across all programs in collaboration with administration support

e. See position description for full scope

**2017-2018 PCs:**

- Adult-Gerontology Acute Care: Dr. Jill Howie Esquivel
- FNP: Dr. Linda Eastham
- NNP: Dr. Barbara Reyna
- PNP-AC (Interim): Dr. Barbara Reyna
- PNP-PC: Dr. Amy Boitnott
- PMHNP: Dr. Edie Barbero

**COURSE PROFESSOR**

g. Maintains overall responsibility for ensuring that students meet the course objectives.

h. Maintains responsibility for the structure and sequencing of course content and assignments.

i. Assigns final course grades.

j. Provides relevant orientation to post-licensure preceptors

k. Serves as a resource as needed for clinical faculty and preceptors in problem-solving student issues.

l. Course faculty in collaboration with clinical faculty provide orientation to APRN preceptors in the following areas: course objectives, program/track requirements, supervision expectations, and evaluation of students.

**2017-2018 ACCs:**

- Adult-Gerontology Acute Care: Dr. Mary Deivert
- FNP: see Coordinator above
- NNP: Susan Almarode
- PNP-AC: Dr. Lisa Letzkus
- PNP-PC: see Coordinator above
- PMHNP: see Coordinator above
CLINICAL FACULTY

a. Faculty who teach clinical components of NP programs must maintain appropriate professional credentialing (NONPF criterion V.A.2)

b. May provide direct or indirect clinical supervision of NP students (NONPF criterion IV.B.1)

c. Direct supervision is defined as the NP program faculty member functioning as the on-site clinical preceptor. The recommended direct, on-site clinical NP faculty/student ratio is 1:2 if the faculty member is not managing their own patients and 1:1 if the faculty member is managing their own patients.

d. Indirect supervision has three components: 1. To supplement the clinical preceptor’s teaching, 2) to act as a liaison to a community agency, and 3) to evaluate the student’s progress.

e. Indirect clinical faculty supervision encompasses the coordination of the clinical experience, interaction with the preceptor, and formal evaluation of the student. The recommended ratio of indirect NP program clinical faculty to students is 1:6.

f. For CNS students, the recommended ratio for direct supervision by faculty member or clinical preceptor is 1:1 or 1:2. The recommended ratio for indirect supervision is 1:6 or 1:8. (NACNS criterion 2.0)

g. Variations in the faculty to student ratio might occur with the use of innovative teaching methods, such as master teacher with clinical groups immersion experiences, and interprofessional team-based clinical experiences, use of technology and curriculum design.

h. Whether direct or indirect, the APRN program faculty maintains ultimate responsibility for the evaluation of the APRN student and the quality of students’ clinical experiences. (NONPF criterion IV.B.1; NACNS criterion 2-5)

i. Responsible for knowing and adhering to the terms of the affiliation agreement with the clinical site.

ADDITIONAL CLINICAL FACULTY ROLES SPECIFIC TO PRECEPTORSHIPS

d. Serves as a resource to the APRN student and preceptor
   o Is available to the preceptor and student by phone or email during all clinical hours.
   o Evaluates the student’s clinical performance via direct observation, input from the preceptor, competency assessments, reviewing logs/assignments, and/or simulation
   o Assumes primary responsibility for problem-solving student issues.
   o Evaluates preceptor, including reviewing student evaluations of preceptor.
   o Completes or confirms the completion of students’ midterm and final evaluations

e. Completes academic deficiency forms, if needed

f. Ensures that clinical objectives are met

APRN PRECEPTOR ROLE: NURSE PRACTITIONER (NONPF criterion IV.B.3)

a. The preceptor has authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area

b. Over the course of the program, the student has a majority of clinical experiences with preceptors from the same population-focused area of practice

c. An interdisciplinary mix of preceptors may be used

d. NP preceptors have educational preparation appropriate to her/his area of responsibility and at least one year of clinical experience

e. See previous section for preceptor-student ratio.
APRN PRECEPTOR ROLE: CLINICAL NURSE SPECIALIST  (NACNS criterion 2.0)

a. Preceptors, who are authorized to practice in the CNS role through educational preparation and/or CNS certification, supervise CNS students in clinical practice experiences through direct or virtual interactions.

b. If CNS preceptors are not available or additional professional expertise is deemed essential, other professionals (masters or doctorally prepared NPs, physicians, or other health professionals with advanced preparation) may precept CNS students for circumscribed experiences.

APRN STUDENT ROLE

All APRN students are expected to adhere to the policies and guidelines as described in the University Record (the academic catalog), the affiliation agreement with the clinical site, as well as the expectations described in the course syllabus. Additional student roles related to precepted clinical activities include:

5. Demonstrates professional behavior at all times
6. Establishes individual objectives
   o Uses course objectives as a guide.
   o Appropriately identifies own areas of strength and deficits.
   o Collaborates with faculty and preceptor as needed in setting objectives.
7. Schedules clinical hours with the assigned clinical faculty or preceptor
   o Contacts preceptor to determine a schedule for completing the required hours for each clinical course.
   o Informs clinical faculty of the schedule at the beginning of the preceptorship.
   o Informs preceptor and clinical faculty of any emergency changes to the schedule.
8. Participates in self-evaluation and evaluation of preceptor and the clinical site regularly
9. Utilizes Typhon for documentation of all patient encounters while practicing in the APRN student role
10. APRN student clinical responsibilities at the student’s site of employment must be faculty guided and outside of the student’s employment expectations/responsibilities. (NONPF criterion IV.B.2)

References:
2011 Criteria for the Evaluation of Clinical Nurse Specialist Master’s, Practice Doctorate, and Post-Graduate Certificate Educational Programs.

C. EVALUATION

For continuous improvement related to clinical learning, end-of-semester evaluations are based on a 360-degree model as follows:

- Preceptor evaluation of the student
- Faculty evaluation of the student
- Student evaluation of the preceptor
- Student evaluation of the clinical faculty
- Student evaluation of the site
V. MISSION, PURPOSE, OBJECTIVES

SCHOOL OF NURSING MISSION AND VISION STATEMENT
The School of Nursing transforms lives by promoting health and the quality of health care. Through 2020 we will cultivate the SON’s multicultural community of scholars and researchers; create innovative models of education and practice; foster well-being and collegial spirit in a healthy work environment.

END OF PROGRAM TERMINAL OBJECTIVES

The **BSN** program prepares graduates to:

- Collaborate with interprofessional teams and/or others to promote health and reduce health risks, to deliver holistic and culturally sensitive care for individuals, families, communities, and populations, and to facilitate patient-centered transitions of care;
- Provide evidence-based nursing care consistent with American Nurses Association foundation documents (Scope of Practice; Code of Ethics; Social Policy Statements) and to incorporate professional values;
- Examine the historical and evolving role of nursing in national and global health care systems and its impact on the health status of individuals, communities, and populations;
- Use effective health information technology and research findings to evaluate the safety and quality of patient-centered care across health care settings, incorporating principles of leadership to affect patient outcomes; and
- Accept personal and professional responsibility/accountability demonstrated through professional leadership, and participation in activities for professional growth and development.

The **MSN** program prepares graduates to:

- Integrate theoretical and research based knowledge as a generalist leader or in an advanced nursing practice specialty.
- Provide care and comfort to individuals, families and groups experiencing complex health care needs.
- Provide care that reflects sensitivity to differences among culturally and ethnically diverse populations.
- Assume a leadership role in establishing and monitoring standards of practice to improve patient care in collaboration with other nursing experts.
- Use ethical principles to guide decision-making in nursing practice.
- Evaluate clinical practice in relation to professional practice standards and relevant statutes and regulations.
- Apply the research process to improve evidence based clinical practice and contribute to knowledge development.
- Engage in self-directed and purposeful activities in seeking necessary knowledge and skills to enhance career goals.
- Examine economic, political, and social forces affecting nursing care delivery in complex health care systems.
- Promote multidisciplinary collaboration to ensure quality, cost effective care.
- Contribute to the development of peers, colleagues, and others to improve patient care and foster the growth of professional nursing.
• Act as change agents to create environments that promote effective nursing practice and patient outcomes.

The **DNP** program prepares graduates to:
• Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice;
• Demonstrate organizational and systems leadership for quality improvement in healthcare systems;
• Apply clinical scholarship and analytical methods to evidence-based practice;
• Use information systems technology and patient care technology to improve and transform health care;
• Demonstrate leadership in health care policy for advocacy in health care;
• Collaborate with interprofessional and intraprofessional teams to improve patient and population health outcomes.

The **PhD** program prepares graduates to:
• Demonstrate advanced knowledge of nursing, related sciences and humanities, and methods of inquiry.
• Expand the research base of nursing theory and practice.
• Serve the Commonwealth, the nation, and the world by addressing major nursing and health care issues in a scholarly manner.