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You are required to read the *MSN-CNL Students Handbook* each fall and spring semester no later than noon on the day before the last day to drop/add classes.
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SECTION I: PHILOSOPHY AND CURRICULUM
Part A: Lander University School of Nursing

History

The School of Nursing was established in 1957 as the first nursing program in South Carolina to offer an associate degree. After graduating 632 nurses, the ADN program was replaced in the mid-eighties with a Bachelor of Science degree program which has currently graduated over 756 (update number—probably more than 1000) nurses. In 2012, the School of Nursing began initial plans for a graduate program in nursing. Final approval for a MSN-Clinical Nurse Leader track was received from the South Carolina Commission on Higher Education in June 2013 and from Southern Association of Colleges and Universities (SACS) in October 2013. The first class was admitted in January 2014. Lander’s CNL program is the first one in MSN-CNL program in South Carolina.

Accreditation

The MSN-CNL program is approved by the State Board of Nursing for South Carolina (110 Centerview Dr. Suite 202, Columbia, SC 29210; telephone number: 803-896-4550) and is accredited by the Commission on Collegiate Nursing Education (CCNE) (One Dupont Circle, NW, Suite 530, Washington, DC 20036; Phone: 202-463-6930; Fax: 202-785-8320).

Mission Statement

Lander University School of Nursing is committed to preparing individuals to provide holistic nursing care in a variety of settings to diverse clients across the lifespan. The purpose of the baccalaureate program is to prepare graduates in professional nursing roles of care provider, leader, consumer of research, applicant for advanced study, and contributing member of the nursing profession. The purpose of the graduate program is to prepare clinical nurse leaders to address the healthcare needs of the 21st century by implementing outcome-based practice through management of care systems, quality improvement strategies, utilization of technology, and advanced clinical reasoning.

Philosophy

The faculty of the Lander University School of Nursing believes that the theory-based practice of professional nursing is founded on an evolving body of nursing knowledge supported by a strong liberal arts emphasis in behavioral, physical, and analytical sciences as well as the humanities. We further believe that personal education is a lifelong process that is built upon a broad knowledge-base and experience.

The Lander University nursing program adheres to standards of practice established by the American Nurses Association and the American Association of Colleges of Nursing as they apply to individuals, families, groups and the community-at-large. The metaparadigm of person,
environment, health, and nursing is integrated throughout the curriculum using the Neuman Systems Model as the conceptual framework for clinical practice.

The nursing faculty value, teach, and role model the attributes of critical thinking, effective written and oral communication, clinical and technological skills, professionalism, and cultural competence. The faculty believes that students are responsible for their own learning; however, they share a strong commitment to teaching, personalized faculty advisement, and mentoring. Inherent in the faculty role in a liberal arts institution are responsibilities for professional development, as well as service to the university, profession, and community. In an effort to respond to issues generated by a changing healthcare environment, the School of Nursing partners with area healthcare constituents to address the critical needs of the region and state for baccalaureate nurses. These activities support student success in the educational program and facilitate transition of students into the nursing profession.

Approved 4/20/98; Revised 2/6/09; Reviewed 8/20/09; Reaffirmed 2010; 5/2011; 3/5/14

Vision

The Lander University Nursing Program will be known globally for educating excellent professional nurses to provide holistic care.

Approved by NFO 8/20/09; Reaffirmed 2010; 5/2011; 5/2012; 3/5/14

Standards of Practice

The Lander University MSN-CNL nursing curriculum incorporates three sets of professional nursing standards and guidelines: The Essentials of Master’s Education in Nursing (AACN, 2011), Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice (AACN, 2013), and the ANA Code of Ethics (ANA, 2015). Lander nursing also incorporates additional standards, developed by the ANA in collaboration with other professional associations, to support professional decision making in specific areas of nursing such as psychiatric/mental health nursing and community/public health nursing.


Curriculum

The Master of Science in Nursing: Clinical Nurse Leader curriculum is designed to be flexible to meet the needs of the students and can be completed in four, five, six, or seven semesters. Each semester, prior to registration, students will review and update an Academic Plan of Study in consultation with the academic advisor. All work to be applied towards the Master’s degree must be completed within six years of initial enrollment.
The program of study for the Master of Science in Nursing - Clinical Nurse Leader includes the following courses:

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<tr>
<td>NUR 675</td>
<td>CNL Immersion Practicum III</td>
<td>6 (2,4)*</td>
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*1 clinical credit hour = 6 clock hours of clinical practice
A total of 500 hours of clinical practice are required in the Clinical Nurse Leader Program.
SECTION I: PHILOSOPHY AND CURRICULUM
Part B: American Association of Colleges of Nursing-Competencies & Expectations for the Clinical Nurse Leader

Introduction

The CNL was developed by the American Association of Colleges of Nursing (AACN) in response to complexities of healthcare environments, the need to ensure safety and high standards at the point of service, as well as to meet diverse client and healthcare environment needs. The CNL is prepared as a master's prepared generalist accountable for clinical and health care environment outcomes. The Clinical Nurse Leader (CNL) is a leader across all settings at the microsystem level (patient unit, community zip code area, school setting, nursing home specific area, etc). The CNL oversees care coordination of a distinct group of patients, is a resource for clinical decision making and serves as a lateral integrator of care. This clinical leader puts evidence-based practice into action to ensure that patients benefit from the latest innovations in care delivery. The CNL collects and evaluates patient outcomes, assesses cohort risk, and has the decision-making authority to change care plans when necessary. This clinician functions as part of an interdisciplinary team by communicating, planning, and implementing care directly with other healthcare professionals, including physicians, pharmacists, social workers, therapists, clinical nurse specialists, and nurse practitioners. The CNL is a leader in the healthcare delivery system across all settings in which healthcare is delivered, not just the acute care setting. Implementation of this role will vary across settings.

Competencies and clinical learning experiences for CNL students are specified for each of the following CNL role components: client advocate, member of a profession, team manager, information manager, systems analyst/risk anticipator, clinician, outcomes manager, educator, and life long learner. The CNL designs and directs care within a microsystem ensuring best practices are brought to the point of service and patients/clients receive timely cost efficient care. Lateral integration of services is key. The CNL is accountable for clinical and care environment outcomes as well as influencing work environments so as to increase nurse retention. The framework for the curriculum for the CNL includes the domains of leadership, clinical outcomes management, and care environment management. The curriculum guide can be accessed at www.aacn.nche.edu/CNL/pdf/draftcurriculumframework4-06.pdf. The CNL role is fully described in AACN’s Working Paper on the Role of the Clinical Nurse Leader (2004).

Incorporating the CNL requires a transformation in practice. Specifics of the process of this transformation may be unique to each institution. Resistance is inherent in any major change so patience and perseverance are key leadership attributes in implementing this new role (AACN-CNL Toolkit).

CNL Practice

The CNL is a leader in the healthcare delivery system in all settings in which healthcare is delivered. CNL practice will vary across settings. The CNL is not one of administration or management. The CNL assumes accountability for patient-care outcomes through the assimilation and application of evidence-based information to design, implement, and evaluate patient-care processes and models of
care delivery. The CNL is a provider and manager of care at the point of care to individuals and cohorts of patients anywhere healthcare is delivered. Fundamental aspects of CNL practice include:

- Clinical leadership for patient-care practices and delivery, including the design, coordination, and evaluation of care for individuals, families, groups, and populations;
- Participation in identification and collection of care outcomes;
- Accountability for evaluation and improvement of point-of-care outcomes, including the synthesis of data and other evidence to evaluate and achieve optimal outcomes;
- Risk anticipation for individuals and cohorts of patients;
- Lateral integration of care for individuals and cohorts of patients;
- Design and implementation of evidence-based practice(s);
- Team leadership, management and collaboration with other health professional team members;
- Information management or the use of information systems and technologies to improve healthcare outcomes;
- Stewardship and leveraging of human, environmental, and material resources; and,
- Advocacy for patients, communities, and the health professional team (AACN, 2013).

**CNL Curriculum**

The three components comprising the master’s-level CNL curriculum include:

- Master’s Graduate Nursing Core: The outcomes delineated in *The Essentials of Master’s Education in Nursing*.
- Direct Care Core: Graduate level content/coursework in physiology/pathophysiology, health assessment, and pharmacology.
- CNL Role Competencies & Clinical Expectations.

These three components reflect the current knowledge base and scope of practice for entry-level CNLs. As scientific knowledge expands and the healthcare system and practice evolve in response to societal needs, CNL competencies and practice also will evolve. The periodic review and updating of these competencies will ensure their currency and reflect these changes.

The CNL master’s curriculum is designed to make the graduate, if he/she chooses, eligible to matriculate to a practice- or research-focused doctoral program immediately or in the near future. The graduate-level didactic and clinical coursework is designed to reduce duplication and repetition between the master’s and doctoral-level coursework. This approach to curriculum design allows a more seamless transition to doctoral education and career progression (AACN, 2013).

**Assumptions Regarding CNL Curriculum/Education**

- The CNL education program culminates in a master’s degree in nursing.
- The CNL graduate will be prepared as a generalist.
- The CNL graduate will be competent to provide care at the point of care.
- The CNL graduate will be prepared in clinical leadership for setting specific practice throughout the healthcare delivery system.
- The CNL graduate is eligible to matriculate to a practice- or research-focused doctoral program.
The CNL graduate is prepared with advanced nursing knowledge and skills but does not meet the criteria for Advanced Practice Nursing (APN) scope of practice (AACN, 2006).

**Expectations of CNL Curriculum/Education**

- All programs build upon the competencies in the *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998).
- All students graduating from a CNL program will have a strong liberal education background in the arts and sciences.
- CNL graduates will have content at the undergraduate or graduate level in the following areas: anatomy and physiology, microbiology, epidemiology, statistics, and health care policy.
- All CNL graduates will have additional graduate level content that builds upon an undergraduate foundation in: health assessment, pharmacology, and pathophysiology.
- All programs will demonstrate achievement of the five IOM health professions core competencies: quality improvement, interdisciplinary team care, patient-centered care, evidence-based practice and utilization of informatics.
- Required components of the CNL curriculum are: nursing leadership, clinical outcomes management, care environment management, critical thinking/clinical decision making, communication, ethics, human diversity/cultural competence, global healthcare, professional development in the CNL role, accountability, assessment, nursing technology and resource management, and professional values, including social justice.
SECTION II: ACADEMIC AND CLINICAL POLICIES AND PROCEDURES  
Part A: Academic Policies and Procedures

Academic Honor Code

Students are expected to complete their own work in class and outside of class. Students suspected of cheating on outside class assignments, class exams, or quizzes will be approached by a faculty member. Validated incidences of cheating are grounds for failing a nursing course. Students should not loan class written assignments to classmates prior to submitting a paper for grading. Plagiarism is a form of cheating. Refer to “Academic Honor Code”, *Lander University Student Handbook*.

Academic Plan of Study

All CNL students must have a current Academic Plan of Study on file prior to registration for any class. The initial Academic Plan of Study will be completed during the mandatory on-campus orientation for new students. Each semester prior to registration the Academic Plan of Study will be reviewed and/or updated in consultation with the academic advisor.

Approved by NFO 11/6/13; 3/5/14

To provide flexibility in scheduling, students can complete the program in four, five, six, or 7 semesters. Examples of schedules are as follows:

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NUR 611  NUR 613  NUR 651  NUR 640  NUR 635  

**Academic Probation**

The master’s student whose semester or cumulative GPA falls below 3.0 will be placed on academic probation for one (1) semester. The student must improve the cumulative GPA to 3.0 or greater upon completion of the next semester in order to remain in the program.

**Grading Scale**

*Didactic*

Nursing course grading scales will appear in each course syllabus. The School of Nursing uses the following grading scale for all NUR courses except courses assigned a grade of pass/fail.

- A=93-100
- B=85-92
- C=76-84
- D=68-75
- F=0-68

*Clinical*

Students are evaluated as satisfactory or unsatisfactory in the clinical component of courses. With input from clinical preceptors, the course faculty will evaluate students based on clinical course objectives. A satisfactory clinical grade is necessary to pass a course with a clinical component.

Approved by NFO 3/19/10; Reaffirmed 5/2011; 5/2012; 5/2013; Approved for MSN program 11/20/13; 3/5/14

**ADA Requirement**

Per Lander University policy, the following statement of student responsibility to report a disability that might impact learning ability negatively will be incorporated into all course syllabi:

If you have now or develop during the semester a physical or a learning disability and you want your instructors to make reasonable accommodations, you must contact Student Wellness Center (phone) 388-8885; email address: studentwellness@lander.edu and provide appropriate documentation unless you have done so in the past. Once your documentation has been reviewed and a decision made, your instructors will be informed each semester you attend Lander University unless requested in writing that the instructors not be notified.

**Applications and Admissions**

**Admission**

Applicants for the CNL program are required to apply to Lander University and to the School of Nursing through the Office of Admissions.

Applicants must meet the following requirements to be considered for admission to the program:
Graduate of baccalaureate nursing program accredited by Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission on Education in Nursing (ACEN), formally known as the National League of Nursing Accrediting Commission (NLNAC)

- Earned GPA of 3.0 on 4.0 scale on baccalaureate coursework
- Completed an undergraduate statistics course with a grade of “C” or better
- Current unencumbered South Carolina Registered Nurse or Advanced Practice Registered Nurse license
- Submission of two letters of recommendation from Master’s or doctorally prepared nurses attesting to applicant’s potential for graduate work
- A written statement (300-500 words) discussing career goals and reasons for seeking admission to the CNL program
- Submission of resume or curriculum vitae

**Graduate Admissions The CNL Masters Committee**
The Graduate Admissions CNL Masters Committee will consist of three faculty members from the School of Nursing with teaching duties in the CNL program. The Coordinator of Graduate Studies Dean shall serve as the chair of the committee. The committee shall review applications to the CNL program and recommend full admission, conditional admission, or admission denial. In addition, the committee shall review requests for transfer credit and make recommendations regarding the suitability of previous Master’s level course work for transfer.

Approved by NFO 11/6/13; 3/5/14

**Conditional Admission**
Applicants not meeting GPA requirements or those students scoring 10 or less on the weighted admission scale may be considered for conditional admission. Students admitted conditionally would be required to demonstrate successful graduate work with a GPA of 3.0 at the end of the first semester, at which time they would be considered fully admitted and subject to the progression and graduation policies of the CNL program. Students not achieving a 3.0 GPA at the end of the first semester would be dismissed from the program.

Approved by NFO 11/6/13; 3/5/14

**Program Length**
To provide flexibility in scheduling, students can complete the CNL program in four, five, six, or 7 semesters. The Clinical Nurse Leader master’s degree curriculum is designed to be completed in two years of study. All work to be applied toward the master’s degree must be completed within six years of initial enrollment in the program.
Transfer Credits
Students with earned graduate credits in nursing or a related field may request a transcript evaluation for transfer or substitution credits, which will be considered by the Graduate Admission Committee. No more than 15 transfer hours may be applied to the MSN degree in the CNL program.

Approved by NFO 11/6/13; 3/5/14

Readmission to Clinical Nurse Leader Program
The CNL Masters Committee will act upon all requests for readmission. Readmission to the School of Nursing is not automatic and will be considered on a space-available basis. A student seeking readmission should reapply to Lander University and the CNL program by the designated date. In addition, the student should submit a type-written letter stating the circumstances that resulted in the student’s absence from the program and reason(s) that readmission to the program is justified.

Clinical Nurse Leader Program Goals

Students enrolled in Lander University School of Nursing Graduate Program are assessed using the following program goals:

1. Effect change through advocacy for the profession, interdisciplinary health care team and the client.
2. Communicate effectively to achieve quality client outcomes and lateral integration of care for a cohort of clients.
3. Actively pursue lifelong learning as the CNL role, needs of clients, and the health care system evolve.
4. Delegate and utilize the nursing team resources and provide leadership when partnering with the inter-professional health care team.
5. Identify clinical and fiscally responsible outcomes that improve safe, quality, client-centered care.
6. Use information systems and technology at the point of care to improve health care outcomes.
7. Participate in systems review by evaluating client safety risks to improve quality of client care.
8. Assume accountability for health care outcomes, recognizing systems influences on a specific group of clients.
9. Utilize information to design, implement and evaluate client plans of care.
10. Synthesizes evidence to evaluate and achieve optimal client and care environment outcomes.
11. Use appropriate teaching/learning principles, strategies, and technology to facilitate the learning of clients, groups, and the other health care professionals.
12. Take the AACN Clinical Nurse Leader (CNL®) certification examination to obtain the CNL® designation.

In the final semester of the graduate program, students will be enrolled in NUR 675 CNL Immersion Practicum III. This course will be the culmination of the student’s learning in the program. This course will afford the student the opportunity to develop a Graduate Synthesis
Project, which encompasses all of the key elements and knowledge gained in the previous courses.
Approved by NFO 12/5/12; 3/5/14

**Graduate Synthesis Project**

This project will be assigned during NUR 675, the 3rd immersion practicum. The goal of the project is to have the student retrospectively examine the knowledge he/she has gained over the course of the master’s program and develop a new product/project that synthesizes that information into a global culmination of the program content. Guidelines and requirements for individual projects/products will be collaboratively determined by the professor of record for NUR 675 and by the student. Students may be evaluated by a committee of graduate school faculty and the student’s individual preceptor for the NUR 675 Immersion Practicum.
Approved by NFO 11/6/13; 3/5/14

**Progression and Program Completion**

For any master’s course, a grade of less than B is considered unsuccessful, and if the course is required for the program, it must be repeated with an earned grade of B or greater. If a student earns less than a B in a second master’s course, the student is dismissed from the program.
Approved by NFO 11/6/13; 3/5/14

**Priority for Course Space**

When course spaces are limited, fully matriculated students are given priority over non-degree seeking students. First-time enrollees are given priority over students who are repeating a course or non-degree seeking students.
Approved by NFO 11/20/13; 3/5/14

**Repeating a Course**

When a student is required to repeat a course, the computation of his/her overall grade point average is calculated on the grade earned with the second attempt. Students repeating courses may not displace first time enrollees. No more than one course may be repeated.

**Dismissal from the Program**

The CNL Program Masters Committee will recommend to the Graduate Studies Coordinator Dean that a student be dismissed from the program if the student:

1. Fails to register for consecutive semesters and has not requested a leave of absence.
2. Fails to return after the length of time an LOA expires.
3. Has a GPA that indicates the student will not be able to meet the 3.0 requirement for graduation or has failed two courses.
4. Does not complete requirements for the degree within a 6-year period after initial registration for the master’s program.
Approved by NFO 11/6/13; 3/5/14
Incomplete Grades(s)

An “Incomplete” (I) is awarded when all requirements of a course have not been completed by the end of the semester. This designation is reserved for students where failure to complete the course are due to circumstances such as unanticipated illness, accident, work-related responsibility or family hardship which are beyond the student’s control. The option for an “Incomplete” is at the discretion of the course faculty. By arrangement with the course faculty, the student will have up to six months from the last day of examinations for the semester in which to complete the work and the faculty to submit the grade. After six months, an “Incomplete” which has not been made up is changed to a grade of “F”. For progression, the Incomplete must be addressed before the drop/add period deadline of a semester if the student plans to utilize that semester for course registration. Hence, master’s students may not register for courses until an “Incomplete” grade from the previous semester is removed. It is the responsibility of the student to ensure that all arrangements for removal of the Incomplete have been made and that all work for completing course assignments has been accomplished.

Program Completion

To complete the degree program, candidates must maintain a minimum GPA of 3.0 on a 4.0 scale on all graduate work, successfully complete the required clinical immersions, and demonstrate competence in the Clinical Nurse Leader role as evidenced by satisfactory completion of the Graduate Synthesis Project.

Approved by NFO 11/6/13; 3/5/14

Graduation

Students graduate in the semester that all requirements are met and all documentation is received by the appropriate college/school by the designated deadline. Incomplete grades, late application for graduation, or late receipt of transfer credit or score reports may result in the degree being awarded in a later semester. Lander University reserves the right to deny or revoke a degree or other academic credential if it was obtained by misrepresentation, fraud, or by mistake or error. Graduate learners are required to file an Application for Degree with the Registrar’s Office during the semester prior to graduation. Refer to the current university catalog for deadline dates. Request for graduation forms are available in the Registrar's office and online. Additionally, the Degree Plan requirements that are developed with the student and his/her advisor are to be complete and turned in to the SON/the Registrar’s Office (with the graduation application).

Requirements for graduation and for the award of the Masters of Science in Nursing (MSN) degree as follows:

To receive a master’s from Lander University a learner must fulfill the following: 1) Complete the number of graduate hours and specific courses required in the learner’s approved program; 2) Achieve a 3.0 cumulative GPA on a 4.0 scale on all graduate courses; 3) Satisfactorily complete all other requirements of the program which include completing all clinical hours successfully prior to graduation; and 4) Successfully complete all required documentation pertaining to graduation (ie application, degree plan, etc).

Approved by NFO 11/6/13; 3/5/14
Withdrawal from Individual Nursing Courses

Clinical Nurse Leader students may withdraw from an individual required NUR course twice, but must be successful when enrolling in the individual nursing course the third time. Students may not enroll in an individual required nursing course more than three times. This policy will allow a student to withdraw from a required individual nursing course twice or withdraw from a required individual nursing course once and do a complete withdrawal from the university once. Students may not exceed four withdrawals from required individual nursing courses, including total withdrawals from the university. Withdrawals from the University may count as multiple course withdrawals. Students who exceed these limitations on required individual course withdrawals will be dismissed from the Clinical Nurse Leader program. Required NUR courses that are dropped prior to the Drop/Add date will not be counted as individual course withdrawals.

Approved by NFO 11/6/13; 3/5/14

Withdrawal from University

Clinical Nurse Leader students who find it necessary to withdraw from all classes must process an Application for Official Withdrawal through the Registrar’s Office. Withdrawal after the drop deadline will result in grades of W for all registered course work. Students may not withdraw following the last day of classes. A student who officially withdraws from the University during a semester must submit a new application for admission to the University in order to be readmitted to the University, unless the student is granted a Leave of Absence. In addition, he or she will be reclassified by the School of Nursing as out-of-sequence and will be off their Academic Plan of Study. Readmission to the Clinical Nurse Leader program will be considered on a space-available basis. Students who withdraw will be out-of-sequence for one year or until the next course offering. Students should refer to the Lander Student Handbook for more information about the University policies on course withdrawal, Official Withdrawal, and Temporary Leave. A master’s student may withdraw from an entire semester in which he or she is taking required NUR courses no more than one (1) time. A student who violates this withdrawal policy will be ruled ineligible to return to required NUR courses. Students who withdraw from the entire semester will accrue individual course withdrawals. See policy on Withdrawal from Individual Nursing Courses.

Approved by NFO 11/6/13; 3/5/14

Core Performance Standards and Requirements for Nursing Students

I. Disability Statement

The Lander University School of Nursing does not discriminate on the basis of disability. In the early 1990s, the Southern Regional Education Board (SREB) Council on Collegiate Education for Nursing (CCEN) Board of Directors developed guidelines for nursing education programs to use in complying with the 1990 Americans with Disabilities Act (ADA). In developing the core performance standards, the CCEN used the definition of nursing as a practice discipline with cognitive, sensory, affective and psychomotor performance requirements. Each standard is accompanied by examples of activities that a student would be required to perform. Each student should use the standards as an objective measure in deciding whether the student meets specific requirements for admission. The standards should be used to assist the student in determining
whether reasonable accommodations or modifications are necessary. Candidates for the nursing program must be able to meet the minimum standards for clinical practice, with or without reasonable accommodations. All reasonable accommodations are implemented according to ADA regulations. The Student Wellness Center of Lander University serves as the advisor for students with disabilities. They are the point of initial contact for all students with disabilities and it is the student’s responsibility to self-identify and request reasonable accommodations. The student must provide appropriate documentation of disabilities to the Student Wellness Center. An accommodation is considered reasonable when it 1) will not alter the nature or integrity of the nursing program, 2) will not cause undue hardship on the program or university, and 3) will not endanger the health and safety of others. Lander University and Lander University Nursing ultimately determine if the student possesses the core, essential non-academic skills to be eligible for the nursing program and clinical practice. Students are required to acknowledge these core performance standards when applying to the Lander nursing program by submitting a signed Core Performance Requirements for Nursing Students Acknowledgement Form along with the application to the program. Forms may be found on the Lander School of Nursing website at www.lander.edu/nursing.

Students with disabilities must contact:
Kim Shannon, Disabilities Coordinator
Phone: 864-388-8885
E-mail:kshannon@lander.edu

II. Core Performance Standards and Requirements: these requirements must be met to be eligible for admission and progression in any Lander School of Nursing Program. Examples of necessary activities are not all-inclusive.

Skill: Critical Thinking

Standard: Critical thinking ability sufficient for clinical judgment

Examples: Identify cause & effect relationships in clinical situations; develop nursing care plans; accurately calculate medication dosages; prioritize care; maintain aseptic technique; gather and assemble correct equipment; maintain safety for self and clients.

Skill: Interpersonal

Standard: Interpersonal abilities sufficient for interaction with individuals, families, and groups from various social, emotional, cultural, and intellectual backgrounds.

Examples: Establish rapport with clients, clients’ families, colleagues, and other healthcare providers; ability to work well on group projects or as part of healthcare team.

Skill: Communication

Standard: Communication abilities sufficient for verbal and written interaction with others.
Examples: Explain treatment procedures; initiate health teaching; document and interpret nursing actions and client responses; provide clear, accurate report of client’ status.

Skill: Mobility

Standard: Physical abilities sufficient for movement from room to room and to maneuver in small spaces.

Examples: Ability to move around in client’s room, work spaces and treatment areas; administer cardiopulmonary procedures; ability to safely lift, position, push, or transfer patients; push/pull/lift equipment or supplies up to 25 pounds; ability to stoop, kneel, bend; ability to stand or walk for prolonged periods; ability to assist with activities of daily living.

Skill: Motor Skills

Standard: Gross and fine motor abilities sufficient for providing safe, effective nursing care.

Examples: Calibrate and use equipment; draw up medications in a syringe; position clients; ability to use coordinated hand/finger movements; motor skills sufficient to use electronic equipment like computer keypads; motor skills for activities like suctioning.

Skill: Sensory

Hearing: Auditory ability sufficient for monitoring and assessing health needs.

Examples: Hear monitor alarm, emergency signals, and auscultation of client assessment to determine normal versus abnormal heart, lung, and bowel sounds; hear cries for help.


Examples: Observe client responses; view syringe calibration; read charts, careplans, print-outs, or monitors; read labels.

Tactile: Tactile ability sufficient for physical assessment.

Examples: Perform palpation (e.g. pulse, temperature, tactile fremitus), functions of physical examination and/or those related to therapeutic intervention (such as insertion of a catheter).

Olfactory: Sense of smell sufficient for accurate client assessment and maintaining client safety.

Examples: Distinguish smells that contribute to assessment and/or safety (such as wound or breath odor, smell smoke/fire).
Skill: Self-Care

Standard: Ability to identify and maintain personal physical, cognitive, and emotional health.

Examples: Ability to read and understand directions, assignments, and client’ documents; ability to present a professional appearance; ability to maintain own physical health to work with vulnerable clients; energy and stamina to complete clinical requirements; ability to implement Universal Precautions; self-esteem and ability to maintain good personal hygiene; emotional ability to maintain calm in crisis and emergency situations; ability to make ethical decisions; ability to accept constructive feedback; self-discipline to meet rigorous deadlines; maintain professional codes of nursing including avoidance of chemical substances that affect clinical judgment.

Skill: Environment

Standard: Ability to work in a variety of healthcare settings with diverse client populations under variable conditions.

Examples: Ability to work in temperature changes (e.g. cold of operating room or heat of outdoor clinic); ability to drive or otherwise provide transportation to and from clinical settings; ability to work in setting with noises that may be a distraction; work in presence of noxious odors, contact with liquids, and potential hazards; accurately calculate medication dosages in presence of noise and other distractions.

(Adapted from SREB Council on Collegiate Education for Nursing available at http://www.sreb.org/)

Approved by NFO 4/11/94
Updated by NFO 11/13/09
Reaffirmed 01/22/10; Reaffirmed 2010; 5/2011; 5/2012
Revised 4/2013; 3/5/14
### Core Performance Requirements for Nursing Students Acknowledgement Form

<table>
<thead>
<tr>
<th>Skill/Issue</th>
<th>Standard</th>
<th>Examples (not all-inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical-thinking</td>
<td>Critical-thinking ability sufficient for clinical judgment</td>
<td>Identify cause &amp; effect relationships in clinical situations; develop nursing care plans; accurately calculate medication dosages; prioritize care; maintain aseptic technique; gather and assemble correct equipment; maintain safety for self and clients.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds</td>
<td>Establish rapport with clients, clients’ families, colleagues, and other healthcare providers; ability to work well on group projects or as part of healthcare team.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for verbal and written interaction with others</td>
<td>Explain treatment procedures; initiate health teaching; document and interpret nursing actions and client responses; provide clear, accurate report of client’ status.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient for movement from room to room and to maneuver in small spaces</td>
<td>Ability to move around in client’s room, work spaces and treatment areas; administer cardiopulmonary procedures; ability to safely lift, position, push, or transfer patients; push/pull/lift equipment or supplies up to 25 pounds; ability to stoop, kneel, bend; ability to stand or walk for prolonged periods; ability to assist with activities of daily living.</td>
</tr>
<tr>
<td>Motor skills</td>
<td>Gross and fine motor abilities sufficient for providing safe, effective nursing care</td>
<td>Calibrate and use equipment; draw up medications in a syringe; position clients; ability to use coordinated hand/finger movements; motor skills sufficient to use electronic equipment like computer keypads; motor skills for activities like suctioning.</td>
</tr>
<tr>
<td>Sensory: Hearing</td>
<td>Auditory ability sufficient for monitoring and assessing health needs</td>
<td>Hear monitor alarm, emergency signals, auscultation of client assessment to determine normal versus abnormal heart, lung, and bowel sounds; hear cries for help.</td>
</tr>
<tr>
<td>Sensory: Visual</td>
<td>Visual ability sufficient for observation and assessment necessary to implement nursing care</td>
<td>Observe client responses; view syringe calibration; read charts, careplans, print-outs, or monitors; read labels.</td>
</tr>
<tr>
<td>Sensory: Tactile</td>
<td>Tactile ability sufficient for physical assessment</td>
<td>Perform palpation (eg. pulse, temperature, tactile fremitus), functions of physical examination and/or those related to therapeutic intervention (such as insertion of a catheter).</td>
</tr>
<tr>
<td>Sensory: Olfactory</td>
<td>Sense of smell sufficient for accurate client assessment and maintaining client safety</td>
<td>Distinguish smells that contribute to assessment and/or safety (such as wound or breath odor, smell smoke/fire).</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Self-Care</td>
<td>Ability to identify and maintain personal physical, cognitive, and emotional health.</td>
<td>Ability to read and understand directions, assignments, and client’ documents; ability to present a professional appearance; ability to maintain own physical health to work with vulnerable clients; energy and stamina to complete clinical requirements; ability to implement Universal Precautions; self-esteem and ability to maintain good personal hygiene; emotional ability to maintain calm in crisis and emergency situations; ability to make ethical decisions; ability to accept constructive feedback; self-discipline to meet rigorous deadlines; maintain professional codes of nursing including avoidance of chemical substances that affect clinical judgment.</td>
</tr>
<tr>
<td>Environment</td>
<td>Ability to work in a variety of healthcare settings with diverse client populations under variable conditions.</td>
<td>Ability to work in temperature changes (eg. cold of operating room or heat of outdoor clinic); ability to drive or otherwise provide transportation to and from clinical settings; ability to work in setting with noises that may be a distraction; work in presence of noxious odors, contact with liquids, and potential hazards; accurately calculate medication dosages in presence of noise and other distractions.</td>
</tr>
</tbody>
</table>

(Adapted from SREB Council on Collegiate Education for Nursing available at [http://www.sreb.org/](http://www.sreb.org/)
Revised 4/2013; 3/5/14)
Acknowledgment of Required Core Performance Skills

Individuals with disabilities may apply to the nursing program; however, it is the responsibility of the student to notify the Director of the School of Nursing if there is any reason why the abilities/expectations described in the Core Performance Requirements cannot be met. Students who indicate they cannot meet one or more of these requirements may request a review by the School of Nursing to determine if reasonable accommodations might be possible to facilitate successful completion of the degree requirements. Students not meeting the Core Performance Requirements must make an appointment with the Disability Coordinator at 864-388-8885 if accommodations are required to meet Core Performance Requirements for Nursing Students.

I, ____________________________ (print name), have read the description of minimum Core Performance Requirements required for admission to, progression in and completion of the nursing program and indicate by my signature that at this time, to the best of my knowledge, I possess these attributes and am able to perform the requirements as listed WITHOUT accommodation.

OR

I, ____________________________ (print name), have read the description of the minimum core performance requirements required for admission to, progression in and completion of the nursing program and indicate by my signature that at this time, to the best of my knowledge, I possess these attributes and am able to perform the requirements as listed WITH accommodations. I also understand that by acknowledging accommodations are necessary, I am required to submit to the School of Nursing, written documentation regarding the nature of the illness or disability as well as make an appointment with the Disability Coordinator 864-388-8885 to discuss accommodations.

IF accommodations are necessary to meet the Core Performance Requirements for Nursing Students please list those accommodations below:

- Critical Thinking: ______________________________________________________________
- Interpersonal: __________________________________________________________________
- Communication: __________________________________________________________________
- Mobility: _______________________________________________________________________
- Motor Skills: ____________________________________________________________________
- Hearing: ________________________________________________________________________
- Visual: _________________________________________________________________________
- Tactile: ________________________________________________________________________
- Smell: _________________________________________________________________________
- Self-Care: _____________________________________________________________________
- Environment: __________________________________________________________________

_____________________________                ___________                  _________________
Student’s Signature                      Date                        Telephone Number

Approved by NFO 4/11/94
Updated by NFO 11/13/09
Reaffirmed 01/22/10; Reaffirmed 2010; 5/2011; 5/2012
Revised 4/2013; 3/5/14
Codes of Conduct

Student Nurse Code of Conduct

1. Students will support the fair treatment of themselves and others by facilitating a safe, respectful, and caring learning environment.
2. Students will accept responsibility and accountability for their own behavior when interacting with other students, faculty, and staff.
3. Students will respect and protect the rights and property of others.
4. Students will speak or behave in a manner that does not disrupt or interfere with the learning or work of others.
5. Students will practice personal and academic integrity and expect it from others.
6. Students will demonstrate respect for others by actively discouraging prejudice, bias, bigotry, violence, coercion or intimidation against any member of the academic community.
7. Students will demonstrate a willingness to listen and be open to hearing the perspectives of others.
8. Students will explore controversial issues through open dialogue and respectful deliberation.
9. Students will respect others’ freedom of expression while recognizing that such tolerance does not require agreement with expressed ideas.
10. Students will uphold policies and regulations related to academic and clinical performance, acknowledging that at times institutional resources and persons may be required to resolve conflict.
11. Students will abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
12. Students will strive to reach an optimal level of personal physical, emotional, and spiritual health and will accept responsibility for seeking treatment if experiencing impairments related to mental health, substance abuse, and other health issues.
13. Students will note that the Lander University School of Nursing will not tolerate disrespectful or abusive speech and or disruptive behavior from individuals or groups.

(Adapted from the University of Southern Maine Commitment to Civility retrieved November 13, 2009 from http://www.usm.maine.edu/conhp/about/civility.html and the National Student Nurses’ Association Code of Academic And Clinical Conduct retrieved November 13, 2009 from http://www.nsna.org)

Approved 12/13/07 by NFO; Reaffirmed 11/13/09; Reaffirmed 2010; 5/2011; 5/2012; 3/5/14

Copying of Student Records

The School of Nursing does not maintain a system for retaining and retrieving students’ records of immunization, health screening data, CPR certification, test scores, etc. for use beyond the School of Nursing. Students are expected to retain the original copies of these data for their personal use. If necessary, students may obtain copies of data on file in the School of Nursing by submitting a request in writing to the administrative assistant. Each copy will require a fee of $1.00 per page, and will require 24 hours processing time.

Coursework Approval

Nursing students (prelicensure, RN-BSN, MSN) who wish to receive credit for course(s) taken at another institution must secure permission via completion of a Lander University Coursework Approval form prior to enrolling in the course(s). The School of Nursing will consider courses to meet a nursing major requirement from other institutions only if Lander University accepts the course(s) for transfer credit.

Approved 1/4/06, Reaffirmed 11/13/09; Reaffirmed 2010; 5/2011; 5/2012; 3/5/14

Endorsement for Certification as CNL

Graduates of the CNL program will be eligible to take the Clinical Nurse Leader (CNL) certification exam administered by the Commission on Nurse Certification (CNC). Application for the certification process includes the following steps:

- The School of Nursing submits the required documentation to the CNC office.
- Candidates submit a completed CNL Education Documentation Form, endorsed by the program director.
- Testing dates and proctors are established by the School of Nursing and CNC office if Lander serves as the testing site. An alternate testing site may be used.
- Candidates submit required documentation and fees to CNC.
- Exams are administered as scheduled. Candidates are notified of exam results electronically immediately following the exam.
- School of Nursing is notified of aggregate testing results within 30 days.

Approved by NFO 11/20/13; 3/5/14
TO:
CC: (Advisor)
FROM:
COURSE:
DATE:
This notice is to inform you that your professor has concerns about your work in:
At this point in the semester, grade calculations may not be completely accurate since some projects, tests, essays, or other assignments have not been completed. **However, at this point of the semester, your performance indicates that without significant work on your part, you may not successfully complete this course. Use this notice as a motivator, and work on improving the areas your professor has identified.** Specifically, your professor has noticed these issues or problems:

- Poor class attendance (including late arrivals/early departures)
- Poor test performance
- Difficulty completing work on time
- Inadequate understanding of class subject matter
- Difficulty following directions
- Unprofessional attitude or irresponsible behavior
- Poor class participation
- Failing grades on papers, homework, or assignments
- Inadequate preparation for class/laboratory/clinical
- Lack of focus or attention during class
- Warning of honor code violations
- Unsafe clinical/laboratory performance
- Other (to be specified by instructor)

**COMMENTS:**

Approved by NFO 12/11/09; Reaffirmed 2010; 5/2011; 5/2012; 3/5/14
Non-Degree Seeking Students

Non-degree seeking students may be considered for admission on a space available basis for selected courses. Students may not earn more than 12 credit hours as a non-degree seeking student. Non-degree seeking students should provide proof of an unencumbered South Carolina RN license and graduation from a CCNE or NLNAC approved baccalaureate nursing program. Students that have previously earned credits as a non-degree seeking student wishing to enter the MSN program as a degree seeking student should refer to the Admissions policy. Grades earned as a non-degree seeking student are subject to the Earned Grade policy.

Approved by NFO 11/20/13; 3/5/14

Physical and/or Mental Health Concerns Impacting Client Care

According to the South Carolina Code of Laws Title 40 Chapter 33, competency “means the ability of a licensed nurse to perform safely, skillfully, and proficiently the functions within the role of the licensee. The role encompasses the possession and interrelation of essential knowledge, judgment, attitudes, values, skills, and abilities, which are varied and range in complexity”. Applicants for a nursing license may be required to “submit to a mental or physical examination if the board finds that probable cause exists that a licensee or applicant may be addicted to alcohol or drugs or may have sustained a physical or mental disability that may render practice by the licensee or applicant dangerous to the public” (http://www.scstatehouse.gov/code/t40c033.htm). As part of the Lander School of Nursing Student Nurse Code of Conduct, students are expected to “strive to reach an optimal level of personal physical, emotional, and spiritual health and will accept responsibility for seeking treatment if experiencing impairments related to mental health, substance abuse, and other health issues”. In keeping with this documented philosophy, faculty who suspect a Lander nursing student may have a physical or emotional/psychological problem that may interfere with client care, or who suspect a student may be in physical or emotional/psychological crisis, are to adhere to the following procedure:

1) Notify the Director of the School of Nursing (or designee) of their concerns.
2) Complete a Student Concerns Form (copies may be found in the Faculty Mailroom and online).
3) Submit the completed form to the Lander Wellness Center for physical issues, or the Lander Counseling Services for emotional/psychological issues or submit the online form as directed.
4) If the faculty member is concerned that the student may be a danger to themselves or others, the student may be escorted over to Counseling Services, or the faculty member is to call Counseling Services at 388-8288 (before 5:00 PM on business days). If the incident occurs on campus and is after business hours (or the weekend), the Lander University Police should be notified at 388-8911. For an emotional/psychological crisis occurring off-campus, call 911 or the Mental Health Crisis Line at 1-800-868-2642 or 229-9412.
5) For any health concern or behavior that may be considered an emergency, call 911.
6) Students who suspect a fellow nursing student is experiencing a physical and/or emotional/psychological health crisis should notify the Director of the School of Nursing.
(or designee) regarding their concerns or follow the guidelines outlined above for emergency situations.

DATE: _____________________________
NAME(S) OF REPORTER(S):_______________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
NAME OF STUDENT(S) CONCERNED ABOUT: _________________________________________
_____________________________________________________________________________
BRIEF DESCRIPTION OF THE SITUATION: _________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
INFORMATION GIVEN/PLANS OF ACTION: __________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
EMERGENCY NUMBERS: ON LANDER CAMPUS – 8911 (ANYTIME)
(COUNSELING SERVICES BEFORE 5:00pm AT 388-8288)
OFF LANDER CAMPUS - 911
MENTAL HEALTH CRISIS LINE – 1-800-868-2642 OR 229-9412
OTHER NUMBERS: __________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
FOLLOW-UP INFORMATION: ________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
I UNDERSTAND WHAT I CAN DO IN THIS SITUATION. I UNDERSTAND THAT COUNSELING
SERVICES WILL MAKE CONTACT WITH THE PARTY OF CONCERN. THIS CONTACT CAN BE
ANONYMOUS.
________________________________________________________
REPORTER(S) SIGNATURE/DATE                        COUNSELING/HEALTH SERVICES
SIGNATURE/DATE

Adapted from Lander Health Services Form
Approved by NFO 12/4/09; Reaffirmed 2010; 5/2011; 3/5/14
SECTION II: ACADEMIC AND CLINICAL POLICIES AND PROCEDURES
Part B: Clinical Policies and Procedures

Drugs and Alcohol Policies and Procedures

The use of substances which interfere with the judgment and/or motor coordination of nursing students pose an unacceptable risk for clients, Lander University, the faculty, and clinical agencies. In compliance with clinical agency requirements, Lander University School of Nursing requires annual drug testing. Such testing will be completed before the first clinical course and annually thereafter for all students in clinical courses. Additionally, upon reasonable suspicion of drug and/or alcohol use in the clinical, classroom, or laboratory settings, the Lander School of Nursing has the right to require a student to submit to testing for substance abuse at the student’s expense. Refusal by a student to submit to testing will result in that student’s dismissal from the Lander School of Nursing.

Procedure for Drug Testing
Prior to participation in clinical experiences, students will be required to follow the drug testing procedures established by the Lander School of Nursing. Tests will be conducted by a qualified laboratory using established methods and procedures selected by the School of Nursing through a selected outside vendor. The testing must be completed within 90 days PRIOR to the first clinical day of the academic semester and annually thereafter for all students in clinical courses. All costs associated with testing are the responsibility of the student. Third party fees may be charged if a student does not use a laboratory site specified by the vendor. The student may be screened for amphetamines, cocaine metabolites, marijuana metabolite, opiates, phencyclidine (PCP), propoxyphene, barbiturates, benzodiazepines, methadone, methaqualone, and other chemicals as required by clinical agencies. A drug test will be presumed positive if any of the drugs tested are found.

Refusal to Test
Refusal by a student to submit to testing will result in that student’s dismissal from the Lander School of Nursing.

Dilute Specimen Results
Students are responsible for checking their vendor (Castlebranch) site for the results of any completed drug testing. In the event that a drug screen results as a diluted specimen, the student must have a second urine drug screen. The student will be required to contact Castlebranch within 24 hours to obtain instruction for authorization for this second urine drug screen. The student must retake their urine drug screen within 72 hours of the original result. If the result of the second urine drug screen is also a diluted specimen, the student must submit to hair testing. All drug testing is at the student’s expense.

Revised by NFO 12/13/2016
Positive Results
Positive drug screens shall be reviewed by a Medical Review Officer (MRO) employed by the vendor. A Medical Review Officer (MRO) will contact the student if a positive result is reported to locate the prescription number, pharmacy number, and provider’s or prescriber’s number to determine if the positive result occurred due to illicit drug use. The MRO may review with the student the actual prescription, amount taken daily, the time and amount of the last dose, and the reasons for the prescribed drug. Additionally, the student may be asked to contact the prescriber and/or pharmacy and authorize release of medical information to indicate the illness for which the drug was prescribed, the length of time the student will have to take the drug, and other relevant information. In the event that a drug screen results as diluted specimen, a student will be required to submit to hair testing at the student’s expense.

Reasonable Suspicion of Drug/Alcohol Use
In addition to the pre-clinical screening process for substance abuse, for the protection of clients, faculty, staff, and students, the Lander School of Nursing has the right to require a student to submit to testing for substance abuse at the student’s expense when a faculty member has reasonable cause to believe that a student is under the influence of alcohol and/or other drugs during a clinical or laboratory experience. As this policy refers to positive drug/alcohol screen procedures, the following definitions of positive results will be used:
1. Screen results indicating use of an illegal drug;
2. Screen results indicating non-therapeutic drug level of prescribed or nonprescribed drugs;
3. Screen results indicating presence of alcohol in blood.

Evidence of Alcohol/Drug Use
During clinical or laboratory experiences, any one or more of the following behaviors may also constitute evidence that a student is under the influence of alcohol and/or drugs:
(1) Observable lack of motor coordination without reasonable explanation. Such behavior must be described objectively by persons making such observations and includes, but is not limited to, slurred speech, impaired physical coordination, inappropriate comments or behaviors, pupillary changes, noticeable change in grooming habits or odor of alcohol or other drugs.
(2) Incoherent speech without reasonable explanation.
(3) Inappropriate decision-making behavior without reasonable explanation. This behavior must be described objectively by persons making such observations and must clearly be inappropriate based upon reasonable expectations of students at the same academic level. It may include information that the individual has caused or contributed to harm of self, visitors, staff, or patient while under the influence of drugs.
(4) Odor of alcohol detected on the breath of the student detected.
(5) A report of drug use by credible sources or direct observation of drug use. (Reporting source may be identified in accordance with clinical agency policy)
(6) Evidence of involvement in the use, possession, sale, solicitation or transfer of drugs.

Record of Test Results
The MRO will report all test results to the Director Dean of the School of Nursing. The results will be maintained in a file in the office of the Director Dean of the School of Nursing.
Readmission following Positive Test Results
In order to be considered for readmission, students who are dismissed from the nursing program due to a positive substance abuse screen must:

1. Submit a letter from a treatment agency verifying completion of a substance abuse treatment program.
2. Prior to readmission, submit to an unannounced substance abuse screening at the student’s expense. A positive screen will result in ineligibility for readmission.
3. Submit to random drug tests as requested by the School of Nursing after readmission. A positive screen will result in permanent dismissal. Random drug testing will be at the expense of the student.


Procedure Following Reasonable Suspicion of Alcohol/Drug Use
1) If a faculty member observes suspicious behavior that is suggestive of alcohol and/or drug use, and if such behavior is observed or validated by another faculty member or clinical agency staff member, the faculty member must excuse or remove the student from the educational or patient setting immediately. The faculty member also must contact the Director Dean of the Lander School of Nursing, or a Designee, in order to review the situation and make arrangements for immediate confirmatory testing. In the event the suspicious behavior occurs under the clinical guidance of a Clinical Preceptor, the Clinical Preceptor is to contact the Course Coordinator for further instruction. If the reasonable suspicion incident occurs while at a clinical facility, the student will be responsible for obtaining transportation to the designated reference laboratory. The student will not be allowed to drive from the clinical facility. The student must present to the designated reference laboratory for confirmatory testing within one (1) hour of being excused from the clinical facility. Information regarding the alleged incident should be recorded on the Reasonable Suspicion of Drugs and/or Alcohol Use Form.

2). The student’s failure to cooperate or comply with any portion of the Reasonable Suspicion of Alcohol/Drug Use policy shall result in immediate dismissal from the Lander School of Nursing.
3). All costs associated with testing following reasonable suspicion are the responsibility of the student.

Approved by NFO 10/23/09; Reaffirmed 2010; Effective Fall 2010; Reaffirmed 5/2011; 5/2012; 5/2013; 5/2014; revised 5/2015

Random Drug/Alcohol Testing
The Lander School of Nursing reserves the right to also randomly test any student admitted to the nursing program for drugs and/or alcohol.
Approved 4/2012/Effective Fall 2012; 3/5/14
Reasonable Suspicion of Drugs and/or Alcohol Use Form

I hereby release the Lander Course Faculty or Clinical Preceptor, Clinical Agency Staff Member, designated testing agency and its director, Lander University, the Lander School of Nursing and faculty from any claim in connection with the drug screening guidelines. I understand that in the event any legal action is taken as a result of the drug screening guidelines, confidentiality may no longer be maintained. I understand that signing this form is NOT an admission of guilt.*

Date of Alleged Event ______________________________________

Time of Alleged Event _______________________________________

Location of Alleged Event ___________________________________

Print Name of Student _______________________________________

Signature of Student _________________________________________

Print Name of Faculty________________________________________

Signature of Faculty___________________________________________

Print Witness Name __________________________________________

Signature of Witness _________________________________________

Behaviors suggestive of substance use:
_________________________________________________________________________________________________

Time of Dismissal from Clinical Agency _________________________

Person Driving Student from Agency____________________________

Initials_________ Initials _________ Initials ______________

*Faculty may document on back of form

Requirements for Entering MSN Clinical Nursing Courses

To meet the standards of the Lander University School of Nursing, the South Carolina State Board of Nursing, and clinical agency requirements, Lander University nursing students must present evidence of a current clear criminal background check and drug screening, health screening, current immunization status, current registered nurse liability and health/accident insurance, and annual CPR certification for adult, child, infant and obstructed airway (The only course accepted is American Heart Association Healthcare Provider BLS). Evidence of health screening, immunization status, annual PPD test results, liability, health and accident insurance and CPR certification is due no later than the first day of classes clinicals in courses where there are clinical components and must be valid throughout the academic year and not subject to expire during clinical rotations. Failure to comply with this requirement will result in forfeiture of space in clinical nursing classes. The student is responsible for submitting completed documentation to CastleBranch and keeping a copy of the documentation for personal use. Students can find complete information regarding these requirements and the CastleBranch monitoring system in the CNL Communications site in Blackboard.

Professional Registered Nursing Liability Insurance
Students enrolled in MSN nursing courses must carry tort and professional registered nursing liability insurance purchased annually. Evidence of insurance for the full academic year must be submitted by submitting a copy of the face sheet of the Professional Registered Nursing Liability Insurance policy showing coverage dates and amounts. The Professional Registered Nursing Liability Insurance must provide coverage of at least 1 million per incident/ 3 million aggregate. Suggested Professional Registered Nursing Liability Insurance carriers can be found on the School of Nursing website.

Health and Accident Insurance
Students are required to carry health insurance throughout their course of study. All students enrolled in clinical nursing courses must show evidence of health and accident insurance. Students must submit either a copy of the face sheet of the health and accident insurance policy or a copy of the front and back of their insurance card issued by the insurance company. Students are responsible for the cost of health/follow up required as the result of illness or injury incurred in the course of clinical laboratory learning experiences.

CPR Certification
All students enrolled in clinical nursing courses must show evidence of annual certification in CPR for healthcare providers, effective throughout the academic year. Evidence of certification may be either a copy of their CPR certification card or a copy of a letter from the CPR instructor verifying successful completion of the course (American Heart Association Healthcare Provider). A copy of the front and back of the students signed CPR card must be submitted when received.

Required Health Screening of MSN Nursing Students
All students enrolled in clinical courses must show annual evidence of health screening which will be effective throughout the academic year. The health examination must document:
1. Annual PPD (date administered, results, and name of agency where it was completed). If you had a positive PPD, you will be required to have a chest x-ray and follow DHEC guidelines for positive PPD results. Students may be required to complete a 2-Step PPD screening per clinical facility requirements.

2. Rubella status or immune titer (greater than 1:8, or re-immunization). Students having titer results that are not positive (immune) must complete the immunization process.

3. Tetanus/Pertussis-(Tdap) immunization (within the last 10 years).

4. Hepatitis-B series. Dates of shot series, positive titer, or copy of waiver of declination attached. Students having titer results that are not positive (immune) must complete the immunization process.

5. Varicella immunization or positive titer. Students having titer results that are not positive (immune) must complete the immunization process.

6. Influenza immunization- Documentation of a flu shot administered between September 1st-November 1st OR a declination waiver. Declination waiver is available to download, print, sign and upload. The renewal date will be set for 1 year from administered date of vaccine.

**Hepatitis-B**
Hepatitis B is an infectious disease with serious and sometimes fatal outcomes. The Hepatitis virus can be transmitted to health care workers by needle stick injury or exposure to body fluids of infected individuals. Infected individuals are unknown to health care workers 90% of the time. Lander University nursing students are therefore advised that Hepatitis B immunization is required (unless a waiver of declination has been signed) in order to engage in client care activities in clinical nursing courses. Any student who is unable or unwilling to take the vaccine must sign a “waiver of declination”. The form is available from the School of Nursing.

**Submission of Requirements for Entering MSN Option (Beginning upon admission and continuing annually until graduation.)**
Instructions and forms for submitting the Annual Health, Insurance, and Education Requirements are available to students on the communication board for MSN majors.

**Vendors for Requirement Tracking**
Lander University School of Nursing currently uses CertifiedBackground.com CastleBranch for tracking screening requirements. Guidelines for completing the requirements are available on the MSN-CNL communication site. Requirements are to be submitted to CertifiedBackground.com CastleBranch by the deadline given by the School of Nursing. Approved by NFO 11/20/13; 3/5/14
LANDER UNIVERSITY
SCHOOL OF NURSING

POSITION TITLE: Graduate Clinical Preceptor

FUNCTION: Clinical preceptors are selected by course faculty in consultation with students based on the required clinical experiences. Collaborates with course faculty to provide an approved clinical experience for a student. Course faculty maintains responsibility for the course.

QUALIFICATIONS:
1. Valid RN/APRN license in the state in which preceptored experience occurs.
2. Bachelor’s degree acceptable; Master’s degree preferred.*
3. Employed by the clinical agency in which the preceptored experience occurs.
4. Two years clinical nursing experience.
5. Demonstrated competency in assigned teaching area, validated by one year’s clinical nursing experience in area or other documented expertise.

RESPONSIBILITIES/LANDER UNIVERSITY:
1. There will be a formal contract between the clinical agency and the School of Nursing.
2. The preceptor appointment will be determined collaboratively by the course coordinator and the Nurse Administrator of clinical agency.
3. The policies governing the role and responsibilities of the clinical preceptor are written and consistent with those of Lander University School of Nursing and the clinical agency.
4. The preceptor will be provided with a written description of the preceptor responsibilities.
5. The preceptor will be oriented to the preceptor role and course objectives by the course faculty.
6. The clinical preceptor will be assigned to no more than two students for any preceptor experience.
7. The course faculty member, who retains overall responsibility for the course, will be available to the preceptor/or the student for consultant in person or by telecommunications.

RESPONSIBILITIES OF THE CLINICAL PRECEPTOR:
1. The clinical preceptor will function in collaboration with the clinical coordinator of the course.
2. The clinical preceptor will function according to the guidelines/criteria developed by the course faculty.
3. The clinical preceptor will complete an orientation to the preceptor role and course objectives.
4. The clinical preceptor will be physically present** in the agency and available to the student(s) at all times during the clinical assignment. In the event the clinical preceptor cannot be with the student, an appropriately oriented and credentialed substitute may be appointed and the course faculty and the student notified.
5. The clinical preceptor, or a substitute in the absence of the preceptor, will provide supervision for the student(s) while performing clinical activities.**
6. The clinical preceptor will provide written feedback to the course instructor regarding the student’s clinical performance and an evaluation of the preceptored clinical as a learning experience for students.

*Bachelor’s prepared RN may be accepted in practice areas with limited Master’s-prepared staff if their professional roles and experiences are appropriate for the preferred clinical experience.**MSN students work in collaboration with the course faculty and clinical preceptor and do not require direct supervision. Approved by NFO 11/20/13; 3/5/14
SECTION III: STUDENT POLICIES AND PROCEDURES
Part A: Graduate Students

Awards and Scholarships

Scholarships
Students are encouraged to apply for scholarships upon admission to the CNL program. Scholarship applications are posted on the website of the School of Nursing.

Approved by NFO 11/20/13; 3/5/14

Awards
Students are recognized for academic achievements and outstanding clinical performance at the Nursing Recognition Ceremony. The Nursing Recognition Ceremony is held the evening prior to commencement. Graduate nursing faculty select students for various awards.

STTI Mu Zeta Clinical Nurse Leader (CNL) Student Award
$250 annual award
The award recipient must meet the following criteria:
1. Be currently enrolled in Lander University MSN-CNL program.
2. Have successfully completed three semesters of CNL course work.
3. Be in good academic standing with a cumulative CNL program GPA of 3.5.
4. Potential for positive career impact in CNL role as evaluated by MSN committee.

Communication
Lander student email is the official vehicle for all electronic communication. Clinical Nurse Leader students are responsible for checking their Lander email account at least daily. Additionally, students admitted to the Clinical Nurse Leader program will be allowed access to the Clinical Nurse Leader Student Communication Site. This may be located through Blackboard under the icon “Clinical Nurse Leader”, “cnlcommunications.” This site will provide information about deadlines, forms, organizational meetings, scholarships, and other information of interest to those in the program. If a student is unable to access the Clinical Nurse Leader site on the first day of classes, it is the student’s responsibility to inform the Coordinator of Graduate Studies so that access can be allowed. Communication with individual course faculty should be undertaken in accordance with the guidelines delineated in the course syllabus.

Approved by NFO 11/6/13; 3/5/14

Confidentiality Statement

1. A nursing MSN-CNL student will hold in confidence all personal client information entrusted to him/her.

2. Confidential clinical information and research data (written or oral) given to a nursing MSN-CNL student will be considered privileged within the content of the learning site.
3. A nursing MSN-CNL student will limit his/her discussion of client/family to structured learning situations (conferences and clinical). At no time are clients/families to be discussed at lunch counters, clinical dining facilities, elevators, dormitories, and/or other public settings.

4. A nursing MSN-CNL student should not include specific identifying client information on assignments submitted in written or electronic form.

5. A nursing MSN-CNL student will respect the rights of colleagues/classmates to keep personal information and papers confidential.

6. Failure to comply with the above Professional Confidentiality policy represents unethical conduct for a nursing student and may result in an unsatisfactory grade in the nursing MSN-CNL course or dismissal from the MSN-CNL program.

Approved 8/4/87; Revised 5/94; 5/00; Reaffirmed 2010; 5/2011; revised 5/2012; 5/2014

**Electronic Devices in the Clinical Area**

Electronic devices, including phones, IPods, and IPads, are not allowed in the clinical setting for personal use unless prior permission is given by your clinical preceptor. Failure to adhere to this policy may constitute violation of client confidentiality and dismissal from the nursing program.

Approved 5/1/2013; Effective Fall 2013; 3/5/2014

**Nursing Recognition Ceremony**

The School of Nursing sponsors a recognition ceremony twice each academic year. The ceremony is held the evening prior to commencement to honor the achievements of graduates in both the undergraduate and graduate nursing programs. Awards and special recognitions will be given; prelicensure and RN-BSN graduates will receive the nursing pin; MSN graduates will wear academic regalia and receive the Master’s hood.

Approved by NFO 11/20/13; 3/5/2014

**Use of Social Media by Nursing Students**

**Guidelines for your Consideration**

Do you “talk” to friends, family, or classmates using Facebook®, MySpace®, Twitter® or a blog? Lots of people do! According to Facebook® Statistics (2012), there are over 800 million active users of Facebook® and over 50% of them log in everyday! It is a quick and convenient way to let people know what you are doing and how you are feeling…. BUT, as a nursing student, those everyday communications using social networks may have implications you may not be aware of!!

**Have you ever…...**

- Posted the name of a clinical agency on your Facebook® profile? For example: “I’m off to clinical today at Self—I get to see my first surgery!”
- Posted a photo of your clinical instructor or any other faculty member on your blog?
•Posted in a blog that you inserted your first NG tube and your clinical instructor was very patient because it took 3 attempts before you got it in?
•Sent a Twitter® message that you were doing home visits in Laurens?

These are examples of common communications that occur on a daily basis between family and friends using social networks. BUT..........these examples are a breach of the Confidentiality Statement that you signed when you entered the program....

REMINDEEER!!!!
This is part of the Confidentiality Agreement that you sign EVERY SEMESTER as part of your clinical experiences at Lander.

1. A nursing student will hold in confidence all personal client information entrusted to him/her.
2. Confidential clinical information and research data (written or oral) given to a nursing student will be considered privileged within the content of the learning site.
3. A nursing student will limit his/her discussion of client/family to structured learning situations (conferences and clinical). At no time are clients/families to be discussed at lunch counters, clinical dining facilities, elevators, dormitories, and/or other public settings.
4. A nursing student should not include specific identifying client information on assignments submitted in written or electronic form.

Confidentiality Considerations
•Do not include the name of the clinical agency on your social networks
•Do not include the name of your clinical instructor, preceptor, or agency staff on your social network without their permission
•......and of course....DO NOT post a patient name, diagnosis, agency where receiving care or any identifying information—such as gender, age, ethnicity, etc.—not even what kind of tattoo they have!!! No photos of patient or family. Even a general posting regarding a patient can be linked back to an individual.
  •Consider this: a student posted a blog about a patient with a rare genetic syndrome. No specific identifying information was made, but when the mother of the patient did an Internet search for the syndrome, the student’s blog was found. The mother recognized her child as the patient discussed in the student’s blog.
•Be very careful what you say about your clinical instructor, the staff at the agency, and your fellow classmates in your blog or on your social network.
•Legal Considerations
•Did you know that postings on your social network could open you and the clinical agency up for “discovery”?  
  •Consider the legal implications of the NG tube insertion blog example.... Can you see how this blog could be linked to a patient problem? What about the nursing
student who posts, “Mama Baby clinical at Self today!!”…… can you see how that could be open to discovery?

Professional Considerations

- If you have a problem or issue with a faculty member, do you post your frustration on your Facebook® profile OR take the professional approach and go through the appropriate problem solving steps?
- If you have issues with a clinical instructor or staff, do you post it in your blog or go through your course faculty to resolve the problem?
- Consider that many future employers and potential scholarship donors may have access to your Facebook® page.
- If you are “friends” with faculty members, also consider what you post can be viewed by them as well!

There are many implications related to the use of social networks by health care professionals. These are just a few to consider. If you have questions, please talk with your clinical instructor, course coordinator, or School Director.

References


Murphy, M. (2011). The use of social networks by nursing students. Unpublished manuscript, College of Nursing, Georgia Health Sciences University, Augusta, Georgia, United States.


Adapted from a similar document by M. Murphy, DNP, RN, Director of DNP Program at Georgia Health Sciences University

Affirmed by NFO 5/2012, 3/13/14

School of Nursing Committees

Beginning fall semester each year, faculty appointments to committees are made. Students are elected to the committees by their classmates at a class meeting each semester. Graduate students are encouraged to offer feedback to committee chairs, as appropriate.

The standing committees and their purposes are listed below.

Academic Concerns Committee
The purposes of this committee are to promote the academic well being of the total nursing program including matters relating to faculty and students. The membership shall consist of at
least two faculty members and one student from each academic class. The NFO Chair and Dean Director shall serve as an ex-officio member of the committee.

Ad Hoc Committees
Ad hoc committees shall be formed to address specific projects and/or concerns of the School of Nursing. Faculty will be appointed by the NFO Chair and Dean Director. A written report shall be submitted to the NFO upon completing of the ad hoc committee’s activities.

Assessment and Evaluation
The purpose of this committee is to evaluate the nursing program effectiveness in relation to internal and external assessment criteria. The membership shall consist of two faculty members and one student from each academic class.

Curriculum Committee
The purpose of this Committee is to explore and recommend ways to strengthen the curriculum based on current standards of professional nursing practice. Membership shall consist of at least two faculty members and one student from each academic class.

Dean’s Advisory Council
The purpose of this council is to provide a direct line of communication between the various constituencies of the student body and the Dean. Membership shall consist of class representatives selected by each academic class including prenursing, and the president of LUSNA, and the president of the African-American Student Nurses Network. To ensure representation for male and second-degree students, in the event that these constituencies are not among selected representatives, one from each shall be appointed by the Dean.

Interprofessional Education Committee
The purpose of this committee is to promote health care improvement and patient safety practices across the disciplines. The committee was formed as a collaboration with Presbyterian College School of Pharmacy with anticipated growth of other healthcare disciplines in the future. Membership shall consist of a faculty representative from each level of students, as well as students from each level: Sophomores, Juniors and Seniors.

The purpose of this committee is to promote health care improvement and patient safety practice across the disciplines. Membership shall consist of a faculty representative from each level of students as well as students from each level. Additionally, representatives from participating colleges within the University (faculty or students) will make up the membership.

The functions:
1. Collaborate with other disciplines to develop workshops/materials/etc that would promote interdisciplinary learning at the undergraduate level.
2. Plan and execute at least two interprofessional education programs each academic year in collaboration with our partners.
3. Review the CCNE guidelines regarding IPE to ensure compliance as we coordinate with other interested parties.
The CNL Masters Committee
The CNL Masters Committee will be comprised of the Dean of the School of Nursing and a minimum of two faculty teaching in the graduate program. The CNL Masters Committee will retain responsibility for graduate curriculum, recruitment and retention plans, management of the graduate assessment plan, plans for program improvement, and policy and procedures applicable to graduate students. The CNL Masters Committee will meet at least once each semester and as needed. When policy and procedure changes are being considered that would affect graduate students, a period of comment will be allowed to seek input from current graduate student cohorts as appropriate. Feedback may be solicited through virtual meetings, online polling, and postings on the CNL Communication Board.
Approved NFO 5/12/14; reaffirmed 5/2015; 5/2016

Recruitment and Retention Committee
The purposes of this committee recommend and initiate strategies to recruit students into the nursing program, to promote retention of qualified students and to foster the students’ professional development. Membership shall consist of at least two faculty members and one student from each academic class including prenursing.
Affirmed by NFO 3/5/14

Formal Complaint
A formal complaint is a concern about a specific aspect of the nursing program that is expressed by or on behalf of the individual(s) affected, and that: (1) is communicated in writing to one or more person(s) at the university who has/have the authority to respond and (2) is clearly designated as a formal complaint.
Approved by NFO 9/11/09; Reaffirmed 2010; 5/2012; 3/5/14

Procedure for a Formal Complaint
If a formal complaint is received, the following steps will be used to attempt resolution. The written complaint and all related documentation will be maintained on file by the Office of the School of Nursing.

1. The **Director or Dean** will acknowledge receipt of the complaint in writing to the person(s) who initiated the complaint within 5 Lander business days following receipt.

2. The **Director or Dean** will notify in writing all persons at the University who are affected by the complaint within 5 Lander business days following receipt.

3. The **Director or Dean** will notify in writing the University administrators (Dean, Vice-President) of areas affected by the complaint within 5 Lander business days following receipt.

4. The **Director or Dean** will attempt to resolve the complaint within 10 Lander business days following receipt.
5. If unable to resolve the complaint, the Director or Dean will arrange a face-to-face meeting of all involved persons to attempt resolution of the complaint through negotiation within 15 Lander business days following receipt.

6. If unable to resolve the complaint through negotiation, the Director or Dean will refer the complaint to the appropriate Vice President for administrative action.

Approved by NFO 10/23/09; Reaffirmed 2010; 5/2012; 3/5/14

**Sigma Theta Tau International Honor Society**

Mu Zeta Chapter of Sigma Theta Tau International Honor Society of Nursing was installed at Lander University (then Lander College) on April 29, 1990. The purposes of the Society are to:

1. Recognize superior achievement.
2. Recognize and develop leadership qualities.
3. Foster high professional standards.
4. Encourage creative work.
5. Strengthen commitment to the ideals and purposes of the profession.

Criteria for membership consideration:

1. Is a licensed registered nurse.
2. Legally recognized to practice in the United States.
3. Have a minimum of baccalaureate degree or equivalent in any field.
4. Evidence of professional leadership potential.
5. Membership is by invitation only.

Masters students may be invited to accept membership during their first year of enrollment. A membership fee is required. The Bylaws are on file in the School of Nursing.

**Student’s Right to Petition**

Students have the right to request an exception to the application of academic policies of the School of Nursing. To do so, the student must submit the request in writing to the Nursing Faculty Organization. The request should include a description of the circumstances which have led to the request with supporting documentation. Students who submit a petition are strongly advised to work closely with their academic advisor in the petitioning process.

Approved 1/7/04; Reaffirmed 2010; 5/2011; 5/2012; 3/5/14

**Workman’s Compensation**

Nursing students are covered by Workman’s Compensation while engaged in clinical laboratory activities (From SC Code of Laws 42-7-60). Any nursing student who is injured in clinical laboratory should report the incident to the clinical faculty and should contact the Lander Office of Human Resources to file a report of injury form.

SECTION IV: PROGRAM EVALUATION

MSN Assessment Plan

The assessment plan for the MSN program contains formative and summative assessment and program goals. The detail of the assessment plan is outlined below. Licensed registered nurses graduating from Lander University with a Master of Science degree in nursing should be prepared to:

Program Outcomes

1. Effect change through advocacy for the profession, interdisciplinary health care team and the client.
2. Communicate effectively to achieve quality client outcomes and lateral integration of care for a cohort of clients.
3. Actively pursue lifelong learning as the CNL role, needs of clients, and the health care system evolve.
4. Delegate and utilize the nursing team resources and provide leadership when partnering with the inter-professional health care team.
5. Identify clinical and fiscally responsible outcomes that improve safe, quality, client-centered care.
6. Use information systems and technology at the point of care to improve health care outcomes.
7. Participate in systems review by evaluating client safety risks to improve quality of client care.
8. Assume accountability for health care outcomes, recognizing systems influences on a specific group of clients.
9. Utilize information to design, implement and evaluate client plans of care.
10. Synthesize evidence to evaluate and achieve optimal client and care environment outcomes.
11. Use appropriate teaching/learning principles, strategies, and technology to facilitate the learning of clients, groups, and the other health care professionals.
12. Take the AACN Clinical Nurse Leader (CNL®) certification examination to obtain the CNL® designation.

Means of Assessment

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<tr>
<th>Assessment</th>
<th>Program Outcomes Addressed</th>
<th>Frequency of Measurement</th>
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<tr>
<td>Formative Outcomes:</td>
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<tr>
<td>CNL Competencies:</td>
<td></td>
<td></td>
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<tr>
<td>a. Course-specific selected behaviors</td>
<td>1,10,11</td>
<td>At completion of NUR 600</td>
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<tr>
<td></td>
<td>6,7,8,11</td>
<td>At completion of NUR 611</td>
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<td></td>
<td>1,6,8</td>
<td>At completion of NUR 612</td>
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<td></td>
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### Assessment

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<td>1,2,4,5,7,8,9,10,11</td>
<td>At completion of NUR 675</td>
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2) Practicum Evaluation:
   a. Course-specific selected behaviors
      - 5,6,7                  | During NUR635
      - 1,2,4,9,11            | NUR 645
      - 1-12                  | NUR 675
   b. Clinical Evaluation Tool
      - 5,6,7                  | During NUR 635
      - 1,2,4,9,11            | NUR 645
      - 1-12                  | NUR 675

### Summative Outcomes:

1) CNL Self-Assessment Examination
   - 1-12                  | During NUR 675

2) CNL® Certification Examination Success Rate
   - 1-12                  | Following graduation

### Student/Alumni Feedback:

1) Program Exit Survey by Graduating MSN Students
   - 1-11                  | First & fifth years after graduation
   - 1-12                  | Graduating MSN Students

Expected Student Outcomes will be evaluated through formative and summative evaluations as outlined above. The results of these evaluations will be used to make program improvements.

The CNL Self-Assessment Examination (SAE), provided by the Commission on Nurse Certification (CNC), is an online assessment designed to familiarize students with the CNL Certification Examination. It parallels the content, difficulty, and format of the CNL Certification Examination. It will be used as a diagnostic tool to assess strengths and weaknesses of the program.

The School of Nursing will use reported data from the CNL directory to assess successful completion of the CNL certification exam. The program’s goal will be to have seventy five
percent (75%) of MSN graduates seeking certification receive the CNL designation. Since the pilot exam was administered in 2006, the average pass rate on the CNL certification exam has been 71%; therefore, this goal reflects an increase of approximately 5% over the national average. Program success results will be used by faculty to analyze the effectiveness of programmatic decisions (e.g., admission and progression policies) in facilitating graduates’ successful entry into the CNL role.

Aggregate Student Outcomes
School of Nursing Goal: Educate professional registered nurses for current and future clinical nurse leader practice to meet healthcare needs and to advance professionally.

- Outcome 1: Eighty percent (80%) of each cohort entering the MSN nursing major will graduate with an MSN within five academic years. The Academic Concerns Committee will compile this data for the MSN program for review in the nursing faculty organization (NFO).
- Outcome 2: Seventy five percent (75%) of MSN graduates seeking certification will successfully complete the CNL certification. The Assessment and Evaluation Committee will compile this data for review in NFO.
- Outcome 3: Eighty percent (80%) of Lander MSN graduates who seek employment in expanded nursing roles will be employed within one year of graduation. The Assessment and Evaluation Committee will compile this data for review in NFO.

Student/Alumni Feedback
Program Exit Survey by Graduating MSN Students: The School of Nursing MSN Exit Survey will be administered electronically each year to graduating MSN students. This survey obtains data regarding program outcomes, strengths, weaknesses, and recommendations for the program. Responses will be compiled by the Nursing Recruitment and Retention Committee and reported to the nursing faculty for use in making programmatic decisions.

MSN Alumni Survey: The School of Nursing MSN Graduate Survey will be administered electronically annually in the spring to classes that graduated one and five years previously. This survey obtains data regarding state of residence, current employment, preparation for professional CNL practice, and recommendations for the program. Responses will be compiled by the Nursing Assessment and Evaluation Committee and reported to the nursing faculty for use in making programmatic decisions.

Community of Interest Feedback
Nursing Advisory Board: The Nursing Board of Advisors consists of representative agency heads from healthcare agencies throughout Greenwood and surrounding counties. The Board meets once each semester to discuss issues of shared concern regarding the educational preparation of professional nurses. Nursing Assessment and Evaluation Committee will compile feedback from representatives on the Board through meeting minutes and a survey administered online. Information will be used to make programmatic decisions.

Employer Survey: The survey tool will be administered annually to employers throughout the region to obtain feedback on the previous graduating classes of MSN students. The survey will be administered electronically. Responses will be compiled by the Nursing Assessment and
Evaluation Committee and reported to the nursing faculty for use in making programmatic decisions.

Data for program assessment will be reviewed annually by the Nursing Faculty Organization in order to make programmatic improvements.

**Faculty Aggregate Outcomes**
Data to support faculty aggregate outcomes are collected by the Dean of the College of Science and Mathematics School of Nursing during annual faculty evaluations. Faculty are evaluated each semester by students using the Individual Development and Educational Assessment (IDEA) form or an alternate method of assessment and the Evaluation of Academic Advisor Form. Faculty are also peer evaluated by tenured faculty per Lander University policy. The Academic Concerns committee is responsible for reporting on these outcomes annually.

**Faculty Goal**
Maintain a nursing faculty complement that achieves the School of Nursing mission through excellence in teaching, advising, and role modeling professional development. See School of Nursing Faculty Handbook Section IV.

- Outcome 1: Ninety percent (90%) of full-time faculty who are in at least the second year at Lander will achieve an evaluation rating of “Satisfactory” on overall teaching for the academic year. See SON Faculty Handbook Section IV Evaluation of Teaching.

- Outcome 2: Ninety percent (90%) of full-time faculty who are in at least the second year at Lander will achieve an evaluation rating of “Satisfactory” on effectiveness as an academic advisor. See SON Faculty Handbook Section IV Evaluation of Advising.

- Outcome 3: Ninety percent (90%) of full-time faculty will role model professional development each academic year through attendance at professional conferences and seminars, completing graduate level courses, earning CEUs or demonstrating intellectual curiosity.

**Course specific Assessments**
Program outcomes are assessed for MSN-CNL students using specific assignments in the required courses.

**Clinical Laboratory Evaluation**
The graduate nursing faculty developed a standardized clinical performance evaluation tool. The clinical performance of the student is evaluated by faculty in each clinical nursing course. In courses where preceptors are utilized, this tool is used to provide feedback to the course coordinator.
Directions: Please rate the level of mastery for the CNL student based on the following scale. Please mark N/A if the competency does not apply.

<table>
<thead>
<tr>
<th>CNL Role</th>
<th>Competencies</th>
<th>Level of Mastery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advocate</strong></td>
<td>• Effects change through advocacy for the profession, interdisciplinary health care team and the client.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Communicates effectively to achieve quality client outcomes and lateral integration of care for a cohort of clients.</td>
<td></td>
</tr>
<tr>
<td><strong>Member of a Profession</strong></td>
<td>• Actively pursues new knowledge and skills as the CNL role, needs of clients, and the health care system evolve.</td>
<td></td>
</tr>
<tr>
<td><strong>Team Manager</strong></td>
<td>• Properly delegates and utilizes the nursing team resources (human and fiscal) and serves as a leader and partner in the interdisciplinary health care team.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Identifies clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and the degree to which they are client-centered.</td>
<td></td>
</tr>
<tr>
<td><strong>Information Manager</strong></td>
<td>• Uses information systems and technology at the point of care to improve health care outcomes.</td>
<td></td>
</tr>
<tr>
<td>CNL Role</td>
<td>Competencies</td>
<td>Level of Mastery</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Systems Analyst/Risk Anticipator</td>
<td>Participates in systems review to critically evaluate and anticipate risks to client safety to improve quality of client care delivery.</td>
<td></td>
</tr>
<tr>
<td>Clinician</td>
<td>Assumes accountability for healthcare outcomes for a specific group of clients within a unit or setting recognizing the influence of the meso- and macrosystems on the microsystem.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assimilates and applies research-based information to design, implement and evaluate client plans of care.</td>
<td></td>
</tr>
<tr>
<td>Educator</td>
<td>Uses appropriate teaching/learning principles and strategies as well as current information, materials and technologies to facilitate the learning of clients, groups and other health care professionals.</td>
<td></td>
</tr>
</tbody>
</table>

Verified by Preceptor Signature _____________________________________________ Date ______________

Reviewed by Course Coordinator Signature ______________________________________ Date ______________

Section IV 45
**MSN-CNL Program Exit Survey**

Dear graduating student,

Thank you for taking the time to complete this survey. This survey gives you the opportunity to give feedback about your experience in the CNL program at Lander. It should take less than 15 minutes to complete. Please rate each of these outcomes on the scale provided and give constructive feedback so that we can continue to improve our program.

Please rate how well you feel each of these outcomes were achieved using the scales provided.

1. Able to effect change through advocacy for the profession, interdisciplinary health care team and the client.*
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved
   - Other, please specify

2. Able to communicate effectively to achieve quality client outcomes and lateral integration of care for a cohort of clients.*
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved
   - Other, please specify

3. Able to actively pursue lifelong learning as the CNL role, needs of clients, and the health care system evolve.*
   - Not Achieved
   - Somewhat Achieved
4. Able to delegate and utilize the nursing team resources and provide leadership when partnering with the inter-professional health care team. *

- Not Achieved
- Somewhat Achieved
- Unable to evaluate
- Mostly Achieved
- Fully Achieved
- Other, please specify

5. Able to identify clinical and fiscally responsible outcomes that improve safe, quality, client-centered care. *

- Not Achieved
- Somewhat Achieved
- Unable to evaluate
- Mostly Achieved
- Fully Achieved
- Other, please specify

6. Able to use information systems and technology at the point of care to improve health care outcomes.*

- Not Achieved
- Somewhat Achieved
- Unable to evaluate
- Mostly Achieved
7. Able to participate in systems review by evaluating client safety risks to improve quality of client care.*

- Fully Achieved
- Other, please specify

- Not Achieved
- Somewhat Achieved
- Unable to evaluate
- Mostly Achieved
- Fully Achieved
- Other, please specify

8. Able to assume accountability for health care outcomes, recognizing systems influences on a specific group of clients.*

- Not Achieved
- Somewhat Achieved
- Unable to evaluate
- Mostly Achieved
- Fully Achieved
- Other, please specify

9. Able to utilize information to design, implement and evaluate client plans of care.*

- Not Achieved
- Somewhat Achieved
- Unable to evaluate
- Mostly Achieved
- Fully Achieved
- Other, please specify
10. Able to synthesize evidence to evaluate and achieve optimal client and care environment outcomes.*
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved
   • Other, please specify

11. Able to use appropriate teaching/learning principles, strategies, and technology to facilitate the learning of clients, groups, and the other health care professionals. *
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved
   • Other, please specify

12. Please rate your perceived competence to take the AACN Clinical Nurse Leader (CNL®) certification examination to obtain the CNL® designation.*
   - Do not feel confident
   - Feel less than confident
   - Unable to evaluate
   - Feel mostly competent
   - Feel fully competent
   • Other, please specify

13. Please rate your perceived competence to enter practice in the role of Clinical Nurse Leader (CNL®).*
   - Do not feel confident
o Feel less than confident  
o Unable to evaluate  
o Feel mostly competent  
o Feel fully competent  
• Other, please specify

14. Would you recommend the Lander CNL program to a prospective student?*
• Yes  
• No

15. Do you intend to sit for the AACN Clinical Nurse Leader (CNL®) certification examination?*
• Yes  
• No

16. What are your employment plans with completion of the MSN, CNL program? Please list site, location, area of nursing/position. If you have not finalized employment plans, please indicate “NOT FINAL” and list your desired employment setting and area of nursing/position.*

[Fill in the blank]

17. Do you have plans to continue your education? If yes, please describe:*  

[Fill in the blank]

18. You are invited to make constructive suggestions to improve the quality of learning in the Lander University School of Nursing. Please identify below areas needing improvement:*  

[Fill in the blank]

19. Please identify below areas of strength:*  

[Fill in the blank]

20. Please provide us with current contact information (or contact the Office if Alumni Affairs at 864-388-8351 or ddill@lander.edu with this information if you do not want to be identified in this survey and your information provided can be anonymous).*

Name, Name as a student if changed, Address, Preferred Email, Phone number

Section IV 50
MSN-CNL Alumni Survey

Please rate how well you feel each of these outcomes were achieved using the scales provided.

1. Please indicate your year of graduation.*
   - Graduation Year

2. Able to effect change through advocacy for the profession, interdisciplinary health care team and the client.*
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved
   - Other, please specify

3. Able to communicate effectively to achieve quality client outcomes and lateral integration of care for a cohort of clients.
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved
   - Other, please specify

4. Able to actively pursue lifelong learning as the CNL role, needs of clients, and the health care system evolve.
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved
   - Other, please specify

5. Able to delegate and utilize the nursing team resources and provide leadership when partnering with the inter-professional health care team.*
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved
   - Other, please specify

6. Able to identify clinical and fiscally responsible outcomes that improve safe, quality, client-centered care.*
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved
• Other, please specify

7. Able to use information systems and technology at the point of care to improve health care outcomes.*
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved

• Other, please specify

8. Able to participate in systems review by evaluating client safety risks to improve quality of client care.*
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved

• Other, please specify

9. Able to assume accountability for health care outcomes, recognizing systems influences on a specific group of clients.*
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
   - Mostly Achieved
   - Fully Achieved

• Other, please specify

10. Able to utilize information to design, implement and evaluate client plans of care. *
   - Not Achieved
   - Somewhat Achieved
   - Unable to evaluate
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   - Fully Achieved

• Other, please specify

11. Able to synthesize evidence to evaluate and achieve optimal client and care environment outcomes.*
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12. Able to use appropriate teaching/learning principles, strategies, and technology to facilitate the learning of clients, groups, and the other health care professionals. *
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13. Please rate your perceived competence in the role of Clinical Nurse Leader (CNL®).*
   - Do not feel confident
   - Feel less than confident
   - Unable to evaluate
   - Feel mostly competent
   - Feel fully competent
   - Other, please specify

14. Would you recommend the Lander CNL program to a prospective student?*
   - Yes
   - No

15. Are you currently certified as a CNL? If yes, please indicate the year of certification.*
   - Yes___________
   - No

16. With regard to employment, are you:*  
   - Full time
   - Part time
   - Choice not to work
   - Not employed
   - Currently looking
   - Other, please specify

17. You would describe your current employment setting as:*  
   - Hospital
   - Long term care facility
   - Practitioner office
   - Hospice
   - Public school
   - Community-based facility
   - Public health agency
   - Nursing education
   - Other, please specify

18. You would state your current employment role/title as:*  
    [Fill in the blank]

19. You would describe your current practice area as:*  
    Such as (but not limited to): General nursing practice (specify area), home care, pediatrics, oncology, rehabilitation, public health, quality assurance, emergency care, critical care, OR/Recovery, dialysis, and nursing administration.  
    [Fill in the blank]

20. Since graduating from Lander you have participated in the following (please fill in all that apply):  
    [Fill in the blank]
    Completed additional graduate nursing program: (Please note: Masters or Doctorate/ Major area of study/ school and date)  
    [Fill in the blank]
    Taken non-nursing graduate courses (Please note: Major area of study)
[Fill in the blank]
Obtained certification in:
[Fill in the blank]
Given professional presentation (poster or podium)
[Fill in the blank]
Received professional publication
[Fill in the blank]
Participated in evidence-based practice
[Fill in the blank]

21. To what professional nursing organizations do you belong?
[Fill in the blank]

22. Describe any honors and/or awards you have received since graduating:
[Fill in the blank]

23. You are invited to make constructive suggestions to improve the quality of learning in the Lander University School of Nursing. Please identify below areas needing improvement:
[Fill in the blank]

24. Please identify below areas of strength:
[Fill in the blank]

25. Please provide us with current contact information if you would like to update the Office of Alumni Affairs with your contact info (or contact the Office if Alumni Affairs at 864-388-8351 or ddill@lander.edu with this information if you do not want to be identified in this survey and your information provided can be anonymous).
Name, Name as a student if changed, Address, Preferred Email, Phone number
[Fill in the blank]