SAGINAW VALLEY STATE UNIVERSITY

COLLEGE OF HEALTH & HUMAN SERVICES

Graduate Nursing Handbook

Department of Nursing

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Dear Graduate Nursing Students,

On behalf of Saginaw Valley State University and the Crystal M. Lange College for Health and Human Services, I offer a warm welcome to you as an SVSU Graduate Student. Whether you are new to campus or returning to continue working on your nursing graduate degree, we are very excited to have you join the SVSU-HHS family.

Your academic studies and research in higher education here not only afford you opportunity for personal and professional advancement, but also the promising potential to shape a healthier, more humane, and more hopeful world. You are a valued stakeholder in a dynamic partnership between seasoned faculty and inquisitive graduate students that has long made Saginaw Valley State University a powerhouse that generates creativity, innovation, and progress locally, nationally, and globally.

This Graduate Nursing Student Handbook will help you to navigate policy and procedure commonly encountered by SVSU-HHS graduate students. This publication is a handy digest of, not a replacement for, the Graduate Course Catalog. I know that this handbook, along with the SVSU policies and procedures outlined withing, will help you better navigate your graduate program.

I wish you much success as you break new boundaries and shatter your own glass ceiling to move beyond limiting beliefs in your higher education endeavors as an SVSU Graduate Student.

Best regards,

Marcia Mastracci Ditmyer, Ph.D., M.B.A., M.S.

Dean, College of Health & Human Services

Department of Nursing

Mission

We empower nursing students to become transformative, culturally sensitive leaders in interprofessional healthcare, delivering equitable, evidence-based care to diverse communities through inclusive partnerships, research, and lifelong learning.

Vision

The Department of Nursing will provide professional programs of the highest level of quality and service and achieve recognition for its programs. The Department's graduates will distinguish themselves through service to nursing and to interprofessional health care for a diverse society. The Department will be a premier intellectual resource for nursing and health care in this region.

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Level II Program Outcomes

1. The graduate integrates, translates, and applies the knowledge of nursing practice as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences.
2. The graduate leads in person-centered care that focuses on the individual within multiple complicated contexts, including family and/or important others.
3. The graduate leads in population health that spans the healthcare delivery continuum for the improvement of equitable population health outcomes
4. The graduate leads in the generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.
5. The graduate leads in quality and safety by employment of established and emerging principles of safety and improvement science
6. The graduate leads in intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience and strengthen outcomes.
7. The graduate leads in complex systems of health care to provide safe, quality, equitable care to diverse populations
8. The graduate leads in information and communication technologies and informatics processes to provide care, gather data, form information to drive decision-making, and support professionals.
9. The graduate advances a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.
10. The graduate uses self-reflection in activities that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

ACADEMIC POLICIES

Course Repetition and Academic Dismissal
A required course may be repeated only once. Failure to pass a repeated course or a second required course will result in dismissal from the MSN or DNP degree program.

Grading Scale
To fulfill graduate requirements, a minimum grade of B (84-86%) is necessary for all required MSN and DNP course

93-100	A
90<93	A-
87<90	B+
84<87	B
81<84	B-
78<81	C+
75<78	C
68<75	D
0<68	F

Note: Grades below 84% do not meet the passing threshold for graduate program courses.

Grade Rounding
The policy for rounding grades is at the discretion of the course instructor(s) and will be explicitly stated in the respective course syllabus.

Incomplete Coursework
If extenuating circumstances prevent the completion of course requirements, students should consult with the course instructor regarding the possibility of an incomplete grade. Please refer to SVSU's official withdrawal policy at https://www.svsu.edu/officeoftheregistrar/policiescatalog/withdrawals/.

Students may not enroll in subsequent courses until all prerequisite course requirements have been satisfied.

Course Withdrawal Policy
Students considering withdrawal from a course should carefully review the university's official withdrawal deadlines and policies. These dates are crucial for academic planning and may have financial implications. It is the student's responsibility to adhere to these deadlines and follow the proper withdrawal procedures to maintain good academic

standing. Students should follow the steps outlined to initiate the course withdrawal process:

1. Student is advised to meet with faculty of the course
2. After meeting with the course faculty, meet with the graduate program coordinator to discuss implications and changes to the program of study and degree progress.

Withdrawals
(Exclusions may apply to the following when clinical course availability has necessitated course withdrawal)

➢ Withdrawals from the same nursing (NURS) course twice will be dismissed from the program
➢ Withdrawals from two NURS courses in different semesters, will be dismissed from the program
➢ Withdrawals from multiple courses in a single semester will be considered as one withdrawal

Program Withdrawal
Students requesting discontinuation of their graduate studies and withdrawal from the program are required to submit a written statement of intent to withdraw to the program coordinator.

Grade Grievance/ Appeal Process
Students who wish to contest a grade are required to adhere to the formal grade appeal procedures as outlined in the SVSU Student Handbook and Code of Conduct. The complete policy and procedure can be accessed at:
https://www.svsu.edu/studenthandbook/gradegrievancepolicyandprocedure/
For additional guidance or support during the grade appeal process, students may consult with the university ombudsman.

Program Completion
Graduate nursing programs need to be completed within seven years of starting the required courses. Requests for extensions may be granted for short periods for extenuating circumstances. Requests for extensions must be made in writing to the Graduate Nursing Program Coordinator.

MSN and DNP Graduation Application Process
Students are required to formally apply for graduation to initiate the degree conferral process. The application can be accessed and submitted through the official "Apply for Graduation" portal. Failure to submit this application may result in a delay in degree conferral. It is the student's responsibility to ensure timely completion of this crucial step

to avoid any setbacks in their academic progression or professional licensure. https://www.svsu.edu/graduate/applytograduate/
Students graduating from a certificate program do not need to apply for graduation.

Dismissal Appeal Process
Students who wish to appeal the dismissal from the Graduate Nursing Program must complete following in step 1:
Step 1:

    A. Following the letter of dismissal, the student has one month to appeal the Graduate Nursing Program dismissal.
    B. The student must submit a written letter addressed to the Graduate Nursing Program Committee and submit it to the Graduate Nursing Program Coordinator.
    C. The reinstatement letter should provide the case for reinstatement, addressing the reasons for their previous academic performance and demonstrating their potential for future success in the program. The reinstatement letter must include:
        I. A clearly articulated rationale for consideration, detailing the specific grounds for the appeal, and strategies to promote success.
        II. Comprehensive explanation of the circumstances warranting reinstatement.
        III. Supporting evidence or documentation of extenuating circumstances that justify reconsideration.

Step 2:

    A. The Graduate Nursing Program Committee will review the student's appeal letter within 45 calendar days of receiving.
    B. The Graduate Nursing Program Committee may either 1) uphold the dismissal status of the student or 2) overturn the dismissal status of the student.
    C. The Graduate Nursing Program Committee holds the final decision.

Professional Writing
The graduate program adheres to the American Psychological Association (APA) formatting and style guidelines, 7th edition- Student Style, as the standard for academic writing. Unless otherwise specified in individual course syllabi, all written assignments, papers, and scholarly work must conform to APA 7th edition standards.

Technical Standards

Communication	Communication abilities are sufficient for interaction with others in oral and written form.
Mobility	Physical abilities are sufficient to move from room to room and maneuver in small spaces.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care.
Hearing	Auditory ability sufficient to monitor and assess health needs.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.
Tactile	Tactile ability sufficient for physical assessment and performance of skilled nursing activities.
Mental	Coping ability sufficient for coping with death, anxiety, and multiple demands.
Cognitive	Reading comprehension, deductive, inductive reasoning and computation skills.

While accommodation can be made for some disabilities, the student must be able to perform these essential functions with or without reasonable accommodation to ensure patient safety and effective care delivery at an advanced level.

CLINICAL REQUIREMENTS

Health and Background Requirements

One semester prior to the semester involving clinical, students must submit to the immunization tracker and complete mandatory training in the ACEMAPP system. Information regarding the immunization tracker & ACEMAPP will be provided to you in the semester prior to your clinical for review by the Nursing Clinical Coordinator:

1. ACEMAPP membership- This is an online standardized clinical orientation that includes training in such areas as HIPAA, infection control, sexual harassment, etc. Students who will be completing clinical at an ACEMAPP affiliated health system are required to complete a generic orientation and may have to complete

additional online training modules, if required by their facilities. The steps are described below:

 i. An email invite to ACEMAPP.
 ii. Access ACEMAPP at: www.acemapp.org
 iii. ACEMAPP costs $50.00 annually. Please pay the fee online and continue on to set up your profile. Verify email address and DOB are correct on the website.

2. Once students have completed their profile, they will need to complete the general ACEMAPP assessments (HIPAA, OSHA, and Blood Borne Pathogens).
3. Once students have been placed for clinical, if your clinical agency participates with ACEMAPP, the clinical coordinator will add your rotation to ACEMAPP. The student will then receive an email stating that they have been added to this rotation and have agency-specific training to complete. The student will then need to access ACEMAPP to complete the agency specific orientation materials by the due date.
4. Health Appraisal Form – Provider visit with signature verifying evidence of immunizations or titers and identification of any limitations/concerns of the student in the program.
5. Annual TB test (valid throughout entire upcoming semester).
6. A current American Heart Association BLS provider card (valid throughout entire upcoming semester).
7. Castlebranch www.castlebranch.com This is an online tracking system that brings together several different required elements. (you will receive a code for these items from the clinical coordinator). There is a cost associated with this online service.
   a. **Resume**: Students are required to have an updated, professional resume that can be shared with potential clinical agencies. The student will upload an updated copy to Castlebranch.
   b. **Registered Nurse License:** Students are required to stay up to date with their state-issued RN license and must submit a copy of their license to Castlebranch.
   c. Drug Test
   d. Background check
8. In addition, prior to each subsequent semester of clinical, a Disclosure Statement should be submitted to verify no change in the Background Check or health status.
9. Agencies have the right to not accept students from SVSU for clinical placement. If there is a need for accommodation, such as latex allergy or vaccine exemption, SVSU could have difficulty finding a clinical placement which could preclude completion of the program. If you have a health issue that may impact your ability to perform at clinical, please meet with the Office of Accessibility Resources and Accommodations (964-964-7000; https://www.svsu.edu/access/) when you are admitted to the program to discuss placement issues.

10. Students with criminal background records may not be able to be placed in clinical agencies. Examples include assault and battery, any felony, misdemeanor/retail fraud, cruelty to a minor or fragile adult, larceny, embezzlement, felony DUI. If you have a criminal record, meet with the Department Chairperson and Program Coordinator when you are admitted to the program to discuss placement issues.
11. In addition, prior to the semester involving clinical students must obtain a clinical ID badge from the cashier's office (done virtually for remote students). The badge should be worn at all times in clinical settings. Contact Campus Financial Services the requirements of the photo are like that of a US Passport photo. Can be a photo used for your work ID badge, previous school badge, or other professional head shot photo with a white/neutral background. The SVSU student ID badge will be mailed directly to you.

STUDENTS RIGHTS AND RESPONSIBILITIES

Professional Standards and Ethical Conduct
Students enrolled in the graduate nursing program are held to high standards of professional and ethical conduct. The nursing program is committed to upholding the integrity of the nursing profession as outlined in the American Nurses Association (ANA) Scope & Standards of Practice. All graduates are prepared to exemplify the highest standards of ethical conduct as delineated in the ANA Code of Ethics.

Adherence to these principles and the University Student Code of Conduct is fundamental to academic success and future professional practice. Any behavior that deviates from these standards may result in disciplinary action, ranging from course failure to program dismissal.

Serious infractions may also warrant referral to the College of Health and Human Services' Professional Conduct Committee and/or SVSU Student Conduct Board for further review and action.

Professional and safety standards in any of the following contexts:
- University premises
- Classroom settings
- Laboratory environments
- Clinical placements
- Public settings
- Online platforms and social media

ANA Code of Ethics:

Provision 1	The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
Provision 2	The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
Provision 3	The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
Provision 4	The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.
Provision 5	The nurse owes the same duties to herself as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
Provision 6	The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
Provision 7	The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
Provision 8	The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
Provision 9	The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/

Professional Dress and Behavior

Students are representatives of the University and must present themselves as ambassadors. Students are expected to be respectful to preceptors, faculty, staff, patients, and their families. Reports of unprofessional behavior will result in the student being counseled and subject to review according to the SVSU Student judicial codes.

- Students should be professionally dressed and wear an SVSU ID badge, lab coat (if appropriate for the setting), or other clinical site-specific attire.
- Students should communicate problems or potential problems to the preceptor and/or their clinical faculty or clinical coordinator promptly.
- Students should individually express their appreciation to their preceptors for their dedication, mentoring and teaching at the end of the precepted experience.

Students must be fit for practice. Each student must be in a physical, mental, and emotional state that enables the student to perform the essential tasks for their practice assignment in a manner that does not threaten the safety or health of oneself, staff members, patients, or the public at large. Therefore, students are expected to come to practice rested, alert, and prepared. If the preceptor/mentor feels a student is not fit for practice, the student will be sent home. Drug or alcohol testing may be required at the discretion of the agency or faculty.

Transportation
The student is responsible for the costs and responsibilities associated with transportation to and from all practice settings. Students must have reliable transportation. When creating practicum assignments, priority is given to selecting a variety of meaningful learning activities; therefore, practice assignments and agency experiences may occur in various geographical locations and during different days and hours.

MSN DEGREE PROGRAMS

Nurse Educator
The Master of Science in Nursing (MSN) Nurse Educator is designed to prepare registered nurses for expanded roles in nursing education across academic, healthcare, and community settings. This program equips students with expertise in curriculum development, innovative teaching strategies, and educational assessment, all grounded in evidence-based practice. Graduates are prepared to educate new nurses, facilitate professional development for healthcare staff, and lead community health education initiatives. The curriculum combines advanced nursing knowledge with educational theory and practice, emphasizing the integration of technology in learning.

Nurse Administrator
The Master of Science in Nursing (MSN) Nurse Administrator is designed to prepare registered nurses for leadership roles in healthcare management and administration. This program equips students with advanced knowledge and skills in healthcare leadership, financial management, healthcare policy, and quality improvement. Graduates are prepared to oversee nursing departments, manage healthcare operations, and drive organizational change in various healthcare settings. The curriculum blends advanced nursing practice concepts with business and leadership principles, emphasizing evidence-based decision-making and the use of healthcare informatics.

MSN Dual Educator/Administrator
The Master of Science in Nursing (MSN) Dual Nurse Educator/Administrator program is designed to prepare registered nurses for expanded roles in both nursing education and healthcare leadership. This innovative program combines the strengths of nurse educator

and nurse administrator specializations, equipping graduates with a versatile skill set to excel in diverse healthcare environments.

GUIDELINES FOR THE MSN CLINICAL INCIDENT & REVISIT

Critical Incident Report: Use of Nursing Knowledge -Due in NURS 638. The purpose of this assignment is to enable nursing faculty to assess core MSN content and student outcomes.

NURS 638: Write a summary of a nursing incident in which you were involved. The incident may or may not have had a positive resolution but should be one in which your nursing knowledge and decision-making skills were important. Please indicate how you dealt with the situation, noting your thinking and the communication involved. Include as much detail as necessary for a reader to understand the situation (including the individuals, surroundings, and interaction that occurred), but keep the report brief (2 typed pages maximum). You are not limited to incidents where any particular client group is involved (individuals, groups, other nurses); it is important that nursing be the focus in the incident. To safeguard privacy rights, please keep identities of individuals and institutions out of the incident.

Critical Incident Revisit – Due in NURS 628.
Submit a copy of your original critical incident and a typed response to the following questions, demonstrating how your graduate nursing education has influenced your analysis of the incident. It usually takes at least one page to adequately answer each question. Follow APA style, including references in the text for each question/answer and on a reference page.
1. Would you still consider this an important nursing incident? Explain.
2. Would you now add anything to the human and environmental contextual explanation and/or the interactive process of the incident? Explain.
3. Would you now manage the situation in the incident any differently? Explain.
4. Have your perception and critique of the incident changed? Explain.
5. What nursing knowledge base supports your responses?

MSN QUALITY IMPROVEMENT/ EVIDENCE-BASED PRACTICE PROJECT
The MSN program requires students to complete a Quality Improvement (QI) or Evidence-Based Practice (EBP) project that addresses a significant issue in healthcare delivery or patient outcomes. This capstone project allows students to apply advanced nursing knowledge, research skills, and leadership abilities to a real-world healthcare challenge.

Key components include:

1. Problem identification and literature review
2. Project proposal development
3. Implementation of QI/EBP interventions
4. Data collection and analysis
5. Evaluation of outcomes
6. Dissemination of results

Students will work closely with faculty members and healthcare partners to design, implement, and evaluate their projects.

MSN Certifications
1. Nurse Educators may obtain information for certification exams at National League for Nursing (NLN).
2. Nurse Administrators may obtain information about certification exams at the ANCC and/or the /or American Organization of Nursing Leadership (AONL).

DOCTOR OF NURSING PRACTICE (DNP) PROGRAM

DNP Overview
The Doctor of Nursing Practice (DNP) program prepares advanced practice nurses to lead at the highest clinical and organizational levels in today's complex healthcare environment. This terminal degree emphasizes the translation of research into practice, systems leadership, and advanced clinical expertise. Students engage in a rigorous curriculum that covers evidence-based practice, quality improvement, health policy, informatics, and population health. The program cultivates leaders who can drive healthcare transformation, implement best practices, and improve patient outcomes.

DNP Program Tracks

BSN to DNP - Family Nurse Practitioner (FNP): This track prepares BSN-educated nurses for advanced practice as Family Nurse Practitioners. Students gain expertise in primary care across the lifespan.

BSN to DNP - Psychiatric Mental Health Nurse Practitioner (PMHNP): This track prepares BSN-educated nurses for advanced practice as a Psychiatric and Mental Health Nurse Practitioner across the lifespan.

BSN to DNP – Dual Psychiatric Mental Health Nurse Practitioner (PMHNP)/ Family Nurse Practitioner (FNP): This track prepares BSN-educated nurses for advanced practice with expertise in both family practice and psychiatric mental health. This comprehensive

program prepares students for a versatile and impactful career in healthcare, addressing both physical and mental health needs across the lifespan.

MSN to DNP- Leadership: This track prepares Master's-prepared nurses with expertise seeking to drive organizational change, shape healthcare policy, and lead complex healthcare systems

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DNP Overview

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DNP Practice Hours
DNP practice hours are a valuable part of DNP education. They provide the opportunity to apply learning and develop leadership skills. As students' progress through the DNP program, it's important to understand the requirements for DNP practice hours.

Minimum Total Hours Requirement
The DNP program requires a minimum of 1,000 practice hours for a post-baccalaureate (BSN) degree. For MSN to DNP students, the total hours include hours from your master's program and your DNP program.

Credit to Hours Ratio
 In the graduate nursing program, 1 credit equates to 60 DNP practice hours. This means:
- A 3-credit course requires 180 hours of practice
- *Review the number of credits for NURS 850A to determine how many DNP practice hours you are required to complete.

Nature of Practice Hours
These hours should be spent on activities directly related to your DNP project or other approved advanced nursing practice activities. They may include:
  ➢ Project planning and implementation
  ➢ Stakeholder meetings
  ➢ Data collection and analysis
  ➢ Quality improvement initiatives
  ➢ Leadership activities related to your DNP role *(activities must be outside of your daily-paid job requirements)*

The following activities are some examples of time that can be applied toward DNP Practice Hours:
  ➢ Observational, meeting time with identified experts
  ➢ Organizational planning meetings to determine goals/approach for project
  ➢ Attending seminars, meeting with consultants related to project problem
  ➢ Learning new leadership and advanced practice skills appropriate to the DNP project
  ➢ Evaluating and rating evidence for DNP project

➢ Producing educational materials related to the DNP project
➢ Developing tools for assessment and evaluation related to the DNP project
➢ Engaging in organizational work related to the DNP project
➢ Engaging in policy development related to DNP project
➢ Poster, paper presentations of findings in agency or at conference
➢ Staff in-services related to project implementation
➢ CE programs will be evaluated on a case-by-case basis by course faculty

DNP Practice Hours may be disqualified if not substantively related to the DNP project, if they are at an inappropriate level for doctoral work, or inconsistent with the *DNP Essentials*. The following activities are some examples of time that <u>cannot</u> be applied toward DNP Practicum Hours:
➢ Time spent in seminars/conferences that are counted toward a course in which you receive credit.
➢ Time spent traveling to and from seminars/conferences
➢ CE programs will be evaluated on a case-by-case basis

Documentation of DNP Practice Hours
DNP Practice Hours must be documented in the electronic DNP Practice Hours Log. At the end of each semester, students will submit their updated hours log into the Canvas course. The DNP hours log should be cumulative and reflect all 1,000 practice hours. *FNP & PMHNP clinical practice hours will be logged in to an electronic tracking system.

DNP Mentor Agreement
DNP students who require a mentor throughout the duration of their DNP program. This mentorship is formalized through a DNP Mentor Agreement, which must be completed and submitted for approval. The approval process involves two key steps:
1. The DNP Mentor Agreement must be reviewed and approved by the Graduate Program Coordinator.
2. The agreement must also be reviewed and approved by the Clinical Coordinator.

Guidelines for the DNP Scholarly Project
All students pursuing the Doctor of Nursing Practice (DNP) degree are required to complete a scholarly project as a cornerstone of their academic journey. This project serves as a culmination of the knowledge and skills acquired throughout the program, demonstrating the student's ability to translate evidence into practice.
The DNP scholarly project focuses on improving health outcomes through the application of advanced nursing knowledge and leadership skills. Students will identify a significant problem or issue within their area of nursing practice, conduct a comprehensive literature review, implement evidence-based interventions, and evaluate the outcomes. This project

provides an opportunity for students to make meaningful contributions to their field, addressing complex healthcare challenges and advancing nursing practice.

DNP Scholarly Project Courses

> NURS 850A (1-3 cr)
>
> NURS 850 B (1-3 cr)
>
> NURS 850 C (1-3 cr)
>
> *Course descriptions can be found in the SVSU catalog
> https://catalog.svsu.edu/preview_program.php?catoid=51&poid=8012&hl=%22DNP%22&returnto=search

DNP Scholarly Project Committee
The composition of the DNP Scholarly Project Committee must include:
- ➤ The chair (faculty advisor) and at least two additional members. At a minimum, the committee must be comprised of **three** members but may include four members.
- ➤ The faculty advisor and at least one other member must be a doctorally-prepared
- ➤ The faculty advisor and at least one other member must be licensed Registered Nurses
- ➤ The faculty advisor must be from the SVSU College of Health and Human Services, Department of Nursing with approval to teach in the graduate program.
- ➤ One member must be a Nurse Practitioner if the student is a Nurse Practitioner.
- ➤ One member must be from the facility where the student is undertaking the scholarly project (this person is known as the "Agency Mentor")
- ➤ All members should be carefully selected for their ability to guide the student to success. Therefore, the student should consider the qualities that the potential member can contribute to the team; for instance, a content expert, statistical analyst.

Responsibilities of the Faculty Project Advisor
The Faculty Project Advisor, serving as committee chair, oversees all aspects of the DNP Scholarly Project. Key responsibilities include:
1. **Committee Formation**:
   a. Assist student in identifying and selecting appropriate committee members
2. **Project Guidance**:
   a. Provide comprehensive guidance throughout the project lifecycle:
      i. Conceptualization
      ii. Planning
      iii. Implementation
      iv. Evaluation
      v. Dissemination

3. **Committee Collaboration**:
   a. Facilitate collaboration among committee members to support the student's scholarly efforts
4. **Compliance Oversight**:
   a. Ensure student obtains all necessary permissions and approvals before initiating project activities
5. **Project Management**:
   a. Collaborate with student to develop a project completion plan, including:
      i. Clear expectations
      ii. Realistic timelines
      iii. Milestone checkpoints
6. **Quality Assurance**:
   a. Maintain academic rigor and integrity throughout the project process
7. **Mentorship**:
   a. Provide scholarly and professional mentorship to support student growth and project success

Responsibilities of the Committee

The DNP Scholarly Project Committee monitors the progression of the DNP student throughout the project process. This may be accomplished virtually or in-person. The committee is responsible for the following activities:

➢ Guiding the student in the development of the scholarly project
➢ Critiquing the readiness of the project proposal for presentation
➢ Mentoring the student during the implementation and evaluation phases of the project
➢ Determining the successful completion of the project requirements.

Final Scholarly Project Defense (NURS 850C)

The DNP final project defense is a culminating event where candidates present and defend their scholarly work to a panel of faculty experts (DNP Committee). Candidates are expected to demonstrate mastery of their project topic, articulate the significance of their work to nursing practice, and respond to critical questions with clarity and depth. The defense typically consists of a 30–45-minute presentation followed by a rigorous question-and-answer session. Candidates should be prepared to discuss all aspects of their project, including the theoretical framework, methodology, results, and implications for practice. The ability to link the project outcomes to broader healthcare issues and defend the project's contribution to the nursing profession is crucial. Successful defense requires not only a thorough understanding of the project but also strong communication skills and the capacity to engage in scholarly discourse.

Program Descriptions

FNP

The Family Nurse Practitioner (FNP) program aims to develop well-rounded, highly skilled FNPs capable of providing comprehensive, patient-centered care while also contributing to broader healthcare improvements. The emphasis on evidence-based practice, cultural responsiveness, and adaptability to changing healthcare environments is particularly noteworthy. Information about the FNP program is found on the SVSU Website: https://www.svsu.edu/dnp/primarycarefamilynursepractioner/

Graduates of the FNP program will have the knowledge and competence to provide integrated, holistic, and evidence-based primary care across the lifespan. These advanced practice nurses will be equipped to:

➢ Deliver comprehensive health services that encompass health promotion, disease prevention, and management of acute and chronic conditions.
➢ Utilize advanced clinical reasoning and diagnostic skills to address complex health needs in diverse healthcare settings.
➢ Implement patient-centered care strategies that are culturally responsive and tailored to individual and family needs.
➢ Incorporate the latest research findings and technological advancements into their practice to optimize patient outcomes.
➢ Address health disparities by developing targeted interventions for underserved and rural populations.
➢ Collaborate effectively within interdisciplinary healthcare teams, often taking on leadership roles to improve care delivery systems.
➢ Adapt their practice to the ever-changing healthcare landscape, ensuring continuous quality improvement and patient safety.

This integrated approach allows FNP graduates to provide high-quality, accessible healthcare that addresses the full spectrum of patient needs in primary care settings.

PMHNP

The Psychiatric Mental Health Nurse Practitioner (PMHNP) Post-Graduate Certificate program expands the scope of practice for advanced practice registered nurses to manage the complexity of both medical and psychiatric conditions. In rural and underserved communities where access to care is an obstacle, having a nurse practitioner with expert knowledge and skill to integrate these aspects of healthcare leads to improved clinical outcomes by making mental health care more available, and by reducing stigma associated with mental health and substance use treatment.

Graduates of the PMHNP Post-Graduate Certificate program have the knowledge and competence to provide integrated behavioral health care for persons with mental health, substance use, and co-morbid mental and physical conditions. The expected outcomes,

admission requirements, philosophy, and curriculum descriptions of the PMHNP program are found on the SVSU Website https://www.svsu.edu/pmhnp/

FNP Clinical Overview

Clinical Learning Objectives
Students are expected to master FNP competencies outlined by the National Organization of Nurse Practitioner Faculties (NONPF). Students should familiarize themselves with these competencies, as these are the basis for the performance evaluations completed by the preceptor and clinical faculty. These must be shared with the preceptor so that he/she knows how to guide the learning experience (see "FNP Clinical (NURS 674 A-D) Course Description" for a list of course objectives that align with AACN and NONPF competencies)

Getting Started
Before students begin their clinical experiences, they must complete the pre-clinical requirements. Examples of these requirements may include drug testing, fingerprinting, CPR certification, proof of RN and/or APRN licensure, and immunization verification. While some of these items only need to be completed once, others require annual updates. See page 9

Clinical Practice Requirements
Students must complete 780 hours of supervised clinical experience, providing direct patient care to clients across their lifespan. Of the 780 hours, you may complete hours with a physician, PA, or NP. We prefer most of your hours to be with an NP, pending available placements.

The National Organization of Nurse Practitioner Faculties (NONPF) outlines specific guidelines for the clinical experience requirements of Family Nurse Practitioner (FNP) programs. NONPF recommends comprehensive care across the lifespan from infancy through older adulthood. These experiences should occur in diverse settings, including primary care, acute care, and specialty clinics, with a primary focus on family/individual care across the lifespan in primary care settings. Forty of the FNP student clinical hours may be a specialty rotation to enhance knowledge, such as dermatology or orthopedics. Specialty hours must be approved by the FNP, clinical or program coordinator before attendance.

Students are expected to encounter a wide range of acute and chronic conditions common to family practice and develop necessary procedural skills. The clinical experiences should also provide opportunities for interprofessional collaboration, allowing students to work with other healthcare professionals as part of interdisciplinary teams. All clinical experiences must be supervised by qualified preceptors who are expert clinicians in their area of practice.

While students are enrolled in NURS 674, they must also be enrolled concurrently in a didactic FNP direct care course unless all didactic courses have already been completed successfully (e.g., NURS 641/643/645/647). Students may opt to register for either 2 credits of NURS 674 (120 hours), 4 credits (240 hours) or 5 credits (300 hours). In all, 13 credits (780 hours) of NURS 674 A-D must be completed before graduation.

FNP Clinical (NURS 674 A-D)
Course Description
Synthesize theory and research in advanced practice nursing for providing culturally sensitive quality patient-centered care for individuals and families across the lifespan. Emphasis is on the provision of evidence-based care within the context of rapidly expanding knowledge and the changing healthcare environment. Focuses on the uniqueness of the rural community.

Course Objectives	AACN Essentials Domain	NONPF Competency
Critically evaluate and integrate advanced nursing theory, research, and evidence to develop and implement innovative, evidence-based practice solutions that optimize patient outcomes.	Domain 1: Knowledge for Nursing Practice	Scientific Foundation
Design and implement culturally responsive, patient-centered care strategies that address health disparities and promote equity across diverse populations and the lifespan.	Domain 2: Person-Centered Care	Leadership
Analyze and adapt advanced nursing practice in response to dynamic healthcare environments, emphasizing systems thinking, quality improvement, and patient safety initiatives.	Domain 5: Quality and Safety	Quality
Develop and evaluate evidence-based interventions tailored to the unique health needs of rural and underserved populations, incorporating principles of population health and social determinants of health.	Domain 3: Population Health	Practice Inquiry
Leverage and evaluate emerging technologies, informatics, and data analytics to enhance patient care,	Domain 8: Informatics and	Technology and Information Literacy

improve outcomes, and support clinical decision-making in advanced nursing practice.	Healthcare Technologies	
Apply advanced clinical reasoning, diagnostic skills, and evidence-based decision-making to manage complex health situations and improve patient outcomes across various healthcare settings.	Domain 9: Professionalism	Independent Practice
Develop strategies for continuous learning, knowledge translation, and practice adaptation in response to rapidly evolving healthcare knowledge, emphasizing interprofessional collaboration and leadership in advanced nursing roles.	Domain 7: Systems-Based Practice	Leadership

Clinical Placement Process
- ❖ Clinical placement is competitive. While the Clinical Coordinator will make every effort to place the student within their preferred geographic region, students may need to travel **up to 100 miles each way** to get to the clinical site.
- ❖ Students should play an active role in identifying potential preceptors. Suggestions include:
  - ➢ Use professional networks and workplace connections (nurse practitioners, social workers, psychiatrists) to identify potential preceptors and/or clinical sites.
  - ➢ Consult other students who have completed clinical rotations in the SVSU FNP program and other FNP programs within their geographic region.
  - ➢ Contact and participate in professional organizations within their geographic region (e.g. APRN or FNP organizations)
  - ➢ Identify mental health and addictions facilities/clinic within their geographic region
- ❖ If the student identifies a preceptor or a desired clinical site, he/she should share this information with the Clinical Coordinator as soon as possible (at least one semester in advance).
- ❖ The Clinical Coordinator manages all administrative details of the clinical placement process, contacting the potential preceptor and the clinical site to confirm their willingness to precept a student. The Clinical Coordinator will begin establishing a contract with the agency if one has not been established. Students are NOT to contact clinical sites or potential preceptors directly. If the student contacts a clinical site on their own, they will be referred to the professional conduct committee with either a major or minor referral, depending upon the circumstances. Under no circumstances will they be placed at this clinical site. If the student has identified a potential preceptor, the Clinical Coordinator will contact them and the clinical site to confirm their willingness to precept a student.

The Clinical Coordinator will begin establishing a contract with the agency if one has not been established. If the student has not identified the Clinical Coordinator will seek an appropriate site based on the desired geographic location and specialty requests. **All efforts are made to place the student near their desired location; however, students should expect to travel up to 100 miles one way for clinical placement.**

❖ Students may not "cold call" an office to ask for placement. Meaning that students may not call the office and talk with the front desk or office manager to ask for placement; this is unprofessional and will result in disciplinary action and possible dismissal. If students would like to explore clinical placement opportunities at an identified clinical site where he/she does not have any personal or professional contacts, please inform the Clinical Coordinator and they will initiate contact with the facility to determine if clinical placement is feasible.

❖ The ideal preceptor site is a full scope family practice setting that offers services to clients of all ages, races, and financial status. The preceptor is a nationally certified Nurse Practitioner, Family Practice, Internal Medicine Physician, or Physician's Assistant. During specialty rotations, other physician specialties may be used (for example: Pediatricians, OB/GYN, Dermatologists, sports medicine, etc.) and certified nurse midwives. Several sites may be used throughout the clinical courses to provide students with a variety of clinical experiences. All preceptor(s) must have faculty approval.

❖ All Preceptors must have at least one year of full-time experience. All preceptor(s) undergo a review of their credentials by the Clinical Coordinator and must have faculty and Clinical Coordinator approval before a student is placed.

Special Situations

❖ Clinical experiences at the student's place of employment: Students may only use their workplace (e.g., office, unit, department of employment) as a clinical site if approved by the FNP Coordinator. According to our accrediting body (Commission on Collegiate Nursing Education), such clinical experiences cannot be "business as usual, meaning clinical hours obtained at the student's workplace MUST be outside their normal scope of practice and regular work schedule. The student may not, under any circumstance, obtain clinical hours during a work shift. These hours must be arranged after the regular shift (i.e. on days off, weekends, evenings, etc.). An agreement must be signed by the student's supervisor at work, the preceptor who will oversee the clinical experience at the clinical site/workplace, the student, and the FNP Coordinator (**Appendix E**).

Assignment of the Clinical Placement

❖ Students are not allowed to refuse a clinical placement made by the Clinical Coordinator. If a student refuses the placement, an "alternative" placement will not be sought, and the student will need to defer that clinical rotation to the following semester. Deferring placement to the following semester does not guarantee placement where the student requests and will likely delay graduation. Extreme emergency situations will be considered as detailed below.

❖ Once a site has been confirmed, a student's request for a change of placement will

not be honored unless there is an extreme emergency. An extreme emergency is defined as the death of an immediate family member or serious illness of self/family member. It warrants the student to let the Clinical Coordinator and faculty know of their situation as soon as possible. It does not include financial reasons, housing changes or personal plans. If a student refuses the placement offered, their clinical experience will be deferred to the following semester.

❖ Occasionally an agency may need to cancel a clinical placement. This happens when staffing situations are not adequate to provide required learning or extenuating circumstances that occur with the preceptor or their staff. Also, during changes in ownership, some facilities may not be able to honor the placement commitment that the previous owner made. If this occurs, the Clinical Coordinator will notify the student as soon as they are aware of the situation and will attempt to find another placement. Please be aware that this may mean that you may not have a placement until after the semester begins.

❖ Contract issues between SVSU and the clinical site may delay the start of clinical hours, and if significantly delayed the Clinical Coordinator will seek alternative placement. On the rare occasion that this should occur, it could mean that the student may not have placement until after the semester begins.

After the Clinical Placement: Establishing a Schedule

❖ The student is responsible for contacting the preceptor to negotiate a schedule. Clinical practicum hours are scheduled at the preceptor's convenience and availability, and the student is expected to make accommodations in his/her work and personal schedules to complete the required hours.

❖ The clinical schedule must be submitted online via Typhon prior to starting clinical hours. Hours not entered Typhon before completion will not be counted. Please include the date and hours of scheduled clinical time, along with the preceptor's name and the name, address.

❖ It is the student's responsibility to monitor the number of hours completed, and plan to complete the required number of hours for the term.

❖ If the student does not complete the required clinical hours for the term, the student cannot expect the preceptor to continue the precepting relationship. Extension of the clinical period with the preceptor cannot be assumed, but is granted only by agreement with the preceptor, clinical agency, FNP Coordinator, NURS 674 faculty, and Clinical Coordinator. Exceptions related to unexpected illness of the student/family and or preceptor should be discussed with the course faculty and the parties involved.

❖ If a student does not adequately communicate with a clinical site to set up a schedule or complete mandatory clinical paperwork in a timely manner that results in the clinical agency canceling the placement, the student will not be found an alternative placement for the semester. Clinical placements will be deferred to the following semester.

Attendance
- ❖ Students are expected to treat the agreed-upon clinical hours as they would be employed. If the student is absent for a scheduled clinical day due to illness or emergency, the preceptor should be notified before the start of the clinical day. Failure to notify the preceptor as negotiated before the scheduled clinical day begins is unacceptable and may jeopardize the student and clinical placement. The student should negotiate the procedure for contacting the preceptor in case of absence before starting clinical practicum. Make-up hours are then to be negotiated. Students also must contact the NURS 674 A-D faculty member promptly.

Documentation of Clinical Experiences

The student is expected to:
- ❖ Maintain a record of clinical hours with a number and type of patients seen, clinical problems evaluated, psychotherapeutic and/or psychopharmacologic interventions in Typhon. At the end of each clinical day, students should upload their clinical experience summaries to the Typhon site (http://www.typhongroup.net/svsu). Faculty will periodically check that the electronic logs are up to date. Failure to document in a timely manner (for example, within one week of the clinical encounter) may result in unsatisfactory clinical performance.
- ❖ At the end of each semester, students will download the Clinical Summary Log, preceptor evaluation, clinical site evaluation, preceptor signed clinical hours log, and preceptor evaluation of themselves from Typhon and submit to the course NURS 674 A-D website (Canvas) and to the e-portfolio in Typhon, as guided by your faculty. If you are at a clinical setting where you are working with multiple preceptors, all hours and clinical hours and encounters must be documented under the proper preceptor.

Evaluation of Student Clinical Performance
- ❖ The clinical evaluations are comprised of a preceptor evaluation, a faculty on-site or virtual visit or technology- enabled evaluation, and a self-evaluation.
- ❖ Preceptor Evaluation: Preceptors who spend at least 60 to 80 hours with a student will be asked to complete a Preceptor Evaluation. Preceptors evaluate students once per semester, at the completion of all of the clinical hours (typically at the end of the semester). Prior to the evaluation due date, students must give the "Preceptor Evaluation of the Student" form to the preceptor. The preceptor will complete the evaluation and will return it to the student for submission to their NURS 674 course faculty.
- ❖ FNP Faculty Evaluation: At least once per semester, FNP faculty will evaluate students in the clinical setting to assess both student progress and the clinical setting. These evaluations will take place virtually or via phone conference. Students are responsible for communicating with faculty and their preceptor to

arrange the clinical evaluation in the first two weeks of the semester. The FNP clinical faculty will solicit feedback from the preceptor, speak with the student, and may observe the student interacting with patients, the preceptor, and other healthcare team members (as appropriate). The faculty member will complete a "SVSU Faculty Evaluation of the Student in a Clinical Setting" form online via Typhon, which will be available for the students to review upon request. Telephone consultations and additional on-site visits by faculty will be conducted as needed.

❖ Clinical Self-Evaluation: At the end of the semester, the student must critically analyze and reflect on his/her term learning. The student will type a clinical self-evaluation summary regarding the status attainment of individual objectives for the semester and submit it as part of the e-Portfolio.

❖ Students are expected to demonstrate sustained and progressive growth in the clinical setting, as determined by preceptor and faculty evaluations, and written assignments. Any ratings of "unsatisfactory" or "minimally satisfactory" require an action plan. Action plans will be developed between the clinical faculty and preceptor and may include an objective clinical standardized examination (OSCE), additional clinical hours, and/or remediation. Satisfactory completion of the action plan and attainment of course objectives are key factors in determining whether the student passes the course.

Evaluation of the Preceptor and Clinical Site

❖ At the conclusion of the student practicum experience, the student is required to complete two evaluations: 1) Evaluation of the Preceptor by the and 2) Evaluation of the Clinical Site by the Student. These forms will be completed online via Typhon and must be completed before a final course grade is issued. This evaluation data is used to inform decisions about future clinical placement of students.

PMHNP Clinical Overview

See PMHNP handbook

APPENDIX A

Saginaw Valley State University

Crystal M. Lange College of Health and Human Services
Policy on Blood Borne Pathogens

Statement of Purpose

Human Immunodeficiency Virus (HIV), Hepatitis B and Hepatitis C infections, as well as other infectious diseases affect the SVSU community. It is the intent of this policy to address the specific needs of nursing faculty and students, while remaining in compliance with the SVSU Blood Borne pathogen exposure control plan policy.

Definitions

For purposes of this policy, "exposure" is a significant occupational exposure of one of three types, requiring immediate action:

1. A needle stick or cut caused by a needle or sharp that was actually or potentially contaminated with blood or body fluids.
2. A mucous membrane exposure to blood or body fluids (i.e. splash to the eye or mouth).
3. A cutaneous exposure involving large amounts of blood or prolonged contact with blood--especially when the exposed skin was chapped, abraded, or afflicted with dermatitis.

Policies

1. The nursing faculty acknowledges that exposure to blood-borne infectious diseases could occur during classroom/simulated practicum or practicum courses.

2. Students are advised of this policy upon admission to the nursing program. The policy is found in the student handbook. Students are asked to sign that they have received a copy.

3. This policy is based on current health care guidelines and is reviewed and updated as necessary. A bibliography is included.

4. Nursing faculty and students are required to complete Hepatitis B vaccination series prior to practicum courses unless immunity is documented, or the vaccine is contraindicated,

5. The department does not discriminate against any person who has a blood-borne infection when considering admission and/or employment.

6. Students or faculty carriers of blood-borne pathogens may continue to engage in activities/duties.

7. The department does not advocate mandatory testing or disclosure of HIV or HBV status, but

recommends voluntary testing and disclosure based on individual circumstances. If a student or faculty member believes herself/himself to be at risk, they have an ethical responsibility to know their HIV/HBV status. Referral resources shall be available for students and faculty desiring confidential or anonymous testing.

 8. Graduate students are expected to have foundational knowledge of Universal Precautions and infection control principles and apply these in practice settings. Failure in application at any time shall be handled in accordance with department policies on safe clinical practice.

10. Students are expected to care for clients with infectious diseases as part of routine clinical experiences. Students or faculty who are immunocompromised or who have non-intact skin are not expected to care for clients with blood borne pathogens

11. The department faculty is responsible for keeping abreast of new developments related to blood borne infection and treatment, and other infectious diseases.

12. The nursing faculty assumes responsibility for integrating care of patients with blood borne pathogens

Procedures for Exposure to Blood Borne Pathogens

1. Follow blood borne pathogen exposure immediate care recommendations per policy.

2. Report the exposure immediately to the faculty member, agency.

3. Complete the agency and SVSU paperwork including the "Exposure Incident Investigation Form" only if the facility does not have its own form. Submit SVSU form to the Dean's office. Prompt reporting is essential. In some cases, post-exposure treatment may be recommended.

4. Students should be aware that they are responsible for health care costs incurred related to any exposure.

5. Students are encouraged to refer to current CDC information on exposures to blood borne pathogens as an aid for decision-making regarding post-exposure follow-up.

Graduate Nursing Program Initial Health Appraisal Form

Applicant Information:

Name: _____ Date of Birth: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Medical History: Please check if you have ever had any of the following conditions:

☐ Asthma ☐ Diabetes ☐ Heart disease ☐ Hypertension ☐ Seizures ☐ Tuberculosis ☐ Hepatitis

☐ HIV/AIDS

☐ Mental Health Condition (specify): _____

☐ Other significant medical conditions: _____

Allergies: ☐ Medications (specify):
_____ ☐ Latex ☐ Other (specify):
_____

Immunization Record: Please provide dates for the following immunizations or attach official records if available:

- ❖ MMR (Measles, Mumps, Rubella): Dose 1: _____ Dose 2: _____
- ❖ Varicella (Chickenpox): Dose 1: _____ Dose 2: _____ or Had disease
  - ➢ ☐ Date: _____
- ❖ Tetanus-Diphtheria-Pertussis (Tdap): Most recent dose: _____
- ❖ Hepatitis B: Dose 1: _____ Dose 2: _____ Dose 3: _____
- ❖ Influenza: Most recent dose: _____
- ❖ COVID-19: Dose 1: _____ Dose 2: _____ Booster(s): _____

Tuberculosis Screening: PPD (Mantoux) or IGRA blood test Test Date: _____
Result: ☐ Positive ☐ Negative
 If positive, chest X-ray Date: _____ Result: _____

Physical Examination: To be completed by a licensed healthcare provider (MD, DO, PA or NP)

Height: _____ Weight: _____ BP: _____ Pulse: _____ Resp: _____

System	Normal	Abnormal	Comments
HEENT	☐	☐	_____
Cardiovascular	☐	☐	_____
Respiratory	☐	☐	_____
Gastrointestinal	☐	☐	_____
Musculoskeletal	☐	☐	_____
Neurological	☐	☐	_____
Skin	☐	☐	_____

Functional Capabilities: Can the applicant perform the following without limitations?

❖ Lift and carry 50 pounds: ☐ Yes ☐ No
❖ Stand for extended periods: ☐ Yes ☐ No
❖ Perform fine motor skills: ☐ Yes ☐ No
❖ Communicate clearly: ☐ Yes ☐ No

If no to any, please explain: _____

Healthcare Provider Assessment:

☐ This applicant is physically and mentally capable of pursuing graduate nursing studies.

☐ This applicant has limitations that may interfere with nursing studies (please explain):

Healthcare Provider Name: _____ License #: _____

Signature: _____Date: _____

Applicant Certification: I certify that the information provided is complete and accurate to the best of my knowledge.

Applicant Signature: _____Date: _____

For Program Use Only: Reviewed by: _____
Date: _____ ☐ Approved ☐ Pending (reason): _____

APPENDIX C

Health Update Form

Important: ***This form is due every semester following the first semester when the health appraisal is done. It must be approved by faculty before going into a practice setting off the SVSU campus.***

As students in a healthcare professional role, we have a responsibility to place you in safe environments—safe for you, as well as safe for the clients. In the interest of client assignments that do not involve heightened safety concerns, the following information is held private; your lead faculty will only share with clinical faculty on an as-needed basis, and only after discussing it with you privately.

Please check all that apply:

☐   I am undergoing evaluation for a potential condition that has not yet been diagnosed. I am being evaluated for: _____

☐   I have been diagnosed with (or am currently being treated for): _____

I am taking a medication in the following categories (check all that apply):

☐ Insulin	☐ Oral antidiabetic	☐ Pain reliever
☐ Cardiac medication	☐ Seizure medication	☐ ADHD medication

Other medications: _____

☐ I am currently pregnant.

☐ I have none of the above.

Student Signature: _____ Date: _____

Print your Name: _____ ID#: _____

APPENDIX D

Clinical Student Disclosure Statement

To be retained by Saginaw Valley State University

Student Name: _____ID#: _____ Date of Birth: _____

Please read each statement carefully and sign to certify your agreement.

I certify that I have not been convicted of a crime or offense that prohibits me from being granted clinical privileges in psychiatric facilities, long-term care settings, and adult foster care as required by P.A. 27, 28, and 29 of 2006 within the applicable time prescribed by each crime.
Signature: _____ Date: _____

I certify that I have not been the subject of an order or disposition under the Code of Criminal Procedure dealing with findings of "not guilty by reason of insanity" for any crime.
Signature: _____ Date: _____

I certify that I have not been the subject of a state or federal agency substantiated finding of patient or resident neglect, abuse or misappropriation of property or any activity that caused my registered nursing license to be "flagged".
Signature: _____ Date: _____

I have listed below all offenses for which I have been convicted, including all terms and conditions of sentencing, parole and probation and any substantiated finding of patient or resident neglect, malpractice, abuse or misappropriation of property.
Signature: _____ Date: _____ If applicable, please provide details below:

Conviction/Offense	Date of Conviction/Finding	City	State	Sentence	Date of Discharge

I certify that I have reviewed the list of prohibited offenses as defined in, and that the above list of my convictions and/or substantiated findings of patient or resident neglect, abuse or misappropriation of property (if any) is true, correct and complete to the best of my knowledge. I also understand that if the information is not accurate or complete, my clinical privileges will be withdrawn immediately. I understand that the facility or educational program denying my privileges based on information retained through a background check is provided immunity from any action brought by a student due to the decision to remove clinical privileges.
Signature: _____ Date: _____ ID#: _____

APPENDIX E

Clinical Placement Approval of FNP Students in Current Workplace

Clinical experiences must provide an opportunity for the Family Nurse Practitioner (FNP) student to integrate new knowledge into practice and demonstrate attainment of program outcomes and FNP competencies in an academically supervised environment. The student's workplace may offer an ideal clinical experience, provided that the following accreditation and institutional standards are met:

Clinical hours obtained at the student's workplace MUST be outside of their normal regular work schedule. The student may not, under any circumstance, obtain clinical hours during a work shift. These hours must be arranged after the regular shift (i.e. on days off, weekends, evenings, etc.).

Clinical hours obtained at the student's workplace MUST be appropriate to the role and population focus, meaning that the student must provide direct patient care at the advanced practice level to patients across the lifespan who have complex acute and/or chronic psychiatric mental health conditions.

Preceptors MUST meet the eligibility criteria articulated in the *FNP Handbook and* provide clinical supervision/evaluation of the FNP student (in conjunction with SVSU FNP faculty), as evidenced by a signed time log and completion of the required clinical evaluation.

We thank you for investing your time and effort to further the education of the FNP student who is also an employee in your facility. Please acknowledge your understanding of the conditions listed above by signing your name.

	Printed Name	Signature	Date
FNP Student			
Student's Supervisor			
Preceptor			
FNP Coordinator			

APPENDIX F

Policy on Student Exposure to Violence in Clinical Settings

Purpose: To ensure the safety and well-being of students during clinical rotations in our programs, specifically by minimizing the risk of exposure to violence during psychiatric emergencies.

Scope: This policy applies to all students, faculty, and preceptors involved in clinical training for graduate programs.

Policy

Identification of High-Risk Situations:

Preceptors and clinical faculty must identify and communicate potential high-risk situations to students, including environments where situations may escalate into violence.

Prevention and Mitigation:

Students should not be assigned to or remain in clinical settings where there is a known risk of violence. This includes situations where patients or staff are agitated, aggressive, or violent. In an escalating situation, students must immediately remove themselves from the vicinity and seek assistance from clinical staff.

Training and Preparedness:

All students must receive training on de-escalation techniques, recognizing signs of potential violence, and safety protocols significant to clinical and practice settings. Preceptors should reinforce safety training and ensure students are familiar with emergency procedures, including how to quickly and safely exit the area if necessary.

Supervision and Support:

Students must always be under the supervision of a qualified preceptor or clinical faculty member during clinical rotations. Supervisors are responsible for continuously assessing the safety of the clinical environment and taking immediate action to protect students if a situation becomes unsafe.

Reporting and Documentation:

Any incident of violence or near-miss involving a student must be reported immediately to the course Faculty and documented appropriately. If required by the clinical setting, an incident report should include details of the event, actions taken, and recommendations for preventing future occurrences. The SVSU nursing department Quality Improvement Clinical Event/Near Miss Form must also be completed and submitted to course faculty.

Communication:

Students should voice any safety concerns to their preceptor and clinical faculty without fear of retribution. Open lines of communication must be maintained to ensure prompt reporting and resolution of safety issues.

Enforcement

Failure to comply with this policy may result in student removal from the clinical setting. The safety of our students is paramount, and adherence to this policy is mandatory.

EXPOSURE INCIDENT INVESTIGATION FORM

Complete this form (Post-exposure to Blood Borne Pathogens) and send it to the Dean's Office.
* * File immediately with the Dean's office * *

Date of Incident: _____   Time of Incident: _____

Location: _____

Person(s) Involved: _____

Known Infection Status: _____

Potentially Infectious Materials Involved: _____

Type: _____ Source: _____

Circumstances (What was occurring at the time of the incident.):

How was the incident caused: (accident, equipment malfunction, etc. List any tool, machine, or equipment involved.)

Personal protective equipment being used at the time of the incident:

Actions taken (decontamination, clean-up, reporting, etc.)

Recommendations for Avoiding Repetition of Incident:

_____
Student Signature   Date   Faculty Signature   Date
_____

Date received in the Dean's office: _____

APPENDIX H

SAGINAW VALLEY STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
PROFESSIONAL CONDUCT COMMITTEE

D1

PURPOSE

As future members of a profession, and current and future representatives of Saginaw Valley State University, it is vital that students understand as well as demonstrate professional behaviors, such as maintaining confidentiality, demonstrating respect, and being receptive to constructive criticism. Students must recognize that behaviors both in and out of a classroom or clinical setting reflect on them as individuals and professionals. Recognizing that determination of unprofessional behaviors may be subjective, this committee assists in looking at circumstances and context to provide an objective interdisciplinary analysis of the situation. The goal of this committee is ultimately to facilitate the integration of professional growth and transition to the students' chosen professions.

COMPOSITION

(Note: "Faculty" as contained herein refers to both Faculty and Administrative/ Professional staff.) The Professional Conduct Committee ("PCC") shall consist of faculty and student representatives from each department within the College. Faculty will serve on a voluntary basis. Students will be solicited by faculty within their department and must be within one year of anticipated graduation.

One faculty representative will agree to serve as PCC Chair on an academic year basis. The hearings will consist of a minimum of three faculty, representing at least two different departments, and two students (only one of these five shall be from the involved department. The hearings will consist of at least three faculty representing at least two different departments and two students (only one of these five shall be from the the department involved). Faculty directly involved with a situation will not serve as members at the hearing for that situation. At the discretion of the PCC Chair,

PROCESS

1. Upon identification of unprofessional behavior, it is expected that faculty will discuss this situation with the student involved. Faculty will use his/her discretion in deciding if the incident warrants either an anecdotal note be written and retained by faculty, and/or a referral be made to this or any other university committee. If a repetition of that same unprofessional behavior, or another unprofessional behavior is identified, a referral to the committee is initiated (sent to the PCC Chair). Referral forms are to be sent to the PCC Chair within three (3) working days of faculty becoming aware of the behavior. The faculty member will designate if the referral is "minor" or "major."

     a. Minor referrals are either those unprofessional behaviors which the faculty has previously addressed (and written up as an anecdotal note), but have now recurred; or, the faculty has deemed that a minor referral to the Committee is warranted (this determination is based on the individual unprofessional behavior, the context in which it occurred, and the student's

status in the program [early, mid-way, close to graduation]). In any of these situations, the faculty is confident the unprofessional behavior will be resolved and non-repetitive (examples: tardiness, inappropriate language, etc.). A minor referral will require completion of the referral forms (see attachments) by both faculty and student. The faculty form is then sent by the faculty member to the PCC chair in a sealed envelope, with the student's name, program, date, and "PCC: MINOR" written on the outside. The student is responsible for sending the student form to the PCC Chair.

   b. Major referrals are those unprofessional behaviors which need to be addressed by the committee as soon as possible (examples: HIPAA violations, safety issues, etc.). A major referral will require completion of the referral forms (see attachment) by both faculty and student. The form is then sent by the faculty member to the PCC chair in a sealed envelope, with the student's name, program, date, and "PCC: MAJOR" written on the outside. It is also suggested that the faculty send an email to the PCC Chair notifying them of the major referral.

   c. If the involved student refuses to complete their portion of the referral form, the faculty will forward the form along with a notation of the student's intended refusal to complete their portion. (Student refusal to complete their form will not interfere with the processing of the referral.)

2. The student is aware of all referrals, and faculty will notify students of the designation (minor/major).

3. The PCC Chair, upon receipt of a:

   a. Minor referral will place the sealed envelope in a locked file. Envelopes are filed alphabetically by student name. If a file already exists for that student, the PCC Chair shall convene a Committee hearing within 5 working days. If this extends beyond the end of a semester, every effort will be made to meet prior to semester-end.

   b. Major referral will review the enclosed material and convene a Committee hearing within 5 working days. If this extends beyond the end of a semester, every effort will be made to meet prior to semester-end. Faculty may decide to withhold the student from clinical placements until the hearing is held.

4. Once the PCC Chair has determined the need for a hearing, they shall:

   a. Notify Committee members immediately of the need for a hearing, including the time and place of the hearing. Those members unable to attend shall solicit a replacement from within their department, if available.

   b. Notify the student and involved faculty of the time and place of the hearing. Both the involved faculty member and the student have the option of submitting additional material to the PCC Chair (including faculty's previous related anecdotal notes); this material must be received by the PCC Chair no less than 48 hours prior to the hearing.

   c. Distribute copies of all material via sealed mail to the Committee members, students, and faculty.

5. Hearing

a. The faculty will be asked to present his/her case, and Committee members may ask questions of the faculty. The faculty may then be asked to step out of the room.

b. The student will be asked to present their case, and Committee members may ask questions of the student. The student may then be asked to step out of the room.

c. If the Committee determines the need for more information, the student and/or faculty member may be asked to re-enter the hearing for further explanations.

d. The Committee will review and discuss the data.

e. The Committee shall reach a decision by a recorded vote. In the case of a tie, the Chair shall cast the deciding vote. The possible decisions of the Committee are:

    i. Uphold the recommendation of the faculty (as listed on the referral form).

    ii. Uphold the recommendation of the student (as listed on the referral form).

    iii. Suggest an alternate outcome.

f. A written summation of the hearing, including the outcome, is prepared by the PCC Chair and forwarded within one business day to Committee members, the referring faculty member, the appropriate Department Chair, and the student.

g. A copy of all submitted materials and the written summation are placed in a sealed envelope, labeled with the student's name, program, date, and "PCC: HEARING," and placed back in the PCC Chair's locked file and the student's permanent file within the department.

6. Response to Hearing Outcome

a. The faculty and the student both have the right to disagree with the decision of the Committee.

    i. If the faculty does not agree with the decision of the Committee, he/she may implement their own outcome within the context of the involved course/student and the grading thereof.

    ii. If the student does not agree with the decision of the Committee, and the implementation of any involved grading, the next step would be referral to the University Grade Grievance Procedure. In the event of a grade grievance associated with this same unprofessional behavior(s), the involved faculty member has the right to request this Committee's file on that student be copied and forwarded to the involved faculty member for inclusion as part of the grade grievance paperwork.

7. Failure by the student to complete the outcome (as determined by faculty after the hearing) may result in failure of the course, per the course syllabus.

8. At the end of each academic year, the PCC Chair will purge those files which are greater than five (5) years old. Any purged materials will be shredded.

9. The following statement may be placed in the syllabus of any classes within the College, at the discretion of each Department: "Students within this course are

expected to demonstrate professional behaviors. Unprofessional behavior will be subject to referral to the College's Professional Conduct Committee. Failure to fulfill outcomes of a referral to this Committee may result in failure of this course."

COLLEGE OF HEALTH &HUMAN SERVICES
PROFESSIONAL CONDUCT COMMITTEE
REFERRAL FORM: FACULTY PORTION

Complete the following as accurately and succinctly as possible:

Faculty: Course: Student: _____

Type of concern (appearance, communication, timeliness, etc.):_____

Brief summation of event(s) which initiated referral (faculty to complete):

Proposed outcome:

Notification of this referral and the Student Referral Form were given to the student on:

_____   _____

(Signature of Faculty)   (Date)

COLLEGE OF HEALTH &HUMAN SERVICES
PROFESSIONAL CONDUCT COMMITTEE
NOTIFICATION OF REFERRAL

This is notification that your faculty, _____ , has referred you to the

 Professional Conduct Committee. The referral was designated as a:

_____ Minor _____ Major

The Professional Conduct Policy is attached. Please refer to it for further information.

Please note that the "Referral Form: Student Portion" is also attached. This is to be

completed immediately by yourself, and forwarded to: _____

(Chair, Professional Conduct Committee). If you want your portion to be included in this

referral, it must be received by this Chair within three (3) working days of your receipt of

this notification.

COLLEGE OF HEALTH &HUMAN SERVICES
PROFESSIONAL CONDUCT COMMITTEE
REFERRAL FORM: STUDENT PORTION

Complete the following as accurately and succinctly as possible:

Faculty: Course: Student: _____

Type of concern (appearance, communication, timeliness, etc.):_

Brief summation of event(s) which initiated referral:

Proposed outcome:

_____
              (Signature of Student)   (Date)
_____   _____

APPENDIX I

Student Success Plan

Student: _____ Date: _____

Course: _____ Semester/Year: _____

Description of the problem(s):

Requirements for overcoming the problems: what must student do (e.g., skills lab remediation, writing center, cease and desist tardiness/absenteeism/unprofessional/ activities, etc.)

Students Comments:

Signatures: By signing below, you are stating that you understand the nature of the problem or behavior and agree with the remediation to correct this problem

Student_____ Faculty_____

Faculty notes on progress: When an Action Plan is instituted, the student and faculty should meet on a weekly basis to evaluate progress. Record faculty notes regarding meetings below:

Outcome of Success Plan: (e.g., satisfactory completion of Plan, continuation of Plan and why; initiation of new Plan and why; unsatisfactory completion of Plan and why, with referral to Professional Conduct Committee)

Student Comments:

Signatures:

Student_____ Faculty_____

Date_____