UNIFORMED SERVICES UNIVERSITY of the Health Sciences Daniel K. Inouye Graduate School of Nursing

APRN STUDENT HANDBOOK FOR STUDENTS MATRICULATING IN 2017

4301 Jones Bridge Road
Bethesda, MD 20814-4799
Welcome to the Uniformed Services University (USU) Daniel K. Inouye Graduate School of Nursing (GSN), a unique learning environment, where the focus is on preparing health care professionals for practice and research in Federal and military health care systems.

The GSN is committed to promoting clinical excellence, and furthering research and scholarship in health care. Located within USU, the School enjoys interdisciplinary relationships with medicine, public health and other health related professions. The GSN students include uniformed officers from the Army, Navy, Air Force and US Public Health Service, as well as nurses working in a variety of Federal agencies (AHRQ, HRSA, VA, and NIH). Our graduates are prepared to foster growth and development of junior nurses, provide clinical expertise, support teaching and conduct clinically relevant research. They contribute to peacetime health care delivery systems, military health in support of combat operations, and civil disasters and humanitarian missions.

The GSN’s “signature curriculum” has three foci: 1) Operational Readiness in a Changing Environment; 2) Global, Environmental, Cultural & Political Context; and 3) Clinical Decision-Making in the Federal Health Care Delivery System, with cross cutting emphasis on patient safety, evidenced based practice/research leadership and health policy transition of technology to practice and educational health promotion for warriors and families.

Established by Congressional action in 1993, the GSN’s mission is to prepare nurses at the graduate level. Our faculty and staff have an exceptional blend of experience in the military and/or the Federal health care systems, and are prepared to provide a distinctly unique educational experience. Our “signature curriculum” prepares GSN graduates for practice and research roles in support of Active Duty members of the uniformed services, their families and all other eligible beneficiaries.

The GSN is accredited by the Commission on Collegiate Nursing Education (CCNE), the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and the Middle States Commission on Higher Education (MSCHE). The Advanced Practice Registered Nurse (APRN) graduate degree program options offered by the GSN include the Doctor of Nursing Practice (DNP) and Master of Science in Nursing (MSN) degrees. A research doctoral PhD program in nursing science, established in 2002, has a research-intensive focus within the areas of relevance to the needs of the military and Federal health.

Master of Science in Nursing Program

Adult Gerontology Clinical Nurse Specialist (AGCNS): Perioperative Specialty

Doctor of Nursing Practice Programs

Registered Nurse Anesthesia (RNA), Family Nurse Practitioner (FNP), Psychiatric Mental Health Nurse Practitioner (PMHNP), Women’s Health Nurse Practitioner (WHNP), Adult Gerontology Clinical Nurse Specialist (AGCNS): Perioperative Specialty

The DNP degree program was launched in May 2012 with inaugural students matriculating into the
FNP and PMHNP options. In May 2013 the first DNP RNA students matriculated, and in May 2014 the first DNP Women's Health NP's matriculated.

The University is located on spacious grounds near the Walter Reed National Military Medical Center and ideally located across the street from the National Institutes of Health. Direct access to the Washington beltway allows for convenient access to a number of major Federal health facilities that through affiliations provide resources to enhance the education of students.

The GSN at USU is the University of Choice for military and Federal nurses seeking to develop clinical expertise, enhance administrative acumen, and accomplish scholarly inquiry in their quest for growth in the profession of nursing. The faculty, staff and I welcome you and look forward to working with you in your professional journey.

Carol A. Romano, PhD, RN, FAAN
Rear Admiral (Ret) USPHS
Dean and Professor
Daniel K. Inouye Graduate School of Nursing
**PURPOSE**

To establish specific guidelines, policies, responsibilities, and procedures for graduate nursing students assigned to the Uniformed Services University of the Health Sciences (USU).

**APPLICABILITY**

This handbook is applicable to all Graduate School of Nursing (GSN) Master of Science and Doctor of Nursing Practice students.

**POLICY CHANGES**

Students should not construe the provisions in this handbook as an irrevocable contract. The GSN reserves the right to make policy and regulatory changes at any time. The GSN does not assume responsibility for giving advance notice of changes made in policies. Changes in such vital areas as curriculum or requirements for graduation, however, will not be made retroactively unless they are to the students’ advantage and can be accommodated within the remaining time before graduation.

Students and graduates of the GSN must also recognize that changes in the law or military service policy may affect their rights and obligations. The Student Handbook attempts to provide a general summary of the policies of the uniformed services that affect USU students. Individual military service policies may differ from those listed in this handbook, in which case the service policy governs.
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1. HISTORY/MISSION

HISTORY OF USU

The 92nd Congress, with the passage of Public Law 92-426 providing the authority to grant appropriate advanced degrees, established the Uniformed Services University of the Health Sciences (USU). The 25-year effort of Congressman F. Edward Hébert (D-LA) led to the congressional passage of legislation that created USU. The University was initially established to provide a comprehensive education in medicine to select young men and women who demonstrated potential for and commitment to careers as Medical Corps Officers in the Uniformed Services. The University is organized under the Department of Defense, and is advised by a Board of Regents, composed of 15 members prominent in the fields of health and education, nine of whom are appointed by the President with the advice and consent of the Senate. In 1983 Congress passed legislation officially designating the School of Medicine at USU as the F. Edward Hébert School of Medicine.

The University's progress has been remarkable. Four years after the passage of the legislation creating the University, the School of Medicine admitted its charter first-year class of 32 students in the fall of 1976. Sixty-eight medical students were admitted in 1977 and 108 in 1978. Current enrollment is 165 per class. The Graduate Program in the Biomedical Sciences has also grown steadily since the first graduate students were admitted in 1977. In 1994 there were 106 graduate students enrolled in Doctoral and Master's programs in the basic medical sciences.

In the fall of 1992, the Department of Defense received the authority along with an appropriation to plan and implement a nurse practitioner education program at USU. The intent of the legislation was to meet the needs for advanced practice nurses in the Uniformed Services, which include the Army, Navy, Air Force and U.S. Public Health Service.

Since graduate degrees in nursing are awarded only by a school of nursing, the creation of a GSN at USU was appropriate. The program areas initially targeted were Family Nurse Practitioner and Nurse Anesthesia. The Family Nurse Practitioner (FNP) Program admitted its first students in August 1993. The Nurse Anesthesia (RNA) program admitted students in June of 1994. The Clinical Nurse Specialist (CNS) Perioperative Program admitted students in May of 2003. The Adult Psychiatric Mental Health Nurse Practitioner (PMH-NP) Program admitted students in May of 2008. Starting with the students who matriculated in 2012, the Adult Psychiatric Mental Health Nurse Practitioner Program converted the curriculum to a Psychiatric Mental Health Nurse Practitioner program. The Women's Health Nurse Practitioner (WHNP) admitted students in May of 2014. All GSN students are prepared as future Federal advanced practice nurses. Excellence in clinical practice along with the ability to respond to military mobilization, humanitarian needs and disaster relief during times of war and peace are the hallmarks of the graduates of this program.

With the support of the University administration and Board of Regents and the partnership and collaboration with the Federal Nursing Service Corps Chiefs from Army, Navy, Air Force, Public Health Service and Veterans Administration, the GSN began matriculating Doctor of Nursing Practice (DNP) students in May 2012, with full implementation for nurse practitioner and nurse anesthesia students in 2014. The DNP is being implemented in response to the 2004 American Association of Colleges of Nursing (AACN) statement on advanced practice nursing “the practice doctorate [should] be the graduate degree for advanced nursing practice preparation”. Based on the recommendation in 2007, by the American Association of Nurse Anesthetist, the Council on Accreditation of Nurse Anesthesia Educational Programs mandated that all Nurse Anesthesia programs must be converted from a master's to Doctor of Nursing Practice (DNP) degree for students matriculating after 2022. On 1 December 2010, Senator Daniel Inouye noted in the Congressional Record (Vol. 156, No. 155) that “To maintain professional standards for military APRNs and remain competitive for high quality students, the Graduate School of Nursing (GSN) at USU must transition to the DNP for its APRN programs.
The Doctor of Philosophy in Nursing Science (PhD) Program was established in 2002 for the purpose of meeting an evolving need for nursing research relevant to the Federal health care system and military operational environments. This program prepares nurse scientists.

Established in order to provide nurses with the opportunity to study in this unique environment where Federal health care and military operational research is already a priority, nurses prepared in this program will be uniquely qualified leaders in research, education, administration and clinical practice in Federal health care and military operations. Another goal of this program is to prepare faculty to teach and conduct relevant research in Federal and military health care.

USU MISSION

The mission of the Uniformed Services University of Health Sciences is to educate, train, and comprehensively prepare uniformed services health professionals, scientists, and leaders to support the Military and Public Health Systems, the National Security and National Defense Strategies of the United States, and the readiness of our Uniformed Services.

USU VISION

The Uniformed Services University of the Health Sciences will be widely recognized as the pre-eminent national educational institution for the creation of career uniformed services leaders in the health sciences who are prepared to serve the nation and support the readiness of the uniformed services. USU will be a central hub for uniformed services-related health education and training, research and scholarship, leadership education and training, and national security as it relates to global health. Each USU graduate will be a health & healthcare professional and leader prepared with an outstanding health education, inter-professional health training, leadership training, and a deep and abiding commitment to selfless service, the uniformed services ethos, and the security of the United States.

USU VALUES

Integrity. We foster a culture of academic, physical, and moral integrity in our students, faculty, and staff, and we are uncompromising in our adherence to the highest standards of intellectual and personal integrity.

Innovation. Our faculty, students, and staff contribute to and creatively employ knowledge in areas crucial to health and national security.

Caring. We foster an atmosphere of caring, mutual respect, courtesy, pride in work, and combined uniformed services and academic professional development.

Communication. We interact and share information in a timely manner with openness, candor, and sensitivity.

Excellence in Scholarship. We are committed to rigorous standards of scholarship – including teaching, research, integration and application - and academic freedom as fundamental to the advancement of knowledge and a lifetime of learning.

Selfless Service. We are committed to serve those who defend the nation and all Americans at home and abroad. We are sensitive to the unique role that our Soldiers, Sailors, Airmen, Marines, Coast Guardsmen and Public Health Service professionals play in our national security.

Collaboration and Teamwork. We value the contributions of each member of our community
and work to achieve an environment characterized by cooperation, collegiality, tolerance, mutual respect, and an appreciation of diversity, as well as facilitate cooperation and collaboration in our science, educational methodologies, research, and leadership.

GSN MISSION, VISION & GUIDING PRINCIPLES

**GSN Mission Statement**

The Daniel K. Inouye Graduate School of Nursing is a diverse, interdisciplinary community providing the nation with the highest quality advanced practice nurse clinicians, scientists and scholars dedicated to Federal Health Service.

**GSN Vision**

**Vision:** America’s premier nursing graduate school, innovative in advanced practice and nursing science, transforming military and Federal health

**GSN Guiding Principles**

**Teamwork**
- build a community to achieve an environment characterized by cooperation, collegiality, and appreciation of diversity.

**Respect**
- genuine consideration of others’ rights, values, and traditions
- regard for others’ feelings, wishes, and traditions

**Integrity**
- adherence to one’s principles
- do what is morally and ethically right

**Communication**
- listen and share information in a timely and constructive manner with openness, candor, and honesty

**Excellence in all Pursuits**
- teaching, research, practice, service and collaboration

**GSN PHILOSOPHY**

The philosophy of the GSN is derived from the mission and goals of the University. The philosophy is built on a foundation of nursing theory, research, and advanced practice that fosters critical thinking and a vision of future health care with consideration of the unknown and unforeseen.

Graduate nursing education builds upon a foundation of undergraduate nursing education. Baccalaureate nurses enrolled in the advanced practice nursing programs are provided learning
experiences that increase the breadth and depth of their knowledge base in nursing and students acquire a new advanced level of competence while preparing for role specialization.

The advanced practice nurse utilizes nursing science as a basis for the delivery of health care by incorporating scientific knowledge and clinical skills. The curricula for advanced practice nursing are constructed upon a balanced theoretical and research base specific to the practice area. The GSN prepares students for collaborative and autonomous nursing roles with an emphasis on health promotion; disease prevention; primary care delivery; case management, anesthesia services; administration; and emergency preparedness. Further, they advance the profession of nursing by conducting research and applying findings to nursing practice.

Students accepted into the PhD program transition from a master's specialty domain to an educational program of study that includes emphasis on nursing leadership, research, education, and practice. The PhD program is uniquely focused on the needs of individuals and systems within the Federal/military sector.

Inherent in the philosophy of the GSN are beliefs regarding the individual, society, environment and culture, nursing, health, and graduate nursing education. The GSN utilizes an eclectic approach to implementing theoretical concepts and nursing models, thus providing a broad yet selective foundation.

**MSN TERMINAL COMPETENCY OUTCOMES**

At the completion of the MSN program, graduates will have achieved the following competency outcomes and be prepared for the advanced practice nurse role within the Military and Federal Health Care System.

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<th>Competency Outcome</th>
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<tbody>
<tr>
<td>1</td>
<td>Implement the autonomous role of the advanced practice nurse across the lifespan focused on individuals, families, and communities with an emphasis on clinical decision-making within the Military and Federal Health Care System and operational environment.</td>
</tr>
<tr>
<td>2</td>
<td>Manage the delivery of safe, effective health care within a changing global environment focused on prevention of disease and injury and promotion of wellness and safety, based on research and evidence-based practices.</td>
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<tr>
<td>3</td>
<td>Engage in consultative/collaborative relationships with multidisciplinary teams to manage the quality, cost-effectiveness, ethical, and legal aspects of health care.</td>
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<tr>
<td>4</td>
<td>Maximize force health protection and delivery of safe, effective health care by engaging in leadership activities, political awareness and shared decision-making through joint service relationships within the Federal health care system.</td>
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<tr>
<td>5</td>
<td>Participate in generating and testing knowledge in the areas of operational readiness in the changing environment, clinical decision-making, and population health to advance nursing science within the Federal health care systems.</td>
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<tr>
<td>6</td>
<td>Engage in active self-directed learning in support of professional development through an array of educational venues to include the use of technologic interfaces.</td>
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<tr>
<td>7</td>
<td>Communicate effectively, from the perspective of the advanced practice nurse in intellectual dialogue across disciplines, to promote research and collaborative decision making in support of service-specific health care missions.</td>
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<tr>
<td>8</td>
<td>Promote education of self, staff, peers, patients, and the community in the areas of health promotion and prevention, risk management, clinical decision-making and evidence-based practice.</td>
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<tr>
<td>9</td>
<td>Engage in advanced practice nursing care with compassion and respect for individual differences, as the advocate for basic human rights, to make informed health care decisions.</td>
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<td>10</td>
<td>Integrate eight core practice competencies of the Competency Outcomes Performance Assessment (COPA) model into comprehensive professional practice (knowledge integration, assessment &amp; intervention, critical thinking, leadership, management, communication, teaching, and human caring interactions).</td>
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### DNP TERMINAL COMPETENCY OUTCOMES

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<th>Synthesize knowledge through integration of theories and concepts from nursing and other sciences with those of natural and social sciences to analyze complex health and health care delivery phenomenon within the federal health care systems.</th>
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<tr>
<td>2</td>
<td>Evaluate care delivery systems and implement best practice to optimize outcomes across complex and austere health care environments</td>
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<td>3</td>
<td>Lead development and implementation of evidence-based improvement initiatives across systems to improve quality, safety, and cost effectiveness, resulting in sustainable system change in a dynamic global environment.</td>
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<td>4</td>
<td>Appraise, synthesize, implement, evaluate and disseminate evidence to improve practice, healthcare and/or system outcomes through use of collaboration, analytic methods, and technology.</td>
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<tr>
<td>5</td>
<td>Evaluate consumer health information sources, clinical decision tools, healthcare information technology and monitor outcomes for clinical decision making to improve and collaboratively transform healthcare in accordance with ethical and legal standards.</td>
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<td>6</td>
<td>Critically appraise health policy from the perspective of public, private, military and/or global communities of interest.</td>
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<td>7</td>
<td>Advocate for nursing, social justice, equity and ethical policies within the civilian, federal, and global healthcare and policy communities to improve care delivery and outcomes in traditional and austere settings.</td>
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<td>8</td>
<td>Collaborate within multi-disciplinary and interprofessional teams to integrate peer review, practice guidelines, practice models, health policy, and standards of care to facilitate change and improve outcomes.</td>
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<td>9</td>
<td>Apply cultural and population health concepts to optimize individual, community and population health outcomes.</td>
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<tr>
<td>10</td>
<td>Demonstrate autonomy using critical thinking, cultural competency, ethical principles, and scientific evidence to optimize patient outcomes, provider readiness, and organizational effectiveness.</td>
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GSN DEFINITIONS

**Nursing**

Nursing is an art and a science. Care is the essence of nursing. The aim of nursing is to provide support to ameliorate, improve, or correct unfavorable internal and external environmental conditions and to promote health and prevent illness. Nursing promotes wellness by assisting individuals to accept responsibility for their own health. Nursing is characterized by collegial, collaborative, and complementary relationships with clients and with other health professionals. Nursing has a unique base of scientific knowledge and clinical skills. The synthesis of knowledge from other disciplines enhances the creation of a unique and comprehensive health care approach that incorporates practice, teaching, and research.

**Graduate Nursing Education**

The primary concepts of graduate nursing practice form the foundation of the graduate nursing curriculum in the GSN. The position of the GSN within the interdisciplinary boundaries of the USU is a distinct strength. This environment offers a unique blend of interactive lecture and clinical experiences which support the preparation of competent advanced practice nurses for peacetime; for adverse conditions of international conflict; and for humanitarian and disaster relief services. Not only are the GSN graduates prepared to demonstrate excellence in clinical practice, management, research, and leadership, but also are qualified to influence health policy decisions throughout the world.

**STATEMENT OF ACCREDITATION**

Accreditation provides quality assurance concerning educational preparation through continued self-study and on-site review. The GSN received its initial accreditation in December 1996 from the National League for Nursing (NLN), the accrediting body for all programs in Schools of Nursing. Preliminary approval from the Commission on Collegiate Nursing Education (CCNE) was received in February 1998. In 2002, the GSN received continuing accreditation from the NLN Accrediting Commission and CCNE. Today, the GSN continues its accreditation with CCNE. In 2012 the GSN was reaccredited for 10 years by the CCNE for its master’s degree program. In 2013 the GSN was reaccredited for 5 years by the CCNE for its doctor of nursing practice degree program. CCNE is recognized by the U.S. Secretary of Education as a national accreditation agency, ensuring the highest quality and integrity of graduate education programs. The programs in the GSN comply with the AACN Essentials of Masters Education in Nursing and the Essentials of Doctor of Nursing Practice Education in Nursing.

The Council on Accreditation (COA) of Nurse Anesthesia Educational Programs, a specialized accrediting body recognized by the Council on Higher Education Accreditation and the U. S. Department of Education, accredits the Nurse Anesthesia Program. Nurse anesthesia students matriculating in May of 2013 and after will enter the DNP program. The Nurse Anesthesia Program received a 10-year accreditation from the COA in October of 2013 to offer both the master's and doctor of nursing practice degrees. Contact information for the COA is: 222 S. Prospect Avenue, Park Ridge, Ill. 60068-4001, Main Number: 847-655-1160, Fax: 847-692-7137, Email: accreditation@coa.us.com
II. MILITARY COMMAND AND CONTROL

CHAIN OF COMMAND

President of the United States
|
Secretary of Defense
|
Assistant Secretary of Defense
Health Affairs
|
USU President

ACADEMIC CHAIN MILITARY COMMAND AND CONTROL

BRIGADE COMMANDER

The USU Brigade Commander is recognized as the "senior active duty military officer" of the University. It is the responsibility of the Brigade Commander to ensure that the uniformed personnel assigned to the University adhere to the appropriate standards set by their parent service. In addition, the Brigade Commander makes certain that the interests of the military members assigned to the University are addressed in order for them to remain competitive for promotion with their service peers. Under the leadership of the Brigade Commander, the uniformed students, faculty, and staff assigned and reporting to the School of Medicine, the School of Nursing, Armed Forces Radiobiological Research Institute (AFRRI) or other University programs and divisions must participate in all activities and events as they would in any other command of the Uniformed Services. Regular formations are held; physical fitness exercises, standards, and testing are adhered to; performance evaluations are completed and rated; and, personnel are trained in the appropriate uniformed programs and customs.
The Commandant, Graduate School of Nursing, serves as the senior military officer in charge of all Brigade-assigned Army, Navy, Air Force and Public Health Service GSN students and is assisted by the GSN Student Company Commander and First Sergeant. The commandant reports to the Brigade Commander for military issues and chain of command accountability, and serves as military advisor to the Dean, GSN. The mission of the Office of the GSN Commandant is to:

- Exercise military command and control of all brigade uniformed service students assigned within the GSN.
- Direct service-specific mandated programs, physical fitness, weight control, urinalysis, officer professional development and equal opportunity.
- Execute plans, programs, and policies to ensure accomplishment of all USU Brigade missions in compliance with directives of higher authority.
- Model, stimulate, and foster the qualities and attributes of professional leadership and officership.
- Serve as student resource for service-specific military career counseling, officer professional development and a facilitator for administrative requirements.

As the Assistant Dean for Student Affairs, the Commandant fosters educational and professional development of all assigned students, manages the administration of various student needs in cognitive and non-cognitive areas of growth, administers the student conduct process, coordinates career development programs, and oversees the academic performance of each student. The Assistant Dean for Student Affairs supervises the quality of student life and represents the student body to the University Administration.

**IN/OUT PROCESSING**

- All GSN students must formally in-process and out-process through the USU Military Personnel Office (MILPO), Building C, Room C1016 during the hours of 0900-1530 Monday through Thursday except holidays, and 1200-1530 Fridays.
- All arriving/outgoing students will report to MILPO to obtain an in-processing or out-processing checklist.
- Once the checklist has been completed it must be turned in to the MILPO office.

**UNIFORM AND GROOMING STANDARDS**

Unless otherwise directed by the GSN Commandant, all USU students will wear the University prescribed uniform of the day while attending classes or conducting other official business on campus. All students are expected to follow these uniform guidelines. During the clinical rotations in the military treatment facilities, the normal duty uniform will be that prescribed by the local Commander. During clinical rotations in other than military treatment facilities, the Program/Clinical Director will prescribe the duty uniform.

- Every Monday-Friday, each Service will be dressed in the following:
  - Navy - Navy Working Uniform (NWU) Type I/III
o Army - Army Combat Uniform (ACU)

o Air Force - Airman Battle Uniform (ABU)

o Public Health Service – CUUs

- See USU Uniform Policy dated 03 Jan 2017 located on GSN Commandant Team Sakai Page.

STANDARDS OF CONDUCT

Public confidence in the integrity of the Department of Defense is essential to the performance of its mission. Students are expected to uphold the standards of conduct and the values of their respective services. Observe the USU and GSN Guiding Principles and treat all members of the USU community with respect, regardless of rank or position, civilian or military, in word or in deed, in or out of uniform, in or outside the classroom. Students must adhere to all policies and instructions of the University.

All students are held to the standards of conduct requiring them to avoid any action, whether or not specifically prohibited, which might result in or reasonably be expected to create the appearance of:

- Using public office for private gain
- Giving preferential treatment to any person or entity
- Impeding government efficiency or economy
- Losing complete independence or impartiality
- Making a government decision outside official sanctions
- Adversely affecting the confidence of the public in the integrity of the government
- Engaging in any activity or acquiring or retaining any financial interest that results in a conflict between their private interest and the public interest of the United States related to their duties.
- Engaging in any activity that might result in or reasonably be expected to create the appearance of a conflict of interest. Not accepting gratuities from defense contractors.
- Using their official position to influence any person to provide any private benefit.
- Using inside information to further private gain.
- Using their rank, title, or position for commercial purposes.
- Engaging in outside employment or activity that is incompatible with one’s duties or that may bring discredit to the service.
- Taking or using government property or services for other than officially approved purposes.
• Giving gifts to their superiors or accepting them from their subordinates.

• Conducting official business with persons whose participation in the transaction would be in violation of the law.

• Duplicating copyrighted documents that impinge on copyright law. Single copy of an article for personal educational use may be considered fair use.

ACCOUNTABILITY SYSTEM

• Normal duty hours are as prescribed by program academic schedule. Attendance at class, clinical, and other required events is mandatory unless officially excused by the appropriate Course/Clinical Coordinator and Commandant. If an unscheduled absence occurs for any reason, the Class Leader, Commandant’s office and appropriate Course/Clinical Coordinator must be notified immediately.

• Students who fail to report for didactic or clinical training will receive counseling from their Clinical/Course Coordinator. Repetitive incidents of absence or tardiness will be referred to GSN Student Company Commander for appropriate disciplinary/administrative action.

• When scheduled class and/or clinical rotation time is missed, the student is responsible for acquiring missed class notes and/or coordinating makeup of time lost.

• All students must provide any changes in name, telephone numbers or address to the Commandant’s Office no later than 7 days after the change. The information is used to update the recall roster.

• Students are responsible for checking their email daily during the duty week.

• Accountability checks during semester breaks will be prescribed by the GSN Company Commander. Guidance will be published before each break.

• All accountability checks will be done through the on-line Roll-Call system, unless otherwise specified by the GSN Company Commander/First Sergeant. Students not on leave/pass will receive a Roll-Call message every Tuesday and Thursday during scheduled break sessions. Students who fail to respond to the Roll-Call message NLT 1300 on the specified sign-in dates will be considered Absent Without Leave (AWOL) and subject to disciplinary action. In the event the Roll-Call system is down, students must email or call the GSN Commandant Team (gsncommandantteam@usuhs.edu), to ensure proper accountability.

• Accountability checks as required by the University will be conducted by the GSN Company Commander/First Sergeant. Accountability checks for students who have detached for their Phase II or MTF rotation but are still “administratively attached” to USU will be done through the clinical site directors.

• Attendance at Commandant’s Calls is mandatory during Phase I. Do not schedule appointments which coincide with Commandant’s Calls. Only the Commandant can grant exceptions, except in cases of emergencies.
UNIFORM CODE OF MILITARY JUSTICE (UCMJ)

- The UCMJ is a commander’s tool that promotes justice and maintains good order and discipline. All service members are subject to the UCMJ. Service members shall not engage in activities that bring discredit upon themselves, their service, or the United States Armed Forces.

- Issues involving breaches in military conduct or officership will be dealt with by the respective service-specific policy and the USU Brigade chain of command and will be briefed at the Student Promotions Committee (SPC) if deemed appropriate. The SPC will determine the need for further action as it relates to student status at the university.

PHYSICAL FITNESS AND WEIGHT CONTROL

Students are required to meet physical fitness, weight and body fat standards at all times in accordance with their service-specific regulations. Failure to meet these standards can result in adverse administrative actions, including entry into a supervised exercise or weight management program, restriction of clinical rotations to the local area, and potential removal from active duty. The University has master fitness instructors who, upon request, will tailor programs to meet individual needs.

DRUG ABUSE PREVENTION

The Brigade conducts random, unannounced urine drug screens. The Commandant’s office is notified 24 hours in advance. The Commandant’s office will notify individual students of this requirement when necessary or activate the student alert roster when appropriate. Urinalysis testing is considered a mandatory formation. Students selected to participate must report at the appropriate time, in duty uniform with their ID card. Failure to show is considered Absence Without Leave (AWOL) and will result in disciplinary action. Allowances are made for students who are on official TDY/TAD for clinical rotations.

LEAVE, PASS, AND LIBERTY POLICY

Students must be current on Mandatory Training and Individual Medical Readiness before requesting Leave, Pass, or Liberty. If medical readiness requirements and/or mandatory training are not current, the student must present proof of a scheduled appointment or training plan as appropriate before the leave can be approved.

Leave

The following procedures for requesting and approving leave are applicable to all U.S. Military assigned in student status:

- Approving authority for all leave is the GSN Company Commander or the GSN Commandant when the company commander is not available.

- Leave shall be administered uniformly and equitably within the scope of applicable laws and regulations.

- Students will submit leave request in a timely manner, at a minimum, 96 hours prior to start of leave. For overseas request, submission must be in office 30 days in advance.
The student must take the required security training and present proof of completion with the leave request.

- The GSN Company Commander will sign or approve leave forms through LeaveWeb (Air Force), NSIPS (Navy), or electronic DA31 (Army) and forward to the Military Personnel Office (MILPO). MILPO will assign a control number and copies must be obtained from their office (Army only). Air Force personnel will receive approval via Air Force LeaveWeb email notification and Navy personnel will receive approval via NSIPS.

- A copy of the leave form or print-out of electronic approval must be carried while on leave.

- If unable to return from leave as scheduled, notify the GSN Company Commander/First Sergeant immediately @ 301-256-9561/9556 during duty hours or via cell number as necessary. Failure to return from leave on time without approval will be considered absent without leave (AWOL).

- Use of leave not yet earned (advance leave) is not automatically approved nor recommended. Check with the GSN Company Commander for service specific policies.

- Emergency leave will be granted when appropriate. Notify the GSN Company Commander, Leading Petty Officer/First Sergeant or the GSN Commandant. At a minimum the following information must be provided; the nature of the emergency, dates of the leave period, and the address and phone number for leave period.

- Leave during scheduled class time or clinical rotation time must be approved by the Program Director or their designee prior to submission to GSN Company Commander for processing. All absences during “normally” scheduled class/clinical time will be counted as leave.

- Holiday/Winter Recess Leave/Liberty/Pass shall be executed IAW GSN Company Commander guidance.

**Pass/Liberty**

- A Pass or Liberty can be granted if students are away from their home (greater than 250 miles) for a period of 96 hours or less. Typically passes are used for 3-4 day holiday weekends.

- Passes must include the weekend (Sat and Sun) and may not include a school day. If a student wishes to be absent from classes, a leave form must be submitted.

- Pass/Liberty does not count against normal leave. Passes are requested by submitting a pass form to the GSN Company Commander.

- If unable to return from pass/liberty, for any reason, the GSN Company Commander is to be notified immediately. Extension of a pass/liberty may necessitate the entire absence be converted to leave. If the pass/liberty privilege is abused members will be subject to disciplinary action.
MEDICAL READINESS

- Medical Readiness is the responsibility of each Service member. Students should treat their medical readiness just like their nursing or driver's license. Know the due dates for all requirements and take action before they expire.

- Students must be current on their medical readiness requirements prior to submitting their request for leave, pass, or liberty. Request for leave, pass liberty/TDY may be denied if there are delinquencies in any area of the medical readiness requirements. Waivers may be granted depending on the availability of appointments.

- Students going on TDY/TAD for clinical rotations must ensure that they are “Green” on all medical readiness requirements.

- Do not allow any aspect of your medical readiness to expire. Students who are notified of expired medical readiness requirements more than twice in a 6 month period during the academic year will be counseled in writing. Failure to address the delinquency within 30 days will generate counseling. Repeated counseling for expired medical readiness will be reflected on the student evaluation.

ACADEMIC EVALUATION, TRAINING, & FITNESS REPORTS

- Academic/fitness reports will be closed out based on the branch of service as follows:
  
  - Army: SM’s evaluation will begin from the date of their last OER/AER and will be closed out approximately 12 months from that date.
  - Air Force: SM’s evaluation will begin from the date of their last AER/TR and will be closed out at the end of Phase I and upon graduation.
  - Navy: SM’s will be given the deadline to turn in their required submissions:
    - O2 must be completed and closed out the last day of February.
    - O3 must be completed and closed out the last day of January.
    - O4 must be completed and closed out the last day of October.
    - O5 must be completed and closed out the last day of April.

OFF-DUTY EMPLOYMENT

- GSN students at USU receive full pay and allowances. Each uniformed service expects that the student’s primary emphasis and full attention be focused on their studies at USU. ASD(HA) Policy Memo 96-050 and the USU Brigade Instruction on Outside Activity Requests prohibit students enrolled in graduate training programs (e.g., USU graduate and postgraduate students) from engaging in off-duty employment.

- Off-duty employment is defined as any activity where the member receives compensation. Any questions as to whether a particular activity is considered off-duty employment should be addressed to the Brigade Judge Advocate.
OFF-DUTY ACTIVITIES

- Outside activities applies to all military officers, enlisted, and students. It encompasses part-time or full-time employment, “moonlighting”, teaching or speaking engagements in a personal capacity, significant volunteer work, chairing or participating in non-profit or for-profit organizations/associations. This list is not all-inclusive. Attendance in a regular course of study at other educational institutions is prohibited while a student at USU. Courses that are completed in a relatively short time are not prohibited. While the university encourages students to volunteer in the local community, their activities must not interfere with program requirements.

- Any outside activity must be approved before the student is authorized to engage in that activity. While each request will be evaluated on its own merits, as a general rule, activities that involve long term study will not be approved.

- The Request for Outside Activity form is located on the Brigade page on the USUHS webpage (https://www.usuhs.edu/brigade/policies). Refer to the Outside Activity Request Brigade Instruction, on the Brigade webpage for instructions on the routing and approval process. The completed form will be staffed through the chain of command, as states in the Brigade Instruction. Point of Contact for these concerns/issues is the Brigade Judge Advocate or the GSN Company Commander.

III. STUDENT AFFAIRS

STUDENT RIGHTS AND RESPONSIBILITIES

Students have a right to expect the following:

- That all materials shall be factual and fairly presented, and contain clearly understandable, detailed information pertaining to the program content, graduation requirements, and student rights and responsibilities.

- Fair and non-discriminatory practices in the selection process of the program

- That upon acceptance into a program, they will be provided the quality of education necessary to fulfill the objectives of the program.

- That they will not be exploited relative to time commitment of pay for profit of the conducting institution.

- That enrollment in the program of study is equivalent to the signing of a contract between the student and the program.

- That student failure to achieve goals within the expected time based on date of enrollment and projected graduation date are reviewed and dealt with on an individual basis.

- That they will receive due process when contesting evaluative decisions.

- Fair and accurate evaluations of their progress in the educational program and to be
kept informed of the status of the progress.

- Fair and impartial treatment during all testing, evaluation and grading processes.
- Access to transcripts of their academic and clinical achievements.
- Upon their request have verified copies of transcripts to be furnished to institutions, agencies, or others specified by the student or graduate.
- Clearly stated terminal objectives and graduation requirements.
- A fair and impartial due process mechanism, which includes an appeal process.

**EQUAL OPPORTUNITY AND SEXUAL HARASSMENT**

- The USU policy is to provide equal opportunity in all employment matters for all persons; to prohibit discrimination because of race, color, age, religion, sex, national origin, physical or mental handicap, and/or reprisal for participation in protected EEO activity; and to promote the full realization of equal opportunity through continuing affirmative employment programs.

- Sexual harassment is prohibited and will not be tolerated at USU. All personnel, military and civilian, will be provided a work environment free of sexual harassment. Through aggressive training programs, thorough investigative processes, and decisive resolution systems, USU will continue to take all necessary measures to eliminate and prevent sexual harassment.

**STUDENT LEADERSHIP**

Students may volunteer for leadership positions. Final selections will be made by the Commandant’s Team. The following are the leadership positions available:

- **APRN Class President**: Acts as the advocate for the GSN APRN student class as a whole. Serves as voting member of the Student Advisory Council (SAC). Acts as the Commanding Officer for the student battalion during all military exercises.

- **APRN Class Vice President**: Acts as an extension of the President, replacing him/her in an official capacity during the President’s absence, either temporary or permanent. Works closely with the President and class officers and is responsible for special projects as designated by the President. Serves as voting member of the Student Advisory Council (SAC). Acts as the Executive Officer for the student battalion during all military exercises.

- **Program Leaders**: One Program Leader for each APRN program. These officers will be the representative point person for passing of information to and from the student body, serving as a conduit for information between the Commandant, Program Directors and the student body. Responsible for maintaining a recall roster of program specific students. Responsible for accountability of program specific students, if absent from class, and initiating required notification of Program Director and chain of command. Serves as voting member of the SAC.
• **Program Academic Representatives (PAR):** One PAR for each of the five GSN APRN programs: FNP, WHNP, PMH, AG-CNS, and RNA. Serves as voting member of the SAC.

• **Social Representative (1-2 students):** Plans and executes class social functions and participates in the planning and execution of functions (e.g., Dining-In/Dining-Out, Welcome Picnic, Holiday Party, etc.). Serves as non-voting member of the SAC.

• **Wellness Coordinator (1-2 students):** Advocates and actively participates in events that seek to improve the personal and professional health and wellbeing of the student body both in the GSN and as an inter-professional collaborative with the SOM. Spreads awareness about University resources and protects the care of students by making student health, wellness, and safety needs and concerns known to administration. Specific activities may include policy development and revisions, participation in health and wellness events, and attendance at meetings for standing and ad hoc committees that involve or interface with health and wellness topics (Student Wellness Advisory Board (SWAB), USU Health and Safety Committee, etc.).

• **Committees:** Any student leader may establish a committee to assist him/her in the execution of his/her duties. Student committee minutes will be included in the SAC minutes.

• **Vacant Positions:** If any student leader is unable to complete his/her term, he/she must make a formal declaration of resignation in writing to the Office of the Commandant. Members may resign without prejudice. Once a resignation statement has been accepted, it is final. All vacant positions will be filled by class election. It is the responsibility of the class President to coordinate and supervise the election of new officers to vacant positions with the assistance of the Office of the Commandant. This election will follow the standard election format and will be conducted at the soonest feasible and reasonable time as determined by the class President.

    If a class officer wishes to run for a class office position that has become vacant, they must first officially resign their current position. This will create another vacant position to be filled during the election. An individual may only run for one office during any election.

    All resignations are final and individuals will not revert back to their original positions if they fail to get elected in the new office. Individuals may only hold one class office at any one time.

**STUDENT ADVISORY COUNCIL (SAC)**

**PURPOSE**

The Student Advisory Council (SAC) is an organization representing the students of the Graduate School of Nursing (GSN). It is designed to study student issues across program boundaries and provide a student body consensus which may then be communicated to the Dean, GSN and other responsible school officials. The SAC will also facilitate the transfer of information on matters or problems common to each student program or group.

**ORGANIZATION**

The SAC will be composed of the President, Vice President, FNP/RNA/AG-CNS/PMHNP/WHNP Program leaders, and an Academic Representative from each of the five APRN GSN programs. SAC members represent the consensus of their respective class at SAC meetings.
The Dean of the GSN will appoint an advisor to guide and assist the SAC. The advisor will not be in
the military rating chain and should hold a relatively neutral faculty or staff position. The faculty advisor
can be from GSN, the F. Edward Hébert School of Medicine (SOM), or the University.

- **Chairperson.** The Chairperson of the SAC will be the second-year class President. The
  chairperson will supervise meetings, coordinate discussions and votes to establish a consensus representation of the entire student body. The SAC Chairperson may establish a committee to assist in the execution of duties with 2/3 consent of the SAC. Such committee assignments terminate at the end of the SAC chairperson’s term.

- **Vice Chairperson.** The Vice Chairperson of the SAC will be the second-year class Vice President.

- **Secretary.** The Secretary for SAC will be the first-year class President who will provide an agenda for each SAC meeting consisting of input from the other SAC members, as well as, notify SAC members of the time and location of such meetings. The Secretary will record and distribute minutes of each SAC meeting to the Commandant’s Team and Assistant Dean for Academic Affairs.

- **Treasurer.** The treasurer of the SAC will be the first-year Vice President. Manages the finances of the class. Submits an annual class budget, oversees the collection of dues/graduation funds, and disseminates funds as approved by the class officers.

- **Regular Business Meetings.** The SAC will meet at a minimum every other month or more frequently as required. Approval of any issue requires a 2/3 vote by SAC members. Matters discussed and decided by vote at SAC meetings will be binding and represent the “official” student position in discussions with faculty and administrative officials.

- **Emergency Meetings.** The SAC Chairperson can, at any time, call an emergency meeting to discuss problems requiring immediate attention.

- **Meetings with the Dean, GSN.** The SAC Chairperson will meet with the Dean, GSN or Associate Dean for Academic Affairs following each meeting to discuss issues concerning or confronting the council or students at large.

**GSN COMMITTEES**

Student representatives are valued members of GSN committees. The GSN Student Promotion Committee and GSN Curriculum Committee both include student members.

- **Student Promotion Committee.** The SPC is an advisory body to the Dean and Associate Dean for Academic Affairs. The purpose of the SPC is to provide an objective review of a student’s record and performance and make recommendations as to the status of that student. Standing committee membership includes a GSN Student selected for a 1 year term by the Commandant or Company Commander. The Student member of the SPC is a non-voting member.

- **Curriculum Committee.** The Curriculum Committee reviews and makes recommendations regarding all courses and curricular materials, makes recommendations regarding admissions, and admission policies/procedures, and reviews and makes recommendations regarding the Master Evaluation Plan. The
Curriculum Committee operates in accordance with GSN-APS 001-2014. Student members of the Curriculum Committee are voting members and include one MSN or DNP student and one PhD student representative selected for a 1 year term by the Commandant or Company Commander.

OTHER STUDENT ACTIVITIES

The wide range of activities and organizations in which both medical students and graduate students are involved reflects the diversity of interests in the student body. Some examples include:

- **Student Spouses’ Club**: The Student Spouses’ Club exists primarily to help spouses and significant others of USU students meet others in similar situations to their own and to form friendships to help them through the school years. The club offers many activities throughout the year, including monthly meetings and social activities for each class. The club publishes a newsletter. All spouses and significant others are welcome to participate.

- **Dining-In Committee**: The dining-in is a formal military dinner that provides members of an organization with an opportunity to meet socially. Dining-In’s can be used to recognize individual and/or unit achievements or create an environment to build and/or maintain unit esprit de corps.

- **Dermatone Acapella Singing Group**: The Dermatones are an acapella singing group, composed of both male and female voices in barbershop and traditional choral arrangements. The group performs at numerous university functions throughout the year (including mess dinners, social occasions, and memorial services) and special functions (such as Christmas caroling at the Soldiers and Airmen’s Home of Washington, D.C.). The Dermatomes meet weekly for practice and enjoyment. No dues.

- **Student Groups**: You can make the most of your experience at USU by joining a university-sponsored club. There are many to choose from, each one appealing to the unique interests of our diverse student body - from music to service to academics.
  
  - **Student Interest Groups**: Anesthesiology, Emergency Medicine, Dermatology, Operational Medicine, Genomic/Personalized Medicine, Integrative Medicine, Global Health, Students Interested in Nutrition, Internal Medicine, Radiology, Neurology, Ophthalmology, Family Medicine, Clinical Spanish, Surgery, Pediatrics, OB/GYN, Biomedical Education, Orthopedic, Preventive Medicine, and Pathology.

  - **Service and Social Groups**: Apollo Society, Latter-Day Saint Student Association, Humanitarian assistance/Disaster Response, Christian Medical Association, One Nation: The Indigenous Health Interest Group, Tutoring Group, Asian Pacific American, Medical Student Association, Dancing Docs Society, Active Learning Interest Group, LGBT + People in Medicine & allies, and Catholic Medical Student Association.

Students are encouraged to participate in community health-based volunteer opportunities. Students are encouraged to belong to nurses and/or program specific professional organizations. Organizations of interest to advanced practice nurses include the Uniformed Nurse Practitioner Association, National Association of Clinical Nurse Specialists, Association of Perioperative Nurses, and the American Association of Nurse Anesthetists; membership fee is the responsibility of the student.
STUDENT EXPENSES

• Travelers are authorized reimbursement for local transportation expenses when recommended by their Program or Clinical Directors and approved by their designated Approving Officials.

• The fee for certification examinations and review courses that have not been recommended by the Program or Clinical Director will be the responsibility of the student OR the sponsoring Service or Agency.

GOVERNMENT CREDIT CARD

• This card is authorized for use in conjunction with official travel only. It must be used for travel-related expenses. All transportation must be purchased through the government contracted agency.

• It is mandatory that you choose the split disbursement payment option when submitting your travel voucher so that funds will be sent directly by DFAS to current issuer of the government credit card.

• If you are TDY/TAD for 45 days or longer, you must authorize “Partial Payments” so that DFAS will release funds every 30 days to your government travel card to avoid payment delinquencies.

• Government credit card bills will be paid when it is due, regardless of the status of travel settlement.

• Students are expected to maintain sufficient funds on hand in case of delays in travel settlement, especially during the beginning or ending of the fiscal year.

• Students with credit card bills which are not paid when due will be counseled in writing. The finance office reports delinquent accounts monthly to the University and Brigade leadership.

• The student’s account may be suspended if an account goes unpaid according to DoD timelines. Delaying payment while awaiting TDY/TAD settlement payments is NOT authorized.

• Credit card update: When in-processing or if you get a new card, you must go into DTS under “Profile,” update your card number and expiration date. Check that the checking account routing # is active and update it, if needed.

EMERGENCY PROCEDURES, SECURITY, FACILITIES/BASE ACCESS

• Emergencies:
  o Call 777 for Fire or medical emergencies
  o Emergency Evacuation Procedures – See Appendix B
  o Code “White” – Active shooter Incident
    ▪ Shelter in place, call 777
- Lock and barricade doors
- Turn off lights, silence phones
- Take cover, stay away from doors or windows

- **Security:** Call (301) 295-3033 if you have any security concerns.

- **Building Access:** USU buildings are open from 0600-1900 hours, Monday through Friday. All other times, USU buildings are secured. Building access during those secured hours is only permitted at the Security Guard Office, Room G-192, on ground level of Building B. Identification badges (CAC) are required at USU at all times.

- **Base Access:** A Military ID Card is required for gate entry.

If a USU visitor has neither a military nor government agency ID, a request (via email) for access to the base must be coordinated through the GSN Commandant team.

- **Parking:** All USU members must park in designated parking locations within the garage, and must have a visible USU hang tag, carpool hang tag, or visitor pass. Parking is not permitted on Palmer Road and the garage entrance at any time.

  **Overnight Parking:** From the Security Office
  
  “All vehicles parked overnight must have authorization and an overnight parking permit issued by the USU Security Office, Room UP001. The only allowance for parking overnight is as follows: weekends, holidays, Thanksgiving break, Christmas break, Spring break, and family emergencies. Although vehicles are permitted overnight parking during these periods, authorization and overnight parking permits are required.

  Overnight parking is not permitted during rotation assignments or during periods of official travel. The only exception is for special training i.e. BUSHMASTER. The Department of Military and Emergency Medicine will provide special overnight parking permits for these training exercises.

  All vehicles parked overnight must have authorization and an overnight parking pass. Overnight parking is not available for rotation assignments or during periods of official travel”.

- **Requesting Visitor Parking in the USU Garage:** Go to [http://www.usuhs.edu/sec/visitoraccess.html](http://www.usuhs.edu/sec/visitoraccess.html).

- **Photography:** (From the NSAB Installation Commander):
  
  - Photography by NSAB personnel (includes USU students) while on the compound is generally OK
  
  - Exceptions: Do not photograph sensitive things such as gates, fences, etc., or individuals who are NOT part of your "party" e.g. wounded warriors.

**ADVERSE WEATHER**

- During inclement weather, obtain information regarding the operational status of the University as indicated below:
Emergency conditions before the workday begins are posted on the USU home page @ [http://www.usuhs.edu/sec/weather.html](http://www.usuhs.edu/sec/weather.html). You may also call 301-295-3039 for information.

The Announcement on the USU Home Page will reference one of the following categories: “early dismissal”, “delayed arrival”, “unscheduled leave”, or “Federal Government Closed”. NOTE: GSN students are considered essential personnel. For all categories, other than “Federal Gov’t Closed”, students will check USU email account for a message detailing instructions on class schedule changes or cancellations.

*During inclement weather no one should endanger him/herself or others by attempting to come to the University when common sense dictates otherwise.

Notify your chain of command immediately if you are unable to make it in for class.

**ADMINISTRATIVE DETAILS**

- The GSN Company Commander/1SG telephone number is (301) 295-9561/9556 and fax is (301) 295-6599. Lines will be used for Official Business or Emergencies only. Do not give these numbers to anyone for personal business such as loan companies, merchants or mail order firms.

- Students may use the USU telephones centrally located in each building or in the Student Community Center @ (301) 295-9701/3015, for local and on-post dialing. Incoming calls to this number are limited to 3-5 minutes.

- Students must ensure that their mailing addresses are updated immediately prior to departing the losing command and upon arrival at USU.

- Students must also ensure that gaining MTF email and mailing addresses are on file prior to departing USU.

- See Appendix A for Student Telephone Directory.
IV. STUDENT HEALTH

THE UNIVERSITY HEALTH CENTER

The University Health Center (UHC) is a full service family health clinic managed by the Department of Family Medicine. It is located on the 1st floor of Building A in Room A1034. The clinic provides care for the students, faculty, staff, and family members enrolled in Tricare Prime and who are eligible for care through the DOD and the U.S. Public Health Service.

Scope of Care

The UHC provides broad-spectrum care for every family member:

- Adult General Medical Care
- Health Maintenance and Disease Prevention
- Family Planning Services
- Well Baby/Well Child Care
- Prenatal & Routine Obstetrical Care (including deliveries)
- Immunizations and TB Screening
- Minor Surgical Procedures (including vasectomy)
- Mental Health Counseling (individuals and families)
- Sports Medicine
- Weight Management

Clinic Schedule

For current clinic hours, see: http://www.usuhs.edu/fap/uhcfaq.html

APPOINTMENTS

The UHC has "Routine" and "Same Day" appointment availability for Tricare Prime patients, which can be scheduled by calling the UHC at (301) 295-3630. Same Day Appointments are for acute problems and can be made up to 24 hours in advance. Walk-in visits are discouraged and will be triaged by clinic personnel. Walk-ins will be given an appointment time that may be on a later day, depending on appointment availability.

SICK CALL/HOSPITAL ADMISSION/SURGERY/PREGNANCY

- There is no active duty “walk-in” sick call.
- For Same Day Appointments, call the clinic at (301) 295-3630. Active Duty have priority for appointments when they call between 0715 and 0800.
- Members who do not feel well enough to come to class can remain at home on quarters
for up to 24 hours without being seen by a provider. Students must notify their Program Director and the GSN Commandant Team (gsncommandantteam@usuhs.edu) the morning that class is missed, explaining that they are sick in quarters. Students who require more than 24 hours must schedule an appointment for a medical evaluation and report to the GSN Commandant Team’s office for accountability.

- If placed on the Sick List or **admitted to a hospital**, immediately notify the Course Coordinator and the GSN Commandant Team (301) 295-9561/9556 during normal duty hours. After duty hours, contact the GSN Student Company Commander/First Sergeant via cell phone. These guidelines apply to students on official TDY/TAD travel as well.

- Students requiring elective surgery must obtain the concurrence of their Program Director then submit the request to the GSN Company Commander. Those students who are in Phase II training will seek prior approval through their assigned chain of command.

- Pregnant students should notify their Program Directors immediately upon diagnosis to ensure that they are not exposed to hazardous environments while performing clinical training. Bring a copy of Pregnancy Profile to the Company Commander. See further comments below in Section D, Extended Absence.

**EXTENDED ABSENCE**

- Students with a medical condition which significantly interrupts the course of instruction or that has an adverse impact on their ability to carry out tasks associated with their studies can be referred to the Student Promotions Committee for the appropriate disposition. In clinical training, all out-rotations are considered mandatory. Students are required to complete all rotations in order to graduate.

- Students who report to the school pregnant or become pregnant during training will be evaluated on a case-by-case basis and a referral submitted to the Student Promotions Committee as necessary. Pregnant students will be given a consult to the OB Clinic requesting evaluation of medical suitability for training status and fitness for duty to work in the operating room. Pregnant students in the clinical phase of training will be removed from rooms utilizing general anesthetics or assigned outside the operating room until clearance is obtained from their respective provider.

**OFFICE OF THE BRIGADE CHAPLAIN**

The University chaplain and staff support and enhance the quality of life of military personnel and their families through spiritual development. Members of the chaplain’s staff facilitate the free exercise of religion. Several faith-specific student associations are currently formed to meet the needs of the students. The office of the chaplain is located near the student lounge, in Room C1099, phone: (301) 295-9658/3193. For more information or to email the chaplain for an appointment or with questions, our website is: www.usuhs.edu/chaplain.
V. ACADEMIC ISSUES/GUIDELINES

ACADEMIC INTEGRITY

Academic integrity is the hallmark of every student and is part of academic performance. Students who have been found in violation of University and Service academic integrity/USU honor codes will be recommended for dismissal even though they are otherwise in good academic standing.

Students should understand that a violation of academic integrity is a matter of concern to both the military and academic communities. Consequently, violations of academic integrity will be addressed through the Uniform Code of Military Justice (UCMJ), and the University Institution governing the Student Promotions Committee (Academic Board). Academic dishonesty includes, but is not limited to, obtaining or giving aid on an examination, having unauthorized prior knowledge of an examination; unauthorized collaboration; multiple submissions; and plagiarism. Students are responsible for review and understanding of these guidelines and implications. If there is evidence that a student has committed any of the acts of professional or personal misconduct listed below, the student will receive no credit (zero points) for the deliverable in question (i.e. assignment, exam, presentation, clinical experience, etc.), will have no opportunity for resubmission or remediation, and will be recommended for disenrollment even if they are in good academic standing.

Definitions:

- **Cheating** is knowingly using unauthorized assistance in any academic activity.

- **Lying** is to state a written or oral untruth with the intent to deceive.

- **Unauthorized collaboration** is defined as students collaborating on an assignment for academic credit that is not otherwise authorized in the syllabus or directly by the instructor.

- **Multiple submissions** are instances where students submit papers or work previously submitted for academic credit while at the Uniformed Service University Graduate School of Nursing without prior approval by the evaluating professor or instructor.

- **Plagiarism** is the unauthorized use, intentional or unintentional, of intellectual work of another person without giving proper credit to the author. Articles, books, and other media (internet, video, CD, DVD, etc.) are rich sources of information for scholarly work, but the ideas and language from those works are the intellectual property of another person, and must therefore be used responsibly. Any information obtained from another source must be clearly and appropriately credited to that source. Anytime someone else’s ideas or words (phrase, sentence, paragraph etc.) are used or heavily paraphrased, the text must be appropriately punctuated (quotation marks) and the original author cited. Failure to do so is plagiarism. It is also unethical to plagiarize yourself. Authors may not submit the same manuscript to two journals, nor are students permitted to submit the same (or heavily paraphrased) paper to more than one course director.

Students are expected to live by the values of their respective services, the guiding principles of the GSN, the Brigade and the USU. The personal integrity of commissioned officers and nurses is a signature feature of personal and professional identity. USU students are encouraged to make this feature the centerpiece of their lives.
NON-ATTRIBUTION

Lectures, discussions and all variety of presentations by guest speakers, seminar leaders, and panelists, including renowned public officials and scholars, constitute an important part of University curricula. So that these guests, as well as faculty and other University officials, may speak candidly, the University offers its assurance that their presentations, will be held in strict confidence. This assurance is derived from a policy of non-attribution that is morally binding on all who attend. Without the express permission of the speaker, nothing he or she says will be attributed to that speaker directly or indirectly in the presence of anyone who was not authorized to attend the lecture.

ACADEMIC FREEDOM

USU students have the privilege of respectful dialogue amongst academic colleagues and may debate any subject related to the USU course materials within the classroom setting.

Indeed, one of the goals of professional Federal/military education is to develop officers who can employ innovative thinking when confronted with changing situations; it is imperative that the University provide a learning environment that encourages officers to cast a critical eye on traditional or accepted concepts. In this regard, the University is a safe and proper setting for students to practice the art of communicating innovative and non-traditional concepts. It is expected that officers will debate their viewpoint responsibly reflecting officerhip, professionalism and military courtesy.

GRADING POLICIES AND DEFINITIONS

Definitions of abbreviations used in the grade sheets/transcripts beyond the letter grade, consist of the following:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Pass</td>
</tr>
<tr>
<td>F</td>
<td>Failure</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawal. Withdrawal grade designation is used when a student withdraws from a course prior to the end of the semester without completing all the course requirements. Withdrawal grade designation carries no credit and is not averaged into the cumulative grade point average.</td>
</tr>
<tr>
<td>NR</td>
<td>No report. The grade &quot;NR&quot; may be used for courses which extend over more than one semester. It may also be used if, through no fault of the student, the department faculty cannot complete grading procedures within the specified time for reporting grades. The grade &quot;NR&quot; is temporary and must be converted to a permanent grade within one year, as arranged by the program director.</td>
</tr>
<tr>
<td>TC</td>
<td>Transfer credit. A program director may exempt a student from fulfilling a course requirement based upon proven expertise, &quot;testing out&quot;, or academic degree(s), i.e., masters and/or doctoral. For each course for which exemption can be requested, the responsible program director should have written policies concerning the requirements for exemption. The decision to allow Transfer Credit is a decision made on an individual basis based on an assessment of the</td>
</tr>
<tr>
<td>Grade</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| I     | Incomplete. The student has not completed the requirements at the conclusion of the course. Prior to issuing a grade of Incomplete, the course coordinator and student must sign a contract that specifies:  
  a. The course assignments that must be satisfactorily completed to remove the grade of incomplete.  
  b. A timeline for those assignments to be completed.  
   
   The grade of "I" will be assigned only with the approval of the program director of the responsible department. The program director will notify the Registrar of the temporary "I" grade and the date by which the "I" grade must be converted to another grade. Failure to fulfill the stipulated requirements by the specified date will result in conversion of the "I" grade to a grade of "F".  

**STANDARDS OF PERFORMANCE**

- Satisfactory academic standing is defined as a cumulative grade point average of B (3.0) or above. Individual program options may have specific requirements for minimum grades in selected courses. See program specific requirements in this handbook.

- Grading criteria for both didactic and clinical courses are determined by the course coordinator.

- Selected courses can be determined as "Pass/Fail" based on the recommendation of the course coordinator and the program director (program directors in the case of core courses) prior to commencement of the course and approved by the curriculum committee.

- In courses that have both a didactic and a clinical component, a student cannot achieve a passing grade without achieving a passing grade in both the didactic and the clinical portions of the course. The program director determines which courses have combination elements, and what constitutes a “passing” grade in each component.

- Curving the mean of an individual test will not routinely be done. In the event of an individual test mean score falling below approximately 80%, the course coordinator, in consultation with course faculty, may choose to adjust the exam mean up to but generally no higher than 85%.

- Grading of written assignments will be outlined in the course syllabus. Elements for consideration in creating the grading rubrics include: whether or not written assignments can be re-submitted for grading; procedures and grade consequences for late assignments, etc.
• In the event there is more than one faculty member that is expected to grade papers within a course, control of subjectivity becomes critical. To control inter-rater reliability, critical elements will be established:
  o Content
  o Creativity/Originality, and
  o Organization and quality of the content.

• The assignment will be evaluated using a structured tool developed by the course coordinator. A copy of this tool will be put in the syllabus.

• The course coordinator has the overall responsibility for ensuring that grading is equitable across graders. The course coordinator has the authority/responsibility to adjust grades prior to the products being handed back to ensure equity across students. Ultimately the course coordinator accepts the legal responsibility for the grades on all assignments.

STUDENT REQUESTS FOR REVIEW OF GRADES/APPEAL OF GRADES

• The purpose of the Student Appeal Process is to provide a mechanism for objective internal review of faculty and staff actions or School Committee decisions. This review process may be utilized by students enrolled in courses in the GSN who believe these decisions resulted from inequitable and/or discriminatory decision-making procedures or processes. The wisdom of a decision cannot be grieved; only the process believed to be inequitably applied within the referent group. Implicit in this process is the need for the cooperation, openness, and good faith of all parties involved.

• Students who wish to appeal a grade (exam, paper, presentation or final course grade), may request to do so in a written letter to the course coordinator. The chart below provides details regarding submission times, response times, and levels of appeal. All replies to the student will be in writing, and copies of the request and all subsequent correspondence will be maintained by the program director.

The student will receive a final determination within 30 days of original appeal. The SPC will take no action on an unsatisfactory grade for which a request for grade change action has been initiated. The decision of the program chair will be final, however, and progression to the SPC may ensue after the review process is complete.

<table>
<thead>
<tr>
<th>Type of Grade</th>
<th>Appeal Time Limit</th>
<th>Submission Process Must Progress in The Following Order</th>
<th>Decision Time Limit</th>
</tr>
</thead>
</table>
| Exam Paper Presentation | Three working days after posting of the assignment grade Sakai. | 1) Submit to Course Coordinator  
2) Submit to Program Director  
3) Submit to Associate Dean for Academic Affairs  
4) Submit to Dean, GSN if second appeal is requested | Within two Calendar weeks of original appeal. |
<table>
<thead>
<tr>
<th>Type of Grade</th>
<th>Appeal Time Limit</th>
<th>Submission Process Must Progress in The Following Order</th>
<th>Decision Time Limit</th>
</tr>
</thead>
</table>
| Final Course Grade | 10 working days after receipt of grade in Sakai/Empower | 1) Submit to Course Coordinator  
2) Submit to Program Director  
3) Submit to Associate Dean for Academic Affairs  
4) Submit to Dean, GSN, if second appeal is requested  
5) Submit to GSN Registrar for recording | Within 30 Calendar days of original appeal. |

**ETHICAL AND SAFE CONDUCT**

Satisfactory academic standing is determined both by performance in course work and by other aspects of academic performance, including skills, attitudes, and attributes judged by the graduate faculty to be important for success as an advanced practice nurse. These include factors such as academic and professional ethics, honesty, integrity, reliability, perception, balanced judgment, personal insight, and the ability to relate to others.

Students whose performance is academically and/or professionally unethical and/or unsafe are subject to discipline and/or dismissal even though they are otherwise in good academic standing.

Students shall not:

- Use, attempt to use, or copy any unauthorized material during an examination or graded exercise.
- Knowingly provide false information in any academic documents or in any academic exercise.
- Knowingly present the work of someone else as their own work.
- Forge or alter for advantage any academic document.
- Knowingly disregard instruction for the proper performance of any examination or graded exercise.
- Intentionally impede or interfere with the ability of fellow students to use academic materials or to complete academic work.
- Knowingly violate the ethical and moral standards defined by those professional groups having an impact on the student's program or profession.
- Knowingly assist a fellow student in any of the above activities.
- In addition to those actions listed above, the Student Promotions Committee (SPC) may determine that other actions demonstrate unethical, illegal academic behavior.
STUDENT PROMOTIONS COMMITTEE (SPC)

Graduate nursing students will be referred to the SPC for review for any of the following reasons:

- Failure to meet course objectives or required academic standards.
- Failure to meet objectives for clinical training.
- Requested by student.
- Scheduled interim progress review.
- Removal from probation.
- Other. The Program Director, Commandant or other GSN Senior Leader may refer a student at any time for offenses including but not limited to the following: breach of professional and ethical standards of conduct, patient safety issues, military officership, academic integrity, etc.

Refer to Student Promotions Committee (SPC) Policy

TRANSCRIPTS, EXAMINATION, CREDENTIALING RECOMMENDATIONS

At the end of each semester a transcript will be provided to each student. Upon graduation, the following transcripts will be provided:

- An unofficial transcript will be given to each student.
- An official degree posted transcript will be sent to the students sponsoring service.
- Official transcripts will be provided upon the graduate's request.

REQUIREMENTS FOR GRADUATION

- The total academic credit requirement and minimum length of study shall be determined by the program option of study in which the student is enrolled. See specific option for this information.
- A scholarly project is required for all students.
- Practicum and clinical requirements must be successfully completed.

FACULTY ADVISORS

Students may be assigned faculty advisors. Students may meet with their respective advisor to:

- Apprise the advisor of progress with course work.
- Seek assistance in identifying resources/services available to students.
- Seek academic guidance.
EXAMINATIONS AND ASSIGNMENTS

The course coordinator will provide a syllabus with educational outcomes to guide students in the study and preparation for written examinations or other methods of evaluation and grading.

- The faculty ensures established methods for evaluating student performance and ensures that students receive feedback about their performance in a timely manner. The faculty may use written examinations, essays, research papers, class participation, or other recognized methods for evaluation of student performance. Objective criteria will be set for each graded exercise.

- Students who miss an examination for a justifiable reason as determined by the course coordinator will be administered the same or a comparable examination as soon as possible after the original examination was administered.

COURSE EVALUATIONS

Course evaluations are a mandatory part of the school accreditation process. Therefore, student evaluations are mandatory. Evaluation is considered part of the students' professional academic responsibility. Instructions for completion of the evaluations will be provided each semester.

REQUIRED ATTENDANCE

All students are expected to attend classes and clinical experiences. Exceptions may be permitted by the appropriate University Authority (i.e. Program Director/Chair, Course Coordinator(s), and Commandant). If an unscheduled absence occurs for any reason, the Commandant, Student Leadership, and appropriate Course Coordinator are to be notified as soon as possible.

REQUEST FOR TRANSFER CREDITS

The Transfer of Credit Policy provides guidance for students who wish to request transfer credit. A grade of B or higher must be achieved in the course(s) to be considered for credit transfer.

VI. GUIDELINES FOR USING THE UNIFORMED SERVICES UNIVERSITY LEARNING MANAGEMENT SYSTEM AND INTRANET

The Uniformed Services University Learning Management System and Intranet supports the USU's Graduate School of Nursing, School of Medicine, University Departments and associated military medical programs. Access to the system is restricted to users with accounts. The site can be accessed at https://learning.usuhs.edu/xsl-portal

GUIDING PRINCIPLES

The following guidelines shall apply to all courses, modules and programs with a web-based education learning component:

- Web based teaching and learning environments may include correspondence, audio, video, or computer technologies. This policy shall apply to all credit-bearing courses, modules and programs offered using some form of web based education within the GSN
• While the GSN prizes academic freedom and wishes to encourage innovation in instruction, the faculty also has a collective responsibility to ensure the academic quality, consistency and integrity of the GSN courses, modules and programs. This responsibility extends to those courses, modules and programs offered through web based teaching and learning modalities

• Faculty and students have a right to know about and be oriented to the modes of delivery and technological requirements of courses, modules and programs offered by the GSN. Students shall have access to this information before enrolling in any GSN offering

• Web based teaching and learning courses, modules and program offerings shall be consistent with the educational mission of the USU and GSN

• Each web-based offering shall provide the opportunity for substantive, relevant and timely interaction between faculty and students as well as among students

• Students learning in a web-based environment shall have adequate access to library resources

• The USU and GSN shall offer appropriate training and support services to faculty who teach in a web based environment

• Exams may be administered online using existing learning management systems. Several forms of exam security are in place. Including unique passwords for exam access, individual student logon names and passwords, proctoring in large groups and/or automatic limited exam times. At a minimum two security measures are in place to ensure exam security

CURRICULUM AND INSTRUCTION

In the curricular review process, faculty teaching web based courses, modules and programs shall demonstrate that they provide the opportunity for substantive, relevant and timely interaction between faculty and students and among students.

Collectively, faculty assumes responsibility for and oversight of web based offerings, ensuring the rigor of the courses, modules and programs and the quality of instruction. This oversight includes:

• Ensuring that the technology used suits the nature and objectives of the web based offering

• Ensuring the currency of web based offering

• Ensuring the integrity of student work and the credibility of the degrees and credits the USU and GSN awards. Faculty members are responsible to ensure that reasonable safeguards are in place to prevent academic dishonesty

EVALUATION AND ASSESSMENT

• The method of delivery for new courses, modules and programs shall become part of each curriculum proposal, to be reviewed under the normal curricular process
• Any significant change in the method of delivery for existing courses or programs shall be submitted as a course change proposal, to be reviewed by the Curriculum Committee.

• All courses shall be evaluated using standard evaluation assessments of student learning outcomes, student retention, and student satisfaction. This process shall be used to assure the conformity of web based teaching and learning environment courses, modules and programs to prevailing quality standards in the field of web based teaching and learning environment.

LIBRARY AND LEARNING RESOURCES

• Students shall have adequate access to and support in the use of appropriate library resources when geographically remote from the University.

• Students shall have adequate access to laboratories, facilities, and equipment appropriate to the courses or programs when geographically remote from the University.

ON-LINE COMPETENCIES

In order to demonstrate their ability to benefit from the advantages of an online learning system, students must demonstrate the following competencies:

• Access the online learning environment
  - Knowledge of basic computer functions: turning on/off, accessing/saving files, opening/closing applications, using the mouse, etc.
  - Use the appropriate browser to locate the online learning environment.
  - Enter the online learning environment via this url: http://learning.usuhs.edu
  - Enter the online learning environment with a pre-assigned user name and password, changing the password after the first login.

• Document handling
  - Locate, open and close a course document.
  - Upload documents into the Digital Drop box and/or Assignment.
  - Open and use documents in the following formats:
    - Word
    - PowerPoint
    - Excel
    - PDF
    - Simple Text
• HTML
  o Print course requirements / documents as needed

• Communication
  o Post new threads or reply to existing threads in the discussion area
  o Receive and send email through the online learning email application
  o Attach files to emails
  o Use the built in Blog, Wiki or Chat functions efficiently as needed
  o Take an online exam
  o Access the Grade book to check grades

• Resources
  o Navigate to the LRC remote computer services site and register for remote access
  o Locate online learning assistance when needed

• System maintenance
  o Download, save and decompress files from web sites as needed
  o Install basic software such as online plug-ins or Windows updates and patches

ONLINE LEARNING ETIQUETTE OR “NETIQUETTE”

General internet etiquette rules must be considered whenever communicating in an online environment. Persons talking with another in the hall or on the phone can change voice tone or rephrase a comment or change facial expression to add “expression” to the communication thus helping to promote accurate understanding.

Electronic communication does not offer these non-verbal cues to the recipient, so some communication rules or “netiquette” should be understood and practiced whenever communicating in an electronic media that does not include a “visual” component.

These rules apply when entering posts in a discussion area, a live chat room or when communicating via email with professors, other students or other individuals. Some general guidelines:

• Protect patient privacy:
  o Adhere to existing patient confidentiality rules outlined in HIPAA and other government regulations and publications

• Consider your message and your intended non-verbal cues:
  o Think about the content and craft your message carefully prior to sending it
If angry or upset about something, consider the following actions

- Put off responding for 12-24 hours; count to 10 and then begin writing; write your email, put it in the “Drafts” folder and look at it again when in a calmer state of mind
  - Make sure that the content is relevant to the recipient (do not forward junk email).
  - Be polite. The message should be respectful, friendly, and make the writer seem approachable. Read/re-write the message if necessary to get the “tone” right.
  - Maintain professionalism when communicating with professors and senior ranking officers
  - Use humor and irony sparingly
  - Be careful with the use of “emojis” :-) :-(. They may be appropriate with friends, colleagues, but should not be used when corresponding with professionals or casual acquaintances
  - Use respect and proper military courtesy and titles when corresponding with senior officers or civilian faculty/instructors, (i.e. ma’am, sir, v/r or r/)

- Get to the point
  - Keep messages concise and to the point. Some people receive hundreds of email messages a day; the last thing they want to see is a long email
  - Set the character limit to 80 characters per line to avoid a “never ending run on” email

- Be careful with Punctuation!!! :)))
  - Do not use excessive punctuation. Emphasize the importance in the text, not in the punctuation
  - DO NOT SHOUT AT PEOPLE with capital letters
  - Consider using a “star” on either side of the word you want to stress

- Simple is better
  - Do not use fancy fonts, colors, backgrounds, etc. Many email clients (and some servers) cannot/will not handle them
  - Do not use text shorthand (will U plz send me applcatn?”). This is not appropriate when communicating with peers, students, etc. via discussion boards, chat rooms or e-mail

- There is no such thing as email “Privacy”
  - There is no such thing as a private e-mail. With most e-mail systems, the e-
mail administrator has the ability to read any and all email messages

- Email software can become infected and your email may get sent to someone else - what you thought was private is not private anymore
- Hackers can read your e-mail if they try hard enough. No form of security is one hundred percent hacker-proof
- Do not make personal remarks about third parties. Email messages can come back to haunt the writer of the email
- Do not post personal email addresses on web sites and other public parts of the Internet. If posted, get ready to be deluged with spam

- How to respond to an inflammatory message
  - Email writers get “flamed” when they send e-mails that cause the recipient to respond in an angry/hostile way - a verbal attack in electronic form
  - How to respond?
    - Ignore it – the better option
    - Respond angrily – inciting a “flame war”
    - Have a non-electronic conversation to clear the air
  - To prevent being “flamed”, do not:
    - Send an email in all UPPER-CASE
    - Make a comment about grammar or punctuation
    - Send a mass-mailing

- Small, but important issues
  - Make sure the Subject line is relevant
  - Include a signature to help the recipient understand who the email is from
  - Make sure your signature block contains accurate information (i.e. phone numbers)
  - Be careful when “replying to all”. Be sure that the reply is meant for the whole list
  - Delete trivial or irrelevant items before forwarding
  - Inform original senders whenever possible prior to forwarding their message
  - Attachments
  - May contain viruses, people may be reluctant to open them
Opening attachments slows the recipient down

Large attachments take a long time to open, again, slowing the recipient

Do not forward chain letters or "make money fast" messages

Do not send inappropriate email or attachments

Do not mark messages as “urgent” if they are not

**VII. FACULTY/UNIVERSITY RESOURCES**

**FACULTY AVAILABILITY**

- Faculty are available by appointment

- Responses to student questions/concerns/emails will be responded to within:
  - 24-48 hours during the week
  - 72-96 hours on the weekends/holidays

Exceptions include faculty travel and leave

**GSN POLICIES/PROCEDURES**

- The following policies are posted on Sakai under the GSN Commandant Team tab.

- Student Leave Procedures, Physical Fitness Tests Procedures, Student Evaluation SOP, Student Family Care Plan SOP, Service-specific Orders Process, and Student Promotions Committee (SPC) Policy.

**LEARNING RESOURCE CENTER (LRC)**

The Learning Resource Center (LRC) provides a rich learning environment with resources that are accessible globally. Audiovisual materials, books, Government publications, and a wide variety of journals are available for use. There are many databases available for use in the LRC or through Remote Computer Services. Other in-house services include Interlibrary Loan, digital radiology workstations, and a computer use area (MAC and PC) that have numerous software programs and email available for student use. Computer classes/assistance is provided for most current application programs. For hours of operation and communication information, see [http://www.lrc.usuhs.edu/](http://www.lrc.usuhs.edu/).

The LRC is currently open to students 24/7 with limited services overnight. Please check the USU home page for specific hours. *Note: The hours for checking books out are limited. Books must be checked out prior to leaving the LRC.*

Additionally, the following are examples of online writing resources:


- [http://turnitin.com/](http://turnitin.com/)
INSTITUTIONAL REVIEW BOARD PROCESS (IRB)

- http://uresearch.miami.edu/regulatory-compliance-services/hgro
- http://www.usuhs.edu/research/

MULTIDISCIPLINARY LAB (MDL)

- http://www.usuhs.edu/mdl/
PART 2.

DOCTOR OF NURSING PRACTICE (DNP)

MASTER OF SCIENCE IN NURSING (MSN) PROGRAMS

VIII. FAMILY NURSE PRACTITIONER (FNP) DOCTOR OF NURSING PRACTICE (DNP) PROGRAM OPTION

MISSION

The Mission of the Uniformed Services University FNP Program is to educate safe, competent providers prepared to practice independently in response to worldwide mission in the Uniformed Services.

PHILOSOPHY

The USUHS FNP program prepares advanced practice nurses with a clinical doctorate, preparing them to practice in diverse and increasingly complex health care systems. USUHS graduates are uniquely qualified to provide quality care within Federal health care systems and other diverse and austere settings. Evolving nursing roles, new scientific knowledge, and concerns about the quality and outcomes of patient care necessitated the creation of an enhanced curriculum that includes expanded coursework in healthcare leadership, research translation, and advanced clinical knowledge and skills.

DESIGN

The DNP FNP program is a 36 month, full-time program in which didactic, simulation and clinical experiences are tightly and deliberately integrated using a life-span approach that supports the development of critical thinking skills. The program was built to achieve goals of the 2006 Essentials of Doctoral Education for Advanced Nursing Practice, and meets the requirements of the 2011 National Organization of Nurse Practitioner Faculties’ (NONPF) guidelines for NP programs, and the 2012 NONPF specialty competencies for Family Nurse Practitioners.

Across the 3 year program, each graduate will acquire over 1800 direct practice hours, will create and implement a DNP project addressing a healthcare system problem and will create a personal portfolio demonstrating how they have achieved each of the 8 DNP Essentials.

TERMINAL COMPETENCIES

Upon completion of the program, the USU DNP FNP Graduate will be prepared to meet all of the NONPF core and Family Nurse Practitioner population competencies and will also be prepared to:

- Manage the unique healthcare needs of Federal beneficiaries including active duty service members and their families, retirees, and other directed populations.
- Provide adaptive leadership in joint service environments within multidisciplinary teams.
- Deliver healthcare in unique and dynamic settings including military operational, austere, disaster, humanitarian and civic aid environments.
OUTCOME, GRADUATION CRITERIA AND MEASURES

The graduate, upon completion of the program will be able to exhibit the following, either through written and/or oral examination or through behavioral demonstrations.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Comply with the GSN requirements for graduation.</td>
<td>• Completion of required number of credit hours Completion of 36 months of full time study • Completion of the DNP portfolio.</td>
</tr>
<tr>
<td>2. Comply with program requirements for graduation.</td>
<td>• Maintain an overall GPA of 3.0 or above. • Achieve the minimum grade required in each course • Be recommended for graduation by FNP Program Director. • Obtain a minimum of 1800 clinical hours.</td>
</tr>
<tr>
<td>3. Meet the mission of the USU Family Nurse Practitioner program.</td>
<td>• Successfully meet GSN and FNP Program terminal objectives. • Be recommended by the FNP Program Director for graduation.</td>
</tr>
</tbody>
</table>

CLINICAL ROTATIONS

Clinical rotations are integrated into all FNP specialty courses and students track each clinical experience using an online clinical tracking program designed specifically for Nurse Practitioner students. Although overall evaluation of student performance is the responsibility of program faculty, clinical preceptors, Phase II Site Directors and simulation experiences are critical parts of the FNP/DNP program. Clinical preceptors mentor and guide student performance on a daily basis, and therefore provide valuable input to the program faculty on the development of individual students. The National Capital Area Simulation Center (SIM Center) resources are used extensively throughout the FNP DNP program to evaluate clinical competency. Because these experiences are tracked separately from direct patient care hours, it is possible to quantify these experiences, and each FNP student obtains between 65 and 68 hours of separate and distinct simulation experiences.

The GSN's FNP DNP curriculum is divided into two Phases; during Phase I (1st 24 months of the program) clinical experiences are managed and coordinated by full-time GSN faculty located on the USU campus. During Phase II (final 12 months of the program), the responsibility for acquiring clinical placements for DNP students shift to doctorally-prepared GSN faculty assigned to the Phase II sites. Although Phase II GSN faculty are responsible for managing the clinical rotations, this is accomplished in close coordination and consultation with the Program Chair/Director and other program faculty assigned to the USU campus.

Through the combination of clinical data, site director and preceptor feedback and SIM Center evaluations, clinical learning needs are continually being assessed. If at any time a student feels their clinical needs are not being met, they are responsible to inform the program director/clinical coordinator so that appropriate action can be taken.

Over 200 different clinical sites are used by the FNP program. Some of the more heavily utilized clinical sites in the Washington, DC area include: Malcolm Grow, Andrews Air Force Base, MD; Walter Reed National Military Medical Center, Bethesda, MD; Fort Belvoir Community Hospital, Alexandria, VA. Additional TDY/TAD sites outside of the Washington, DC area are established based upon the needs of the program.
CLINICAL HOURS

Individual student’s clinical experiences are coordinated by FNP faculty. Clinical experiences vary by semester and by course with students spending 1-5 days per week in a clinical site depending on the semester, availability of clinical sites, adjunct faculty, USU resources and opportunities for interdisciplinary collaboration. Curriculum adjustments may be made throughout this program to meet any changes in national standards.

FNP CURRICULUM

<table>
<thead>
<tr>
<th>Course #</th>
<th>Required Nursing Core Courses</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSN701</td>
<td>Advanced Practice Role</td>
<td>1</td>
</tr>
<tr>
<td>GSN702</td>
<td>Organizational and System Leadership in Healthcare</td>
<td>3</td>
</tr>
<tr>
<td>GSN703</td>
<td>Ethics and Policy in Federal Health Systems</td>
<td>3</td>
</tr>
<tr>
<td>GSN704</td>
<td>Population Health and Epidemiology in Advanced Practice</td>
<td>4</td>
</tr>
<tr>
<td>GSN705</td>
<td>Health Economics and Advanced Practice</td>
<td>2</td>
</tr>
<tr>
<td>GSN706</td>
<td>Healthcare Informatics</td>
<td>3</td>
</tr>
<tr>
<td>GSN900</td>
<td>Healthcare Research</td>
<td>1</td>
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<tr>
<td>GSN901</td>
<td>Evidence Based Practice</td>
<td>2</td>
</tr>
<tr>
<td>GSN902</td>
<td>Statistical Measures &amp; Analytical Methods: Application &amp; Critique</td>
<td>2</td>
</tr>
<tr>
<td>GSN903</td>
<td>Translating Evidence Into Practice</td>
<td>3</td>
</tr>
<tr>
<td>GSN906</td>
<td>DNP Project I-II</td>
<td>6</td>
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<thead>
<tr>
<th>Course#</th>
<th>Required Advanced Practice Core Courses</th>
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</thead>
<tbody>
<tr>
<td>GSN601</td>
<td>Advanced Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>GSN602</td>
<td>Advanced Health Assessment</td>
<td>3</td>
</tr>
<tr>
<td>GSN603</td>
<td>Advanced Physiology</td>
<td>3</td>
</tr>
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<td>GSN606</td>
<td>Advanced Pathophysiology (Part 1)</td>
<td>2</td>
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<tr>
<td>GSN608</td>
<td>Advanced Pathophysiology (Part 2)</td>
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<td>GSN607</td>
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<td>GSN609</td>
<td>Advanced Pharmacology (Part 2)</td>
<td>2</td>
</tr>
<tr>
<td>GSN710</td>
<td>Bedside Ultrasonography</td>
<td>1</td>
</tr>
<tr>
<td>GSN711</td>
<td>Integrative Medicine Methodologies</td>
<td>1</td>
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<td>GSN723A</td>
<td>Reflective Practice: Contextual Thinking</td>
<td>1</td>
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<td>GSN722</td>
<td>Military Sexual Assault</td>
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### Required Specialty Specific Courses

<table>
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<tr>
<th>Course #</th>
<th>Required Specialty Specific Courses</th>
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<tbody>
<tr>
<td>GSN707</td>
<td>Integration and Application of Family Theory in Primary Care</td>
<td>3</td>
</tr>
<tr>
<td>GSN708</td>
<td>Advanced Diagnosis and Management in Adult Primary Care</td>
<td>5</td>
</tr>
<tr>
<td>GSN709</td>
<td>Advanced Diagnosis and Management in Geriatric Primary Care</td>
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<td>GSN712</td>
<td>Primary Care of the Military Member</td>
<td>3</td>
</tr>
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<td>GSN713</td>
<td>Advanced Diagnosis and Management in Gynecology</td>
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<td>GSN714</td>
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<td>GSN715</td>
<td>Advanced Diagnosis and Management in Embryology/Obstetrics</td>
<td>4</td>
</tr>
<tr>
<td>GSN717</td>
<td>Drugs in Pregnancy and Lactation</td>
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<td>GSN718</td>
<td>Foundations of Independent Practice</td>
<td>4</td>
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<tr>
<td>GSN719</td>
<td>Advanced Concepts in Independent Practice</td>
<td>5</td>
</tr>
<tr>
<td>GSN720</td>
<td>Diagnostic &amp; Therapeutic Approaches in Adv. Care of Women</td>
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<tr>
<td>MM04001</td>
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<td>6</td>
</tr>
<tr>
<td>GSN801</td>
<td>DNP Practicum for Nurse Practitioner Practice I</td>
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<tr>
<td>GSN802</td>
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<td>GSN803</td>
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<td>52</td>
</tr>
<tr>
<td></td>
<td>Total Credits</td>
<td>103</td>
</tr>
</tbody>
</table>

Implementation and timing of courses may vary depending on availability of clinical sites, adjunct faculty, USU resources and opportunities for interdisciplinary collaboration. Curriculum adjustments may be made throughout this program to meet any changes in national standards.

### IX. WOMEN’S HEALTH NURSE PRACTITIONER (WHNP) PROGRAM OPTION

#### MISSION

The mission of the Uniformed Services University WHNP Program is to educate safe, competent providers prepared to practice independently in response to worldwide mission in the Uniformed Services.

#### PHILOSOPHY

The USUHS WHNP program prepares advanced practice nurses with a clinical doctorate, preparing them to practice in diverse and increasingly complex health care systems. USUHS graduates are uniquely qualified to provide quality care within Federal health care systems and other diverse and austere settings. Evolving nursing roles, new scientific knowledge, and concerns about the quality and outcomes of patient care necessitated the creation of an enhanced curriculum that includes expanded coursework in healthcare leadership, research translation, and advanced clinical knowledge and skills.

#### DESIGN

The DNP WHNP program is a 36 month, full-time program in which didactic, simulation and clinical experiences are tightly and deliberately integrated using a life-span approach that supports the development of critical thinking skills. The program was built to achieve goals of the 2006 Essentials of Doctoral Education for Advanced Nursing Practice, and meets the requirements of the 2011 National Organization of Nurse Practitioner Faculties’ (NONPF) guidelines for NP programs, and the 2012 NONPF specialty competencies for Women’s Health Nurse Practitioners. Across the 3 year program, each graduate will acquire over 1800 direct practice hours, will create and implement a DNP project.
addressing a healthcare system problem and will create a personal portfolio demonstrating how they have achieved each of the 8 DNP Essentials.

TERMINAL COMPETENCIES

Upon completion of the program, the USU DNP WHNP Graduate will be prepared to meet all of the NONPF core and Women’s Health Nurse Practitioner population competencies and will also be prepared to:

- Manage the unique healthcare needs of Federal beneficiaries including active duty service members and their families, retirees, and other directed populations.
- Provide adaptive leadership in joint service environments within multidisciplinary teams.
- Deliver healthcare in unique and dynamic settings including military operational, austere, disaster, humanitarian and civic aid environments.

OUTCOME, GRADUATION CRITERIA AND MEASURES

The graduate, upon completion of the program will be able to exhibit the following, either through written and/or oral examination or through behavioral demonstrations.

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<tbody>
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<td></td>
<td>• Completion of 36 months of full time study.</td>
</tr>
<tr>
<td></td>
<td>• Completion of the DNP portfolio.</td>
</tr>
<tr>
<td>2. Comply with program requirements for graduation</td>
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</tr>
<tr>
<td></td>
<td>• Achieve the minimum grade required in each course.</td>
</tr>
<tr>
<td></td>
<td>• Be recommended for graduation by WHNP Program Director.</td>
</tr>
<tr>
<td></td>
<td>• Obtain a minimum of 1800 clinical hours.</td>
</tr>
<tr>
<td>3. Meet the mission of the USU WHNP program.</td>
<td>• Successfully meet GSN and WHNP Program</td>
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<tr>
<td></td>
<td>terminal objectives.</td>
</tr>
<tr>
<td></td>
<td>• Be recommended by the WHNP Program Director for</td>
</tr>
<tr>
<td></td>
<td>graduation.</td>
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Clinical rotations are integrated into all WHNP specialty courses and students track each clinical experience using an online clinical tracking program designed specifically for Nurse Practitioner students. Although overall evaluation of student performance is the responsibility of program faculty, clinical preceptors, Phase II Site Directors and simulation experiences are critical parts of the WHNP/DNP program. Clinical preceptors mentor and guide student performance on a daily basis, and therefore provide valuable input to the program faculty on the development of individual students. The National Capital Area Simulation Center (SIM Center) resources are used extensively throughout the WHNP DNP program to evaluate clinical competency.

Because these experiences are tracked separately from direct patient care hours, it is possible to quantify these experiences, and each WHNP student obtains between 65 and 68 hours of separate and distinct simulation experiences.
The GSN’s WHNP DNP curriculum is divided into two Phases; during Phase I (1st 24 months of the program) clinical experiences are managed and coordinated by full-time GSN faculty located on the USU campus. During Phase II (final 12 months of the program), the responsibility for acquiring clinical placements for DNP students shift to doctorally-prepared GSN faculty assigned to the Phase II sites. Although Phase II GSN faculty are responsible for managing the clinical rotations, this is accomplished in close coordination and consultation with the Program Chair/Director and other program faculty assigned to the USU campus.

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Over 200 different clinical sites are used by the WHNP program. Some of the more heavily utilized clinical sites in the Washington, DC area include: Malcolm Grow, Andrews Air Force Base, MD; Walter Reed National Military Medical Center, Bethesda, MD; Fort Belvoir Community Hospital, Alexandria, VA. Additional TDY/TAD sites outside of the Washington, DC area are established based upon the needs of the program.

**CLINICAL HOURS**

Individual student’s clinical experiences are coordinated by WHNP faculty. Clinical experiences vary by semester and by course with students spending 1-5 days per week in a clinical site depending on the semester, availability of clinical sites, adjunct faculty, USU resources and opportunities for interdisciplinary collaboration. Curriculum adjustments may be made throughout this program to meet any changes in national standards.

**WHNP CURRICULUM**

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<td>GSN900</td>
<td>Healthcare Research</td>
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<td>GSN901</td>
<td>Evidence Based Practice</td>
<td>2</td>
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<td>GSN902</td>
<td>Statistical Measures &amp; Analytical Methods: Application &amp; Critique</td>
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<td>GSN903</td>
<td>Translating Evidence Into Practice</td>
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<td>GSN906</td>
<td>DNP Project I-III</td>
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<td>GSN606</td>
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<tr>
<td>GSN608</td>
<td>Advanced Pathophysiology (Part 2)</td>
<td>2</td>
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<tr>
<td>GSN607</td>
<td>Advanced Pharmacology (Part 1)</td>
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<td>Course #</td>
<td>Required Nursing Core Courses</td>
<td>Credits</td>
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<tr>
<td>GSN609</td>
<td>Advanced Pharmacology (Part 2)</td>
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<td>GSN710</td>
<td>Bedside Ultrasoundy</td>
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<td>GSN711</td>
<td>Integrative Medicine Methodologies</td>
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<td>GSN723A</td>
<td>Reflective Practice: Contextual Thinking</td>
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<tr>
<td>GSN722</td>
<td>Military Sexual Assault</td>
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<td><strong>Total Advanced Practice Core Course Credits</strong></td>
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<table>
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<td>GSN712</td>
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<td>GSN713</td>
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<td>GSN717</td>
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<td>GSN718</td>
<td>Foundations of Independent Practice</td>
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<td>GSN719</td>
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<td>GSN720</td>
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<td>GSN801</td>
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<td>GSN802</td>
<td>DNP Practicum for Nurse Practitioner Practice II</td>
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<td>GSN803</td>
<td>DNP Practicum for Nurse Practitioner Practice III</td>
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<td><strong>Total Specialty Specific Course Credits</strong></td>
<td>52</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td>103</td>
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</tbody>
</table>

The implementation, timing of course offerings may vary depending on availability of clinical sites, adjunct faculty, USU resources and opportunities for interdisciplinary collaboration.

Curriculum adjustments may be made throughout this program to meet any changes in national standards.

**X. NURSE ANESTHESIA PROGRAM (RNA) OPTION - DNP**

**MISSION**

The Mission of the USU Nurse Anesthesia Program is to graduate safe, competent Nurse Anesthetists for the uniformed services who are able to practice independently to meet the anesthesia needs of the nation’s uniformed members and their beneficiaries. The unique curriculum emphasizes the role of Federal health agencies in response to worldwide missions.

** PHILOSOPHY**

The Nurse Anesthesia Program is dedicated to the graduate education of nurse anesthetists in the uniformed services. The uniformed services require that graduates independently provide quality anesthesia care in diverse settings throughout the world. The rigorous curriculum is designed to integrate scientific principles with anesthesia theory and practice, stressing unique aspects of the Federal health care system. An emphasis is placed on statistics and research methodology enabling the student to critically analyze anesthesia literature and evaluate potential problems in anesthesia.
The primary goal of the program is to produce safe, competent, adaptable anesthetists who can meet the challenges of today's Federal health care needs.

**DESIGN**

The **36-month DNP** front-loaded, regionalized program consists of two phases. The Phase I didactic component, is a 15 month program of study conducted on the campus of USU that provides the student with the academic and professional education necessary for entrance into the clinical arena. All content areas identified in the Standards for Accreditation of Nurse Anesthesia Educational Programs are introduced during Phase I. The 21-month Phase II clinical component focuses on the application of science and research to clinical anesthesia. Students are assigned to a Federal medical treatment facility as their principal clinical training site. Phase II assignments are made during the first year of phase I and may change (although rarely) if required for optimal student experience. Students also rotate to other clinical sites that may require travel outside of the local area. Travel is funded through TAD/TDY orders. Individual clinical training sites may be eliminated or added as needed to assure quality clinical education. The clinical phase is designed to guide graduate students toward the goal of functional autonomy by demanding that students care for patients in a manner reflecting comprehensive integration of scientific principle and anesthesia theory, as well as, maximal independent decision-making appropriate to each student's level of experience.

**PROGRAM-SPECIFIC TERMINAL OUTCOME COMPETENCIES**

Patient safety is demonstrated by the ability of the graduate to:

- Be vigilant in the delivery of patient care.
- Protect patients from iatrogenic complications.
- Participate in the positioning of patients to prevent injury.
- Conduct a comprehensive and appropriate equipment check.
- Utilize universal precautions and appropriate infection control measures. Individualized perianesthetic management is demonstrated by the ability of the graduate to:
  - Provide care throughout the perianesthetic continuum.
  - Use a variety of current anesthesia techniques, agents, adjunctive drugs and equipment while providing anesthesia.
  - Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
  - Provide anesthesia services to patients, including trauma and emergency cases.
  - Administer and manage a variety of regional anesthetics.
  - Function as a resource person for airway and ventilatory management of patients.
  - Possess current advanced cardiac life support (ACLS) recognition.
  - Possess current pediatric advanced life support (PALS) recognition.
  - Deliver culturally competent perianesthetic care throughout the anesthesia experience. Critical thinking is demonstrated by the graduate's ability to:
    - Apply theory to practice in decision-making and problem solving.
    - Provide nurse anesthesia care based on sound principles and research evidence.
• Perform a pre-anesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
• Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
• Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
• Calculate, initiate, manage fluid and blood component therapy.
• Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
• Pass the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) certification examination in accordance with COA policies and procedures.
• Communication skills are demonstrated by the graduate’s ability to:
  • Effectively communicate with all individuals influencing patient care.
  • Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.
• Professional role is demonstrated by the graduate’s ability to:
  • Participate in activities that improve anesthesia care.
  • Have the skills and knowledge to be active participants in Wellness activities for self and other members of the anesthesia community.
  • Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
  • Interact on a professional level with integrity.
  • Teach others.
  • Participate in continuing education activities to acquire new knowledge and improve his or her practice.
  • Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.

**Additional doctoral competencies:**

**Biological Systems, Homeostasis and Pathogenesis**

• Analyze best practice models for nurse anesthesia patient care management through integration of knowledge acquired from arts and sciences within the context of the scope and standards of nurse anesthesia practice.

• Use a systematic outcomes analysis approach in the translation of research evidence and data in the arts and sciences to demonstrate they will have the expected effects on nurse anesthesia practice.

**Professional Role**

• Demonstrate ability to undertake complex leadership roles in nurse anesthesia.
Demonstrate ability to provide leadership that facilitates intraprofessional and interprofessional collaboration.

Integrate critical and reflective thinking in leadership style.

Demonstrate ability to utilize a variety of leadership principles in the management of situations.

**Healthcare Improvement**

- Use evidence based practice to inform clinical decision making in nurse anesthesia.
- Evaluate how public processes impact the financing and delivery of healthcare.
- Develop and assess strategies to improve patient outcomes and quality of care.

**Practice Inquiry**

- Demonstrate the ability to assess and evaluate health outcomes in a variety of populations, clinical settings, and systems.
- Demonstrate ability to disseminate research evidence.
- Complete a scholarly work that demonstrates knowledge within the area of academic focus.

**Technology and Informatics**

- Use information systems/technology to support and improve patient care and healthcare systems.
- Critically evaluate clinical and research databases used as clinical decision support resources.

**Public and Social Policy**

- Advocate for health policy change to improve patient care and advance the specialty of nurse anesthesia.

**Health Systems Management**

- Analyze the structure, function and outcomes of healthcare delivery systems and organizations.
- Analyze business practices typically encountered in nurse anesthesia delivery settings.
- Analyze risk management plans based on information systems to promote outcome improvement for the patient, organization and community.

**Ethics**

- Apply ethically sound decision-making.
- Inform the public of the role and practice of the doctoral-prepared CRNA and represents
themselves in accordance with the Code of Ethics for CRNAs.

- Fulfill the obligation as a doctoral-educated professional to uphold the Code of Ethics for CRNAs.

OUTCOME, GRADUATION CRITERIA AND MEASURES

The graduate, upon completion of the program will be able to exhibit the following, either through written and/or oral examination or through behavioral demonstrations.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>MEASURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Comply with the GSN requirements for graduation.</td>
<td>• Completion of a minimum of 36 months of full time study. • Completion of 101 credit hours in the designated specialty. • Completion of a scholarly project. • Successful completion of clinical practicum requirements.</td>
</tr>
<tr>
<td>2. Comply with program requirements for graduation.</td>
<td>• Overall GPA is 3.0 or above • Minimum GPA of 3.0 (grade of B or better) is attained in all letter-graded courses and passing grade in pass/fail courses. • Completion of all required case experiences. • Successfully meets the GSN and RNA terminal competencies. • Receives recommendation for graduation from the Program Director.</td>
</tr>
<tr>
<td>3. Meet or exceed National Board of Certification and Recertification (NBCRNA) and Council on Accreditation (COA) case requirements.</td>
<td>• Completion of all required case experiences</td>
</tr>
<tr>
<td>4. Satisfy eligibility requirements to write the Certification Examination.</td>
<td>• Completes graduation requirements. • Completes required case experiences. • Hold current BLS, ACLS and PALS certificates.</td>
</tr>
<tr>
<td>5. Demonstrate the academic capability to pass the NBCRNA National Certification Examination.</td>
<td>• Uses a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures as evidenced by the clinical case experiences and transcripts. • Completion of all course work, and summative clinical evaluations.</td>
</tr>
<tr>
<td>6. Practice independently to meet the anesthesia needs of the nation’s uniformed members and their beneficiaries.</td>
<td>• Meets the GSN and Nurse Anesthesia program’s terminal competencies. • Recommended by the Program Director for graduation.</td>
</tr>
</tbody>
</table>
LICENSURE

All nurse anesthesia students are required to obtain and maintain a valid, unrestricted nursing license. Licensure may be required in the state where out-rotations are completed. The cost of obtaining and maintaining licensure is the responsibility of the student. The student must provide the Program Director and Clinical Site Director/Coordinator with a copy of the current license and a copy of each renewal. Failure to comply with this requirement will result in immediate suspension and possible dismissal from the program.

ACADEMIC COUNSELING AND GUIDANCE

Academic counseling and guidance is available as needed and when requested by the student. End of semester evaluations and mid-semester counseling will be conducted during Phase II training. Counseling will also be conducted if student performance is declining or if student is in jeopardy of dropping below minimum requirements. If a student is dismissed from the program for failure to meet stated objectives in the clinical training period, credit will not be given for the clinical caseload.

Levels of professional counseling include:

- Director/Associate Director, Nurse Anesthesia Program
- Clinical Site Director/Coordinator, Nurse Anesthesia Program
- Coordinator at clinical affiliations
- Hospital Commanders or Dean, GSN
- Personal counseling can be arranged through military sick call.

PHASE II SITE- SPECIFIC GUIDELINES

Each Phase II site has specific guidelines that guide processes at the site. Students will receive an orientation upon arrival to the Phase II clinical site.

MAXIMUM NUMBER OF CLINICAL HOURS

A reasonable number of hours to promote effective student learning should not exceed 64 hours per week averaged over four weeks. This time commitment includes time spent in class and in clinical, preparing for class and clinical, in-house call time, and in taking call from home, time spent in the operating room, averaged over four weeks. This should include a 10-hour rest period between scheduled clinical shifts. Students are to notify clinical faculty prior to exceeding any clinical hour requirements, and under no circumstances can the total maximum hours be exceeded.

LEAVE AND TDY/TAD DURING CLINICAL TRAINING

- During Phase I, leave may only be taken during planned semester breaks.
- In Phase II, students are authorized to miss 24 clinical days for the purpose of leave or House-hunting TDY/TAD will be per local command policy. If leave in excess of 24 clinical days is needed for emergency or convalescent leave, students may be referred to the Student Promotions Committee (SPC) for consideration of extension in the program.
• Students who have posters or other presentations at professional meetings may be funded through TDY/TAD orders. This time will not count against their leave balance.

SUPPLEMENT TO STUDENT ILLNESS INFORMATION

• Any physical condition that significantly interrupts the course of instruction or adversely impacts on the student's ability to carry out the tasks associated with anesthesia practice shall be referred to the Student Promotions Committee for the appropriate disposition.

• In clinical training, all rotations are considered mandatory. Students must be able to complete these rotations in order to graduate.

TRANSFERRING INTO ANOTHER NURSE ANESTHESIA PROGRAM

• Military Officers enrolled in the Nurse Anesthesia Program may not transfer to other programs, under normal circumstances, due to contractual obligations with the U.S. Government.

• In the event that a student is discharged from the service while attending the program the student will be dismissed from the program and will not receive credit for their clinical cases.

• If a student is dismissed from the program for failure to meet stated objectives in the clinical training period, credit will not be given for their clinical cases.

• Procedure for obtaining transcripts:
  
  o The student shall request in writing from the University registrar that a copy of the academic transcript is sent to the receiving academic institution. An additional request will be sent to the Program Director requesting a copy of the clinical transcripts.

  o The Program Director to whom the student is making application shall request a transcript of all experiences.

  o The Program Director shall remit the transcript and other appropriate data within thirty (30) days.

  o It is the responsibility of the accepting program to determine the transfer credit and notify the transferring student and the Council on Accreditation of their decision.

SELF-EVALUATION EXAMINATION

Students in the Nurse Anesthesia Program will take the Self-Evaluation Examination (SEE) from the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) at least three times while in the program. Students will receive a notice from the NBCRNA with instructions on how to schedule the exam with the testing site and must follow these directions.
TESTING DURING PHASE II

Students are required to take quizzes and/or exams during Phase II and may be placed on remediation or probation based on performance on these exams. Specific guidance will be distributed prior to transition to Phase II and is included in each clinical semester syllabi.

END OF SEMESTER EVALUATIONS (PHASE II)

- Student Clinical Reflection and semester evaluations are mandatory. Evaluation results and summary reports are discussed with and signed by the student. These reports include:
  - Daily evaluation of clinical performance (formative)
  - Enrichment and specialty rotations
  - Clinical Reflections
  - Summative semester evaluations and grades
  - Faculty evaluations
  - Case experience tracking
  - Students are responsible for submitting case totals on time and submitting daily clinical evaluation forms to their assigned preceptor for each day’s cases. Clinical course syllabi will contain additional information on the daily clinical evaluations.

POLICY ON STUDENT SUPERVISION

- A credentialed Certified Registered Nurse Anesthetist (CRNA) or anesthesiologist who is supervising a Student Registered Nurse Anesthetist (SRNA) shall be in-house and immediately available for consultation and/or assistance in all anesthetizing areas, at all times. Supervision of SRNAs in non-anesthetizing areas is restricted to credentialed providers who are authorized to assume responsibility for the student.

- The ratio of students to instructors in the clinical area shall not exceed 2:1 and shall directly relate to the student’s experience, patient condition, complexity of the procedure and anesthetic, and the ability of the student.

- Instruction by GRNAs (Graduate Registered Nurse Anesthetists) or physician residents is never appropriate if they act as the sole agents responsible for the students.

- A student nurse anesthetist may never supervise another nurse anesthesia student.

- Student will always identify himself or herself as a trainee to patients. This can include introduction as a student registered nurse anesthetist or nurse anesthesia resident as appropriate.
GUIDELINES FOR WASTE ANESTHETIC GASES (WAG)

- All attempts are being made to reduce WAG exposure in the working environment, with significant success. However, the inconclusive nature of the epidemiological surveys and other testing has made it impossible to determine the “safe” exposure level that would insure against adverse effects. Generally, the obstetrical providers will clear a member to work in general anesthesia rooms. Until this safe level can be identified, all pregnant women will have the option of continuing to work or accepting assignment in positions with potential exposures to WAG or accepting reassignments to positions that would not expose them to WAG during their pregnancy.

- If pregnancy occurs during clinical training, a memorandum is forwarded to the Program Director informing the Director of the student's medical status.

OFF-DUTY EMPLOYMENT SUPPLEMENT

Nurse anesthesia students are prohibited from engaging in anesthesia care outside of the planned curriculum regardless of whether or not the student is compensated for the duties. Nurse anesthesia students are not to represent themselves as nurse anesthetists in any manner, such as by nametag, uniform, and/or signature.
## CRNA CURRICULUM

<table>
<thead>
<tr>
<th>Course #</th>
<th>Nursing Core Courses</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSN701</td>
<td>Leadership Role in Interdisciplinary Health Care</td>
<td>1</td>
</tr>
<tr>
<td>GSN702</td>
<td>Organizational and Systems Leadership in Healthcare</td>
<td>4</td>
</tr>
<tr>
<td>GSN703</td>
<td>Ethics and Policy in Federal Health Systems</td>
<td>3</td>
</tr>
<tr>
<td>GSN704</td>
<td>Population Health and Epidemiology in Advanced Practice</td>
<td>4</td>
</tr>
<tr>
<td>GSN705</td>
<td>Health Economics and Advanced Practice</td>
<td>2</td>
</tr>
<tr>
<td>GSN706</td>
<td>Healthcare Informatics</td>
<td>3</td>
</tr>
<tr>
<td>GSN901</td>
<td>Healthcare Research &amp; Evidence Based Practice</td>
<td>2</td>
</tr>
<tr>
<td>GSN902</td>
<td>Statistical Measures and Analytic Methods: Application and Critique</td>
<td>3</td>
</tr>
<tr>
<td>GSN903</td>
<td>Translating Evidence Into Practice</td>
<td>3</td>
</tr>
<tr>
<td>GSN906</td>
<td>Scholarly Inquiry Project (taken over 3 semesters at 2 credits each)</td>
<td>6</td>
</tr>
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<td><strong>Total Credits</strong></td>
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<table>
<thead>
<tr>
<th>Course #</th>
<th>Advanced Practice Core Courses</th>
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</thead>
<tbody>
<tr>
<td>GSN601</td>
<td>Advanced Anatomy</td>
<td>3</td>
</tr>
<tr>
<td>GSN602</td>
<td>Advanced Health Assessment</td>
<td>3</td>
</tr>
<tr>
<td>GSN603</td>
<td>Advanced Physiology for Advanced Nursing Practice</td>
<td>3</td>
</tr>
<tr>
<td>GSN606</td>
<td>Advanced Pathophysiology (Part 1)</td>
<td>2</td>
</tr>
<tr>
<td>GSN608</td>
<td>Advanced Pathophysiology (Part 2)</td>
<td>2</td>
</tr>
<tr>
<td>GSN607</td>
<td>Advanced Pharmacology (Part 1)</td>
<td>2</td>
</tr>
<tr>
<td>GSN609</td>
<td>Advanced Pharmacology (Part 2)</td>
<td>2</td>
</tr>
<tr>
<td>GSN710</td>
<td>Bedside Ultrasonography</td>
<td>1</td>
</tr>
<tr>
<td>GSN711</td>
<td>Integrative Medicine Methodologies</td>
<td>1</td>
</tr>
<tr>
<td>GSN723A</td>
<td>Reflective Practice: Contextual Thinking</td>
<td>1</td>
</tr>
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<td><strong>Total Credits</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Course #</th>
<th>Specialty Specific Courses</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>RNA602</td>
<td>Applied Biochemistry for Nurse Anesthetists</td>
<td>3</td>
</tr>
<tr>
<td>RNA605</td>
<td>Principles of Anesthesia, pharmacology &amp; coexisting disease in clinical anesthesia practice 1</td>
<td>4</td>
</tr>
<tr>
<td>RNA606</td>
<td>Principles of Anesthesia, pharmacology &amp; coexisting disease in clinical anesthesia practice 2</td>
<td>5</td>
</tr>
<tr>
<td>RNA607</td>
<td>Principles of regional anesthesia &amp; vascular access</td>
<td>1</td>
</tr>
<tr>
<td>RNA608</td>
<td>Principles of Anesthesia, pharmacology &amp; coexisting disease in clinical anesthesia practice 3</td>
<td>3</td>
</tr>
<tr>
<td>RNA801</td>
<td>Clinical Practicum and Seminar for Nurse Anesthesia Practice I</td>
<td>1</td>
</tr>
<tr>
<td>RNA802</td>
<td>Clinical Practicum and Seminar for Nurse Anesthesia Practice II</td>
<td>8</td>
</tr>
<tr>
<td>RNA803</td>
<td>Clinical Practicum and Seminar for Nurse Anesthesia Practice III</td>
<td>8</td>
</tr>
<tr>
<td>RNA804</td>
<td>Clinical Practicum and Seminar for Nurse Anesthesia Practice IV</td>
<td>5</td>
</tr>
<tr>
<td>RNA805</td>
<td>Clinical Practicum and Seminar for Nurse Anesthesia Practice V</td>
<td>8</td>
</tr>
<tr>
<td>RNA806</td>
<td>Clinical Practicum and Seminar for Nurse Anesthesia Practice VI</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>54</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Overall Credit Hours</strong></td>
<td><strong>104</strong></td>
</tr>
</tbody>
</table>

The implementation, timing of course offerings may vary depending on availability of clinical sites, adjunct faculty, USU resources and opportunities for interdisciplinary collaboration.

Curriculum adjustments may be made throughout this program to meet any changes in national standards.
IV. PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) PROGRAM OPTION

MISSION

The Mission of the Uniformed Services University's Psychiatric Mental Health Nurse Practitioner (PMHNP) Program is to educate safe, competent, and professional Psychiatric Mental Health Nurse Practitioners who are able to practice independently within the Federal healthcare system.

PHILOSOPHY

The Psychiatric Mental Health Nurse Practitioner Program (DNP Track) is dedicated to preparing graduate nurses for advanced clinical practice, the critical appraisal and translation of evidence into practice, and leadership in the advanced practice nursing role across healthcare systems. The rigorous curriculum stresses psychiatric-mental health care across the lifespan that is consistent with current standards of practice for the psychiatric-mental health nurse practitioner.

DESIGN

The PMHNP DNP track is a 36 month - full time program that refines critical thinking skills through didactics, clinical simulation, and clinical practice. Our curriculum stresses care across the lifespan and operationally relevant psychiatric-mental health care foundationally built upon evidenced based practice and systems orientation. Didactic learning is cemented into knowledge within the clinical practice environment at military and Federal facilities supervised by experienced nurse practitioner and other behavioral health providers. The first year of clinical exposure is executed exclusively via simulation. The second year of clinical exposure utilizes both simulation and direct patient care opportunities. In the third year, students continue to build upon clinical skills at a service specific phase II clinical site. Across the 3-year program, each graduate will acquire over 1900 direct practice hours, will create and implement a scholarly inquiry project addressing a healthcare system's issue and will create a personal portfolio demonstrating how they have achieved each of the 8 DNP Essentials. Program faculty are experienced nurse practitioners and educators. The program was designed to achieve goals of the 2006 Essentials of Doctoral Education for Advanced Nursing Practice, meets the requirements of the 2011 National Organization of Nurse Practitioner Faculties' (NONPF) guidelines for NP programs and the 2013 NONPF specialty competencies for Psychiatric-Mental Health Nurse Practitioners.

TERMINAL COMPETENCIES

Upon graduation, the USU DNP PMHNP Graduate is prepared to:

- Manage the unique healthcare needs of military beneficiaries across the lifespan.
- Provide adaptive leadership in joint service environments within multidisciplinary teams.
- Deliver healthcare in unique and dynamic settings including military operational, austere, disaster, and humanitarian and civic aid environments.

OUTCOME, GRADUATION CRITERIA AND MEASURES

The graduate, upon completion of the program will be able to exhibit the following, either through written and/or oral examination or through behavioral demonstrations.
### CRITERIA | MEASURE
--- | ---
1. Comply with the GSN requirements for graduation. | • Completion of 36 months of full time study for the DNP • Completion of required number of credit hours in the designated specialty • Completion of DNP portfolio
2. Comply with program requirements for graduation | • Overall GPA of 3.0 or above • Achieve the minimum grade required in each course • Obtains a minimum of 1700 clinical hours • Receive a “pass” in all clinical practicum components
3. Meet the mission of the USU Psychiatric Mental Health Nurse Practitioner program | • Successfully meets both GSN and PMH program terminal objectives and NONPF NP and population focused (PHMNHP) competencies • Receive a recommendation from the Program Director for graduation
4. Be able to meet the mission needs of the respective service who sponsored their education | • Successfully pass the American Nursing Credentialing Center exam for Psychiatric Mental Health Nurse Practitioners

### CLINICAL ROTATIONS

Clinical rotations are integrated into all PMH specialty courses. Ultimately the evaluation of student performance is the responsibility of program faculty; however, clinical preceptors provide significant input because they observe student performance on a daily basis. Student clinical competency is also evaluated in an ongoing basis in the National Capital Area Simulation Center (SIM Center). Students are required to track their clinical experiences through the use of ELog, a web-based, electronic clinical tracking program. Through the combination of ELog data, preceptor and SIM Center evaluations, clinical learning needs are continually assessed. If at any time a student believes their clinical needs are not being met, they are responsible to inform the program director/clinical coordinator so that appropriate action can be taken. If preceptors or faculty believe students are not meeting clinical standards, students are placed on a remediation plan to assist students in meeting clinical standards.

Numerous clinical sites have been identified for PMH students. Clinical sites are located within and outside the National Capital region and are utilized based on program needs. Students may be required to TDY/TAD to clinical sites beginning in the 2nd year of the program.

### PHASE II SITE SPECIFIC GUIDELINES

Students will PCS to a predetermined clinical site at the beginning of Phase II (end of Spring semester upon completion of 2nd year). Each Phase II site has specific guidelines that guide processes at the site. Students will receive an orientation upon arrival to the Phase II clinical site.

### CLINICAL HOURS

Individual student’s clinical experiences are coordinated by PMHNP faculty. Clinical experiences vary by semester and by course. Students should anticipate spending 1-4 days per week depending on the semester at their clinical site. Student contact information must be up to date so they may be notified of unexpected changes in preceptor availability or clinical schedule.
# PMHNP Curriculum

<table>
<thead>
<tr>
<th>Course#</th>
<th>Required Nursing Core Courses</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSN701</td>
<td>Advanced Practice Role</td>
<td>1</td>
</tr>
<tr>
<td>GSN702</td>
<td>Organizational and Systems Leadership in Healthcare</td>
<td>4</td>
</tr>
<tr>
<td>GSN703</td>
<td>Ethics and Policy in Federal Health Systems</td>
<td>3</td>
</tr>
<tr>
<td>GSN704</td>
<td>Population Health and Epidemiology in Advanced Practice</td>
<td>4</td>
</tr>
<tr>
<td>GSN705</td>
<td>Health Economics and Advanced Practice</td>
<td>2</td>
</tr>
<tr>
<td>GSN706</td>
<td>Healthcare Informatics</td>
<td>3</td>
</tr>
<tr>
<td>GSN900</td>
<td>Healthcare Research</td>
<td>1</td>
</tr>
<tr>
<td>GSN901</td>
<td>Evidence Based Practice</td>
<td>2</td>
</tr>
<tr>
<td>GSN902</td>
<td>Statistical Measures &amp; Analytical Methods</td>
<td>3</td>
</tr>
<tr>
<td>GSN903</td>
<td>Translating Evidence Into Practice</td>
<td>3</td>
</tr>
<tr>
<td>GSN906</td>
<td>Scholarly Inquiry Project</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td><strong>Total Credits</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course#</th>
<th>Required Advanced Practice Core Courses</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSN602</td>
<td>Advanced Health Assessment</td>
<td>3</td>
</tr>
<tr>
<td>GSN603</td>
<td>Advanced Physiology</td>
<td>3</td>
</tr>
<tr>
<td>GSN606</td>
<td>Advanced Pathophysiology I</td>
<td>2</td>
</tr>
<tr>
<td>GSN607</td>
<td>Advanced Pharmacology I</td>
<td>2</td>
</tr>
<tr>
<td>GSN608</td>
<td>Advanced Pathophysiology II</td>
<td>2</td>
</tr>
<tr>
<td>GSN609</td>
<td>Advanced Pharmacology II</td>
<td>2</td>
</tr>
<tr>
<td>GSN711</td>
<td>Battlefield Acupuncture and Integrative Concepts</td>
<td>1</td>
</tr>
<tr>
<td>GSN723A</td>
<td>Reflective Practice: Contextual Thinking</td>
<td>1</td>
</tr>
<tr>
<td>GSN722</td>
<td>Military Sexual Assault</td>
<td>1</td>
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<td><strong>Total Credits</strong></td>
<td><strong>17</strong></td>
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<table>
<thead>
<tr>
<th>Course#</th>
<th>Required Specialty Specific Courses</th>
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</thead>
<tbody>
<tr>
<td>PMH601</td>
<td>Foundations of Advanced Practice Psychiatric Nursing</td>
<td>5</td>
</tr>
<tr>
<td>PMH602</td>
<td>Advanced Diagnosis of Mental Disorders Across the Lifespan</td>
<td>4</td>
</tr>
<tr>
<td>PMH603</td>
<td>Therapeutic Modalities</td>
<td>3</td>
</tr>
<tr>
<td>PMH604</td>
<td>Psychopharmacology</td>
<td>5</td>
</tr>
<tr>
<td>PMH605</td>
<td>Advanced Practice Psychiatric Nursing Specialty Practicum</td>
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</tr>
<tr>
<td>PMH606</td>
<td>Operational Readiness for Advance Psychiatric Practice</td>
<td>5</td>
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<tr>
<td>PMH607</td>
<td>Treatment of Substance Abuse Disorders Across the Lifespan</td>
<td>2</td>
</tr>
<tr>
<td>GSN707</td>
<td>Integration and Application of Family Theory in Primary Care</td>
<td>3</td>
</tr>
<tr>
<td>PMH803</td>
<td>Applied Clinical Concepts I</td>
<td>4</td>
</tr>
<tr>
<td>PMH804</td>
<td>Applied Clinical Concepts II</td>
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<tr>
<td>PMH805</td>
<td>Applied Clinical Concepts III</td>
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<tr>
<td>GSN801</td>
<td>DNP Practicum &amp; Seminar in Nurse Practitioner Practice I</td>
<td>4</td>
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<td>GSN802</td>
<td>DNP Practicum &amp; Seminar in Nurse Practitioner Practice II</td>
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<td>GSN803</td>
<td>DNP Practicum &amp; Seminar in Nurse Practitioner Practice III</td>
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<td><strong>Specialty Specific Total</strong></td>
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</table>

The implementation, timing of course offerings may vary depending on availability of clinical sites, adjunct faculty, USU resources and opportunities for interdisciplinary collaboration.

Curriculum adjustments may be made throughout this program to meet any changes in national standards.
V. ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST (AG-CNS) DOCTOR OF NURSING PRACTICE PROGRAM OPTION

Scope: Wellness to Acute Care Specialty Focus: Perioperative Continuum of Care

MISSION

The Mission of the Uniformed Services University Adult-Gerontology Clinical Nurse Specialist (AG-CNS) program is to educate safe, competent Clinical Nurse Specialists who are able to practice independently in response to worldwide missions in the Uniformed Services in support of the adult and geriatric population across the wellness through acute care continuum with the specialty focus of perioperative nursing.

PHILOSOPHY

The Adult-Gerontology Clinical Nurse Specialist (AG-CNS) program is dedicated to graduate education of nurses in the uniformed services within the advanced practice role of the Clinical Nurse Specialist (CNS). The program prepares nurses for the care of the adult and geriatric population across the wellness to acute care continuum, and includes specialty preparation in perioperative nursing. The educational focus is on the integration of clinical practice, management & leadership, evidence-based practice/scholarship, education, and consultation into the single multifaceted advanced practice role of a CNS. The program integrates evidence-based theory and practice concepts to enable students to critically analyze scientific literature, evaluate nursing outcomes, translate evidence to support clinical, fiscal, and managerial decision-making, and develop advanced practice skills necessary to function in increasingly complex healthcare settings and assist in the transformation of healthcare to improve safety and outcomes for our patients.

The rigorous curriculum not only stresses concepts supporting direct care for individuals, families and populations; but also inter-professional relationships between nurses, physicians, and healthcare organizations in an effort to improve patient outcomes through process and system changes. As such, graduates from the program are uniquely qualified to manage quality care of the adult-geriatric population across the continuum from wellness through acute care; analyze healthcare systems/processes to optimize patient outcomes; and guide change in support of high reliability organizations in healthcare.

In addition to the role and population focus of the AG-CNS program, additional content is provided to support the specialty focus of perioperative nursing. From a specialty perspective, the program emphasizes building leadership within the perioperative environment to improve patient care outcomes; enhance the delivery of evidence based care; and improve the business side of healthcare focused on efficiency, productivity, and overall management in the care of the surgical patient. The specialty focus of the program supports the advanced practice CNS role across the perioperative continuum of care to enhance the care of patients and families undergoing operative and other invasive procedures.

DESIGN

The Doctor of Nursing Practice (DNP) AG-CNS program is 36 months of full-time study combining didactic and clinical experiences across the wellness through acute care continuum within the five domains of the Clinical Nurse Specialist (CNS): leader/manager, consultant, educator, scholar (evidence-based practice) and clinical expert within the three spheres of influence for CNS practice (patient, nurse and organization). Within the 3 year program, on average, graduates will obtain over 1800 hours of clinical experience working with masters and doctorally-prepared managers, clinical nurse specialists, physician assistants, clinical and surgeon champions, and subject matter experts within Federal and civilian healthcare facilities. In addition to educational preparation for the role and
population, the program is designed to include clinical and didactic specialty content in perioperative nursing. All clinical assignments are designed in concert with the leadership at the clinical sites in an effort to develop “real world application” experiences that demonstrate the student’s ability to translate knowledge gained in the classroom into clinical practice. The approximate clinical hour distribution supporting the CNS role across the wellness through acute care continuum as well as within the perioperative specialty for the adult-gerontology population is as follows: wellness/primary care through acute care continuum – 297 clinical hours (16%); CNS role across 3 spheres of influence - 654 (35%); Systems-based scholarly project - 276 (15%); and CNS practice within the perioperative continuum – 650 clinical hours (35%).

The curriculum meets or exceeds the National Association for Clinical Nurse Specialist (NACNS) National CNS Competency Task Force Organizing Framework and Core Competencies (2008), NACNS Core Practice Doctorate Clinical Nurse Specialist Competencies (2009), and is aligned with the (1) American Association of Colleges of Nursing (AACN) Essentials of Doctoral Education for Advanced Nursing Practice (2006); (2) 2008 Consensus Model for Advanced Practice Registered Nurses (APRN) Regulation: Licensure, Accreditation, Certification & Education (LACE); (3) AACN Adult-Gerontology Clinical Nurse Specialist Competencies (2010); (4) Criteria for the Evaluation of Clinical Nurse Specialist Masters, Practice Doctorate, and Post-graduate Certificate Educational Programs (2011); (5) AACN Scope and Standards for Acute and Critical Care Clinical Nurse Specialist Practice (2010); (6) Association of Perioperative Registered Nurses (AORN) 2006 Position Statement on the Perioperative Advanced Practice Nurse; and (7) AORNs 2010 Perioperative Advanced Practice Nurse Competencies.

Graduates from this program are prepared to sit for advanced practice certification as a Clinical Nurse Specialist in Adult-Gerontology offered by the American Nurses Credentialing Center (ANCC) and the American Association of Critical Care Nurses (AACN) Certification Corporation. Additionally, graduates are eligible to sit for specialty certification as an advanced practice Perioperative CNS offered by the Credentialing and Certification Institute (CCI). This specialty certification links the CNSs initial licensure certification as an APRN to that of specialty practice to validate specialty specific competencies at the APRN level of practice within the perioperative continuum of care.

PROGRAM-SPECIFIC TERMINAL OUTCOME COMPETENCIES

Upon completion of the AG-CNS DNP program, the graduate student will demonstrate mastery of the following:

**Sphere of Influence: Client**

**AG-CNS as an Advanced Practitioner**

- Uses advanced clinical judgment and critical thinking skills to diagnose client conditions related to disease, health and illness within cultural, ethnic, behavioral and other contexts across the lifespan.

- Implements client assessment strategies to improve patient outcomes through application of advanced cognitive, psychomotor, cultural, and physiological principles in assessment, diagnosis, monitoring, management and evaluation of human response to illness, surgical intervention or changes in life processes.

- Conducts evidence-based, comprehensive specialty focused assessment of client health care needs, integrating data from multiple sources which could include the client and inter-professional team members with consideration given to safety, efficacy, standards of care, and advanced clinical knowledge and expertise.
• Designs, implements and evaluates a broad range of evidence-based interventions for clients, which may include prescribing and administering pharmacologic and/or other therapeutic interventions.

• Advocates for integration of client preferences and rights including consultation for complex health care needs utilizing a broad range of scientific and humanistic theories in support of health care decision-making among the inter-professional team.

**Sphere of Influence: Nurse and Nursing Practice**

**AG-CNS as an Educator**

• Identify and implement process/system interventions to decrease risk of iatrogenic injuries.

• Provides leadership to the inter-professional team to enhance practice skills and clinical knowledge in translating evidence to practice.

• Promotes professional growth and effective inter-professional team functioning by enhancing direct care competencies including decisive responses to rapidly changing and complex situations.

• Applies principles of teaching/learning and health literacy to design, provide, and evaluate client and inter-professional education.

**AG-CNS as a Scholar (Evidence-Based Practice)**

• Integrate evidence-based principles/concepts from databases, benchmarks, and epidemiologic data to evaluate and improve system level programs and outcomes.

• Explore practice protocols, ensuring ethical and legal practices are maintained throughout the process.

• Apply theory based conceptual frameworks to guide practice.

• Critically analyze, synthesize and disseminate evidence supporting best practice to advance client care and health care delivery to improve the health of populations.

• Translate and disseminate evidence-based practice findings to guide clinical practice and improve patient outcomes.

**Sphere of Influence: Organization / System**

**AG-CNS as a Consultant**

• Utilize clinical expertise to collaborate and/or consult with members of the health care team regarding patient outcomes variations.

• Serve as nursing/subject matter expert and/or member of an inter-professional team in planning care for the adult-gerontology population.

• Incorporate the role of clinical expert, educator, scholar, and manager/leader in the
application of change theory during the consultation process.

AG-CNS as a Manager/Leader

- Design entrepreneurial programs of care that improve(s) delivery and outcomes of health care.
- Direct the analysis and dissemination of outcomes of client care programs and/or departmental systems to enhance patient outcomes and promote patient safety, quality of care, efficiency and/or productivity while considering epidemiologic, socioeconomic, cultural, and environmental factors.
- Provide leadership in building an inter-professional team and facilitate collaboration in support of innovative partnering practices that incorporate ethical principles in health care planning and delivery.
- Identify fiscal and other resources needed to evaluate interventions, products and services for system-level programs with consideration given to budgetary, logistical and staffing requirements needed to enhance clinical and fiscal outcomes.
- Use organizational and system theory to analyze health care policy and facilitate and create clinical environments that promote care delivery at the local, regional, and national level that is evidence-based, outcome-focused, collaborative, cost-effective, and ethical.
- Use information technology to promote safety, quality of care, and facilitate resource management in support of population health, improving the patients' experiences, and decreasing the cost of care.
- Demonstrate leadership by advocating for the profession of nursing through participating in professional organizations, boards and taskforces at the institutional, local, state, national, and international levels.

**“client” represents patient, family, community, group, and population**

AG-CNS DNP PROGRAM OUTCOME, GRADUATION CRITERIA, MEASURES

The graduate, upon completion of the AG-CNS DNP program, will exhibit the following, either through written and/or oral examination or through behavioral demonstrations.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>MEASURE</th>
</tr>
</thead>
</table>
| 1. Comply with the GSN requirements for graduation. | Completion of the following:  
  - 36 months of full time study  
  - Required number of semester credits and clinical hours outlined for the program  
  - DNP portfolio  
  - Scholarly project |
| 2. Comply with program requirements for graduation. | Overall GPA of 3.0 or above  
  - Achieve the minimum grade required in each course.  
  - Obtain a minimum of 1000 clinical hours in the population/role of the AG-CNS and over 1500 total clinical hours  
  - Complete all practicum requirements  
  - Maintain CNOR certification |
<table>
<thead>
<tr>
<th><strong>CRITERIA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Maintain certification in BLS and ACLS (PALS, NRP optional) throughout the program</td>
</tr>
<tr>
<td>3. Able to meet the mission of the USU Adult Gerontology Clinical Nurse Specialist program.</td>
</tr>
<tr>
<td>• Meets the GSN and AG-CNS program’s terminal competency outcomes</td>
</tr>
<tr>
<td>• Recommended by the AG CNS Program Director for graduation</td>
</tr>
</tbody>
</table>

**CLINICAL ROTATIONS**

Clinical rotations focused on experiences across the wellness to acute care continuum within the adult-gerontology population are integrated into the AG-CNS specialty courses. In consultation with the leadership at the various clinical sites and clinical preceptor(s), students receive focused clinical site experiences and exposure to projects within the five CNS domains. The evaluation of student performance during the clinical rotations is the responsibility of program faculty; however, clinical preceptors provide significant input regarding their observation of the student’s daily clinical practice. Students clinical learning needs are continually assessed through the combination of clinical logs, preceptor evaluations, formative evaluations, and projects completed. Additional specialty rotations supporting advanced clinical practice are integrated into the program and include rotations across the perioperative continuum. If at any time students feel their clinical needs are not being met, it is the student’s responsibility to inform the clinical coordinator and/or the program director so that appropriate action can be taken.

Clinical site rotations are established each semester and rotate throughout the three year program of study to maximize student experiences. The primary clinical sites utilized in the program include: Walter Reed National Military Medical Center, Bethesda, MD and Fort Belvoir Community Hospital, Virginia. Additional clinical sites utilized within and beyond the national capital area may include: INOVA, Virginia; Ambulatory Surgery Center, Joint Base Andrews Air Force Base, MD; Shock Trauma (C-STARS), Baltimore; Kimbrough Ambulatory Care Clinic, Fort Meade, MD; Veterans Administration, Washington, D.C.; National Institute of Health (NIH), MD; Portsmouth Naval Hospital, VA; 633d Medical Group, Langley AFB, VA; Darnell Army Medical Center, Fort Hood, TX; and 96th Medical Group, Eglin AFB, FL. Based on the needs of the program, additional sites will be established.

**CLINICAL DUTY HOURS**

Clinical Experience: Individual clinical assignments are made by the AG-CNS faculty.
• Clinical experiences and time spent at the clinical site varies by semester, course, and clinical rotation.
• Individual student clinical assignments will be determined at the beginning of each semester.
### AG-CNS CURRICULUM

<table>
<thead>
<tr>
<th>Course #</th>
<th>Nursing Core Courses</th>
<th>Credits</th>
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<tbody>
<tr>
<td>GSN701</td>
<td>Advanced Practice Role</td>
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<tr>
<td>GSN702A</td>
<td>Organizational and Systems Leadership in Healthcare</td>
<td>3</td>
</tr>
<tr>
<td>GSN703</td>
<td>Ethics and Policy in Federal Health Systems</td>
<td>3</td>
</tr>
<tr>
<td>GSN704</td>
<td>Population Health and Epidemiology in Advanced Practice</td>
<td>4</td>
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<tr>
<td>GSN705</td>
<td>Healthcare Economics and Advanced Practice</td>
<td>2</td>
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<td>GSN706</td>
<td>Healthcare Informatics</td>
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<td>GSN900</td>
<td>Healthcare Research</td>
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<td>GSN901A</td>
<td>Evidence Based Practice</td>
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<tr>
<td>GSN902</td>
<td>Statistical Measures &amp; Analytical Methods: Application and Critique</td>
<td>2</td>
</tr>
<tr>
<td>GSN903</td>
<td>Translating Evidence Into Practice</td>
<td>3</td>
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<tr>
<td>GSN906</td>
<td>Scholarly Inquiry Project</td>
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<th>Advanced Practice Core Courses</th>
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<tr>
<td>GSN601</td>
<td>Advanced Anatomy</td>
<td>3</td>
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<tr>
<td>GSN602</td>
<td>Advanced Health Assessment</td>
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<tr>
<td>GSN603</td>
<td>Advanced Physiology</td>
<td>3</td>
</tr>
<tr>
<td>GSN606</td>
<td>Advanced Pathophysiology I</td>
<td>2</td>
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<tr>
<td>GSN608</td>
<td>Advanced Pathophysiology II</td>
<td>2</td>
</tr>
<tr>
<td>GSN607</td>
<td>Advanced Pharmacology I</td>
<td>2</td>
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<tr>
<td>GSN609</td>
<td>Advanced Pharmacology II</td>
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<tr>
<td>GSN710</td>
<td>Bedside Ultrasonography</td>
<td>1</td>
</tr>
<tr>
<td>GSN711</td>
<td>Integrative Medicine Methodologies</td>
<td>1</td>
</tr>
<tr>
<td>GSN723A</td>
<td>Reflective Practice: Contextual Thinking</td>
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<td><strong>Total Credits</strong></td>
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<tr>
<th>Course #</th>
<th>Role/Population Specific Courses</th>
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<tbody>
<tr>
<td>GSN708</td>
<td>Advanced Diagnosis and Management in Adult Primary Care</td>
<td>5</td>
</tr>
<tr>
<td>GSN709</td>
<td>Advanced Diagnosis and Management in Geriatric Primary Care</td>
<td>1</td>
</tr>
<tr>
<td>CNS600A</td>
<td>Principles in Outcomes Management</td>
<td>2</td>
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<tr>
<td>CNS601A</td>
<td>CNS Role Application across the 3 Spheres of Influence</td>
<td>4</td>
</tr>
<tr>
<td>CNS603</td>
<td>Business Administration for Highly Reliable Healthcare Organizations</td>
<td>3</td>
</tr>
<tr>
<td>CNS605</td>
<td>Medical Facility Design: Maximizing Patient Outcomes</td>
<td>2</td>
</tr>
<tr>
<td>CNS606A</td>
<td>Trauma Management in CNS Practice</td>
<td>3</td>
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<tr>
<td>CNS610A</td>
<td>Advanced Diagnosis and Management in Adult-Geriatric Acute Care</td>
<td>4</td>
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<tr>
<td>CNS608</td>
<td>Performance Metrics in Outcomes Management</td>
<td>3</td>
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<tr>
<td>CNS802</td>
<td>DNP Practicum for CNS Practice I: Advanced Concepts for CNS Independent Practice</td>
<td>4</td>
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<tr>
<td>CNS803</td>
<td>DNP Practicum for CNS Practice II: Assessment for High Reliable Organizations</td>
<td>4</td>
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<tr>
<td>CNS804</td>
<td>DNP Practicum for CNS Practice III: Strategic Planning in Healthcare</td>
<td>3</td>
</tr>
<tr>
<td>CNS805</td>
<td>DNP Practicum for CNS Practice IV: Capstone Immersion for CNS Independent Practice (2 semesters)</td>
<td>6</td>
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<td></td>
<td><strong>AG-CNS Role/Population Specific Total</strong></td>
<td>44</td>
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<tr>
<td></td>
<td>DNP Adult-Gerontology Clinical Nurse Specialist Program Total Credits</td>
<td>94</td>
</tr>
</tbody>
</table>

**ATCN (Certification) & ACLS (Certification)**

Perioperative specialty content is woven within multiple courses across the 3-year program and is highlighted within the course description where this content is included. The implementation, timing, and availability of clinical sites, adjunct faculty, USU resources and...
opportunities for interdisciplinary collaboration. Curriculum adjustments may be made throughout this program to meet any changes in national standards.

**XI. ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST (AG-CNS) MASTER OF SCIENCE IN NURSING (MSN) PROGRAM OPTION**

Scope: Wellness to Acute Care Specialty Focus: Perioperative Continuum of Care

**MISSION**

The Mission of the Uniformed Services University Adult-Gerontology Clinical Nurse Specialist (AG-CNS) program is to educate safe, competent Clinical Nurse Specialists who are able to practice independently in response to worldwide missions in the Uniformed Services in support of the adult and geriatric population across the wellness through acute care continuum with the specialty focus of perioperative nursing.

**PHILOSOPHY**

The Adult-Gerontology Clinical Nurse Specialist (AG-CNS) program is dedicated to graduate education of nurses in the uniformed services within the advanced practice role of the Clinical Nurse Specialist (CNS). The program prepares nurses for the care of the adult and geriatric population across the wellness to acute care continuum, and includes specialty preparation in perioperative nursing. The educational focus is on the integration of clinical practice, management & leadership, evidence-based practice/scholarship, education, and consultation into the single multifaceted advanced practice role of a CNS. The program integrates evidence-based theory and practice concepts to enable students to critically analyze scientific literature, evaluate nursing outcomes, translate evidence to support clinical, fiscal, and managerial decision-making, and develop advanced practice skills necessary to function in increasingly complex healthcare settings and assist in the transformation of healthcare to improve safety and outcomes for our patients.

The rigorous curriculum not only stresses concepts supporting direct care for individuals, families and populations; but also inter-professional relationships between nurses, physicians, and healthcare organizations in an effort to improve patient outcomes through process and system changes. As such, graduates from the program are uniquely qualified to manage quality care of the adult-geriatric population across the continuum from wellness through acute care; analyze healthcare systems/processes to optimize patient outcomes; and guide change in support of high reliability organizations in healthcare.

In addition to the role and population focus of the AG-CNS program, additional content is provided to support the specialty focus of perioperative nursing. From a specialty perspective, the program emphasizes building leadership within the perioperative environment to improve patient care outcomes; enhance the delivery of evidence based care; and improve the business side of healthcare focused on efficiency, productivity, and overall management in the care of the surgical patient. The specialty focus of the program supports the advanced practice CNS role across the perioperative continuum of care to enhance the care of patients and families undergoing operative and other invasive procedures.
DESIGN

The Doctor of Nursing Practice (DNP) AG-CNS program is **24 months of full-time study** combining didactic and clinical experiences across the wellness through acute care continuum within the five domains of the Clinical Nurse Specialist (CNS): leader/manager, consultant, educator, scholar (evidence-based practice) and clinical expert within the three spheres of influence for CNS practice (patient, nurse and organization). Within the 2 year program, on average, graduates will obtain over 1056 hours of clinical experience working with masters and doctorally-prepared managers, clinical nurse specialists, physician assistants, clinical and surgeon champions, and subject matter experts within federal and civilian healthcare facilities. In addition to educational preparation for the role and population, the program is designed to include clinical and didactic specialty content in perioperative nursing. All clinical assignments are designed in concert with the leadership at the clinical sites in an effort to develop “real world application” experiences that demonstrate the student’s ability to translate knowledge gained in the classroom into clinical practice. The approximate clinical hour distribution supporting the CNS role across the wellness through acute care continuum as well as within the perioperative specialty for the adult-gerontology population is as follows: wellness/primary care through acute care continuum – 256 clinical hours (25%); acute care – 380 clinical hours (35%); and CNS practice within the perioperative continuum – 420 clinical hours (40%).

The curriculum meets or exceeds the National Association for Clinical Nurse Specialist (NACNS) National CNS Competency Task Force Organizing Framework and Core Competencies (2008) and is aligned with the (1) American Association of Colleges of Nursing (AACN) 2011 Essentials of Master’s Education in Nursing; (2) 2008 Consensus Model for Advanced Practice Registered Nurses (APRN) Regulation: Licensure, Accreditation, Certification & Education (LACE); (3) 2010 AACN Adult-Gerontology Clinical Nurse Specialist Competencies; (4) 2011 Criteria for the Evaluation of Clinical Nurse Specialist Masters, Practice Doctorate, and Post-graduate Certificate Educational Program (5) 2010 AACN Scope and Standards for Acute and Critical Care Clinical Nurse Specialist Practice; (6) Association of periOperative Registered Nurses (AORN) 2006 Position Statement on the Perioperative Advanced Practice Nurse; (7) AORNs 2010 Perioperative Advanced Practice Nurse Competencies.

Graduates from this program are prepared to sit for advanced practice certification as a Clinical Nurse Specialist in Adult-Gerontology offered by the American Nurses Credentialing Center (ANCC) and the American Association of Critical Care Nurses (AACN) Certification Corporation. Additionally, graduates are eligible to sit for specialty certification as an advanced practice Perioperative CNS offered by the Credentialing and Certification Institute (CCI). This specialty certification links the CNSs initial licensure certification as an APRN to that of specialty practice to validate specialty specific competencies at the APRN level of practice within the perioperative continuum of care.

PROGRAM-SPECIFIC TERMINAL OUTCOME COMPETENCIES

Upon completion of the AG-CNS MSN program, the graduate student will demonstrate mastery of the following:

**Sphere of Influence: Client**

**AG-CNS as an Advanced Practitioner**

- Demonstrate critical thinking and sound scientific reasoning skills in clinical decision-
making for the adult-gerontology population.

- Improve patient outcomes through application of advanced cognitive, psychomotor, cultural, and physiological principles in assessment, diagnosis, monitoring, management and evaluation of human response to acute and chronic illness, surgical intervention or the wellness continuum related to changes in life processes.
- Develop comprehensive nursing care plans/critical pathways based on current theories, evidence based practice, safety, efficacy, standards of care, and advanced clinical knowledge and expertise processes.

**Sphere of Influence: Nurse and Nursing Practice**

**AG-CNS as an Educator**

- Identify and implement process/system interventions to decrease risk of iatrogenic injuries.
- Apply adult learning theory/principles to enhance practice skills and knowledge of clinical staff.
- Provide anticipatory guidance for expected and potential rapidly changing and complex situational events.
- Develop, coordinate, implement and evaluate an educational program for clinical staff and/or patient education.

**AG-CNS as a Scholar (Evidence-Based Practice)**

- Expand the scientific base of nursing practice by utilizing, facilitating, and conducting research-based/evidence-based clinical projects and integrating concepts within course assignments.
- Explore practice protocols, ensuring ethical and legal practices are maintained throughout the process.
- Apply a theory-based conceptual framework to guide practice.
- Critically analyze and conduct evidence-based clinical projects and course assignments pertinent to clinical management of the adult-gerontology population.
- Contribute to the scientific nursing literature by presenting and publishing scholarly works.
- Disseminate recent innovations and evidence-based findings that are relevant to practice and patient outcomes.

**Sphere of Influence: Organization / System**

**AG-CNS as a Consultant**

- Utilize clinical expertise to collaborate and/or consult with members of the health care team regarding patient outcome variations.
- Serve as nursing expert in support of an inter-professional team in planning care for the adult-gerontology population.
- Incorporate the role of clinical expert, educator, researcher, and manager in the application of change theory during the consultation process.

**AG-CNS as a Manager/Leader**

- Perform departmental systems review to identify, develop, implement and evaluate programs in support of patient safety, patient outcomes, efficiency and/or productivity.
• Provide leadership in building an inter-professional team for collaborative relationships and innovative partnering practices in support of program development.
• Utilize financial and resource principles to formulate budgetary, staffing, supply, capital equipment management, and cost containment strategies.
• Evaluate implications of federal health care policy as they relate to health care professionals, clients, ethics and the delivery of care within the practice setting.

“client” represents patient, family, community, group, and population

AG-CNS MSN PROGRAM OUTCOME, GRADUATION CRITERIA AND MEASURES

The graduate, upon completion of the AG-CNS MSN program, will exhibit the following, either through written and/or oral examination or through behavioral demonstrations.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>MEASURE</th>
</tr>
</thead>
</table>
| 1. Comply with GSN requirements for graduation. | • Completion of the following:  
• 24 months of full time study  
• Required number of semester credits and clinical hours outlined for the program  
• Clinical Inquiry Project |
| 2. Comply with program requirements for graduation. | • Overall GPA of 3.0 or above  
• Achieve the minimum grade required in each course.  
• Obtain a minimum of 1000 clinical hours in the population/role of the AG-CNS  
• Complete all practicum requirements  
• Maintain CNOR certification  
• Maintain certification in BLS and ACLS (PALS, NRP optional) throughout the program |
| 3. Able to meet the mission of the USU Adult-Gerontology Clinical Nurse Specialist program. | • Meets the GSN and AG-CNS program’s terminal competency outcomes  
• Recommended by the AG-CNS Program Director for graduation |

CLINICAL ROTATIONS

Clinical rotations focused on experiences across the wellness to acute care continuum within the adult-gerontology population are integrated into the AG-CNS specialty courses. In consultation with the leadership at the various clinical sites and clinical preceptor(s), students receive focused clinical site experiences and exposure to projects within the five CNS domains. The evaluation of student performance during the clinical rotations is the responsibility of program faculty; however, clinical preceptors provide significant input regarding their observation of the student’s daily clinical practice. Students clinical learning needs are continually assessed through the combination of clinical logs, preceptor evaluations, formative evaluations, and projects completed. Additional specialty rotations supporting advanced clinical practice are integrated into the program and include rotations across the perioperative continuum. If at any time students feel their clinical needs are not being met, it is the student’s responsibility to inform the clinical coordinator and/or the program director so that appropriate action can be taken.
Clinical site rotations are established each semester and rotate throughout the three year program of study to maximize student experiences. The primary clinical sites utilized in the program include: Walter Reed National Military Medical Center, Bethesda, MD and Fort Belvoir Community Hospital, Virginia. Additional clinical sites utilized within and beyond the national capital area may include: INOVA, Virginia; Ambulatory Surgery Center, Joint Base Andrews Air Force Base, MD; Shock Trauma (C-STARS), Baltimore; Kimbrough Ambulatory Care Clinic, Fort Meade, MD; Veterans Administration, Washington, D.C.; National Institute of Health (NIH), MD; Portsmouth Naval Hospital, VA; 633d Medical Group, Langley AFB, VA; Darnell Army Medical Center, Fort Hood, TX; and 96th Medical Group, Eglin AFB, FL. Based on the needs of the program, additional sites will be established.

CLINICAL DUTY HOURS

Clinical Experience: Individual clinical assignments are made by the AG-CNS faculty.

- Clinical experiences and time spent at the clinical site varies by semester, course, and clinical rotation.
- Individual student clinical assignments will be determined at the beginning of each semester.

Perioperative specialty content is woven within multiple courses across the 2-year program and is highlighted within the course description where this content is included. The implementation, timing of course offerings may vary depending on availability of clinical sites, adjunct faculty, USU resources and opportunities for interdisciplinary collaboration. Curriculum adjustments may be made throughout this program to meet any changes in national standards.
## MSN Adult-Gerontology Clinical Nurse Specialist (AG-CNS) Curriculum

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>GSN701</td>
<td>Advanced Practice Role</td>
<td>1</td>
</tr>
<tr>
<td>GSN702A</td>
<td>Organizational and Systems Leadership in Healthcare Ethics</td>
<td>3</td>
</tr>
<tr>
<td>GSN703</td>
<td>Policy in Federal Health Systems</td>
<td>3</td>
</tr>
<tr>
<td>GSN706</td>
<td>Healthcare Informatics</td>
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**MSN Adult-Gerontology Clinical Nurse Specialist Program Total Credits**: 73
### Appendix A: Frequently Called Numbers

**Area Code: 301**

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<tr>
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<tr>
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<tr>
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Appendix B: Emergency Evacuation

Emergency Evacuation Visual Aid

All University Occupants (to include military, civilians, contractors, and visitors) will move to the recreational ball field located East of the University.

How to Evacuate

Unless otherwise directed by emergency response personnel, occupants will utilize fire evacuation signs posted throughout campus facilities.

Where Do I Fit In?

The chart above outlines where your department or organization will be located on the ball field.
Appendix C: Student Absence Algorithm

***Attendance at Commandant's Calls is mandatory. Except in cases of emergencies, only the Commandant can grant exceptions****