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A Welcome Message from the Program Director

Dear Incoming AG-ACNP and AG-ACNP/CNS Students,

A warm welcome to the AG-ACNP/CNS Program! The role of the advanced practice nurse is one of autonomy and respect. These qualities are not achieved in a few weeks or a few months, but throughout your career by your dedication and perseverance as an adult learner in a dynamic clinical setting. Your individual experience will depend upon the time and effort you place into developing your skills and maturing in your role as an advanced practice nurse. The clinical faculty is responsible for clinical instruction, support and professional mentoring. This support and mentoring will assist you in making the professional transition from clinician to advanced practitioner. The responsibilities are great, but the impact that you may have on countless lives is immeasurable. On behalf of the faculty of the Georgetown Adult Gerontology Acute Care Nurse Practitioner and Adult Gerontology Clinical Nurse Specialist Program, we would like to wish you much success.

Sincerely,

Tiffany Purcell Pellathy, MS, ACNP-BC
Director, AG-ACNP/CNS Program
School of Nursing & Health Studies
3700 Reservoir Road, NW, St. Mary’s Hall Room 421
Box 571107, Washington, DC 20057-1107
I. AG-ACNP/CNS Program Overview

The Georgetown University AG-ACNP/CNS Program currently offers two concentrations: AG-ACNP and the blended, AG-ACNP/CNS. As of February 2014, the university is no longer admitting students into the AG-ACNP/CNS Program. For students admitted to the AG-ACNP/CNS program prior to February 2014, the curriculum will continue to be offered through the fall of 2016.

The philosophy and mission of the Adult Gerontology Acute Care Nurse Practitioner and Adult Gerontology Clinical Nurse Specialist (AG-ACNP/CNS) programs are consistent with the philosophy of the University and incorporates common major threads that make up the conceptual nursing framework of the School of Nursing and Health Studies. These threads include: human flourishing, social justice, the common good, professional care, compassion, and Individual and collective excellence. The AG-ACNP/CNS Program curriculum is based on the guidelines for program standards and outcomes as compiled and edited by the National Organization of Nurse Practitioner Faculties (NONPF) and the National Association of Clinical Nurse Specialists (NACNS).

There are six specialty courses in the AG-ACNP Program and seven specialty courses in the AG-ACNP/CNS Program which are sequential and build on the knowledge and skills learned in previous courses to develop competency in assessment and management of common acute and chronic medical conditions. AG-ACNP/CNS students will learn to assess, plan, and evaluate care. Students will learn how to interpret laboratory and diagnostic data and to incorporate non-pharmacologic and pharmacologic therapeutics into their treatment plan. Upon completion of the program, students will be prepared to care for adult patients and families in the acute care setting.

Advanced Practice Students in AG-ACNP/CNS function in three spheres of influence: patients and families, nurse to nurse and system spheres. Incorporation of the knowledge and skills needed to care for patients of diverse cultural backgrounds and clients from underserved areas is an important component of the curriculum. In the clinical setting, students are placed with preceptors in acute care settings that serve the adult gerontology populations. Students gain expertise in clinical expert, caring practices, collaboration, clinical inquiry, facilitator of learning, cultural diversity, moral advocacy and systems thinking.

The Georgetown University School of Nursing and Health Studies and the AG-ACNP/CNS Program continue to build excellence through the use of new and innovative teaching methods, diverse clinical experiences, and state-of-the-art technology.

AG-ACNP/CNS students complete clinical learning experiences with adult and geriatric populations in acute care settings. Examples of types of settings include: cardiology practices, internal medicine practices, emergency departments, intensive care units, progressive care units, step down units, telemetry units, and medical surgical floors to name a few. Students begin their clinical courses focusing on developing clinical
expertise while practicing history taking and physical examinations with patients experiencing acute and chronic illnesses. The acuity level of patients increases throughout the clinical rotations. Students advance their clinical expertise by progressing to management of acute and chronic illnesses in adult patients under the guidance and supervision of their preceptors. Students assess learning needs and plan educational offerings for nursing staff as well as interdisciplinary teams to improve patient outcomes. In acute care settings, students translate best evidence into clinical practice. Under the guidance of an expert preceptor, students complete a unit culture assessment, a consultation project and a major change project to improve patient outcomes.

After successful graduation from the AG-ACNP program, students will be eligible to take the national certifying exam for AG-ACNP. After successful graduation from the AG-ACNP/CNS program, students will be eligible to take two national certifying examinations, one for AG-ACNP and one for AG-CNS. The examinations are offered by both the American Nurses Credentialing Center (ANCC) and the American Association of Critical Care Nurses (AACN).
II. AG-ACNP/CNS Curriculum Overview

Terminal behaviors are clearly defined for students in the clinical courses and corresponding content objectives are found in each unit with core resources identified for obtaining knowledge. These resources include required texts as well as articles, and web reference sites that are considered to be essential to the topic addressed. In the realm of building life-long learning, students are expected to seek out additional sources of information, which include reference sources as well as input from their faculty, preceptors, community leaders, national professional organizations, related professions, and the current press. Throughout the Acute Gerontology program, students will be encouraged to learn from multiple sources and to become fluent in means of accessing the most current, evidenced based information to apply to their practice. Each student is expected to assume responsibility for their own learning and mastery of the terminal objectives and individual course objectives. The AG-ACNP/CNS Program is guided by adult learning theory, which states adult learners:

a) Are self directive co-creators of their learning experiences
b) Have rich life experiences upon which to draw
c) Are ready to engage in the learning process
d) Seek relevant learning experiences in their area of study
e) Respond better to internal versus external motivators for learning.

AG-ACNP/CNS graduate students are encouraged to become members of the national professional organization, the American Association of Critical Care Nurses (AACN) or Nurse Practitioner Organizations. Membership in one of the local chapters of these organizations is strongly encouraged. Students are also encouraged to attend their annual professional meetings. Attendance at a minimum of two local chapter meetings during the program is recommended. In order to maximize the experience of involvement in this regional state-of-the professional meeting, the faculty will involve the students in their own regional and national level activities in order to introduce the students to leaders and members and create networking opportunities.

National Specialty Certification Requirement

If not obtained prior to entering the program, AG-ACNP/CNS graduate students are required to obtain national certification in their area of specialty and upload proof of certification to Certified Background prior to registering for semester three. Obtaining specialty certification validates nurses’ expert knowledge and skills, positions students for professional recognition and provides a critical sense of confidence in your knowledge that will benefit you as you assume the new role of an advance practice nurse. Specialty certifications recognized by the AG-ACNP/CNS program include: Certified Critical Care Nurse (CCRN), Certification for Progressive Care Nurses (PCCN), Certified Emergency Nurse (CEN) and Oncology Certified Nurse (OCN).
Adult Gerontology Acute Care NP and Adult Gerontology Clinical Nurse Specialist Competencies

The entry-level competencies for all adult-gerontology acute care nurse practitioners (Appendix A) and adult gerontology clinical nurse specialists (Appendix B) were developed by The National Organization of Nurse Practitioner Faculties (NONPF) and the American Association of Critical Care Nurses. The adult-gerontology population-focused competencies build on the graduate and APRN core competencies, NP core competencies, and CNS core competencies. The patient population includes young adults, adults, and older adults. Preparation of the graduate with the entry-level competencies includes preparation across the entire adult to older adult age spectrum. The scope of practice is not setting specific but instead based on the patient care needs. The AG-ACNP and AG-CNS applies evidence in practice designed to improve quality of care and health outcomes.
III. AG-ACNP/CNS Graduate Course Content

All core courses are listed and described in the Graduate Student Handbook at: http://nhs.georgetown.edu/students/graduate/forms/. The AG-ACNP and AG-ACNP/CNS specialty course descriptions are repeated and further described herein:

NURO-469: Anatomy for Healthcare Professionals
This course provides the student with an overview of the human body by the exploration of the human dissected cadaver. The students will examine organ systems by region following a brief lecture on the topic. The lecture will focus on the clinical interplay of form and function, while the lab will relate to the 3-dimensional aspects of anatomy. (1 Credit)

NURO-692: Best Practices in Teaching & Learning
This course focuses on the concepts and methods of designing and implementing educational programs in a variety of professional settings. Students will explore educational topics such as learning theories, the instructional design process for the development of professional or patient/family education programs including selection of objectives. This course will also introduce content and evaluation methods, teaching/learning strategies to facilitate critical thinking, and leadership concepts crucial for success in the facilitator of learning role. (3 Credits)

NURO-670: Diagnostic Reasoning
This course applies the principles learned in advanced health assessment by teaching diagnostic reasoning skills needed to assess and manage the care of acutely ill adult and gerontology patients. The student will evaluate diagnostic studies and develop differential diagnoses for the acutely ill population and develop safe clinical decision-making strategies. Students will demonstrate skilled communication to improve quality patient outcomes and ensure safe patient care. The scope and practice of the advanced practice nurse will be introduced through the American Association of Critical Care Nurses' Synergy Model and ACNP and CNS Scope and Standards of Practice. (3 Credits)
Co-requisites: NURS/NURO-546, NURS/NURO-528

NURO-673: Adult Gero ACNP I
This course focuses on the theoretical and clinical foundation of advanced practice nursing management of acute and chronic health care problems common to adult and geriatric patients. Emphasis is placed on the diagnosis and management of acute episodic and chronic conditions of adult and geriatric patients, while integrating the American Association of Critical Care Nurses Synergy Model as a basis for advanced practice. Students utilize clinical practice guidelines to ensure safe evidenced based care. Case studies are used to challenge students to critically think and to improve quality outcomes for patients. Inter-disciplinary collaboration among health care providers is promoted. Clinical experiences are provided in a variety of direct patient care settings, 200 hours. (4 Credits)
Pre-requisites: NURS/NURO-670, NURS/NURO-528, NURS/NURO-546
Co-Requisites: NURS/NURO 544

NURO-676: Adult Gero ACNP/CNS I
This course focuses on the theoretical and clinical foundation of advanced practice nursing management of acute and chronic health care problems common to adult and geriatric patients. Emphasis is placed on the diagnosis and management of acute episodic and chronic conditions of adult and geriatric patients, while integrating the American Association of Critical Care Nurses Synergy Model as a basis for advanced practice. Students utilize clinical practice guidelines to ensure safe evidenced based care. Case studies are used to challenge students to critically think and to improve quality outcomes for patients. Inter-disciplinary collaboration among health care providers is promoted. Clinical experiences are provided in a variety of direct patient care settings, 250 hours. (4 Credits)
Pre-requisites: NURS/NURO-670, NURS/NURO-528, NURS/NURO-546
Co-Requisites: NURS/NURO 544

NURO-677: Adult Gero ACNP II
This course focuses on the progressive development of the adult gerontology ACNP in health promotion, prevention, diagnosis and management of acute episodic and chronic conditions common to adult and geriatric patients. Emphasis is placed on progressing competency in the formation and evaluation of comprehensive evidence based plans of care for complex and multisystem disorders. Integration of the American Association of Critical Care Nurses Synergy Model will serve as a basis for advanced practice. Student clinical experiences are provided in a variety of direct patient care and acute care settings, with emphasis on collaborative partnerships among health care professionals to ensure patient safety and quality patient outcomes, 200 hours. (4 Credits)
Pre-requisites: NURS/NURO-544, NURS/NURO-673

NURO-678: Adult Gero ACNP/CNS II
This course focuses on the progressive development of the adult gerontology ACNP/CNS nurse in health promotion, prevention, diagnosis and management of acute episodic and chronic conditions common to adult and geriatric patients. Emphasis is placed on progressing competency in the formation and evaluation of comprehensive evidence based plans of care for complex and multisystem disorders. Integration of the American Association of Critical Care Nurses Synergy Model will serve as a basis for advanced practice. Student clinical experiences are provided in a variety of direct patient care and acute care settings, with emphasis on collaborative partnerships among health care professionals to ensure patient safety and quality patient outcomes, 200 hours. (4 Credits)
Pre-requisites: NURS/NURO-544, NURS/NURO-676 or 673

NURO-695: Adult Gero ACNP III
This course focuses on the advanced synthesis of the theoretical and clinical foundation of advanced practice nursing in the care and management of acute and chronically ill adult and geriatric patients. Emphasis is placed on advancing competency in the
formation and evaluation of comprehensive evidence based plans of care for complex and multisystem disorders in adult and geriatric patients. Integration of the American Association of Critical Care Nurses Synergy Model will serve as a basis for advanced practice. Content addresses the professional and ethical aspects of advanced clinical practice. Extensive clinical experiences prepare the student to assume the role and professional responsibilities of the entry-level adult gerontology ACNP, 200 hours. (4 Credits)

Pre-requisite: NURS/NURO-677 or 678

NURO-696: Adult Gero ACNP/CNS III
This course focuses on the advanced synthesis of the theoretical and clinical foundation of advanced practice nursing in the care and management of acute and chronically ill adult and geriatric patients. Emphasis is placed on advancing competency in the formation and evaluation of comprehensive evidence based plans of care for complex and multisystem disorders in adult and geriatric patients. Integration of the American Association of Critical Care Nurses Synergy Model will serve as a basis for advanced practice. Content addresses the professional and ethical aspects of advanced clinical practice. Extensive clinical experiences prepare the student to assume the role and professional responsibilities of the entry-level adult gerontology ACNP/CNS, 250 hours. (4 Credits)

Pre-requisite: NURS/NURO-678

NURO-716: Adult Gero ACNP/CNS IV
This is the final course for the Adult Gerontology ACNP/CNS program; the student will refine their knowledge and skills in evidence-based practice, and evaluate patient outcomes for complex adult and gerontology patients within a system. Emphasis is placed on conducting a unit culture assessment, implementing a change project within a system and assuming the role of consultant regarding aspects of advanced clinical nursing practice. Application of values-based nursing concepts and a culturally sensitive approach to practice are also emphasized. The American Association of Critical Care Nurses Synergy Model provides a framework for advanced practice. Extensive clinical experiences prepare the student to assume the professional responsibilities of the clinical nurse specialist role, 200 hours. (5 Credits)

Pre-requisite: NURS/NURO-696

Textbooks
Textbooks for each course will be available at the University Bookstore unless otherwise designated by the professor.
### IV. On-Campus Programs of Study

**Campus AG – ACNP/CNS**
Full-time Program of Study

#### First Semester Fall

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<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>NURS-546</td>
<td>Advanced Concepts of Pathophysiology</td>
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<td>NURS-469</td>
<td>Anatomy for Healthcare Professionals</td>
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<td>NURS-528</td>
<td>Advanced Health Assessment</td>
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<td>NURS-670</td>
<td>Diagnostic Reasoning</td>
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<td>Advanced Concepts of Pharmacology</td>
<td>3</td>
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<td>NURS-676</td>
<td>AG-ACNP/CNS I</td>
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</tr>
<tr>
<td>NURS-692</td>
<td>Best Practices in Teaching and Learning</td>
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#### Third Semester Summer

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<td>Professional Aspects of Advanced Practice Nursing</td>
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<td>NURS-530</td>
<td>Research Methods &amp; Biostatistics</td>
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<td>NURS-624</td>
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#### Fifth Semester Spring

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<td>NURS-540</td>
<td>Research Evidence &amp; Best Practices in Health Care</td>
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<tr>
<td>NURS-518</td>
<td>Biomedical Ethics</td>
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Total Program Credits = 48

**AG-ACNP/CNS: 900 Clinical hours**
- NURS 676: 250 hrs
- NURS 678: 200 hrs
- NURS 696: 250 hrs
- NURS 716: 200 hrs
## Campus AG – ACNP/CNS
### Part-time Program of Study

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<td>NURS-546</td>
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<td>NURS-624</td>
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<td>NURS-528</td>
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<td></td>
<td>NURS-670</td>
<td>Diagnostic Reasoning</td>
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<th>Course Number</th>
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<td>NURS-676</td>
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<td>Research Evidence &amp; Best Practices in Health Care</td>
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<th>Total Program Credits = 48</th>
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<th>AG-ACNP: 600 Clinical hours</th>
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### Part-Time Adult Gerontology Acute Care Nurse Practitioner/Adult Gerontology Clinical Nurse Specialist

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
<th>Semester 3</th>
<th>Semester 4</th>
<th>Semester 5</th>
<th>Semester 6</th>
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<tr>
<td>N469 Anatomy of Healthcare Professionals (1)</td>
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These plans of study are intended as samples. Upon enrollment, students are provided with an individualized plan of study which is subject to change.

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<tr>
<th>AG-ACNP/CNS 500 Clinical hours</th>
<th>AG-ACNP 600 Clinical hours</th>
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<td>NURO 678: 200hrs</td>
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<td>NURO 696: 250hrs</td>
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<td>NURO 716: 200hrs</td>
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### Part-Time Adult Gerontological-Acute Care Nurse Practitioner

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<th>Semester 2</th>
<th>Semester 3</th>
<th>Semester 4</th>
<th>Semester 5</th>
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<tbody>
<tr>
<td>NS46 Advanced Concepts in Physiology &amp; Pathophysiology (3)</td>
<td>NS44 Advanced Concepts in Pharmacology (3)</td>
<td>NS28 Advanced Health Assessment (3)</td>
<td>Health Assessment On-Campus Intensive</td>
<td>N676 Adult Gerontology ACNP I (4)</td>
<td>N678 Adult Gerontology ACNP II (4)</td>
<td>N696 Adult Gerontology ACNP III (4)</td>
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<td>N518 Health Care Ethics (2)</td>
<td>NS30 Research Methods &amp; Biostatistics for Health Care Providers (3)</td>
<td>N670 Diagnostic Reasoning &amp; Clinical Decision Making (3)</td>
<td>Health Assessment On-Campus Intensive</td>
<td>N540 Research Evidence &amp; Best Practices in Health Care (3)</td>
<td>NS38 Professional Aspects of Advanced Practice Nursing (3)</td>
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Dates are subject to change.

**Refer to the links above for more information regarding your OCI. Specific dates are updated as they become available.**

**AG-ACNP: 600 Clinical hours**
- NURO 676: 200 hrs
- NURO 678: 200 hrs
- NURO 696: 200 hrs
VI. Academic Expectations and Policies

Academic Integrity

All graduate students at Georgetown University are expected to maintain high standards of integrity in the pursuit of their educational and professional goals. This includes an expectation to abide by the University Honor Pledge:

“In the pursuit of the high ideals and rigorous standards of academic and professional life, I commit myself to respect and uphold the Georgetown University Honor System: to be honest in any academic endeavor, and to conduct myself honorably as a responsible member of the Georgetown community, as we live and work together.”

Please refer to the Graduate Bulletin at http://grad.georgetown.edu/academics/policies for the full content of this policy.

As a graduate student, you should pay special attention to giving credit to others for their work. Faculty will expect you to cite references using the proper APA format, unless otherwise instructed.

Online Classroom Conduct

Students are expected to attend and participate in all synchronous sessions. Students are expected to login to all live sessions at least 5 minutes prior to the scheduled time to allow for unanticipated technical delays.

Partners, co-workers, children of any age, and pets are not permitted in the synchronous session. Students should not engage in outside conversation during the synchronous session nor should they routinely pause or disable video or audio connection. Mobile devices and other potential sources of background noise or interruption should be silenced. Students should be seated and dressed appropriately in a classroom-type setting, ready to engage in classroom learning. Inappropriate settings include a car, bed, public outdoor venue, coffee shop or restaurant.

Audio equipment must ensure optimal verbal communication while eliminating background noise. Students are discouraged from muting the audio as they should be able to readily participate in class discussion. The use of a headset is highly recommended. Excessive background noise may lead to dismissal from the synchronous session until extraneous noise can be eliminated.

Lighting and camera must be conducive to visualization of the student during the synchronous session. Should a student need to excuse him/herself from the live session the synchronous session faculty should be notified either verbally or via the virtual classroom live chat feature. Students experiencing technical difficulties should make efforts to resolve these issues prior to their scheduled class time by contacting Student Support at 1-877-503-0676.
Virtual Classroom Live Chat

Synchronous session faculty may choose to activate the synchronous session live chat feature. This enables students to make nonverbal contributions to the classroom discussion. Students are not permitted to engage in private chat during class time. Contributions to the chat box should be thoughtful, respectful, and relevant to the course content.

Synchronous Session Attendance

Students are expected to attend and participate in all synchronous sessions. Students are expected to present to class on time having reviewed all assigned materials. A participation grade will be earned throughout the course as students demonstrate preparation and contribution to the class. Credit for synchronous session will only be awarded when the student is present for the entire session.

Students are not permitted to enroll in a class section in which they anticipate consistent late arrival or early dismissal. Students anticipating late arrival or early dismissal must notify his/her synchronous session faculty via email in advance.

Absence from Synchronous Session

The decision as to whether an absence will be excused will be made on an individual basis and at the discretion of the course coordinator and synchronous session faculty. Request for an excused absence must be emailed to the course coordinator and synchronous session faculty as far in advance of the absence as possible, or no later than 48 hours after the absence. Work obligations, vacation travel, and ongoing technical issues are not excused. Students are responsible for any and all content covered during the absence.

Exam, Quiz, and In-Class Assignment Make Up

If an absence has been deemed as an excused absence, students may arrange to make up in-class assignments, quizzes, and exams at the discretion and convenience of the course coordinator and synchronous session faculty. Such arrangements will only be made in the event that the content was missed during an excused absence. Excused absence will be granted in the case of significant extenuating circumstances only. Should an absence be deemed unexcused, a grade of “0” will be given on any missed exam, quiz, or in-class assignment.

Students are not routinely permitted to attend an alternate synchronous session in effort to avoid absence. Permission to permit attendance in an alternate course section will be made in the event of excused absences only and at the discretion of the course coordinator and synchronous session faculty.
Faculty and Student Email Expectations

All course related email correspondence, including correspondence with faculty and clinical preceptors, should take place via the Georgetown University email system. Students are responsible for checking email on a daily basis. Response to email is expected within 24-48 business hours. Students are discouraged from soliciting written correspondence from faculty, academic affairs, or the clinical placement team via contact request as this may delay response time or result in lost messages.

Course Wall Communication

Students are encouraged to engage in collaborative learning through use of the course wall. Wall postings should be thoughtful, respectful, and contribute to the course content. Offensive or inappropriate wall postings will be removed at the discretion of the course coordinator and synchronous session faculty.

Unless specified by faculty, students should not post assignments to the course wall. Private correspondence and inquiries requiring an urgent reply should be emailed to faculty rather than posted on the course wall. Questions posed to faculty on the course wall should be addressed by the course coordinator or synchronous session faculty within 48 hours of posting either on the wall, via e-mail, or in the virtual classroom setting.

Grading of Assignments

As a graduate nursing student, you are required to satisfy the academic standards of the Graduate School as well as the standards of the School of Nursing & Health Studies (NHS). See the Graduate Student Handbook regarding academic standards for progression: http://nhs.georgetown.edu/students/graduate/forms

Preview of Assignments Prior to Submission Deadline

Students are encouraged to review all assignment guidelines and rubrics and pose specific assignment related questions in order to meet assignment expectations. Students may submit assignments prior to the submission deadline, however assignments may not be submitted for pre-grading or in effort to solicit feedback as to how a potential grade may be improved. Assignments submitted prior to the due date will not be graded early.

Sharing/Distribution of Course Materials

Course materials, including, but not limited to, PowerPoints, Word documents, PDFs, 2GU Modules, and virtual classroom recordings, are considered the sole intellectual property of the author. These materials are not to be shared/distributed without the express written consent of the creator/author. Course materials authored/created by faculty will be shared/distributed at his or her discretion. PowerPoints will not be routinely distributed prior to synchronous sessions.
Examination Procedures

Quizzes and exams will be conducted electronically, in the ADOBE classroom during regularly scheduled synchronous session seminar times. A faculty member will proctor exams and it is the student’s responsibility to ensure that their technology and hardware meet the requirements for the 2GU platform and are fully operational throughout the entire testing period. Unless otherwise stated, you may not collaborate with others or use any references during any examination. During the quiz/examination students are not permitted to:

1. Open another browser window or use any other method to look up an answer.
2. Communicate with anyone via online chat, telephone, email, text message, in person, or via any other method.
3. Use your phone or mobile devices.
4. Ask someone to take the exam for you or copy, print, screen capture or photograph exam questions for your personal use or to share with others. Prior to the exam students are required to indicate that they have read and understand the AG-ACNP/CNS Examination Protocol.

Exam sessions are recorded and the AG-ACNP/CNS Examination Protocol will be reviewed by the proctoring faculty and includes the following instructions to students:

- Please clear your workspace and close all tabs and extraneous windows. Only the Adobe room and Blackboard should be active. No notes, books or any additional resources are allowed unless explicitly stated.
- You may keep a watch or clock nearby.
- Students must have working audio and internet connection throughout the entire exam.
  - If webcam and audio are not functioning you will not be permitted to take the quiz/exam.
  - Loss of audio, internet or web camera connection during the exam may result in termination of the student’s exam.
  - Unless instructed by faculty, do not mute your audio.
- Your face must be clearly visible, from clavicle to top of head, throughout the entire exam.
  - Please check periodically to be sure you are visible.
  - Pausing of your webcam during the exam is prohibited.
- Eliminate all background noise as to not disturb your classmates.
- If possible, move microphone from headset away from your face.
- Chat box will be used to notify session faculty when you have completed the exam.
- Content related questions are not permitted.
- You will be given the quiz/exam password immediately prior to the start of the exam. Sharing the password with classmates in any form or under any circumstances is strictly prohibited and considered a violation of the GU Honor Code.
• Any copy/paste, screen capture and/or in any way using or sharing of the content of the quiz/exam, or using any material to assist you with this quiz/exam is a violation of the GU Honor Code.
• If you experience technical difficulties while taking a quiz/exam through the 2GU platform please notify the proctoring faculty and contact Student Support immediately at 1-877-503-4676.
• To complete the exam, click “Save and Submit”. You are allowed one attempt at the quiz/exam, but you are allowed to go backward and forward in the quiz/exam before you submit for final grading.

Students are expected to log in to the online platform on time for all examinations and quizzes. Failure to be present at the start of an examination may lead to decreased time to complete the examination or inability to proceed with the examination or quiz. Any student experiencing problems accessing the online platform should notify their instructor and Student Support at 1-877-503-4676 immediately.

Students are expected to have reliable internet and phone access for the duration of examinations and quizzes. Repeated interruptions to internet and phone access may result in loss of opportunity to take the quiz/exam.

**Review of Quizzes/Examinations**

To preserve quiz/examination integrity, students are not permitted to review the quiz/examination after it has been administered. Examination items and concepts may be reviewed during class time after all students have taken the quiz/exam and at the discretion of the course coordinator and synchronous session faculty. Students who perform poorly on an exam may be required to meet individually with course faculty to review concepts and test taking strategies. Students are encouraged to email the course coordinator and synchronous session faculty with questions related to specific quiz/examination items. Students are advised to submit questions related to specific quiz/examination items after all sections of the course have completed the exam, the course coordinator has addressed any exam items of concern, and examination grades have been posted.
Acute care clinical experiences are available at a variety of sites. Clinical placements are secured through partnership with faculty, students, and the clinical placement team. Students are encouraged to proactively engage their community providers in partnership with the placement team. The Clinical Placement Director will review and approve all placements for ability to meet course objectives. Clinical assignments may be rotated and/or changed at the discretion of the Clinical Placement Director, to meet individual student learning needs or site requirements. Individual requests for site, type of experience and scheduling will be considered, but cannot be guaranteed.

Clinical experiences are available at a variety of sites. Clinical placements are secured through partnership with faculty, students, and the clinical placement team. Students are encouraged to proactively engage their community providers in partnership with the placement team. The Clinical Placement Director will review and approve all placements for ability to meet course objectives. Clinical assignments may be rotated and/or changed at the discretion of the Clinical Placement Director, to meet individual student learning needs or site requirements. Individual requests for site, type of experience and scheduling will be considered, but cannot be guaranteed.

Clinical sites are dependent on contractual agreements between Georgetown University School of Nursing & Health Studies and the site. There may be times when these legal matters are protracted, resulting in delayed clinical assignments. Every effort will be made to match students in an appropriate clinical placement. Occasionally, contractual regulations limit placement.

Clinical sites and preceptors serve our students on a voluntary basis. Occasionally, changes within a practice may necessitate an unanticipated change in schedule or loss of the site for clinical experience. The faculty will make every effort to have the student reassigned, but a delay in completion of clinical experience is possible. It is possible that, due to circumstances out of the control of the program and the student, that clinical progression may be interrupted and graduation from the program may be delayed. Students will work with Academic Affairs regarding options should this occur, which may include a leave of absence, altered plan of study, and/or a grade of incomplete in a course. In the event that this occurs in the last term of the program, the student may be granted “continuous enrollment” status, which is associated with a minimal fee.

Clinical assignments are based on the needs of the student and made in conjunction with the Clinical Placement Team and Clinical Placement Director. Neither campus nor on-line students can be guaranteed a local site for any clinical experience. Expenses for clinical experiences are to be covered by the student and should be anticipated and planned for in advance. Students are expected to provide their own transportation to and from clinical and there is no guarantee that public transportation can be available at a clinical site. The faculty recognizes that many students need to continue outside employment while completing their education. Regrettably, clinical placements and class offerings may not be able to accommodate students’ work schedules, and may not be available in enough time for students to plan their work schedules. The program is unable to alter class schedules or clinical rotations to accommodate students’ work schedules. If, at any point in the program, a student elects to undertake a full-time course load, it is strongly advised that the student be prepared not to be employed during that semester.
AG-ACNP/CNS Placement Principles

1. Students will have a placement plan developed in conjunction with the placement team and approved by faculty. This plan will map out the planned placement of the student through the entire course of study. Development of the placement plan should be initiated at the initial welcome call and approached with thoughtful sequencing to begin with the first placement.

2. Clinical hours will, optimally, be with a nurse practitioner (NP) in an adult acute care setting.

3. All NP preceptors will hold certification from AANP, ANCC or AACN as a Nurse Practitioner.

4. All CNS preceptors will hold certification from either ANCC or AACN as a Clinical Nurse Specialist.

5. Students will be placed at sites where the preceptor to student ratio is 1:1.

6. Physician preceptors will be considered on a case-by-case basis, however Physician Assistants are not to be used as clinical preceptors.

7. All students are required to maintain active and unrestricted RN licensure in their state of residence. In addition, students are required to obtain RN licensure in bordering states that are within 100 miles. Failure to have active unrestricted RN licensure in a student’s state of residence and bordering states within 100 miles may interrupt clinical progression.

Placement Timeline/Late Placements

The placement process begins at the time of admission. A variety of circumstances may affect the ability to place a student on time, including regional limitations, state regulations, and preceptor or site availability, therefore, there is the potential for a clinical placement to not be successfully secured on time for a clinical course. In order to begin a clinical course, students must be placed four weeks prior to the start of the term. When students are not placed four weeks prior to the start of the term, a student will be required to decelerate their plan of study, and in some cases, a relocation or additional travel distance may be involved as outlined in the Clinical/Practicum Placement Articulation of Expectations and Agreement (appendix C), which was signed prior to admission. While every effort is made to achieve 100% successful placement, on-time placement is not guaranteed. As active participants in the placement process, students are expected to actively engage in the clinical placement process and provide all available information they may have regarding referrals, contacts, or potential sites/preceptors. The clinical placement team will regularly communicate with students regarding the status of various placement rotations.

8 weeks prior to clinical course: Early notification to students for placements in process that are not yet secured for the clinical course.

4 weeks prior to clinical course: Students are notified of secured placements; Students who do not have a clinical placement secured will not be able to
progress into the clinical course and will be contacted by academic affairs regarding their program of study.
Change of Address/Relocation Policy

Students, particularly in the online learning environment, may be transient and occasionally relocate for personal reasons unrelated to graduate studies. Relocation may impact your plan of study, progression in the program, and the ability to secure appropriate clinical placements. Every effort will be made to accommodate a timely clinical placement given relocation, however a delay should be anticipated.

**A minimum notice of at least one term (16 weeks)** is required in order to provide ample time to identify a new clinical/practicum placement.

Due to challenges in clinical/practica placement, notification of greater than one term (16 weeks) is strongly advised. If relocation is needed with less than one term of notice Georgetown will not attempt to secure a placement with less than 16 weeks notice, and a Leave of Absence may be required.

Even with advance notice, relocation may result in a delay in your academic progression (or a Leave of Absence) and completion of clinical terms, or a deceleration in your plan of study. State specific regulatory requirements may additionally delay the ability to make a timely re-placement for your clinical term(s).

In the event that relocation is necessary during a clinical term, there is an expectation you will complete your clinical hours for that term in your assigned site.

If you are moving to a new state, you need to determine if you will need to acquire a new RN license in that state. Please refer to your program faculty for location-based licensure information and requirements. It should also be considered if obtaining a license in a bordering state is worthwhile, and this conversation should take place with your CFA and Placement Team Specialist.

At the first point in time that a relocation or move is determined to be likely, you will need to:

1. (1) Notify your SSA (Student Support Associate) to have further discussion around relocation parameters and any complicating factors (i.e. ensure you are moving to a state where we currently operate).

2. (2) If you have already begun your clinical sequence you will also contact your CFA.

3. (3) Update your address in MyAccess.

4. (4) Complete the Relocation Notification Form found here:  
   [http://nhs.georgetown.edu/students/graduate/](http://nhs.georgetown.edu/students/graduate/)

5. (5) Submit the Relocation Notification Form to your SSA

6. (6) Once your form is submitted and relocation is confirmed, further academic planning will take place with your Academic Advisor.
7. (7) Contact your Clinical Placement Specialist to discuss next steps and any referrals you have in your new state of residence. (Note: You may have a new Placement Specialist depending upon your new location.)

8. (8) Begin the process to obtain any new RN licensure required if you are relocating to another state and a different license is required.

PLEASE NOTE:

Nursing@Georgetown is not yet operational in all 50 states. If you move to a state where the program is not offered, you will be unable to continue in the program. Please refer to the current program state operational status here: http://online.nursing.georgetown.edu/state-information/

This policy pertains to students who may have a change of address unrelated to clinical placement. Should your circumstances require relocation or moving from one state to another due to clinical placement challenges, discussion will take place with your

For each clinical rotation:

Review these guidelines at the beginning of each clinical rotation

• Submit to the assigned clinical faculty advisor your resume and objectives for the clinical experience prior to the beginning of each clinical rotation. The objectives should be measurable, realistic and individualized. Your clinical faculty advisor will review them with you BEFORE you submit them to your preceptor.

• There may be opportunities for you to work with other providers in the clinical practice you are assigned to. This may happen due to scheduling issues, variety of experience, the preceptor is sick, etc. If this happens, please note it on the clinical log and notify your clinical faculty advisor. Keep in mind that the majority of your clinical hours should be spent with your primary preceptor(s) in order for a comprehensive evaluation of your clinical performance to be given.

Dress Code:

• Students are expected to dress in a professional manner (i.e., no jeans, tank tops, leggings, etc).
• Full-length lab coats are required.
• Due to OSHA requirements, closed toed shoes must be worn in the clinical setting.
• Name tags that identify you as a Georgetown student should be worn at all times.
• Bring your stethoscope, resource materials, and any "clinical resources" as determined by your preceptor.
The expectation is that, as a professional, you will be fully prepared for each clinical day.

**Evaluations**
Midterm and final evaluations of your clinical performance are required. Your preceptor will receive an email with a link prompting them to complete the evaluation. The expectation is that you will participate in these evaluations and you will ensure that your preceptor will submit them electronically. **Grades cannot be released unless all evaluations are complete.**

**Evaluations completed by Preceptors:**
- Agency/Preceptor Evaluation of AG-ACNP/CNS program
- Evaluation of Student Performance (Midterm and final)

**Evaluations completed by Students:**
- Evaluation of Clinical Site
- Evaluation of Clinical Preceptor(s)

**Clinical Faculty Advisor (CFA) Visits:**
Your CFA, or another course faculty, will visit (in–person or virtually) with both you and your preceptor. The purpose of this visit is to evaluate the clinical site, determine student performance, and the ability of the site to meet program objectives and goals.

**Clinical Site Problem Solving:**
Each clinical site will have particular strengths and weaknesses. **Should unexpected problems arise during your clinical practicum or related to your clinical site, your CFA should be your first point of contact.** Your CFA will help you problem solve issues related to clinical.

**Completion of Clinical Experience:**
The expectation is that the minimum required number of clinical hours will be met and the following items are completed by the end of the clinical semester.
- Evaluation of Clinical Site
- Evaluation of Clinical Preceptor(s)
- Preceptor Evaluation of student (midterm and final)

*A final grade cannot be awarded until the faculty has received the final evaluation by the preceptor.*

**AG-ACNP/CNS Clinical Clearance Requirements**
- Students must have completed all clinical clearance requirements prior to starting clinical.

http://nhs.georgetown.edu/nursing/resources/clearance/

**Clinical Documentation:**
**Typhon Instructions**

**Account Information**
- You will receive an email from the Typhon system with your account information.
- The first time you login, you will be prompted to pay the site fee and complete your account information. At this time, change your password from the default as well.
- When completing your account information you will need to select “Sample, Preceptor” and “Sample Clinical Site” as the “Required Defaults” the first time so you are able to move to the main menu. Once you get to the main menu you will be able to add your preceptor and clinical site (this is explained in section “Adding a Preceptor/Clinical Site) and go back in and change your preceptor and clinical site defaults.

**Adding a Preceptor/Clinical Site**
- Go to “Setup Default Choices” under “Your Account” on the main menu. Under the “Required Defaults” you will notice a link to the side of the preceptor and clinical site drop down menus that says “REQUEST ADDITION.” Click this link and enter in the required information.
- Once the addition is verified and approved, you will receive an email notifying you that your preceptor and/or clinical site have been added to the directory. At this point you will be able to select the preceptor/c clinical site as your default setting or when inputting a case log.
- Note: you will need the preceptor/c clinical site contact information including an address, phone number, and email address.

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

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

- Go to “My Time Logs” from the main menu. Click on “Add a Daily Time Log” and input the “Date of Time Log” by clicking on the calendar icon or by clicking the “TODAY” link, which will input the current date for you automatically. Make sure your “Course” is listed correctly, then click “Save Data.”
- Input the number of hours and/or minutes for your clinical shift that day and click “Save Data.”

**Completing an Evaluation**

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

**Missing Information**

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

**Instructions & Video Tutorials**

- Helpful tutorials related to your use of Typhon can be accessed under the “Help” section on the main menu. You should view these tutorials prior to starting a clinical course.

**Typhon Entries**

Clinical log submission for each patient encounter into the Typhon system is a mandatory expectation of the clinical experience. Each student is responsible for maintaining clinical experience logs. **All encounters, whether seen independently, in collaboration with preceptor, or as observation require an entry into Typhon.** Entries should be a brief summary of the visit and presented in the SOAP format. This allows for on-going programmatic tracking of the breadth of the student’s clinical experience and guides clinical placement needs.

Documentation in clinical logs does **NOT** need to be as thorough as charting in patient’s medical record. Entries should be abbreviated summaries of the visit. Please add pertinent information related to the chief complaint, abnormal findings on physical exam, assessment, and plan to include medications prescribed and teaching/counseling provided. These records are considered confidential, but should not overtly identify a client by name.

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

**Library and PDA resources**
Handheld devices have become clinically relevant tools, as more medically focused applications are designed and available. From iOS to Android, many medical apps are increasingly up to date and easy to use. Instead of relying on a shared clinical computer or waiting until they have access to home networks, health care professionals rely on their handheld devices.

Dahlgren Memorial Library provides a variety of support for GUMC faculty, staff, and students:

- **Librarian Support:** Our librarians have access to both iOS and Android devices, and are available to any GUMC affiliate for troubleshooting and teaching services. In addition, we participate in application discovery, testing, and selection.

- **Institutional Subscriptions:** Just as the library subscribes to many databases, journals, ebooks, and other tools, we serve you by purchasing institutional access to a variety of medical applications. Some are simply mobile app versions of databases we already subscribe to, so more appear every day as information vendors realize the usefulness of the new platform, so check our Medical Apps site often for new information. These apps are free for you to install and use while affiliated with Georgetown University. Some of the key resources include:
  - uCentral (collection of textbooks)
  - DynaMed (point of care tool)
  - Nursing Reference Center (point of care tool)
  - Micromedex (drug reference tool)

- **Medical Application Resource Guide**
  To facilitate use of medical apps we have created a guide: [http://researchguides.dml.georgetown.edu/med-apps](http://researchguides.dml.georgetown.edu/med-apps). This guide includes download and informational links for many medical apps and usage tips. Currently the guide is focused on iOS and Android apps but you will also find a link to a guide for other platforms such as Blackberry and Windows Mobile. The first page/tab displays the core apps (primarily institutional subscriptions) and the sections are divided into two categories: Native Apps (install on the device) and Web Apps (mobile-friendly sites). Most of the apps are free except where noted. Remember if you are aware of a helpful app, please let us know. We include a box on the guide where you can submit your suggestion and a link to the app.

- **Getting Help:**
  - **In person or telephone:** Stop by or call the Information Services Desk Monday through Friday from 8am to 8pm.
  - **Email:** Send an email to dmlreference@georgetown.edu.
  - **Instant Message:** Chat with a DML librarian, Monday through Friday from 9am to 5pm: [http://dml.georgetown.edu/74260.html](http://dml.georgetown.edu/74260.html).
Policy for Professional Use of Electronic Devices
The policy requirements herein are applicable to any academic setting (classroom, clinical setting and lab) where an electronic device is required for academic purposes. Failure to comply with this policy violates professional standards and may result in clinical failure and/or other disciplinary action.

- Electronic devices are intended only for clinical referencing, data collection, communication with a provider or faculty and point-of-care access to evidence based clinical information.
- Electronic devices may not be used for non-academic purposes while in the academic setting.
- The use of electronic devices must follow the clinical setting's policy concerning electronic devices, including wireless connectivity.
- Electronic devices should not be used for the purpose of taking photographs or recording video in synchronous sessions, testing situations or the clinical setting.
- Course faculty may further define specific guidelines for the use of electronic devices in the academic setting.

Please refer to the Graduate Nursing Student Handbook for review in detail of private health information policy, privacy statement, and web posting/PDA policies.
**Signature Policy**

Appropriate preceptor validation of patient findings is essential to assure successful billing for services and compliance. Students need to discuss with their preceptors the documentation policy used by the agency where they precept, and comply with the policy. Students are expected to document patient encounters in the patient record whenever they are actively involved in the patient’s care.

Documentation provided must demonstrate to any knowledgeable reviewer that the billing provider performed the service and the student participated in the delivery of care.

Having validated student findings, the preceptor should indicate this validation on the patient record (written or electronic). A standard template may be used and the student may enter the statement for the preceptor’s signature. The following language options are suggested:

*Option 1:* —I was present and participated in the exam, assessment of the patient, and the plan of care.

*Option 2:* —Dr. __________ was present and participated in the exam, assessment of the patient, and the plan of care.

If the preceptor is unable to allow a student to document patient encounters due to agency policy, the student must maintain a —shadow chart for each patient encounter that consists of a SOAP note without patient identifiers. Feedback from the preceptor on the charting in the shadow chart should be regularly obtained. **All students, regardless of the agency where they are precepted, are to sign their names legibly as follows:**

*First Name (no initials) and Last Name, RN, AG-ACNP/CNS student, GU*
A. Policy and Procedure

Students are responsible for reading the information contained in all of the pertinent Georgetown University student handbooks and for abiding by the rules, regulations, procedures and policies described therein. Questions about any stated policies should be addressed to the student’s advisor.

Students may go to the url sites for accessing the following handbooks

**Georgetown University Graduate Bulletin**
Describes the Graduate School’s policies, rules, regulations, and procedures at: [http://grad.georgetown.edu/pages/bulletin.cfm](http://grad.georgetown.edu/pages/bulletin.cfm).

**Graduate Nursing Student Handbook**
Describes the school’s academic integrity, performance expectations, enrollment, student support, clinical experience, and faculty and student responsibilities at: [https://georgetown.app.box.com/s/1cmme270ny3jkvii7yj1](https://georgetown.app.box.com/s/1cmme270ny3jkvii7yj1)

This document, The Georgetown University School of Nursing & Health Studies Handbook Supplement for Adult Gero-Acute Care Nurse Practitioner/Clinical Nurse Specialist Graduate Program will be provided to all students electronically and also in hard copy at the first OCI. It provides a reference to the regulations, policies and procedures that are specific to the AG-ACNP/CNS program.

**Academic Calendar and Course Schedules**
For information regarding registration, academic transcripts, academic calendar, the final exam schedule, and course schedules by semester visit: [http://registrar.georgetown.edu](http://registrar.georgetown.edu).

**Course Registration**
All course registrations are completed online through My Access at: [https://myaccess.georgetown.edu](https://myaccess.georgetown.edu).

**Academic Resource Center**
Assistance with test taking strategies is available through the Academic Resource Center at [http://academicsupport.georgetown.edu/academic](http://academicsupport.georgetown.edu/academic)

B. Academic Integrity

All graduate students at Georgetown University are expected to maintain high standards of integrity in the pursuit of their educational and professional goals. This includes an expectation to abide by the University Honor Pledge. See section VII. Academic
Expectations.

C. Advisement

Academic Advisement: Each student is assigned an academic advisor in order to promote optimal progress through the educational program. Students are expected to contact their academic adviser whenever there are questions or concerns regarding course sequencing and progression through the program.

Clinical Advisement: Each student is assigned a clinical faculty advisor (CFA) in order to promote optimal progress through the clinical educational program. Students are expected to meet with their CFAs during each semester when requested by the advisor or at any time the student has a concern regarding clinical progress. The student has equal responsibility with the CFA for setting a regular advisory meeting schedule. Some meetings may be in groups with the other students assigned to the CFA. A change of assignment may be requested by student or faculty and will be considered at any time by the Program Director and Clinical Faculty Advisor.

D. Coursework

1. Punctuality is expected and attendance is required at all scheduled class meetings or synchronous online sessions. Course coordinators are to be notified in advance if the student must miss a class for any reason. Faculty will make the final determination as to whether an absence will be excused. Family obligations, vacations and other travel, social commitments and commitments to outside employment are NOT considered a valid reason.

2. Students will come to class prepared and able to discuss pertinent issues with faculty, colleagues and guest lecturers.

3. When attending class, either on campus or a synchronous session on-line, professionalism is expected at all times. This means being courteous and respectful to fellow students and faculty, dressing professionally and ensuring family members, pets or co-workers will not interrupt or disturb you during class or the synchronous session. This includes the use of professional, scholarly language in class discussion, including language used on course walls and in the chat box in the on-line classroom.

4. All announcements, course related materials and examinations will be available on Blackboard for on campus students and the Nursing@Georgetown learning management system for online students. All written assignments will be submitted via Blackboard or 2GU.

5. Students are responsible for meeting all content objectives in course modules whether or not the material has been covered in class. Students should be prepared for the large volume of independent study that is required in the clinical
courses. See section VII. Academic Expectations and Policies for additional academic responsibilities.

E. Clinical

- Students will be informed of their clinical placements at least 4 weeks in advance of the beginning of the clinical placement rotation. Preceptor contact instructions, clinical rotation, start date, and supervising clinical faculty will be provided at this time.

- Students must contact their clinical preceptor(s) as soon as possible in order to solidify placement and to negotiate a mutually agreed upon clinical schedule. Due to the high demand for clinical preceptors, failure to contact the assigned preceptor may result in the placement being given to a student from another university.

- Prior to the start of clinical, clinical orientation will be provided at the first specialty OCI to review the forms and expectations associated with each clinical rotation. Each student will be assigned a clinical faculty adviser (CFA) for each clinical course.

- Attendance and punctuality are expected at all clinical experiences.

- Once the student and preceptor finalize a clinical schedule, the student will send the schedule to the CFA prior to the start of the semester. The student will inform their CFA and preceptor of any changes to this schedule (i.e. work schedule conflict, doctor’s appt, etc). Failure to do so may lead to an unexcused absence.

- Students who have a “Last Minute” schedule conflict on a previously arranged clinical day (sick, family emergency, jury duty, etc.), must notify the clinical faculty adviser and preceptor/agency as soon as possible. The student must also provide written documentation to the clinical faculty advisor to avoid receiving an unexcused absence. Missed hours must be made up and course requirements met before a grade can be assigned.

- The CFA will visit each student in person or virtually each semester. Due to busy schedules, either the assigned clinical faculty advisor or another course faculty member may complete this visit. The student is responsible for coordinating this visit with the clinical faculty advisor and the preceptor and to ensure the CFA has accurate directions to the clinical site.

- Students are responsible for arranging their own transportation to and from the clinical site. Students MAY NOT count travel time as part of their clinical hours.
• Student **MAY NOT** count attendance at a professional conference as part of their clinical hours.

• When the university has a **scheduled closure**, classes will not be held and students may not be in clinical. Please refer to each clinical course syllabus for the holiday schedule and directions for accessing the University Closure Information.

• Occasionally the university experiences an **unplanned closure** due to weather related emergencies or other catastrophic events. Weather and emergency situations impacting the DC metro area may or may not impact students and faculty residing in other geographic locations. Students may attend clinical if the university announces and unplanned closure, provided conditions in their area allow them to safely attend clinical. Please refer to the graduate handbook for further information.

• Students are responsible for meeting all compliance requirements prior to the start of clinical. A clinical site institution may have additional requirements such as attendance at HIPPA classes, fire and safety and so forth. All institutional requirements must be met prior to the start of clinical.

• Each student should keep on file a hard copy of his/her resume, documentation of current CPR & ACLS certifications, immunization records, and current RN license. The student should be prepared to submit this documentation to each clinical site upon request. Certified Background.com is available to each student for submission and management of professional documentation such as: nursing licenses, CPR, ACLS and national certifications, personal background checks, immunization and health screening records as well as urine drug screens. It is the student’s responsibility to provide records in a timely manner and to ensure all licenses and certifications remain current throughout the graduate program. Some clinical sites request additional requirements from students, such as drug screening within 30 days, and additional criminal background checks. In that event that additional requirements are required by a clinical site, it is the student’s responsibility to complete the requirements prior to beginning clinical.

• Students who are employed by an agency where they are also assigned for supervised clinical experience may not assume the role of the student unless formally relieved of all employer-employee responsibilities. This must be submitted in writing to the clinical coordinator and program director prior to the approval of the clinical rotation.

• While attending clinical, students are expected to give their complete attention to their role as a student AG-ACNP. Engaging in any activities during clinical practicum hours which may distract and/or interfere with a student’s ability to learn and perform at their highest potential, including but not limited to, engaging in paid or unpaid employer-employee responsibilities and attending weekly synchronous sessions, is forbidden.
• Students will be supervised by a designated preceptor at ALL TIMES. In the event that a preceptor is unable to attend a clinical session, the student must leave the clinical environment unless another preceptor approved by the CFA or course coordinator is available to precept the student for the day. Contact your CFA, Clinical Faculty Director or Program Director if further clarification is required.

• Students will complete and maintain current and accurate records for all clinical experiences on the designated forms and using the computerized clinical tracking system, Typhon. Students are responsible for paying the one-time registration fee for Typhon. It is the student’s responsibility to remain current with their documentation and failure to do so will impact the clinical grade.

• Georgetown students will not need to carry personal professional liability insurance unless they are practicing outside the academic program. While students are practicing as part of the academic course work, they are covered under the Georgetown University Medical Center insurance policy paid for by the School of Nursing & Health Studies.

F. Learning Plans
AG-ACNP/CNS graduate students are expected to assume responsibility for their own learning. When the student or faculty identifies specific learning needs, an individual learning plan may be developed to ensure successful completion of a clinical course or module. Students can request a sample-learning plan from their faculty advisor at any time in the program.

Students who believe they have a learning difference, a learning disability or a physical disability, should contact the Academic Resource Center (ARC) for further information. ARC’s Web site is: http://guarc.georgetown.edu/. ARC is responsible for determining reasonable accommodations for all students in accordance with the American Disabilities Act (ADA) and University policies.

G. Communication
All official communications from the program faculty will be distributed via email, the University’s official electronic course management system, class handouts and/or the US postal service. All students must use their Georgetown e-mail account as their official e-mail address.

1. Students will notify the Georgetown University School of Nursing & Health Studies Office of Student Services, the Georgetown University Graduate School office, and the AG-ACNP/CNS Graduate Program office in writing of all changes of address, and telephone numbers, and/or e-mail address.

2. All students are expected to check their email inboxes as well as the 2GU course wall or Blackboard course each day.

3. Students will notify the Georgetown University School of Nursing & Health Studies Office of Student Services, the Georgetown University Graduate School...
office, and the AG-ACNP/CNS Program Coordinator in writing of all changes of address, telephone numbers, and any other contact information.

4. Students who choose to make use of social media (such as Facebook or Twitter) are reminded that any discussion of a clinical situation or posting of photos of patients in these forums is a violation of patient privacy and the HIPAA (Health Insurance Portability and Accountability Act) law, and is prohibited. Likewise, any discussion of faculty members or fellow students or disparaging comments about the University is a violation of FERPA (Family Educational Rights and Privacy Act) laws and is prohibited. For further information on Georgetown’s policies regarding social media use please see the Georgetown University Graduate Bulletin at: https://georgetown.app.box.com/s/asa7qdgxqbn2wggj7t4j and the Graduate Nursing Student Handbook at: https://georgetown.app.box.com/s/1cmme270ny3jkvi7yj

H. TRAVEL
Students are responsible for arranging travel to clinical sites. If a student is required to travel significant distances and/or temporarily relocate for clinical rotations, the student must continue to attend all synchronous sessions and meet all clinical course requirements. Online students should refer to the Online Graduate Nursing Student Handbook for the policy on travel to campus for On Campus Intensives.

I. LICENSURE
All students must be licensed as registered nurses in the appropriate jurisdiction in which they will have their clinical assignments and in any state within 100 miles of their own state, as well as any state to which they would be willing to temporarily relocate to complete clinical rotations. Students are advised to obtain these licenses in consultation with the clinical placement team, as some states may not be approved for clinical placement. Active duty military students who will obtain clinical experiences at military facilities may be exempt from this licensure requirement. An affiliating agency may have more specific requirements of students using that site. Current CPR and ACLS Certification must be maintained in order to work in all clinical settings.

J. PROFESSIONAL LIABILITY INSURANCE
Georgetown students will not need to carry personal professional liability insurance unless they are practicing outside the academic program. While students are practicing as part of the academic course work, they are covered under the Georgetown University Medical Center insurance policy paid for by the School of Nursing & Health Studies.

K. ADDITIONAL STUDENT EXPENSES
In addition to the expenses of tuition, room, board and textbooks, students are responsible for additional fees associated with the program. These include, but are not limited to:
- Shadow Health subscription during NURO 670 ($89 for lifetime subscription)
- Lab supplies for specialty OCI following term 3 ($64)
- Registration with Typhon clinical tracking system ($80, price may vary annually)
• Travel, lodging, and meal expenses for on campus intensives (OCIs). There are a total of 3 OCIs during the course of the program and occasionally a student may have to return to campus for additional OCI requirements.
• Maintenance of CPR and ACLS certification (variable)
• Costs related to travel to and from clinical sites (variable)
• Nursing license(s) may be required in more than one state depending on clinical site availability (variable costs depending on state)
**IX. National Certification Examination**

AACN Certification Board Exam (AACN)  
&  
ANCC Certification Board Exam (ANCC)

Upon successful completion of the program, all graduates of the acute care graduate program are eligible to take the board certification examination required for certification and licensure by all states and an essential qualification in most settings. In order to take this examination, a graduating student must be recommended, without reservation, by the faculty.

Application forms and instructions are available in the program director's office or from ANCC or AACN online. Completed applications must be presented to the program director's office for verification before being submitted to the certifying body. This computerized exam is offered in varying locations. Once approved by the certifying body, the applicant may schedule the exam at a center of their own choosing.

To learn more about AACN visit www.aacn.org  
To learn more about ANCC visit www.nursecredentialing.org
APPENDIX A

Adult-Gerontology Acute Care Nurse Practitioner Competencies

I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

I.A Assessment of Health Status

1. Assesses the complex acute, critical, and chronically ill patient for urgent and emergent conditions, using both physiologically and technologically derived data, to evaluate for physiologic instability and potential life-threatening conditions.

2. Obtains relevant comprehensive and problem-focused health histories for complex acute, critical, and chronically ill patients using collateral sources as necessary.

3. Evaluates signs and symptoms, including age appropriate changes, noting pertinent positives and negatives.

4. Prioritizes data collection, according to the patient’s age, immediate condition or needs, as a continuous process in acknowledgement of the dynamic nature of complex acute, critical, and chronic illness or injury.

5. Accurately documents relevant comprehensive and problem-focused health histories.

6. Performs and accurately documents a pertinent, comprehensive, and focused physical, mental health and cognitive assessment, demonstrating knowledge about developmental, age related, and gender specific variations.

7. Assesses the impact of an acute, critical, and/or chronic illness or injury and the health promotion needs, social support and physical and mental health status using age, gender, and culturally appropriate standardized assessment instruments or processes in relationship to:

   a. Functional or activity level
   b. Mobility
   c. Cognition
   d. Decision-making capacity
   e. Pain
   f. Skin integrity
   g. Nutrition
   h. Sleep and rest patterns
   i. Sexuality
   j. Spirituality
   k. Immunization status
   l. Neglect and abuse
m. Substance use and abuse
n. Quality of life
o. Family and social relationships
p. Genetic risks
q. Health risk behaviors
r. Safety
s. Advance care planning preferences and end of life care

8. Distinguishes cultural, spiritual, ethnic, gender, sexual orientation, and age cohort differences in presentation, progression, and treatment response of common acute, critical, and chronic health problems.

9. Provides for the promotion of health and protection from disease by assessing for risks associated with care of complex acute, critical, and chronically-ill patients, such as:
   a. Physiologic risk, including, but not limited to, immobility, impaired nutrition, fluid and electrolyte imbalance, and adverse effects of diagnostic/therapeutic interventions.
   b. Psychological risk, including, but not limited to, pain, impaired sleep and communication, crisis related to threat to life, finances, and altered family and social network dynamics.
   c. Healthcare system risks associated with care of complex patients, including but not limited to multiple caregivers, continuity of care, coordination of the plan of care across levels and settings of care, complex medical regimens, low or poor health literacy, and communication with family or between multiple care providers.

10. Assesses the impact of family, community, and environment, including economic, work, institutional, school, social, and living environments, on an individual's health status and quality of life.

11. Screens for acute and chronic mental health and behavioral problems and disorders, adapting for the cognitively impaired.

12. Obtains health information from collateral sources, including electronic health records and databases, and other healthcare providers and family members, as needed, e.g., with cognitively impaired, sensory impaired, or non-self-disclosing patients, applying ethical and legal standards of care.

13. Assesses individuals with complex health issues and co-morbidities, including the interaction with aging and acute and chronic physical and mental health problems.

14. Analyzes the relationship among development, normal physiology, and specific system alterations that can be produced by aging and/or disease processes.
15. Assesses the individual and support system’s ability to cope with and manage developmental (life stage) transitions.

16. Determines the individual’s ability to participate in care, care decisions, work, school, physical, and social activities.

17. Assesses the effect of complex acute, critical and chronic illness, disability, and/or injury on the individual's:
   a. Functional status
   b. Independence
   c. Physical, mental, and cognitive status
   d. Social roles and relationships
   e. Sexual function and well-being
   f. Economic or financial status
   g. Risk for addictive behavior
   h. Risk for abuse and neglect

18. Conducts a pharmacologic assessment addressing pharmacogenetic risks, complex medical regimens, drug interactions and other adverse events; over-the-counter; complementary alternatives; and the patient’s and caregiver’s ability to self-manage medications safely and correctly.

19. Assesses for syndromes and constellations of symptoms that may be manifestations of other common health problems, e.g., risk-taking behaviors, stress, self-injury, incontinence, falls, dementia, delirium or depression.

20. Determines the need for transition to a different level of care or care environment based on an assessment of an individual’s acuity, frailty, stability, resources, and need for assistance, supervision or monitoring.


22. Participates in the determination of patient’s comprehension and decision-making capacity.

I.B. Diagnosis of Health Status

1. Identifies across the entire adult age spectrum both typical and atypical presentations of complex acute, critical and chronic illnesses including urgent and emergent physical and mental health conditions

2. Develops differential diagnoses by priority for new or recurring complex acute, critical, and chronic physical, mental health and behavioral disorders and problems.

3. Identifies the presence of co-morbidities, age-related changes, their impact on
presenting health problems, potential for rapid physiologic and mental health deterioration or life-threatening instability and the risk for iatrogenesis.

4. Plans diagnostic strategies and appropriate uses of diagnostic tools to screen for and prevent sequelae of acute and critical illnesses and iatrogenic conditions with consideration of the risks, benefits, and costs to individuals based on goals of care.

5. Manages the evaluation of acute, critical and chronically ill patients through ordering, interpretation, performance, and supervision of diagnostic testing and clinical procedures taking into account the individual's age, gender, genetic risks, and health status.

6. Performs specific diagnostic strategies and technical skills to monitor and sustain physiological function and ensure patient safety, including but not limited to EKG interpretation, x-ray interpretation, respiratory support, hemodynamic monitoring, line and tube insertion, lumbar puncture, and wound debridement.

7. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.

8. Diagnoses complex acute, critical, and chronic physical illnesses and common mental health problems, recognizing disease progression, multisystem health problems, associated complications, and iatrogenic conditions.

9. Reformulates diagnoses based on new or additional assessment data and the dynamic nature of complex acute, critical, and chronic illness.

10. Diagnoses common behavioral and mental health and substance use or addictive disorder/disease, such as anxiety, depression, PTSD, and alcohol and drug use, in the presence of complex acute, critical, and chronic illness.

I. NURSE PRACTITIONER-PATIENT RELATIONSHIP

1. Identifies one’s personal biases related to culture, aging, gender, development, and independence that may affect the delivery of quality care.

2. Provides appropriate and effective communication that builds therapeutic relationships with diverse individuals, families, and caregivers facing acute onset or exacerbations of complex chronic physical and/or psychological conditions.

3. Assists individuals, families, and caregivers to support or enhance the patient's right to self-determination, sense of safety, autonomy, worth, and dignity.

4. Engages the patient and family’s participation in the development and revision of the plan of care.

5. Uses communication skills adapted to the individual’s and family’s health literacy; and cognitive, developmental, physical, mental, and behavioral health status.
6. Facilitates patient and family decision-making regarding complex acute, critical, and chronic illness treatment decisions, end-of-life care, and organ/tissue donation in a manner that ensures informed decisions.

7. Applies principles of crisis management in assisting the patient and family experiencing complex acute, critical, and chronic physical and mental illness during changes in status.

8. Advocates for the patient’s and family’s rights regarding healthcare decision-making such as emancipation, conservatorship, guardianship, durable power of attorney, health care proxy, advance directives and informed consent, taking into account ethical and legal standards.

9. Initiates discussion of sensitive issues with the individual, family and other caregivers such as:
   
   a. suicide prevention, self injury
   b. sexually-related issues
   c. substance use/abuse
   d. risk-taking behavior
   e. driving safety
   f. independence
   g. finances
   h. violence, neglect, abuse, and mistreatment
   i. prognosis
   j. care transitions, changes in levels of care
   k. institutionalization
   l. palliation and end-of-life care

III. TEACHING-COACHING FUNCTION

1. Collaborates with the individual, family, and caregivers in the development of educational interventions appropriate to the complex acute, critical, and chronically-ill patient’s needs, values, developmental and cognitive level, and health literacy.

2. Educates individuals, families, caregivers, and groups regarding strategies to manage the interaction among normal development, aging, and mental and physical disorders.

3. Adapts teaching-learning approaches based on physiological and psychological changes, age, developmental stage, cognitive status, readiness to learn, health literacy, the environment, and available resources.

4. Integrates, as appropriate, self-care activities for complex acute, critical, and chronically ill patients.
5. Teaches patients and families how to navigate the health care system effectively.

6. Educates professional and lay caregivers to provide culturally and spiritually sensitive appropriate care.

7. Demonstrates leadership of the healthcare team through teaching and coaching to advance the plan of care for complex acute, critical, and chronically ill patients.

IV. PROFESSIONAL ROLE

1. Develops effective collaboration with both formal and informal caregivers and professional staff to achieve optimal care outcomes during complex acute, critical and chronic illness attending to variations across the lifespan.

2. Demonstrates leadership to promote improved health care outcomes for the adult–older adult population in practice, policy, and other venues.

3. Coordinates comprehensive care in and across care settings for patients who have acute and chronic illness needs.

4. Promotes the delivery of evidence-based care for patients with complex acute, critical, and chronic physical and mental illness.

5. Analyzes the impact of participation in professional organizations to:
   a. Influence health policy
   b. Promote access to care for the population(s) served
   c. Advocate on behalf of the population(s) served
   d. Promote the adult-gerontology acute care NP and other advanced practice nursing roles.

6. Participates in the design and/or implementation, and evaluation of evidence-based, age-appropriate professional standards and guidelines for care.

7. Contributes to knowledge development for improved care of the adult-gerontology acute care population, by participation in quality improvement, program evaluation, translation of evidence into practice, and/or dissemination of evidence.

8. Serves as a knowledge resource regarding clinical and/or care issues related to the design and development of complex acute, critical, and chronic health services for care of the adult-gerontology population.

9. Describes the current and evolving adult-gerontology acute care NP role to other healthcare providers and the public.

10. Applies stress management principles when faced with complex, acute or traumatic situations.
11. Advocates for a safe and healthy practice environment.

12. Engages in self-reflection, performance appraisal, and peer-review to:
   a. Identify lifelong learning needs
   b. Enhance inter- and intra-professional relationships
   c. Effect continuous quality improvement
   d. Enhance professional development

13. Participates in the design and/or development, and evaluation of current and evolving healthcare services to optimize care and outcomes for the adult-gerontology population.

14. Provides guidance, consultation, mentorship, and educational experiences to students, nurses, and other health professionals.

15. Advocates for implementation of the full scope of the adult-gerontology acute care NP role.

16. Advances the level of knowledge of adult-gerontology acute care nurse practitioners to improve healthcare delivery and patient outcomes through presentations, publications, and/or involvement in professional organizations.

V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

1. Assists individuals, their families, and caregivers to navigate transitions between levels of care and across the healthcare delivery system(s).

2. Works collaboratively with a variety of health professionals to achieve patient care goals, promote stabilization and restoration of health in complex acute, critical, and chronic illness.

3. Promotes collaboration among members of the multidisciplinary healthcare team to facilitate optimal care for patients with complex acute, critical, and chronic illnesses considering variations across the adult lifespan.

4. Uses principles of case management when overseeing and directing healthcare services for complex acute, critical, and chronic illness.

5. Identifies processes, principles and regulations related to payer systems used in the planning and delivery of healthcare services.

6. Describes challenges to optimal care created by the competing priorities of patients, payers, providers and suppliers.

7. Promotes efficient use of resources and provision of safe, high quality care to achieve cost-effective outcomes.
8. Analyzes system barriers to care delivery and coordination.

9. Applies knowledge of the type and level of services provided across healthcare and residential settings.

10. Advocates within healthcare systems for access to cost-effective, quality care.

11. Advocates for legislation and policy to promote health and improve care delivery models through collaborative and/or individual efforts.

12. Promotes equity in health and health care for peoples of diverse culture, ethnic, and spiritual backgrounds.

13. Describes institutional, local, and state emergency response plans and one’s potential role in each.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE

1. Monitors one’s own practice by:
   a. Applying evidence-based practice protocols and guidelines in providing quality care.
   b. Participating in evaluation of scientific evidence through individual and group efforts.
   c. Evaluating one’s own practice against identified benchmarks.
   d. Engaging in peer review.

2. Functions within the national, state and institutional credentialing and scope of practice for adult-gerontology acute care NPs based upon education, certification, and licensure criteria.

3. Improves practice outcomes within systems by:
   a. Using technology and quality improvement methods to enhance safety and monitor health outcomes
   b. Developing strategies to reduce the impact of biases including ageism and sexism on healthcare policies and systems
   c. Advocating for access to quality, cost-effective health care
   d. Using internal and external agencies and resources
   e. Addressing cultural, spiritual, ethnic, and intergenerational influences that potentially create conflict among individuals, families, staff, and caregivers
   f. Contributing to health literacy of the public

APPENDIX B

Adult-Gerontology CNS Competencies

A. Direct Care Competency: Direct interaction with patients, families, and groups of patients to promote health or well-being and improve quality of life. Characterized by a holistic perspective in the advanced nursing management of health, illness, and disease states. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

A.1 Conducts comprehensive, holistic wellness and illness assessments using known or innovative evidence-based techniques, tools, and direct and indirect methods.

A.2 Obtains data about context and etiologies (including both non-disease and disease-related factors) necessary to formulate differential diagnoses and plans of care, and to identify and evaluate of outcomes.

A.3 Employs evidence-based clinical practice guidelines to guide screening and diagnosis.

A.4 Assesses the effects of interactions among the individual, family, community, and social systems on health and illness.

A.5 Identifies potential risks to patient safety, autonomy and quality of care based on assessments across the patient, nurse and system spheres of influence.

A.6 Assesses the impact of environmental/system factors on care.

A.7 Synthesizes assessment data, advanced knowledge, and experience, using critical thinking and clinical judgment to formulate differential diagnoses for clinical problems amenable to CNS intervention.

A.8 Prioritizes differential diagnoses to reflect those conditions most relevant to signs, symptoms and patterns amenable to CNS interventions.

A.9 Selects interventions that may include, but are not limited to:

A.9.a. Application of advanced nursing therapies
A.9.b. Initiation of interdisciplinary team meetings, consultations and other communications to benefit patient care
A.9.c. Management of patient medications, clinical procedures and other interventions
A.9.d. Psychosocial support including patient counseling and spiritual interventions
A.10 Designs strategies, including advanced nursing therapies, to meet the multifaceted needs of complex patients and groups of patients.

A.11 Develops evidence-based clinical interventions and systems to achieve defined patient and system outcomes.

A.12 Uses advanced communication skills within therapeutic relationships to improve patient outcomes.

A.13 Prescribes nursing therapeutics, pharmacologic and non-pharmacologic interventions, diagnostic measures, equipment, procedures, and treatments to meet the needs of patients, families and groups, in accordance with professional preparation, institutional privileges, state and federal laws and practice acts.

A.14 Provides direct care to selected patients based on the needs of the patient and the CNS’s specialty knowledge and skills.

A.15 Assists staff in the development of innovative, cost effective programs or protocols of care.

A.16 Evaluates nursing practice that considers Safety, Timeliness, Effectiveness, Efficiency, Efficacy and Patient-centered care.

A.17 Determines when evidence based guidelines, policies, procedures and plans of care need to be tailored to the individual.

A.18 Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level.

A.19 Leads development of evidence-based plans for meeting individual, family, community, and population needs.

A.20 Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care, to improve patient outcomes.

B. Consultation Competency: Patient, staff, or system-focused interaction between professionals in which the consultant is recognized as having specialized expertise and assists consultee with problem solving. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

B.1 Provides consultation to staff nurses, medical staff and interdisciplinary colleagues.

B.2 Initiates consultation to obtain resources as necessary to facilitate progress toward
achieving identified outcomes.

B.3 Communicates consultation findings to appropriate parties consistent with professional and institutional standards.

B.4 Analyzes data from consultations to implement practice improvements.

C. Systems Leadership Competency: *The ability to manage change and empower others to influence clinical practice and political processes both within and across systems.* The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

C.1 Facilitates the provision of clinically competent care by staff/team through education, role modeling, teambuilding, and quality monitoring.

C.2 Performs system level assessments to identify variables that influence nursing practice and outcomes, including but not limited to:

   C.2.a. Population variables (age distribution, health status, income distribution, culture)
   C.2.b. Environment (schools, community support services, housing availability, employment opportunities)
   C.2.c. System of health care delivery
   C.2.d. Regulatory requirements
   C.2.e. Internal and external political influences/stability
   C.2.f. Health care financing
   C.2.g. Recurring practices that enhance or compromise patient or system outcomes.

C.3 Determines nursing practice and system interventions that will promote patient, family and community safety.

C.4 Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery.

C.5 Provides leadership in maintaining a supportive and healthy work environment.

C.6 Provides leadership in promoting interdisciplinary collaboration to implement outcome-focused patient care programs meeting the clinical needs of patients, families, populations and communities.

C.7 Develops age-specific clinical standards, policies and procedures.

C.8 Uses leadership, team building, negotiation, and conflict resolution skills to build
partnerships within and across systems, including communities.

C.9 Coordinates the care of patients with use of system and community resources to assure successful health/illness/wellness transitions, enhance delivery of care, and achieve optimal patient outcomes.

C.10 Considers fiscal and budgetary implications in decision making regarding practice and system modifications.

C.10.a. Evaluates use of products and services for appropriateness and cost/benefit in meeting care needs.
C.10.c. Evaluates impact of introduction or withdrawal of products, services, and technologies.

C.11 Leads system change to improve health outcomes through evidence based practice:

C.11.a. Specifies expected clinical and system level outcomes.
C.11.b. Designs programs to improve clinical and system level processes and outcomes.
C.11.c. Facilitates the adoption of practice change.

C.12 Evaluates impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes.

C.13 Disseminates outcomes of system-level change internally and externally.

D. Collaboration Competency: Working jointly with others to optimize clinical outcomes. The CNS collaborates at an advanced level by committing to authentic engagement and constructive patient, family, system, and population-focused problem-solving. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

D.1 Assesses the quality and effectiveness of interdisciplinary, intra-agency, and inter-agency communication and collaboration.

D.2 Establishes collaborative relationships within and across departments that promote patient safety, culturally competent care, and clinical excellence.

D.3 Provides leadership for establishing, improving, and sustaining collaborative relationships to meet clinical needs.

D.4 Practices collegially with medical staff and other members of the healthcare team so
that all providers’ unique contributions to health outcomes will be enhanced.

D.5 Facilitates intra-agency and inter-agency communication.

E. Coaching Competency: *Skillful guidance and teaching to advance the care of patients, families, groups of patients, and the profession of nursing. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults, in all contexts of care).*

E.1 Coaches patients and families to help them navigate the healthcare system.

E.2 Designs health information and patient education appropriate to the patient’s developmental level, health literacy level, learning needs, readiness to learn, and cultural values and beliefs.

E.3 Provides education to individuals, families, groups and communities to promote knowledge, understanding and optimal functioning across the wellness-illness continuum.

E.4 Participates in pre-professional, graduate and continuing education of nurses and other health care providers:

- E.4.a. Completes a needs assessment as appropriate to guide interventions with staff;
- E.4.b. Promotes professional development of staff nurses and continuing education activities;
- E.4.c. Implements staff development and continuing education activities;
- E.4.d. Mentors nurses to translate research into practice.

E.5 Contributes to the advancement of the profession as a whole by disseminating outcomes of CNS practice through presentations and publications.

E.6 Mentors staff nurses, graduate students and others to acquire new knowledge and skills and develop their careers.

E.7 Mentors health professionals in applying the principles of evidence-based care.

E.8 Uses coaching and advanced communication skills to facilitate the development of effective clinical teams.

E.9 Provides leadership in conflict management and negotiation to address problems in the healthcare system.

F. Research Competency: *The work of thorough and systematic inquiry.* Includes the search for, interpretation, and use of evidence in clinical practice and
quality improvement, as well as active participation in the conduct of research as it relates to the adult/older adult population. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

I. Interpretation, Translation and Use of Evidence

F.I.1 Analyzes research findings and other evidence for their potential application to clinical practice.

F.I.2 Integrates evidence into the health, illness, and wellness management of patients, families, communities and groups.

F.I.3 Applies principles of evidence-based practice and quality improvement to all patient care.

F.I.4 Assesses system barriers and facilitators to adoption of evidence-based practices.

F.I.5 Designs programs for effective implementation of research findings and other evidence in clinical practice.

F.I.6 Cultivates a climate of clinical inquiry across spheres of influence:

F.1.6.a. Evaluates the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability, and quality.

F.1.6.b. Disseminates expert knowledge.

II. Evaluation of Clinical Practice

F.II.1 Fosters an interdisciplinary approach to quality improvement, evidence-based practice, research, and translation of research into practice

F.II.2 Participates in establishing quality improvement agenda for unit, department, program, system, or population

F.II.3 Provides leadership in planning data collection and quality monitoring

F.II.4 Uses quality monitoring data to assess the quality and effectiveness of clinical programs in meeting outcomes

F.II.5 Develops quality improvement initiatives based on assessments

F.II.6 Provides leadership in the design, implementation and evaluation of process improvement initiatives
F.II.7 Provides leadership in the system-wide implementation of quality improvements and innovations

III. Conduct of Research

F.III.1 Participates in conduct and implementation of research which includes one or more of the following:

- F. III 1 a. Identification of questions for clinical inquiry
- F. III 1 b. Conduct of literature reviews
- F. III 1 c. Study design and implementation
- F. III 1 d. Data collection
- F. III 1 e. Data analysis
- F. III 1 f. Dissemination of findings

G. Ethical decision-making, moral agency and advocacy: 

Identifying, articulating, and taking action on ethical concerns at the patient, family, health care provider, system, community, and public policy levels. The patient population of the adult-gerontology CNS practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including the young-old, frail and old-old adults), in all contexts of care.

G.1 Engages in a formal self-evaluation process, seeking feedback regarding own practice, from patients, peers, professional colleagues and others

G.2 Fosters professional accountability in self or others.

G.3 Facilitates resolution of ethical conflicts:

- G.3.b. Considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences, and other external influences.
- G.3.c. Applies ethical principles to resolving concerns across the three spheres of influence.

G.4 Promotes a practice climate conducive to providing ethical care.

G.5 Facilitates interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care.

G.6 Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimen to promote informed decision-making.

G.7 Advocates for equitable patient care by:
G.7.a. Participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise.
G.7.b. Evaluating the impact of legislative & regulatory policies as they apply to nursing practice and patient or population outcomes.

G.8 Promotes the role and scope of practice of the CNS to legislators, regulators, other health care providers, and the public:

G.8.a. Communicates information that promotes nursing, the role of the CNS and outcomes of nursing and CNS practice through the use of the media, advanced technologies, and community networks.
G.8.b. Advocates for the CNS/APRN role and for positive legislative response to issues affecting nursing practice.

APPENDIX C

Finding clinical/practicum placements requires the combined efforts of the student, placement team, faculty, and the site/preceptor. With multiple clinical/practicum rotations, the goal is to have a consistent placement site and preceptor, and supplement the experience as needed with additional sites. There are several things you to know as an active participant in the process:

Communication Expectations: Throughout your placement process, you will have consistent communication with the placement team. Your patience is requested as the team explores site/preceptor leads. Please allow at least 48-business hours for follow-up for any communication when you contact the team, or any communication related to leads or referrals that you provide to the team.

Providing Referrals: As an active participant in the process, the placement team and faculty rely on your knowledge of local resources within and around your community. It is often helpful for you to provide leads (i.e. site names or preceptor names) in your community for the placement team to contact as part of the placement search process. All leads must be provided in writing in the Clinical Placement Survey and during any follow-up placement communication. Students are not required to reach out directly to sites or preceptors. However, if you wish to make contact with any sites or preceptors, you are expected to inform your clinical placement coordinator prior to reaching out.

Placement Site/Location Expectations: While placement is ideally within a 100-mile radius of your home, some locations may require additional travel time and costs to secure appropriate clinical/practicum placements. If there are significantly limited or lacking resources for sites in the area, relocation may need to be considered for the clinical/practicum sequence. Early conversation should be had with your Clinical Faculty Advisor and the Clinical Placement team regarding your residence and potential resources available.

Relocation Notification: We understand that you may have the need to relocate while you are in the program, for reasons unrelated to the program. Please know that this may impact your course of study, clinical/practicum placements, and plan for progression within the program. In an effort to minimize disruption to your program of study, it is required that you provide a minimum of 1 term of notice prior to relocation. Relocation also needs to occur during a break between terms. The Relocation Notification Form must be completed and you will be asked to work with the placement team and faculty to plan for the transition. Please refer to the Relocation Policy for further information. A length of 1 term provides the minimum timeframe necessary to acquire a placement in your new area of residence.

Late Placement Expectations: While every effort is made to achieve 100% successful placement, on-time placement is not guaranteed. There is the potential for a clinical/practicum placement to not be successfully secured on time for a clinical/practicum course. A variety of circumstances may affect the ability to place a student on time, including regional limitations, state regulations, student relocation, and preceptor or site availability. When students are not placed by the date indicated by the Program Placement Policy, a student may be required to decelerate their plan of study, and in some cases, a relocation or additional travel distance may be involved to fulfill clinical/practicum placement rotations (please refer to program specialty policies for specific notification of placement timelines).

Clinical/Practicum Hours Expectations (FNP, MWH, AG-ACNP/CNS Programs Only): While in the clinical/practicum course sequence, FNP, MWH, and AG-ACNP/CNS students should expect to spend several full days per week in the clinical environment. If a student maintains employment during the clinical sequence, flexibility with scheduling is necessary to fulfill clinical and academic requirements.

Student acknowledgement of terms
I acknowledge that I understand the articulated expectations and policies related to my placement experience. I understand I am an active participant in the placement process, and will abide by the policies established by the program.

Student Name (Print) ____________________________________________________________________________
Student Signature ___________________________ Date ___________________________

Last Edited: 2016-04-07
I acknowledge that I have received and read the Georgetown University Handbook Supplement for the AG-ACNP/CNS Graduate Program. I realize that I am responsible for reading, understanding, and abiding by the information in this handbook. If I do not understand or have questions regarding any information within the handbook, I understand it is my responsibility to seek clarification. I have been provided the opportunity to ask questions on the handbook content during the AG-ACNP/CNS OCI I.

Student Name:  (Print) _____________________________________________
Student’s Signature: _____________________________________________
Date: ___________________________________________________________

Faculty: _________________________________________________________
Date: ___________________________________________________________

Students will not be eligible to work in clinical settings, if they have not signed and returned this sheet.

This signed form will be included in the student’s academic file.