

Frontier School of Midwifery & Family Nursing



CATALOG

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Unless otherwise stated all policies for the Frontier School of Midwifery and Family Nursing (FSMFN) are included in the FSMFN Catalog. At Frontier Bound, each student is given the opportunity for clarification regarding the content of the FSMFN Catalog. Students are expected to abide by all of the policies stated in the Catalog. These policies are subject to change at any time and, unless otherwise noted, the revised or additional policies will apply to all students. Students will be notified of changes to the FSMFN Catalog via the Banyan Tree Announcements Forum. Upon being notified of changes, students are responsible for downloading and reading the most recent version of the FSMFN Catalog.

Accreditations

Frontier School of Midwifery & Family Nursing (FSMFN) is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, GA 30033-4097; Tel: 404-679-4501) to award a Master of Science in Nursing (MSN).

FSMFN is licensed by the Commonwealth of Kentucky Council of Postsecondary Education (1024 Capital Center Drive, Suite 320, Frankfort, KY 40601; Tel: 502-573-1555) to offer both certificates and a Master of Science in Nursing (MSN) for nurse-midwifery, family nurse practitioner, and women's health care nurse practitioner specialties.

FSMFN is institutionally accredited by the American College of Nurse-Midwives Division of Accreditation (ACNM DOA). The nurse-midwifery certificate program and master's program are fully accredited by the ACNM DOA, 8403 Colesville Road, Suite 1550, Silver Spring, MD 20910-6374, (240) 485-1800.

The Master of Science in Nursing program and the post-master's certificate programs, including the nurse-midwifery, family nurse practitioner, and women's health care nurse practitioner tracks, are accredited by the National League for Nursing Accrediting Commission (NLNAC), 61 Broadway, 33rd Floor, New York, NY 10006, (212) 363-5555.

Civil Rights Notice of Non-Discrimination

The Frontier Nursing Service is in full compliance with section 602 of Title VI of the Civil Rights Act of 1964. The Frontier Nursing Service and the Frontier School of Midwifery and Family Nursing staffing policies, training programs and services rendered are administered uniformly without regard to race, color, national origin or sex.

Revised 2/2002

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About Frontier School of Midwifery and Family Nursing

Mission

The Frontier School of Midwifery and Family Nursing is a private, non-profit, non-residential community-based, distance education graduate school offering a Master of Science in Nursing Degree and certificates in advanced practice specialties. Our mission is to provide a high quality education that prepares nurses to become competent, entrepreneurial, ethical and compassionate nurse-midwives and nurse practitioners who will provide primary care for women and families residing in all areas with a focus on rural and medically underserved populations.

Adopted Board of Directors 2/2002

Philosophy

The faculty of the Frontier School of Midwifery and Family Nursing (FSMFN) ascribe to a philosophy that includes the following beliefs:

Person

Individuals are unique, holistic beings, complex in nature with innate worth and dignity. As integrated biophysical, psychological, spiritual and sociocultural beings, they are in constant interaction with an internal/external environment. Individuals have inherent power to be self-directed, to adapt behavior to work towards the highest potential for wellness, and to attain personal meaning for their lives within the context of their families and communities.

Environment

An individual's environment is comprised of biophysical, psychological, socio-cultural and spiritual dimensions. The way in which an individual responds to the environment affects a person's level of wellness. The environment can be altered to positively affect a person's health.

Health

Health is a dynamic process reflecting one's biophysical, psychological, socio-cultural and spiritual state. Health is maximized when an individual's optimum level of wellness is promoted, maintained or restored.

The FSMFN fosters a commitment to holistic care and facilitates the development of assessment and management skills necessary for practice in an advanced health care provider role. Comprehensive, safe, and culturally sensitive primary health care, that emphasizes prevention, is a right of all people. It addresses the ongoing and evolving needs of the family and the community. When individuals, families and communities are active in planning and developing health care systems to meet their needs, providers and institutions become more sensitive to their concerns.

Nursing

Nursing is the diagnosis and treatment of human responses to actual or potential health problems. A pri-

mary focus of nursing is health promotion and disease prevention.

Nursing is a relational practice that applies theoretical knowledge that includes the discipline of nursing, the sciences as well as arts and humanities.

Advanced practice nursing focuses on providing specialized care to clients in a variety of settings. The advanced practice nurse uses expanded knowledge and skills that require increased depth of critical thinking to address complex health care challenges. The scope of practice includes independent decision-making and management. Advanced practice nursing requires excellent communication skills needed to develop therapeutic relationships with clients and in order to effectively participate in consultation, collaboration or referral within a system of health care delivery.

Education

The FSMFN assumes that undergraduate nursing education includes the science of nursing and incorporates knowledge from the humanities, and behavioral, physical, and social sciences.

In a perspective that places family needs in the center, the art and science of nurse-midwifery and nurse practitioner education evolves from a solid base of knowledge and skills acquired through a combination of study, observations and experiences that provide the way for safe and thoughtful health care, wherein choices and control reside within the family.

The FSMFN supports multi-disciplinary collaboration both in education and practice. Inherent in the commitment to service and education is the obligation to participate in research. It is through research that valuable insights are made into clinical practice, teaching-learning methods and primary health care delivery.

Education at the FSMFN is further based on the beliefs that:

- Nurse-midwifery and nurse practitioner education has essential content that is shared across the curriculum. The communication and collaboration of the faculty in the development and operations of the programs of the FSMFN exemplify this belief.
- Learning occurs at a rate which varies with individuals. Learning is effective when self-directed, and with students assuming major responsibility for their own learning practice and evaluation. Learning is enhanced by essential structure that supports progress, motivation, and allows for various effective teaching strategies.
- Learning professional skills and responsibilities is enhanced through a clearly defined program of study implemented by master professional preceptors regardless of geographic location.
- Adult learners are self-motivated. They draw upon multiple experiences, which may not fit traditional learning structures. Faculty guide a community of learners.
- Community-based education meets the needs of those learners for whom conventional residential

education programs are not available or who learn best through directed independent study.

- The goal of the faculty of the FSMFN is to foster autonomous learners who have the skills to think critically. Critical thinking skills are necessary for accurate assessment, diagnosis and management of client problems.
- The faculty/student relationship is characterized by mutual respect, responsibility and growth. Faculty and students share responsibility for creating a climate of mutual trust and open communication. Faculty offer support, facilitate learning and are role models for students.

Revised 10/2006

School History

The Frontier Graduate School of Midwifery was started in 1939 by the Frontier Nursing Service (FNS) as a part of its demonstration project in the care of the mother and child in rural areas of Kentucky. When FNS began using nurse-midwives in the United States in 1925, it was able to secure a qualified staff in only two ways, by sending the American nurses to Great Britain for graduate training or by enlisting British nurses already qualified as midwives. In the early years, the FNS offered scholarships to American nurses to go to Great Britain for training in nurse-midwifery, and recruited British nurse-midwives.

From the beginning, Mary Breckinridge viewed nurse-midwifery as central to health care. When World War II started in 1939, a number of the British members of the FNS staff wished to return to their homes. Under war conditions, it was not possible to continue to send American nurses to Great Britain. The FNS immediately put into operation its plan for a graduate school of nurse-midwifery. The Frontier Graduate School of Midwifery enrolled its first class November 1, 1939. The Frontier School has been in continuous operation since that time.

As the number of births decreased in Leslie County during the 1980s it became difficult to support a traditional midwifery program. In 1989 the nurse-midwifery program was transferred to the University of New Mexico. That class graduated on October 27, 1991 under the flag of the Frontier School of Midwifery and Family Nursing (FSMFN). During this time period, the Community-based Nurse-midwifery Education Program (CNEP) began as a pilot project funded by the PEW Foundation. The development of the CNEP was originally a cooperative effort of the Maternity Center Association (MCA), the National Association of Childbearing Centers (NACC), Frances Payne Bolton School of Nursing, Case Western Reserve University (FPBSON/CWRU) and the Frontier Nursing Service (FNS). The goal was to enable nurses to remain in their communities while obtaining graduate education as nurse-midwives and ultimately increase the number of practicing nurse-midwives working in underserved areas. The pilot project was very successful. In 1990, the FSMFN recognized that the CNEP model of education matched its own goals and mission. The President of the School and the Board of Directors voted to adopt the CNEP as its nurse-midwifery education program in

1991. Since then CNEP has graduated over 1100 nurse-midwives.

In the late 1960s, the Frontier Nursing Service recognized that as health care options became more complex, a broader based education was necessary for nurses to be able to provide comprehensive primary care to all family members. At this time the FSMFN developed the first certificate program to prepare family nurse practitioners. In 1970, the name of the School was changed to the FSMFN to reflect the addition of the FNP program. The last class to graduate from the combined family nurse-midwifery program was in August of 1990. The Community-based Family Nurse Practitioner (CFNP) education program was reestablished in 1999 using the CNEP distance education model. With the acceptance of CFNP class 1 in 1999, the FSMFN comes full circle in its mission to educate nurses to provide primary care that is comprehensive, safe, and culturally sensitive. In 2003 FSMFN began offering an MSN in the specialties of nurse-midwifery and family nurse practitioner, and a certificate in the women's health care nurse practitioner specialty. In 2005, FSMFN added the Women's Health Care Nurse Practitioner track to the MSN options and added a post-master's certificate for all three tracks.

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School Song

Verse 1:

And therefore we have come, to join hands and hearts together
To give gentle care to families, united we learn. (Chorus)

Verse 2:

And when we have completed, this task that we have before us
Our culture of caring will circle the globe. (Chorus)

Chorus:

For the babies and for the mothers, the fathers and for the brothers,
The sisters and all the others, we come here to learn.

Revised 10/2003

Frontier Nursing Service

Mary Breckinridge established the Frontier Nursing Service (FNS) in Leslie County, Kentucky in 1925, introducing the first nurse-midwives to the United States. Riding horses up mountains, through fog, flood, or snow the FNS nurses brought modern healthcare to one of the poorest and most inaccessible areas in the U.S. Mary Breckinridge demonstrated that care provided by nurse-midwives acting as nurses to the total family would drastically cut infant and maternal mortality and also morbidity and mortality for the entire community. This work continues today using community clinics, home health and hospital services to meet the health care needs of residents of several counties in Southeast Kentucky. A more detailed account of FNS may be found at their website: www.frontiernursing.org.

Department of Midwifery and Women's Health

Description

The Department of Midwifery and Women's Health offers the Community-based Nurse-midwifery Education Program (CNEP) and the Community-based Women's Health Care Nurse Practitioner (CWHCNP) Education Program. The department has clinical sites across the United States with more added regularly. The Frontier School of Midwifery and Family Nursing knows that the CNEP and CWHCNP programs of study have led and will continue to lead the effort to improve health care for women and babies.

Students in the CNEP receive a Master of Science in Nursing (MSN) degree with a nurse-midwifery concentration. A post-master's certificate in nurse-midwifery is also available. The CNEP graduates are eligible to take the national certification examination given by the American Midwifery Certification Board (AMCB).

Students in the CWHCNP program receive a Master of Science in Nursing (MSN) degree with a women's health care nurse practitioner concentration. A post-master's certificate in the women's health care nurse practitioner specialty is also available. The CWHCNP program graduates are eligible to take the national certification examination for women's health care nurse practitioners given by the National Certification Council (NCC).

Revised 10/2006

Purpose

The purpose of the Department of Midwifery and Women's Health is to significantly increase the numbers of nurse-midwives and women's health care nurse practitioners to meet the needs of women and families residing in all areas with a particular focus on rural and underserved areas as well as those choosing birth center care by:

- Offering a structured off campus education program for nurse-midwives and women's health care nurse practitioners to nurses who choose to learn in their community and who learn best through self-directed independent study.
- Preparing nurse-midwives and women's health care nurse practitioners to establish and manage a practice, service or free standing birth center.
- Commitment and collaboration between FSMFN's centralist academic structure and community-based clinical preceptors.
- Demonstrating innovative non-traditional models for completion of graduate education through our community-based distance education program.

Revised 5/2005

Philosophy

Health is a dynamic process reflecting one's physical, mental, and psycho-social state. Together these parameters determine a person's well-being and risk of illness.

Comprehensive, safe and culturally sensitive primary health care that emphasizes prevention is a right of all

people. It begins with the individual and addresses the ongoing and evolving needs of the family and the community.

Continuity of care for the childbearing family and for women throughout their childbearing years and beyond with emphasis on education, safety, comfort, and satisfaction, is the right of every woman. It is our firm belief that women have access to safe and sensitive health care where they are active participants in their care.

Education for nurse-midwives and women's health care nurse practitioners that is offered by a qualified faculty with a curriculum comparable or superior to academic standards established by the professions may take place in a variety of settings.

Active clinicians in a variety of settings can be prepared to serve as clinical faculty.

Learning occurs at a rate which varies with individuals. It is effective when self directed with students assuming major responsibility for their own learning practice and evaluation.

Adult learners are self motivated drawing upon multiple experiences which may not fit traditional learning structures.

The community is the classroom for the student. Community-based education meets the needs of those learners for whom conventional residential programs are not available, or who learn best through self-directed study, and provides a rich learning environment for the student.

The faculty-student relationship consists of mutual respect, responsibility, and growth. Faculty and students share responsibility for creating a climate of mutual trust and open communication.

CNEP and CWHCNP are joint ventures between students, their families, and faculty. We are a "community" dedicated to the goal of improving the quality and accessibility of healthcare to women and children by increasing the numbers of nurse-midwives and women's health care nurse practitioners who can provide safe, sensitive care to women and families.

The Department of Midwifery and Women's Health Care is committed to the recruitment and retention of faculty and students from cultural ethnic minorities who express their dedication to service within their own communities.

Revised 5/2005

Objectives

The objectives of the CNEP and CWHCNP are to prepare graduates who will be able to:

- Demonstrate safe, beginning level practice skills in all clinical areas.
- Apply critical thinking skills to their practice.
- Accept and value research as an integral part of nurse-midwifery and women's health care nurse practitioner practice.

- Emulate characteristics of a professional.
- Demonstrate awareness of the political and economic environment within which nurse-midwives and women's health care nurse practitioners provide care.
- Evaluate their practice through peer review and quality assurance.
- Advocate for empowerment of women and families.
- Establish and maintain quality services in birth centers or other practice settings in a fiscally sound and financially responsible manner.
- Assume responsibility for the education of nurse-midwifery students or women's health care nurse practitioner students.

Revised 5/2005

Department of Family Nursing

Description

The purpose of the Department of Family Nursing is to prepare family nurse practitioners to care for families residing in rural or other underserved areas by offering a structured off-campus Community-based Family Nurse Practitioner (CFNP) specialty track. This program of study is structured for nurses for whom traditional programs are not accessible or who learn best through self-directed independent study.

Revised 4/2004

Purpose

The purpose of CFNP specialty track is to educate nurse practitioners to meet the needs of families residing in all areas with a particular focus on rural and under served areas, by:

- Offering a structured off-campus program of nurse practitioner education to nurses who, choose to learn in their community, learn best through self-directed independent study.
- Preparing nurse practitioners that can apply sound practice management strategies.
- Commitment and collaboration between the FSMFN's centralist academic structure and community-based clinical nurse practitioner preceptors.
- Demonstrating innovative non-traditional models for completion of graduate education.

Revised 4/2004

Philosophy

Health is a dynamic process reflecting one's physical, mental and socio-cultural state. Together these parameters determine a person's well-being and risk for illness.

Comprehensive, safe and culturally sensitive primary health care that emphasizes prevention is a right of all people. It begins with the individual and addresses the ongoing and evolving needs of the family and the community.

Nurse practitioner education, when it is offered by a qualified faculty and with a curriculum comparable or superior to academic standards established by the profession, may take place in a variety of settings.

Nurse practitioners in a variety of settings can be prepared to serve as clinical faculty.

Learning occurs at a rate which varies with individuals. It is effective when self-directed with students assuming major responsibility for their own learning practice and evaluation.

Adult learners are self-motivated, drawing upon multiple experiences which may not fit traditional learning structures.

The community is the classroom for the NP student. Community-based education meets the needs of those learners for whom conventional nurse practitioner pro-

grams are not available, or who learn best through self-directed independent study, and provides a rich learning environment for the student.

The faculty-student relationship is a reflection of the nurse practitioner/client relationship in that it consists of mutual respect, responsibility, and growth. Faculty and students share responsibility for creating a climate of mutual trust and open communication.

CFNP educational processes are a joint venture between students, their families, and faculty. We, too, are a "community," dedicated to the goal of improving the quality and accessibility of health care by educating nurse practitioners that can provide safe, sensitive care to individuals and families.

The Department of Family Nursing is committed to the recruitment and retention of faculty and students from cultural and ethnic minorities who express their dedication to service within their own communities.

Revised 4/2004

Objectives

The objectives of CFNP are to prepare graduates who will be able to:

- Deliver safe, beginning primary health care to clients over the life span.
- Apply critical thinking skills to their nurse practitioner practice.
- Evaluate and apply clinical research into their practice.
- Emulate characteristics of a professional.
- Demonstrate awareness of the political and economic environment within which primary care is provided.
- Evaluate nurse practitioner practice through peer review and quality improvement.
- Advocate for empowerment of clients and families and communities.
- Establish and maintain quality primary care services in a fiscally sound and financially responsible manner.
- Assume responsibility for the education of nurse practitioner students.

Revised 4/2004

Academic Offerings

The Frontier School of Midwifery and Family Nursing (FSMFN) offers a Master of Science in Nursing (MSN) degree and post-master's certificates leading to education as a certified nurse-midwife (CNM), family nurse practitioner (FNP), and/or a women's health care nurse practitioner (WHCNP). The FSMFN seeks to meet the needs of prospective nurse-midwives and nurse practitioners who do not want to leave their home communities to obtain the graduate education they desire to fulfill their professional aspirations. Didactic coursework is delivered using web-based, distance education courses allowing students to achieve their higher education goals without leaving home for classes. Using clinics, hospitals, and preceptors in their own community allows students to get the hands-on clinical experience required for these exciting health care professions. Two on-campus sessions are required, including an orientation prior to beginning studies, and intensive skill workshops prior to beginning the clinical practicum.

Revised 10/2006

Master of Science in Nursing Objectives

The objectives of the FSMFN graduate program are to provide the opportunity for students to:

- Develop an advanced level of clinical competence for practice that provides consumers with excellent primary care in an area of specialty.
- Develop a research knowledge base for systematic review, testing, and evaluation of nursing care actions, effects, and outcomes.
- Acquire the research and practice foundation for doctoral study.

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Master of Science in Nursing Core Curriculum Overview

Level I: Foundations for Practice

PC600 Health Promotion and Disease Prevention (2-0)
 PC604 Pathophysiology for Primary Care (3-0)
 PC605 Decision Making in Health Assessment (2-0)
 PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
 PC612 Pharmacology for Advanced Practice (3-0)
 Specialty Courses ([3-5]-0)

Level II: Clinical Management for Specialty Care (22 didactic credits-0 clinical credits)

PC615 Women's Health Care (3-0)
 PC617 Primary Health Care I: Acute and Common Problems (3-0)
 PC618 Research (3-0)
 Specialty Courses ([3-13]-0)

Clinical Bound (2 didactic credits-0 clinical credits)

PC628 Skills for Primary Care (1-0)
 Specialty Courses (1-0)

Clinical Practicum (10 didactic credits-15 clinical credits)

Specialty Courses ([3-10]-15)

Didactic credits are 1=1 hour based on a 15 week semester
 Clinical credits are 1=3 hours based on a 15 week semester

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Post-Master's Core Curriculum Overview Prerequisites

PC600 Health Promotion and Disease Prevention (2-0)
 PC604 Pathophysiology for Primary Care (3-0)
 PC605 Decision Making in Health Assessment (2-0)
 PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
 PC618 Research (3-0)
 Specialty Courses ([2-5]-0)

Level I: Foundations for Practice

PC612 Pharmacology for Advanced Practice (3-0)
 Specialty Courses ([0-2]-0)

Level II: Clinical Management for Specialty Care (22 didactic credits-0 clinical credits)

PC615 Women's Health Care (3-0)
 PC617 Primary Health Care I: Acute and Common Problems (3-0)
 Specialty Courses ([3-13]-0)

Clinical Bound (2 didactic credits-0 clinical credits)

PC628 Skills for Primary Care (1-0)
 Specialty Courses (1-0)

Clinical Practicum (10 didactic credits-15 clinical credits)

Specialty Courses ([3-10]-15)

Didactic credits are 1=1 hour based on a 15 week semester
 Clinical credits are 1=3 hours based on a 15 week semester

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Sequencing of the FSMFN Program of Study

Frontier Bound Orientation

All students come to Hyden, Kentucky for Frontier Bound, an orientation to the Frontier School of Midwifery and Family Nursing (FSMFN). During the four-day experience, students meet members of their faculty and staff, their advisor, and their fellow students. Time is spent learning skills needed for distance learning, making lifelong friends, reviewing courses, asking questions, and beginning to plan how to be a Frontier student after returning home. Frontier Bound is an experience in fun, learning, and friendship. During Frontier Bound, students stay on the historic FSMFN campus and are pampered with delicious home-cooked meals.

Levels I and II: Foundations for Practice and Clinical Management for Specialty Care

Students complete coursework for Levels I and II in their community. This web-based course of study is completed

in 4-8 terms depending on whether the student is full-time or part-time. Students are in frequent contact with their faculty and fellow students through e-mail, forums and phone. They also receive guidance and support from their Student Advisor and Department Chair.

Clinical Bound

Clinical Bound is designed to develop and validate beginning clinical skills. Students return to Hyden, Kentucky for this eight-day skills-intensive experience. During this period the student is validated as having acquired the skills necessary to begin a community-based clinical practicum. There is also time for informal communication between faculty and students. A maximum of 25 students may be accommodated during each of the Clinical Bound sessions offered 6-8 times each year.

Clinical Practicum

After attending Clinical Bound, students begin their clinical practicum. Students provide nurse practitioner or nurse-midwifery services in their community for four to ten months under the guidance of a master clinician preceptor. The FSMFN Regional Clinical Coordinator (RCC) will provide guidance and support during this time to the student and the preceptor. In addition, the RCC evaluates both the clinical site and preceptor to insure excellence before the student begins the clinical experience. There are required clinical experiences that will assist the student in developing necessary clinical skills. Students may choose, or be required, to use more than one clinical site in order to receive a variety of clinical experiences. Where the volume of clients will not make the experience goals possible, the student will be expected to use more than one clinical site.

Revised 10/2006

Time Frames

Students may choose a full-time or part-time option for their FSMFN program of study. For planning purposes, the estimated time frames for completing each track are:

Program of Study	Full-time Program Length in Number of Terms*	Part-time Program Length in Number of Terms*
MSN Nurse-Midwifery Track	9	12
Post-Master's Nurse-Midwifery Track	7	10
MSN Family Nurse Practitioner Track	8	11
Post-Master's Family Nurse Practitioner Track	6	9
MSN Women's Health Care Nurse Practitioner Track	7	10

Program of Study	Full-time Program Length in Number of Terms*	Part-time Program Length in Number of Terms*
Post-Master's Women's Health Care Nurse Practitioner Track	5	7

*There are four twelve week terms per year. The estimated time frames are based on an average of 7-8 credits per term for full-time students and 5-6 credits per term for part-time students.

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Nurse-Midwifery Track

In the Community-based Nurse-Midwifery Education Program (CNEP), students complete a self-directed, modular course of study over two to three years. The classroom is the community in which the student lives. During the clinical practicum, CNEP students work closely with the certified nurse-midwives (CNMs) in their community. The FSMFN has preceptor sites across the United States with more added on a regular basis.

The CNEP curriculum has a strong academic and clinical basis. In addition, the CNEP curriculum is unique in that it educates students not only to be nurse-midwives, but also to be entrepreneurs focusing on community assessment, market research, birth center development, and budgeting for a successful practice. The CNEP also has a strong primary care component which prepares students to take care of women across the life span. The Master of Science in Nursing (MSN) degree and a post-master's certificate are offered in the nurse-midwifery specialty track.

Revised 10/2006

MSN CNEP Curriculum

Level I: Foundations for Practice (17 didactic credits-0 clinical credits)

- PC600 Health Promotion and Disease Prevention (2-0)
- PC604 Pathophysiology for Primary Care (3-0)
- PC605 Decision Making in Health Assessment (2-0)
- PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
- PC612 Pharmacology for Advanced Practice (3-0)
- NM601 The Role of Midwifery and Birth Centers in America (2-0)
- NM602 Reproductive Anatomy and Physiology (2-0)

Level II: Clinical Management for Specialty Care (22 didactic credits-0 clinical credits)

- PC615 Women's Health Care (3-0)
- PC617 Primary Health Care I: Acute and Common Problems (3-0)
- PC618 Research (3-0)
- NM611 Community Assessment and Market Research (2-0)
- NM617 Antepartum Care (4-0)
- NM618 Intrapartum Care (4-0)

NM619 Postpartum and Newborn Care (3-0)

Clinical Bound (2 didactic credits-0 clinical credits)

PC628 Skills for Primary Care (1-0)

NM629 Skills for Nurse-Midwifery Care(1-0)

Clinical Practicum (10 didactic credits-15 clinical credits)

NM630 Advanced Women’s Health Care (1-0)

NM632 Advanced Antepartum Care (3-0)

NM634 Advanced Intrapartum Care (3-0)

NM636 Advanced Postpartum and Newborn Care (2-0)

NM638 Health Care Policy: Birth Centers as a Case Study (1-0)

NM641 Nurse-Midwifery Clinical I (0-3)

NM642 Nurse-Midwifery Clinical II (0-3)

NM643 Nurse-Midwifery Clinical III (0-3)

NM644 Nurse-Midwifery Clinical IV (0-6)

Total: 51 didactic credits + 15 clinical credits = 66
Revised 10/2006

Post-Master’s CNEP Curriculum

Prerequisites (15 didactic credits-0 clinical credits)

PC600 Health Promotion and Disease Prevention (2-0)

PC604 Pathophysiology for Primary Care (3-0)

PC605 Decision Making in Health Assessment (2-0)

PC606 Theories and Concepts of Advanced Practice Nursing (3-0)

PC618 Research (3-0)

NM602 Reproductive Anatomy and Physiology (2-0)

Level I: Foundations for Practice (5 didactic credits-0 clinical credits)

NM601 The Role of Midwifery and Birth Centers in America (2-0)

PC612 Pharmacology for Advanced Practice (3-0)

Level II: Clinical Management for Specialty Care (19 didactic credits-0 clinical credits)

PC615 Women’s Health Care (3-0)

PC617 Primary Health Care I: Acute and Common Problems (3-0)

NM611 Community Assessment and Market Research (2-0)

NM617 Antepartum Care (4-0)

NM618 Intrapartum Care (4-0)

NM619 Postpartum and Newborn Care (3-0)

Clinical Bound (2 didactic credits-0 clinical credits)

PC628 Skills for Primary Care (1-0)

NM629 Skills for Nurse-Midwifery Care(1-0)

Clinical Practicum (10 didactic credits-15 clinical credits)

NM630 Advanced Women’s Health Care (1-0)

NM632 Advanced Antepartum Care (3-0)

NM634 Advanced Intrapartum Care (3-0)

NM636 Advanced Postpartum and Newborn Care (2-0)

NM638 Health Care Policy: Birth Centers as a Case Study (1-0)

NM641 Nurse-Midwifery Clinical I (0-3)

NM642 Nurse-Midwifery Clinical II (0-3)

NM643 Nurse-Midwifery Clinical III (0-3)

NM644 Nurse-Midwifery Clinical IV (0-6)

Total: 36 didactic credits + 15 clinical credits = 51
Revised 10/2006

Family Nurse Practitioner Track

In the Community-based Family Nurse Practitioner (CFNP) Education Program, students complete a self-directed, modular course of study over two to three years. The classroom is the community in which the student lives. During the clinical practicum, CFNP students work closely with a family nurse practitioner and other primary care providers in their community.

The CFNP curriculum has a strong academic and clinical basis. In addition, the CFNP curriculum is unique in providing a strong foundation in understanding the business of primary care. This includes assessing a community to discover the primary care needs, learning how to develop a plan for having a fiscally viable practice, and working within the license and insurance regulations of the student’s state. Women’s health, including care of the childbearing woman, is a strong component of the program. The Master of Science in Nursing (MSN) degree and a post-master’s certificate are offered in the family nurse practitioner specialty track.

Revised 10/2006

MSN CFNP Curriculum

Level I: Foundations for Practice (16 didactic credits-0 clinical credits)

PC600 Health Promotion and Disease Prevention (2-0)

PC604 Pathophysiology for Primary Care (3-0)

PC605 Decision Making in Health Assessment (2-0)

PC606 Theories and Concepts of Advanced Practice Nursing (3-0)

PC612 Pharmacology for Advanced Practice (3-0)

NP607 Role of the Nurse Practitioner in the Health Care Delivery System (3-0)

Level II: Clinical Management for Specialty Care (21 didactic credits-0 clinical credits)

PC615 Women’s Health Care (3-0)

PC617 Primary Health Care I: Acute and Common Problems (3-0)

PC618 Research (3-0)

NP611 Care of the Childbearing Woman (3-0)

NP614 Primary Health Care II: Chronic Problems (3-0)

NP615 Primary Health Care III: Advanced Diagnostics and Urgent Care (2-0)

NP619 Primary Care of Children (3-0)

NP621 Primary Health Care IV: Psychosocial Problems in Primary Care (1-0)

Clinical Bound (2 didactic credits-0 clinical credits)

PC628 Skills for Primary Care (1-0)

NP629 Advanced Skills for Primary Care(1-0)

Clinical Practicum (3 didactic credits-15 clinical credits)

credits)

- NP634 Health Care Policy and Financing (2-0)
- NP635 Primary Health Care V: Complex Health Problems in Primary Care (1-0)
- NP641 Family Nurse Practitioner Clinical I (0-3)
- NP642 Family Nurse Practitioner Clinical II (0-3)
- NP643 Family Nurse Practitioner Clinical III (0-3)
- NP644 Family Nurse Practitioner Clinical IV (0-6)

Total: 42 didactic credits + 15 clinical credits = 57
Revised 10/2006

Post-Master's CFNP Curriculum

Prerequisites (16 didactic credits-0 clinical credits)

- PC600 Health Promotion and Disease Prevention (2-0)
- PC604 Pathophysiology for Primary Care (3-0)
- PC605 Decision Making in Health Assessment (2-0)
- PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
- NP607 Role of the Nurse Practitioner in the Health Care Delivery System (3-0)
- PC618 Research (3-0)

Level I: Foundations for Practice (3 didactic credits-0 clinical credits)

- PC612 Pharmacology for Advanced Practice (3-0)

Level II: Clinical Management for Specialty Care (18 didactic credits-0 clinical credits)

- PC615 Women's Health Care (3-0)
- PC617 Primary Health Care I: Acute and Common Problems (3-0)
- NP611 Care of the Childbearing Woman (3-0)
- NP614 Primary Health Care II: Chronic Problems (3-0)
- NP615 Primary Health Care III: Advanced Diagnostics and Urgent Care (2-0)
- NP619 Primary Care of Children (3-0)
- NP621 Primary Health Care IV: Psychosocial Problems in Primary Care (1-0)

Clinical Bound (2 didactic credits-0 clinical credits)

- PC628 Skills for Primary Care (1-0)
- NP629 Advanced Skills for Primary Care(1-0)

Clinical Practicum (3 didactic credits-15 clinical credits)

- NP634 Health Care Policy and Financing (2-0)
- NP635 Primary Health Care V: Complex Health Problems in Primary Care (1-0)
- NP641 Family Nurse Practitioner Clinical I (0-3)
- NP642 Family Nurse Practitioner Clinical II (0-3)
- NP643 Family Nurse Practitioner Clinical III (0-3)
- NP644 Family Nurse Practitioner Clinical IV (0-6)

Total: 26 didactic credits + 15 clinical credits = 41
Revised 10/2006

Women's Health Care Nurse Practitioner Track

In the Community-based Women's Health Care Nurse Practitioner (CWHCNP) Education Program, students complete a self-directed, modular course of study over

two to three years. The classroom is the community in which the student lives. During the clinical practicum, CWHCNP students work closely with women's health care nurse practitioners, nurse-midwives, family nurse practitioners, and other primary care providers in their community.

The CWHCNP curriculum has a strong academic and clinical basis. In addition, the CWHCNP curriculum is unique in providing a strong foundation in understanding the business of women's health care. This includes assessing a community to discover the primary care needs, learning how to develop a plan for having a fiscally viable practice, and working within the license and insurance regulations of the student's state. The Master of Science in Nursing (MSN) degree and a post-master's certificate are offered in the women's health care nurse practitioner specialty track.

Revised 10/2006

MSN CWHCNP Curriculum

Level I: Foundations for Practice (18 didactic credits-0 clinical credits)

- PC600 Health Promotion and Disease Prevention (2-0)
- PC604 Pathophysiology for Primary Care (3-0)
- PC605 Decision Making in Health Assessment (2-0)
- PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
- PC612 Pharmacology for Advanced Practice (3-0)
- NM602 Reproductive Anatomy and Physiology (2-0)
- NP607 Role of the Nurse Practitioner in the Health Care Delivery System (3-0)

Level II: Clinical Management for Specialty Care (12 didactic credits-0 clinical credits)

- PC615 Women's Health Care (3-0)
- PC617 Primary Health Care I: Acute and Common Problems (3-0)
- PC618 Research (3-0)
- NP611 Care of the Childbearing Woman (3-0)

Clinical Bound (2 didactic credits-0 clinical credits)

- PC628 Skills for Primary Care (1-0)
- WH629 Skills for Women's Health Care (1-0)

Clinical Practicum (6 didactic credits-15 clinical credits)

- NM630 Advanced Women's Health Care (1-0)
- NP634 Health Care Policy and Financing (2-0)
- WH634 Care of the Childbearing Woman II (3-0)
- WH641 Women's Health Care Clinical I (0-3)
- WH642 Women's Health Care Clinical II (0-3)
- WH643 Women's Health Care Clinical III (0-3)
- WH644 Women's Health Care IV (0-6)

Total: 38 didactic credits + 15 clinical credits = 53
Revised 10/2006

Post-Master's CWHCNP Curriculum

Prerequisites (18 didactic credits-0 clinical credits)

PC600 Health Promotion and Disease Prevention (2-0)
 PC604 Pathophysiology for Primary Care (3-0)
 PC605 Decision Making in Health Assessment (2-0)
 PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
 PC618 Research (3-0)
 NM602 Reproductive Anatomy and Physiology (2-0)
 NP607 Role of the Nurse Practitioner in the Health Care Delivery System (3-0)

Level I: Foundations for Practice (3 didactic credits-0 clinical credits)

PC612 Pharmacology for Advanced Practice (3-0)

Level II: Clinical Management for Specialty Care (9 didactic credits-0 clinical credits)

PC615 Women’s Health Care (3-0)
 PC617 Primary Health Care I: Acute and Common Problems (3-0)
 NP611 Care of the Childbearing Woman (3-0)

Clinical Bound (2 didactic credits-0 clinical credits)

PC628 Skills for Primary Care (1-0)
 WH629 Skills for Women’s Health Care (1-0)

Clinical Practicum (6 didactic credits-15 clinical credits)

NM630 Advanced Women’s Health Care (1-0)
 NP634 Health Care Policy and Financing (2-0)
 WH634 Care of the Childbearing Woman II (3-0)
 WH641 Women’s Health Care Clinical I (0-3)
 WH642 Women’s Health Care Clinical II (0-3)
 WH643 Women’s Health Care Clinical III (0-3)
 WH644 Women’s Health Care IV (0-6)

Total: 20 didactic credits + 15 clinical credits = 35
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ADN to MSN Bridge

The ADN to MSN Bridge consists of six courses (20 credits) designed to “bridge” the differences between the educational preparation of the associate degree nurse and the baccalaureate nurse. These six courses will be completed over twelve months in four 12-week terms, prior to the start of the student’s designated specialty track in the master’s program. The Bridge is an entry option to the Master of Science in Nursing (MSN) program for nurses without a bachelor’s degree.

All Bridge students attend Frontier Bound in Hyden—an orientation to the Bridge and to the School. While at Frontier Bound, students will participate in activities for their first term courses and will be oriented to the rest of their Bridge courses. Students will complete the Bridge courses in their communities.

After completion of the Bridge course sequence, students will return to campus for an intensive called “Crossing the Bridge,” which starts the coursework in their chosen clinical specialty track. The Master of Science in Nursing degree will be granted upon completion of all remaining coursework in the clinical specialty track. No Bachelor of Science in Nursing degree is awarded as part of the

Bridge entry option.

Students accepted to the Bridge entry option will complete the Bridge courses in the following sequence:

First term:

N400 Physical Assessment (3-0)
 N401 Communication (3-0)

Second term:

N404 Statistics (3-0)
 N406 Leadership (3-0)

Third term:

N407 Theories and Research (3-0)
 N408 Community Health (3-0)

Fourth term:

N409 Community Health Practicum (0-2)
 Crossing the Bridge
 Coursework in Clinical Specialty Track ([4-5]-0)

The objective of the Bridge entry option is to provide the opportunity for students to attain the educational competencies of the baccalaureate nurse, and the Bridge curriculum focuses on preparing the associate degree nurse for the advanced practice nursing role. This is congruent with the [mission of the Master of Science in Nursing program](#) to provide a high quality education that prepares nurses to become competent, entrepreneurial, ethical and compassionate nurse-midwives and nurse practitioners who will provide primary care for women and families residing in all areas with a focus on rural and medically underserved populations.

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Completing More Than One Specialty

FSMFN offers individual programs of study for all students, including those students interested in completing more than one specialty track. Many students desire to complete two specialties, such as nurse-midwifery and family nurse practitioner.

Current Students Planning to Complete Two Specialty Tracks

If the student declares this intention at the beginning of their education, a program of study can be set up that will facilitate this goal. The benefit of declaring early is that it allows the student and the Department Chairs to set up a program of study that will facilitate the goal of completing more than one specialty with minimum overlap in coursework. This is not a dual program or a separate program, but a program of study that allows the student to complete their MSN or post-master’s certificate and become eligible for certification as a family nurse practitioner, certified nurse-midwife, or women’s health care nurse practitioner and then complete another specialty track as a post-master’s certificate. The student may declare their intention to complete more than one specialty at the time of admission into FSMFN or at any time during their course of study.

Students who have declared an interest in complet-

ing more than one specialty will enroll in one specialty initially. They will inform both Department Chairs and meet with their initial Department Chair for the development of an individual program of study. Declaring the intention to complete more than one specialty does not constitute admission to the second specialty. Students who wish to complete a second specialty must apply to the post-master's program for the second specialty after they complete their first specialty program. **No student can be dually enrolled in two specialty tracks at the same time.**

The actual post-master's program of study for each student will be individualized based on that student's needs. It takes the average learner 4-6 terms of full-time study to complete a second specialty track. A program of study with an established time frame designating the number of terms expected to complete the program will be designed. Students will be charged extension fees if they do not complete their program of study within the established time frame. Students may be required to attend Frontier Bound and/or Level III/Clinical Bound depending on their initial graduation date. Sample programs of study for students completing a second specialty are available from the FSMFN Department Chairs.

Graduates Returning to Complete a Second Specialty

All FSMFN graduates wishing to return to complete a post-master's certificate in a second specialty must complete the application process by submitting an application. Transcripts are not required when applying to complete a post-master's certificate in a second specialty track unless credits from another school are being evaluated for transfer. The Department Chair will conduct the admission interview and discuss the individualized program of study based on the applicant's needs. All applications will go through the Admissions Committee process.

CNEP Graduates without a MSN

CNEP graduates who have not completed their MSN must complete the second specialty track as a master's completion program of study. All FSMFN students must graduate with a MSN or post-master's certificate. Post-baccalaureate certificates are no longer offered by the FSMFN.

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MSN Completion for CNEP Graduates

The FSMFN offers a Master of Science in Nursing (MSN) completion option for CNEP graduates without a master's degree. There are two programs of study depending on when the CNEP was completed.

MSN Completion Program of Study for Graduates of CNEP Classes 1-29

- PC604 Pathophysiology for Primary Care (3-0)
- PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
- PC617 Primary Health Care I: Acute and Common Problems (3-0)
- PC618 Research (3-0)

MSN Completion Program of Study for Graduates of CNEP Classes 30-40

- PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
- PC618 Research (3-0)

Women's Health Care Nurse Practitioner Post-Master's Certificate for CNEP Graduates

CNEP graduates with a master's degree have the option of completing a post-master's certificate as a Women's Health Care Nurse Practitioner. This option requires completion of an additional four credit hour clinical course in women's health and primary care (WH639 for graduates of Class 30 and higher, N599 for graduates prior to Class 30). Upon completion of this course, a post-master's certificate will be awarded and graduates will be eligible to take the National Certification Council (NCC) Women's Health Care Nurse Practitioner Examination.

Courses for Non-Matriculating Students

The Frontier School of Midwifery and Family Nursing (FSMFN) offers several graduate and continuing education courses for health care professionals. These online courses offer the opportunity to develop new knowledge and skills to expand the scope of clinical practice, to refresh the knowledge and skills of experienced advanced practice nurses, to gain the graduate credits necessary for prescriptive authority, or to become a better preceptor. Because of the web-based format, the courses are available for students to take when they have the time to devote to them. Seasoned faculty, who are pioneers in distance education for nurse-midwives and nurse practitioners, developed and teach these courses taking into consideration the unique needs of adult learners.

Graduate Courses

Non-matriculating students review the course descriptions in the FSMFN Catalog. Not all current FSMFN courses are available for non-matriculating students. The Department Chairs can be contacted to request approval for the desired course(s).

Continuing Education Courses

The precepting program, *Act of Hope, Labor of Love* meets the American College of Nurse-Midwives (ACNM) requirements for preceptor training and is approved by the ACNM Education Department for CEUs. This is an excellent source of information about precepting health professions students. [Act of Hope, Labor of Love](#) is offered at no cost, and is available only to FSMFN preceptors.

Nuts and Bolts for Clinical Preceptors: Teaching Strategies and Time Management is a CD-ROM program that offers information on being an effective and efficient clinical preceptor. The program is available to all FSMFN preceptors free upon request to the Hyden office at (606) 672-2312. All others will be charged a fee of \$100.

Building Your Practice is an interactive web-based course

designed to teach the managerial skills necessary to own and operate a health care practice. This course, developed in collaboration with Partnerships for Training of the Robert Wood Johnson Foundation, is available [online](#).
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Affiliation with Frances Payne Bolton School of Nursing/ Case Western Reserve University (FPBSON/CWRU)

FSMFN has a longstanding affiliation with FPBSON/CWRU which allows FSMFN students to choose to obtain a Doctor of Nursing Practice (DNP) degree through FPBSON/CWRU. Students complete all of the requirements at FSMFN and attend intensive courses on the CWRU campus in Cleveland to complete the DNP degree. Further information about the DNP program at FPBSON/CWRU can be found at <http://fpb.case.edu/DNP/index.shtm>.

Student Support

Since its beginning in community-based education in 1989, the FSMFN faculty has discovered that community-based learners have special needs. This is why the FSMFN offers so many different avenues of support for students.

Faculty Support

Each class has a faculty member as Student Advisor who helps students to individualize their program of study and maintains contact with each student throughout the program. Faculty members keep regular office and appointment hours each week and have a phone dedicated to FSMFN, allowing students to have easy access to them. Regional Clinical Coordinators can assist students in finding a clinical site and work with students and preceptors during the clinical practicum.

Student Services

The Student Services Webpage contains a variety of resources for FSMFN students including financial aid, library services, and technical support information. Tips for scholarly writing, test taking, and studying are also available. The Student Services Webpage is located at <http://www.midwives.org/student-services/>.

Mi Amiga Mentoring

The Mi Amiga program was developed by students, for students. The birth of the program was from students who felt that they could reach out to others because they have "been there, done that." The Mi Amiga program facilitates mentoring of new students by experienced students through a Mi Amiga forum and one-on-one interaction. The Mi Amiga program is coordinated by the Student Services Coordinator.

Student Council

The Student Council is composed of elected student members from each FSMFN class who agree to act as class representatives. The mission of the Student Council is to help each FSMFN student's experience to be as positive as possible. The Student Council believes that each individual is an integral part of the success of the FSMFN. The Student Council encourages active student

involvement in the issues that affect students and serves as student advocates to this end. The Student Council aims to achieve their mission through promoting good communication between students, faculty and administration. For further information about the Student Council, visit the [Student Services Webpage](#).

Banyan Tree Communications Portal

The FSMFN uses its own private communications portal, known as the Banyan Tree (BT). It allows users to access other students, faculty, or alumni on topics ranging from course updates, case studies, discussion groups, and assignments and practice issues to family and fun topics. With a computer, Internet service and a good sense of humor, the members of the FSMFN community are always in touch. The FSMFN has created a prerequisite electronic communication course: Banyan Tree 101 (BT101), which is taught with a hands-on approach with step-by-step instructions. BT101 was designed carefully to be non-threatening and non-intimidating. Additional instruction and practice are part of Frontier Bound. Students have access to technical support as necessary during regular business hours.

Library Services

The Alice Whitman Memorial Library is the academic library for the Frontier School of Midwifery and Family Nursing (FSMFN). A collection of books, journals, and audiovisuals is available to students and faculty whether on-campus or off-site. The FSMFN provides access to a large number of remote resources including bibliographic and full-text databases, online journals and texts, tutorials, and other relevant Websites. The FSMFN librarian acquaints all new students to the library as part of orientation and is available for student meetings by phone or e-mail. More information about the library can be found at <http://www.midwives.org/student-services/inside/library.asp>.

Alumni Association of the Frontier School of Midwifery and Family Nursing

The purpose of the FSMFN Alumni Association is to promote FSMFN, increase loyalty of alumni, and create a mutually beneficial relationship between the institution and alumni. The Alumni Association represents over 2,000 alumni who have graduated from the FSMFN since its inception in 1939. Further information about the Alumni Association can be found at <http://www.midwives.org/alumni.asp>.

Admissions Policies

Admission Criteria for the MSN

Applicants are expected to meet the following criteria for admission to the Frontier School of Midwifery and Family Nursing (FSMFN):

- Be a registered nurse with educational preparation from a nationally (CCNE or NLNAC) accredited nursing program offered by a regionally accredited educational institution.
 - Registered nurses with a baccalaureate or higher degree in nursing will be considered for admission to the MSN Program.
 - Registered nurses without a baccalaureate or higher degree in nursing, who have completed a diploma or associate degree nursing program and have a bachelor's degree in another discipline, will be considered for admission to the MSN Program with the additional requirement of a **portfolio** of relevant employment and academic experience.
 - Registered nurses who do not have a baccalaureate degree in any discipline will be considered for admission via the **ADN to MSN Bridge**.
- Have a **grade point average (GPA) of 3.0** from the most recent degree earned. If GPA is less than 3.0 but more than 2.69, the applicant must take either the [Graduate Record Examination \(GRE\)](#) or the [Miller Analogy Test \(MAT\)](#) and obtain a satisfactory score. Click here for the GRE Website and here for the MAT website. Minimally acceptable GRE scores are either a total of at least 1000 on both the verbal and quantitative sections or at least 500 on either the verbal or quantitative sections and 3.5 on the analytical portion. Minimally acceptable MAT scores are a raw score of 45 and/or a scaled score of 403-408. Please note that an applicant with a GPA less than 2.7 will not be considered for admission.
- Be a **registered nurse currently licensed in the state in which s/he works**. If assignment to a clinical practice site requires that the student practice in another state, then the student is required to meet licensing requirements according to statutes and obtain the appropriate license.
- Have **one year of nursing experience**. The Admissions Committee may consider other significant experience in health care.
- Submit **three professional references** on [FSMFN-supplied forms](#).
- Have a **telephone interview** with the Student Services Coordinator or the Director of the ADN to MSN Bridge (Bridge students only).

Student Services Coordinator:

studentservices@midwives.org or (859) 253-3637, ext. 5015

ADN to MSN Bridge Director:

bridgedirector@midwives.org

- Have a Primary Preceptor Interview that meets FSMFN criteria. See Clinical Site Selection for assis-

tance with locating a preceptor. ADN to MSN Bridge applicants complete this step at the end of the Bridge course sequence.

Prerequisite Requirements

The health examination must be completed prior to attendance at Frontier Bound. The prerequisite courses must be completed prior to enrolling in the FSMFN.

- A **health examination** that includes documentation of immunity to rubella and hepatitis B, and freedom from tuberculosis in a communicable stage.
- A **statistics course** within 10 years (either an upper level undergraduate or graduate course) for all post-Baccalaureate MSN students. A **statistics course is part of the "bridge" for the ADN to MSN students**. Applicants may choose to take a college level statistics course at a local college or one of the approved distance learning courses. See the [Statistics Course Prerequisites](#) for course requirements.
- A **physical assessment course**. If an applicant did not have a physical assessment course, the FSMFN has an online course in Physical Assessment that will meet the requirement. Contact the Department Chair for further information.

Applicants with questions regarding their qualifications for admission to the FSMFN should contact the FSMFN Admissions Counselor at admissionscounselor@midwives.org.

Each applicant is evaluated individually. The FSMFN Faculty Admissions Committee makes all admission decisions.

[Download the Application Packet now!](#)

Admission Criteria for the Post-Master's Certificate

Applicants are expected to meet the following criteria for admission to the Frontier School of Midwifery and Family Nursing (FSMFN):

- Have a master's or higher degree in nursing granted from a nationally (CCNE or NLNAC) accredited nursing program offered by a regionally accredited educational institution. Applicants with a master's degree in public health from a regionally accredited educational institution will be considered.
- Have an overall grade point average (GPA) of 3.0.
- Be a registered nurse currently licensed in the state in which s/he works. If assignment to a clinical practice site requires that the student practice in another state, then the student is required to meet licensing requirements according to statutes and obtain the appropriate license.
- Submit three professional references on FSMFN-supplied forms.
- Have a telephone interview with the Student Services Coordinator.

Student Services Coordinator:

studentservices@midwives.org or (859) 253-3637, ext. 5015

- Have a Primary Preceptor Interview that meets FSMFN criteria. See Clinical Site Selection for assistance with locating a preceptor.

Prerequisite Requirements

A **health examination** that includes documentation of immunity to rubella and hepatitis B, and freedom from tuberculosis in a communicable stage is required prior to attendance at Frontier Bound.

Non-clinical MSN applicants must have had a **physical assessment course** or will be required to take a course. Contact the Department Chair with any questions about meeting this requirement.

Students must have had the content listed in the following courses in their prior MSN program. Prior transcripts will be reviewed by the appropriate Department Chair. If the student has not completed any of the specified graduate content from the list below, the course(s) will be added to the required program of study for that student. Course descriptions and syllabi may be requested to assist in this evaluation.

- PC600 Health and Wellness (2 cr.)
- PC604 Pathophysiology (3 cr.)
- PC605 Decision Making in Health Assessment (2 cr.)
- PC606 Theories and Concepts of Advanced Primary Care Nursing (3 cr.)
- PC618 Research (3 cr.)
- NM602 Reproductive Anatomy and Physiology (2 cr.) (CNEP and CWHCNP applicants only)
- NP 607 Role of the NP in the Health Care Delivery System (3 cr.) (CFNP and CWHCNP applicants only)

Applicants with questions regarding their qualifications for admission to the FSMFN should contact the FSMFN Admissions Counselor at admissionscounselor@midwives.org.

Each applicant is evaluated individually. The FSMFN Faculty Admissions Committee makes all admission decisions.

[Download the Application Packet now!](#)

Admission Criteria for the MSN Completion for CNEP Graduates

- CNEP graduate
- Certification by the American Midwifery Certification Board, the ACNM Certification Council, or the ACNM
- Completion of a statistics course within the past 10 years. See the [Statistics Course Prerequisites](#) for course requirements.

Enrollment Procedure for the MSN Completion for CNEP Graduates

1. Applicants complete the [MSN Completion Application Form](#) and send this signed form with the application fee and Banyan Tree 101 fee to the FSMFN Registrar.
2. Applicants submit a transcript request form to the college where they completed a statistics course. The original transcript should be sent directly to the FSMFN Registrar.
3. When the application form, fees, and transcript are received, the application will be reviewed by the Admissions Committee.
4. After review, a letter of acceptance and an invoice will be sent.
5. Upon receiving the letter of acceptance and invoice, the applicant will make an appointment with the Student Advisor to complete the [MSN Completion Program of Study](#) and will begin the Banyan Tree 101 course.

Admission Criteria for the Women's Health Care Nurse Practitioner Post-Master's Certificate for CNEP Graduates

- CNEP graduate
- Master's or higher degree in nursing granted from a regionally accredited school. Applicants with a master's degree in public health from a regionally accredited school will be considered.

Enrollment Procedure for the Women's Health Care Nurse Practitioner Post-Master's Certificate for CNEP Graduates

The CNEP graduate completes the [Application for N599 or WH639](#) and sends this signed form with tuition and applicable fees ([application fee, Banyan Tree 101 fee, preceptor fee, and technology fee](#)) to the FSMFN Registrar. Banyan Tree 101 must be retaken if there has been a new version of Banyan Tree since the student was enrolled (contact the Multimedia Director at multimediairector@midwives.org with any questions about this requirement).

Admission Criteria for Non-Matriculating Students

- Health care professional
- Bachelor's degree

Enrollment Procedure for Non-Matriculating Students

1. Applicants complete the [Application for Non-Matriculating Students](#) and send this signed form with tuition and applicable fees ([application fee, Banyan Tree 101 fee, and technology fee](#)) to the FSMFN Registrar.
2. Upon receipt of the application, tuition, and fees, the Registrar sends a letter of acceptance that is copied to the Multimedia Team. The student may begin Banyan Tree 101 at this time.
3. Upon completion of Banyan Tree 101, the student

- registers for the course.
4. Courses must be started at the beginning of a term.

Admissions Cycle

The Admissions Committee considers applicants in an ongoing process after each applicant's file is complete. Classes begin several times each year. A current Admissions Calendar can be found at <http://www.midwives.org/admissions.asp>.

Clinical Site Selection

FSMFN students have a long tradition of establishing their own clinical sites usually in their communities. This process has worked well since 1989. Applicants who have a commitment from a preceptor should provide this information with their application. The Quality Assurance Coordinator (QAC) will send the identified preceptor a copy of the preceptor packet that includes the information needed for a preceptor to work with a FSMFN student.

Applicants who do not have a preceptor should begin by contacting the QAC who can provide information on clinical sites that have previously contracted with FSMFN. Many applicants already know nurse-midwives and nurse practitioners who live and work within their community. If not, the QAC is available to provide names and contact information for local practitioners and alumni. It is the applicant's responsibility to arrange clinical sites, but the QAC and the Department Chairs will assist. Suggestions for finding a clinical site include:

Nurse-Midwifery Applicants Site Selection

- Discuss possible clinical sites with the Department Chair.
- Use the CNM locator at <http://www.midwife.org/find.cfm> to find potential clinical sites.
- Contact the American College of Nurse-Midwives (ACNM) at (240) 485-1800 or www.midwife.org to obtain the name and contact information for the Chairperson of the local ACNM chapter. Attend a chapter meeting and talk with the local CNMs about clinical site opportunities.

Nurse Practitioner Applicants Site Selection

- Discuss possible clinical sites with the Department Chair.
- Use the search resource for NPs at <http://www.npclinics.com> to find potential clinical sites.
- Contact the state nursing organization and ask for the Chairperson for the regional or statewide nurse practitioner group. Call this person to obtain the names of local NPs.
- Attend the next regional NP meeting and talk with the local NPs about clinical opportunities.

Once an applicant has identified a potential clinical site, send the preceptor a letter of introduction and purpose that is accompanied by the applicant's Curriculum Vitae/resume. Include the FSMFN website address (www.frontierschool.edu) in the letter of introduction. The applicant should state her or his commitment to remaining in the home community for the clinical practicum, if that is the case. Follow up the letter with a phone call 1-2 weeks later. It is important to give a potential site a realistic idea of the date the applicant will be entering clinical. Many sites have commitments to other students or practice constraints that make commitment to a date very important. For a guideline, use 12-18 months from Frontier Bound for full-time students and 18-24 months from Frontier Bound for part-time students.

When a potential preceptor has been identified, the applicant should send the preceptor's name and contact information to the QAC. There is a Summary and Recommendation of the Applicant that must be sent to Hyden when the preceptor consents to being a clinical site. This form is available on the FSMFN website and is also included in the packet that is sent to potential preceptors. The packet also includes information concerning how the FSMFN supports the preceptors, credentials them, and provides them with preceptor training. The sooner the preceptor is identified the better this process works. Students need to have a clinical site with a contract in place two (2) terms prior to their attending Clinical Bound and starting their clinical practicum.

Revised 11/2006

Course Transfers and Challenges

FSMFN students are eligible to transfer 12 credits into their program of study from a school that is accredited by an accrediting agency recognized by the U.S. Secretary of Education. Challenge mechanisms are available for many academic courses, as well as clinical courses. For further information please review the FSMFN Course Transfer Policy and Procedure, Challenge Policy for Academic Courses, and Clinical Challenge Policy.

Computer Skills Proficiency

FSMFN students are expected to be able to use a computer independently. Students are not expected to be computer experts, but there is a minimum level of computer skill that is necessary to successfully complete education at the FSMFN. Below is a brief overview of expected computing skills

Basic Computer Skills

- Re-size windows, have multiple windows open and move between them
- Navigate through the computer's file/folder system
- Use the Search or Find File function to find files
- Identify name and versions of computer software
- Install new software on the computer
- Use the Help menus
- Distinguish file types (e.g., Identify whether a file is JPG or GIF)
- Create and name a new folder in Windows

Internet Skills

- "Surf the web" and identify the address (URL) of the web page being viewed
- Utilize Internet Tools (e.g., clear history or change

- security settings)
- Send/receive e-mail and attachments

Software & Word Processor Skills

- Create and edit a document using Microsoft Word
- Create and edit a spreadsheet using Microsoft Excel
- Create and view a presentation in Microsoft PowerPoint
- Open and print a document in Adobe Acrobat Reader
- Copy, cut and paste sections of text
- Format text/character size (10pt, 12 pt), font (Times, Arial)
- Use bullets, lists and table functions
- Adjust margins and tabs
- Create headers and footers, paginate and create page breaks
- Zip and unzip documents

Less than Proficient Skills

If students aren't proficient in a skills area, the FSMFN requests that they take additional training. Simply put, the FSMFN doesn't want the computer to be a barrier to a student's education. There are mechanisms available to enhance students' learning experience and avoid wasting their precious time struggling with the computer. Click here for Computer Learning Resources suggestions.

Revised 10/2006

Technical Requirements

Hardware

When purchasing a computer, buy the most powerful PC* computer that also meets the requirements below. A laptop computer with wireless capability is preferable for today's students.

- Pentium-4/Centrino or better
- 512mb RAM or better
- CD/DVD-Rom or better
- 16-bit Sound Card or better
- Speakers
- Microphone (or Webcam with Microphone)
- Printer (FSMFN recommends a printer that can withstand volume printing, and if the student can afford it, can print double-sided)

*Macintosh: Some Frontier systems do not support the Macintosh platform. FSMFN regrets that software companies have not chosen to support both platforms equally, but that means the FSMFN is also unable to provide support for Macintosh computers.

Software

- Microsoft Windows (XP)
- Microsoft Internet Explorer **
- Microsoft Office 2003 (XP) containing at a minimum Word, Excel, PowerPoint, and Outlook
- Adobe Acrobat Reader 6.0 (free from <http://www.adobe.com/products/acrobat/readstep.html>)

** Web sites and communication systems for the FSMFN have been designed for best performance with the full version of Microsoft Internet Explorer (MSIE). There have been significant limitations with proprietary browsers

supplied by services such as MSN or AOL. MS Internet Explorer is available for FREE at the Microsoft website (<http://www.microsoft.com/windows/ie/default.asp>). When students don't use MSIE and experience problems, the Multimedia Team's first suggestion will be to switch to MSIE.

Internet

The FSMFN strongly recommends investing in high speed Internet service (DSL, cable, T-1) if it is available. The additional cost will compensate for the absence of frustrations resulting from slow Internet service.

Revised 10/2006

Banyan Tree 101 Requirement Prior to Starting Any Courses

Prior to starting any course, all new students, faculty, and staff must take Banyan Tree 101 (BT101), unless it has been completed within 1 year. BT101 must be retaken if there has been a new version of the Banyan Tree since the student was actively enrolled. The BT101 course teaches electronic communication skills that are essential to success at the FSMFN.

Revised 11/2006

Statistics Course Prerequisite

One of the prerequisite requirements for FSMFN admission is an upper level undergraduate or graduate statistics course within the past ten years. The content of this course should include:

Descriptive (Univariate Data): continuous variables, the normal curve, means, standard deviations, categorical variables, measures of central tendency, variability, bivariate associations, odds ratio, standard scores and percentiles, frequency distributions, differences between means

Non-parametric Tests: chi-square

Correlation and Regression: correlation coefficients, Pearson product-moment correlation coefficient, linear regression

Inferential Statistics: paired t-tests, Pearson's product-moment correlation coefficients, analysis of variance (ANOVA), analysis of covariance (ANCOVA), discriminate analyses

Other: alpha level, internal consistency (Cronbach's alpha coefficients), statistical significance

The above are fairly common content in a graduate or upper level undergraduate statistics and research methods type course. Three online courses containing this content are listed below. Students who would like take a statistics course other than the ones listed below should contact their Department Chair for approval of the course. The statistics course BU478/PY478 Statistics and Research Methods from Canyon College will not be accepted for the statistics course prerequisite at FSMFN after March 2007.

Frontier School of Midwifery and Family Nursing
N404 Statistics
Available April 2007

University of Washington Online Learning
STAT 311 Elements of Statistical Methods
<http://www.onlinelearning.washington.edu/ol/courses/mat/stat311.asp>

University of Utah
PSY-3000 Statistical Methods in Psychology
<http://www.psych.utah.edu/stat/>

Revised 10/2006

Applicants Who Are Registered Nurses with a Bachelor's Degree in another Field

Applicants who are registered nurses with a bachelor's degree in another field will be required to submit a portfolio. In addition, their transcripts will be reviewed to determine if they have completed the required prior coursework. After review of the portfolio and the transcripts, the need for additional coursework in undergraduate nursing theories and research will be determined.

Revised 10/2006

Instructions for Portfolio (Non-BSN Applicants Only)

Applicants with a baccalaureate degree in a discipline other than nursing must submit a portfolio detailing their employment and academic experiences. Applicants are expected to provide the information and meet the requirements listed below. It is important to carefully respond in detail to all of the items. Admission depends on a clear description of the applicant's achievements. Applicants who do not meet all performance requirements but whose credentials reveal potential ability for graduate study may be referred to a committee for recommendations pertaining to their acceptance. In some instances, applicants may be required to fulfill prerequisites designated by the committee.

When assembling your portfolio the following information should be included in a notebook or folder.

1. Curriculum Vitae including:

- Formal education, degree(s) obtained and major, school attended, dates
- All nursing and other positions held
- Any relevant CE programs/courses taken
- Any published professional articles (in journals, hospital/agency publications, school newspapers, etc.)
- Presentations before staff, patient/family and other groups including educational seminars presented to peers as part of job responsibilities (date, title, location)
- Honors/awards received
- Membership in professional and other organizations—offices held, dates of membership
- Community service: name of organization, description of activities

2. A formal paper divided into six sections.

This paper is an essential aspect of the admission process and will be carefully evaluated in order to make a decision on your direct entry into the MSN program. Follow the guidelines carefully, speaking to all items. The paper will be evaluated on content, clarity of presentation, grammar, punctuation, etc.

Section 1. Description of the theoretical basis of your practice

This description may be eclectic drawing on knowledge from behavioral, biologic and other theories, including one of a nurse theorist.

- Give two examples of application in practice.

Section 2. Description of teaching and counseling aspects of your practice

- Give three principles of teaching and describe how these have been applied using three examples of patient, family, or group teaching activities.
- Give three principles of counseling and describe how they have been applied in your work with patients/clinics or staff, or groups. Give at least three examples.

Section 3. Description of collaborative activities, with all members of the health team

- Define collaboration.
- Describe how collaboration is applied in your practice using three examples.

Section 4. Description of leadership and change

- Define and describe leadership.
- Give three examples of how you have functioned as a leader in your position (you do not need to have had a "formal" leadership position, a staff nurse can be a leader).
- Describe inhibitors and facilitators of change. Describe how you have participated in change giving two examples.

Section 5. Description of research knowledge/activities

- Describe content related to research that you have had in your nursing program and in your other collegiate programs. This can include courses in research or content related to reading and evaluating research that was incorporated into the courses such as sociology, biology, etc. Identify courses and content specifically.
- Describe how you incorporate research findings into your practice. Give one example.
- Describe any clinical research activities in which you have participated or which you have facilitated.

Section 6. Personal philosophy of nursing

- Describe your personal philosophy of nursing.
- Include an analysis of how nursing and general education in the baccalaureate or higher degree program has influenced this philosophy.

Revised 5/2005

Provisional Admission Policy

Applicants who do not meet the GPA and GRE/MAT criteria of the admissions policy may be granted Provisional Admission by the Admissions Committee in its sole discretion when other aspects of the admission materials indicate a good chance of success at the FSMFN.

Provisional Admission requires the student to:

- Sign the Provisional Admission Policy Agreement
- Attend Frontier Bound
- Complete PC600 Health Promotion and Disease Prevention with the grade of a B or better
- Complete PC604 Pathophysiology for Primary Care with the grade of a B or better
- Complete one other Level I course with the grade of a B or better
- Pay the prescribed tuition and fees

Students admitted under the Provisional Admission Policy will be eligible for financial aid.

If the student successfully attains a grade of B or better in each of the three designated Level I courses, the Provisional status will be removed, and the student will be fully admitted.

If the student fails to attain a grade of B or better in each of the designated courses, the student has not successfully completed the Provisional status requirements, and the student will withdraw or be withdrawn from FSMFN.

Revised 2/2004

Academic and General School Policies

Academic Evaluation Methods

A variety of evaluation measures are used in the didactic courses, including graded assignments, examinations, and class participation. The evaluation measures for the Level III/Clinical Bound courses will also include demonstration of skills. Daily and monthly developmental assessment tools (DDATs and MDATs) will be used during the Clinical Practicum. Clinical progress will be evaluated through a collaborative effort among the student, preceptor, and Regional Clinical Coordinator. A grade of A or B (equivalent of at least 80%) must be achieved in all courses.

Revised 11/2006

Academic Freedom Policy

The Frontier School of Midwifery and Family Nursing is a private, non-profit, community-based, distance education graduate school offering a Master of Science in Nursing degree and post-master's certificates in advanced primary care practice specialties. The mission is to provide a high quality education that prepares nurses to become competent, entrepreneurial, ethical and compassionate nurse-midwives and nurse practitioners who will provide primary care to women and families residing in all areas with a focus on rural and medically underserved populations. This mission is optimally accomplished in an atmosphere of free inquiry and discussion, referred to as academic freedom. The FSMFN honors the following statements related to academic freedom.

There are three aspects of academic freedom and three aspects of academic responsibility. As a learned person each faculty member recognizes that people will judge the profession and the FSMFN by what is stated in a teaching situation and in public.

As scholars, faculty members are entitled to full freedom to study, discuss, investigate, conduct research and publish in their areas and as appropriate to their respective roles and responsibilities. They are responsible for developing and improving their scholarly competence, practicing intellectual honesty, and seeking and stating the truth as they see it. Respect for the scholarly endeavors of other faculty and students, including their right to express their opinions, is necessary for all to have academic freedom.

As teachers, faculty members are entitled to freedom in discussing their subject but care should be taken in teaching controversial matter that has no relation to the subject. Faculty should present in their courses that which is described in the catalog and is approved by the faculty in their collective responsibility for the curriculum. As a member of a profession, they are responsible for teaching the content that the profession deems necessary for the development of new professionals.

As citizens, faculty members have the right to express their opinions without institutional censorship or discipline. Faculty members should remember that as learned

members of their community, the community may judge their profession and their institution by their opinions. They should make sure their statements are accurate and that they speak as private citizens and not for the Frontier School of Midwifery and Family Nursing.

Revised 11/2006

Access to Courses

Students will receive access to FSMFN courses within one business day following their completion of the Frontier Bound evaluation and the Banyan Tree 101 course. Students will have view-only access to the syllabi of all courses at all times. Students may not be actively working in a course unless they are registered for that course. Students must be aware that courses may change from term to term including content, books, and required assignments. Faculty will post the final version of each course including the current required book list four weeks prior to the start of the next term. Students are encouraged to review the course syllabus prior to the start date. Books should be ordered to ensure receipt prior to the beginning of the term.

Revised 11/2006

Adding and Dropping Courses

Students may add or drop a course within the first ten (10) calendar days of the start of a term. A change in registration becomes effective only when the [Add/Drop form](#) is completed by the student and submitted to the Registrar. All Add/Drop forms must be submitted by midnight on the tenth (10th) calendar day of the term. The student should also send a copy of the Add/Drop form to the Student Advisor and the Course Coordinator.

Revised 11/2006

Americans with Disabilities & Learning Disabilities

If the learning difference was diagnosed prior to entry in the FSMFN:

1. A letter must be generated to the Department Chair (DC) from the qualified specialist. The letter must include: when the learning difference was diagnosed, results of the evaluation, including testing, and recommendations for accommodations that would support the student's learning needs.
2. A Letter of Agreement will be drawn up between the student and the FSMFN detailing the accommodations the FSMFN will make and the responsibilities of the student.

If problems with learning occur while the student is attending the FSMFN, and if these lead to a diagnosis of a learning difference, then the student will be offered:

1. Evaluation by a specialist qualified to make the diagnosis, at the student's expense and in the student's community.
2. When the evaluation process is complete and a diagnosis made, a letter must be generated to the DC from the qualified specialist. This letter must include: the diagnosis, a summary of the testing process and results; and concrete recommendations regarding accommodations to facilitate the

student’s successful completion of the program of study, including academic coursework and the Clinical Practicum.

3. In the event that a student determines that an evaluation for learning difference is necessary and has made the decision to pursue testing, a leave of absence may be suggested. Frequently, the testing and evaluation process is lengthy and can interfere with a student’s timely progress in the program.

All records pertaining to the evaluation process, diagnosis and accommodations will be confidential. The information will be shared (with the student’s prior knowledge and consent) with those faculty members who are required to provide accommodations.

Revised 2/2002

Appeal of Dismissal

- A dismissal decision of the Administrative Team may be appealed by letter to the President and Dean within four (4) weeks after the date of notification.
- The appeal must be sent to the President and Dean in writing and shall state the justification for the appeal.
- A copy of the Administrative Team minutes pertinent to a student’s dismissal is available to the student on request.
- An appeal will only be heard if the appeal is made on the basis of bias, an error in the application of policy, or for lack of due process.
- The President and Dean will convene an Academic Standards Committee consisting of a three-person committee of faculty who were not involved directly in the original decision to dismiss.
- The student will be granted the opportunity to address the Academic Standards Committee by telephone conference call and/or by written statement.
- The Committee members will review all available documentation pertaining to the dismissal. The purpose of this Committee review is to assure that there was no bias, no error of application of policy, and that the student received due process.
- The purpose of the Committee is not to review the dismissal decision, but to review the procedures and processes that were used to arrive at the decision.
- The appeal process shall be completed within 60 days after receipt of the student’s letter to the President and Dean requesting an appeal.
- The recommendation of the Academic Standards Committee shall be communicated to the President and Dean who will then inform the student by certified letter of his/her decision.

Revised 8/2002

Assignment of Credit Hours

The definition of a credit hour is relevant to the preparation of curricula at the Frontier School of Midwifery and Family Nursing. The goal is to enable students to graduate in a timely manner. The issues involved in defining a credit hour are to ensure that student workload is sufficient, but not excessive, for the credit hours assigned.

With this in mind, the number of semester credit hours

assigned to coursework needs to be proportional to student workload, which entails interacting with the instructor and other students, completing readings and learning activities, clinical hours, and other out-of-class work associated with a course. It is not practical to precisely measure these quantities over time. Further, student capability, motivation, and background will have a strong impact on the amount of time required by an individual student to complete assigned work. Therefore, the guidelines in this policy should be considered to be principles that are not to be interpreted as strict rules.

For didactic coursework, one credit hour should equate to approximately 60 hours of total work to complete the course. This is based on the formula for semester credits of one hour of class time and three hours of study time for each credit every week, for 15 weeks. Therefore a three-hour course should take a student approximately 180 hours to complete. This guideline is not intended to require that student workload be measured; rather, it is a guideline that is applied when determining the number of credit hours to be assigned to a course.

For clinical coursework, one credit hour should equate to a minimum of 45 hours of total work to complete the course. Therefore, the required 15 hours for the Clinical Practicum should require a minimum of 675 hours of clinical hours to complete. In the clinical area, students are expected to record total hours. They must meet both the required minimum number of hours and the required minimum clinical experiences to complete the clinical courses.

The following table outlines the approximate number of hours of study per week correlated to credits per term. The total hours for the number of credits are divided by 11 weeks. This leaves 7 days of the 12-week term for students to start and finish courses.

Study Hours per Week		
Credits	Didactic (credits x 60 hours/11 weeks)	Clinical (credits x 45 hours/11 weeks)
2	11	8
3	17	12
4	22	16
5	28	20
6	33	25
7	39	29
8	44	33
9	50	37
10	55	41

The intent of this policy is to ensure that student workload for a given number of credit hours is appropriate for the credit hours assigned. However, it must be recognized that a uniform workload across all curricula for identical numbers of credit hours is not possible. By the nature of the curricula involved and the national

expectations of advanced practice nursing education, two courses with the same number of credit hours can be significantly easier or more difficult for a particular student. With these exceptions in mind, the definition of a credit hour carries with it significant flexibility while ensuring that a student's overall course load will be commensurate with the number of credit hours being taken.

Revised 11/2006

Breast Pump Availability

A Medela Lactina electric breast pump is available for students' use. The student is responsible for the accessory kit (cups, tubing, bottles). Contact the Hyden Secretary at (606) 672-2312 to arrange for its use.

Revised 11/2006

Breastfeeding Infants on Campus

Students may be able to bring their breastfeeding infants to Frontier Bound, Level III/Clinical Bound, and Crossing the Bridge when accompanied by an appropriate care provider and based on available space. The student must obtain permission from the Department Chair prior to the scheduled on campus event.

1. The care provider, infant and student will be assigned housing at FSMFN if available on a first come, first serve basis.
2. If no housing is available on-site, a room on campus will be assigned to the student. The infant's care provider will be given access to the assigned room to care for the infant during class hours.
3. The baby may not be taken into the classroom during class hours. If the infant needs to nurse during class hours, the student must return to the assigned room or the assigned outside areas for that purpose.
4. The student will be responsible for obtaining any class information that is missed.
5. During meals, the infant and care provider can access the Haggin dining room and living room. The care provider cannot visit other buildings while on campus.
6. Fees: The current fee is \$35.00 per night for the care provider if staying on campus. If off campus, the meals are \$5.00 per day for the care provider and student.

Revised 11/2006

Case Days

Case Management Days are seminars organized by the Regional Clinical Coordinators. They provide opportunities for group learning and networking within the region. Students doing their clinical practicum present cases to facilitate group discussion of management options and to promote the pathways of critical thinking. All FSMFN students, preceptors, other FSMFN faculty, students from other schools, and anyone interested are invited to attend. A student may participate in a Case Day in any community in which it is being held.

Revised 3/2005

Challenge Policy for Academic Courses

Challenge mechanisms are available for many academic courses at the discretion of the student's Department Chair. Students must have had similar content in a prior academic graduate program. Courses that are challenged require tuition payment equal to that of taking the entire course. Intent to challenge a course must be declared at the time of enrollment in the FSMFN and will be included as a part of the student's program of study. Students may challenge a maximum of six (6) credits total, including both academic and clinical courses.

The challenge option includes an assessment of theory and content contained within the most currently revised didactic course. This may include examinations and/or other required assignments as defined by the Course Coordinator responsible for that content area. Students should review the course being challenged to guide their study prior to the challenge examinations. A passing score of 80% on these examinations and/or assignments enables the student to receive credit for a didactic course. A score of less than 80% on the challenge examinations requires the student to take the course and submit all required Graded Assignments and examinations.

Courses not available for challenge:

- N400 Health Assessment
- N401 Communications
- N404 Statistics
- N406 Leadership
- N407 Theories and Research
- N408 Community Health
- N409 Community Health Practicum
- NM614 Antepartum Care I
- NM615 Intrapartum Care I
- NM616 Postpartum and Newborn Care I
- NM617 Antepartum Care
- NM618 Intrapartum Care
- NM619 Postpartum and Newborn Care
- NM624 Antepartum Care II
- NM625 Intrapartum Care II
- NM626 Postpartum Care II
- NM627 Newborn Care II
- NM629 Skills for Nurse-Midwifery Care
- NM632 Advanced Antepartum Care
- NM634 Advanced Intrapartum Care
- NM636 Advanced Postpartum and Newborn Care
- NP629 Advanced Skills for Primary Care
- PC620 Physical Assessment
- PC628 Skills for Primary Care
- WH621 Clinical Topics in Women's Health Care
- WH629 Skills for Women's Health Care

Revised 11/2006

Commencement Ceremony Participation

Students may participate in the annual FSMFN commencement ceremony prior to taking the Comprehensive Examination if they have completed all required courses and paid the graduation fee.

Revised 8/2006

Communications Policy

Communication in the FSMFN is a vital part of our relationships with each other and with the FSMFN as a whole. Students must conduct themselves in a professional manner in both written and verbal communication. Professional communication is the responsibility of the student. By choosing to disregard the communication expectations listed here, the student risks being placed on a Performance Plan for communication issues. Dismissal from the FSMFN for infractions of the Communication Policy may result if unprofessional behaviors continue.

To meet the expectations for professional communication, students are required to:

- Display courtesy to faculty and staff regarding their office hours. Messages may be left on machines during “off” hours, but must show regard and awareness of the different time zones.
- Communicate with faculty and staff and other students in a respectful way even when problems may exist.
- Utilize proper channels when approaching a problem. If a problem arises, students must discuss the issues with the involved faculty member first.
- Take responsibility for communication errors when they occur without making excuses.
- Respond in a timely manner (within 5 days) to any faculty request for e-mail or phone contact.
- Communicate at least once per term at the mid-term with the Student Advisor by either phone or e-mail to update the Student Advisor on course progress and plan registration for the following term.
- Abide by all communication policies stated in specific courses or as listed in the course forums on the Banyan Tree.
- Submit name, address, and phone number changes within 14 days using the form in the FSMFN Directory.
- Use the Banyan Tree, the FSMFN e-mail and forum system, for all official correspondence with the FSMFN and between FSMFN members. Outside vendors (e.g., Hotmail, EarthLink, etc.) may not be used. Communications using non-Banyan Tree services cannot be verified by the FSMFN, will not be considered official, and may be discarded.
- Abide by electronic communications etiquette, using appropriate language. Please refer to the Banyan Tree 101 course for electronic communications etiquette.
- Check the Banyan Tree for e-mail and forum messages at least twice each week while enrolled in the FSMFN.

Areas of the Banyan Tree that must be checked at least twice each week are:

- E-mail
- Announcements Forum
- Course Forums (for currently enrolled courses)
- Faculty and Staff Schedules Forum (before contacting faculty or staff)
- Financial Aid and Scholarships Forum (if receiving financial aid or seeking scholarships)

- Frontier Bound Forum (prior to Frontier Bound)
- Level III/Clinical Bound Forum (when preparing for Level III/Clinical Bound)

Participation in other forums of the FSMFN Community, especially the Group Forum, is strongly encouraged.

Revised 11/2006

The Comprehensive Examination

The Comprehensive Examination marks the completion of the student’s program of study and provides a summative evaluation of the student’s educational experience. No student has completed an FSMFN program of study until they have passed the Comprehensive Examination. The graduation date from the FSMFN is the date the student successfully completes this examination.

This is a four-hour proctored examination, which can be scheduled at any time of the year. The same proctor used for course examinations may proctor the Comprehensive Examination. The student does not need to travel or relocate.

The following requirements must be completed prior to taking the Comprehensive Examination:

- The Registrar has received the signed Declaration of Safety (DOS) from the primary preceptor.
- All grades are recorded from both academic and clinical courses.
- All tuition, extension or added term fees, graduation fee, and any other fees are paid.
- All course evaluations, clinical site/preceptor evaluations, and Regional Clinical Coordinator (RCC) evaluations have been received.

When a student begins to plan for the Comprehensive Examination, the student should notify their RCC. The student should consult with the RCC and decide on a realistic date for the examination. All academic work and clinical experience must be completed with enough time prior to taking the examination that the student is adequately rested and the faculty have time to submit the student’s grades. Taking the examination should not be rushed because failure of the Comprehensive Examination could jeopardize graduation.

The Comprehensive Examination must be completed no later than the term following the term in which the student completes their academic and clinical courses.

The RCC notifies the Administrative Assistant to the Registrar who records the student’s name and date for taking the Comprehensive Examination. The student will then receive an e-mail with a study guide and information about the examination. Students who do not receive this information should contact the Administrative Assistant to the Registrar.

Once all grades, the DOS, and all fees and tuition are received at the FSMFN, the Comprehensive Examination is sent to the student’s approved proctor. Remember that it may take a week or longer for the examination to

reach the proctor. At this time the student should obtain information about the relevant certification examination and begin the application process. Further information is available at the Bound for Boards section of the Student Services website.

Once the Comprehensive Examination is completed, the student is no longer covered by FSMFN's liability insurance. No further clinical experiences may be obtained as an FSMFN student.

After the examination is completed, the approved proctor sends the completed examination to the Comprehensive Examination grader. Within two weeks of receiving the examination, the grader informs the student and the FSMFN Registrar of the results. The grader schedules a time to discuss and review the examination with the student. Once the Comprehensive Examination is passed, the student is considered a Graduate Nurse-Midwife or Graduate Nurse Practitioner.

If a student does not achieve a passing grade on the Comprehensive Examination, one re-test will be allowed. The student will review with the Comprehensive Examination grader prior to the re-test. The Administrative Team will review a student who fails the Comprehensive Examination twice. A plan will be developed that may include dismissal.

Revised 11/2006

Confidentiality of Records

The Family Educational Rights and Privacy Act of 1974 (FERPA), insures students of the right to privacy in their educational records. This act also establishes the right of students to inspect and review their records and to initiate grievance proceedings to correct inaccuracies. A request to review educational records should be sent to the Registrar in writing and will be honored within 45 days after receipt of the request.

Revised 2/2002

Continuous Registration Policy

Students must be either registered for courses or on an official leave of absence every term until their degrees are awarded. Failure to register for courses or be on an official leave of absence for any term (Winter, Spring, Summer, Fall) constitutes withdrawal from the FSMFN. Responsibility to maintain registration rests with the student.

Revised 11/2006

Copying

A copier is provided for students' use when in residence on campus. The charge is \$.05 per page. Fees should be paid to the secretary prior to leaving the FSMFN. As an educational institution, the FSMFN must follow copyright law to the letter. If students have any questions regarding copyright, they should contact the FSMFN Librarian.

Revised 11/2006

Course Evaluations

The Course Evaluation Form submits directly into a secure database. Course faculty and Department Chairs

are able to view an anonymous report containing totals and comments, without student names.

Course faculty and Department Chairs cannot see who submitted any evaluation. Course Coordinators use the evaluation reports in the course revision process to improve the next version of the course. The Department Chairs are able to view course evaluation reports to look for trends related to teaching, faculty performance and course effectiveness. The staff member responsible for verifying completion of course evaluations is only able to see a tracking report that includes the student's name, class number, and a list of courses that have been evaluated, but not the student's course evaluations.

The FSMFN must have complete student evaluations in order to complete our institutional effectiveness plan. In order to collect evaluation data the following policies apply:

- Students will receive access to Level I courses after completing the Frontier Bound evaluation.
- Students may attend Level III/Clinical Bound after completing all Level I and Level II course evaluations.
- Students may start the Clinical Practicum after completing all Level III/Clinical Bound evaluations.
- Students may receive their Comprehensive Examination after completing all course evaluations.

Revised 11/2006

Course Failure Policy

If a student does not successfully retest on an examination or earns less than 80% in an entire course, the student has failed the course. The Student Advisor is notified by the course faculty and brings the issue to the Department Chair after discussion with the student. The Department Chair will review the student's overall progress and academic record in the FSMFN. The outcome of this review may include:

- Re-enrollment in the course at full tuition cost to the student and a Performance Plan (see the Learning and Performance Plans Policy). If allowed to re-enroll, the student must successfully complete the course to continue in the FSMFN. Any course failure will be reflected on the student's transcript (see the Grading System Policy).
- Referral to the Administrative Team with a recommendation for dismissal from the FSMFN.
- Two (2) course failures will result in dismissal from the FSMFN.

Revised 8/2002

Course Transfer Policy and Procedure

FSMFN students are eligible to transfer 12 credits into their program of study if the credits were taken from a school that is accredited by an accrediting agency recognized by the U.S. Secretary of Education. Courses will be eligible for transfer credit if the student can demonstrate that they have had similar content in a prior academic graduate program in the past five years. A longer time frame may be considered for post-master's students who are currently practicing in their area of certification. Transfer credits may only be for didactic courses. Clinical

credits may not be transferred. There is a course transfer fee for review of materials. Students may not use transfer credits to meet the criteria for Satisfactory Academic Progress. Deductions of tuition for transferred courses occur on the final tuition payment.

Courses not available for transfer:

- N400 Health Assessment
- N401 Communications
- N404 Statistics
- N406 Leadership
- N407 Theories and Research
- N408 Community Health
- N409 Community Health Practicum
- NM614 Antepartum Care I
- NM615 Intrapartum Care I
- NM616 Postpartum and Newborn Care I
- NM617 Antepartum Care
- NM618 Intrapartum Care
- NM619 Postpartum and Newborn Care
- NM624 Antepartum Care II
- NM625 Intrapartum Care II
- NM626 Postpartum Care II
- NM627 Newborn Care II
- NM629 Skills for Nurse-Midwifery Care
- NM632 Advanced Antepartum Care
- NM634 Advanced Intrapartum Care
- NM636 Advanced Postpartum and Newborn Care
- NP629 Advanced Skills for Primary Care
- PC620 Physical Assessment
- PC628 Skills for Primary Care
- WH621 Clinical Topics in Women’s Health Care
- WH629 Skills for Women’s Health Care

Procedure

1. The student reviews the FSMFN Course Descriptions.
2. The student notes any course(s) that are similar in content and credits to graduate level courses taken in the previous five years.
3. The student downloads the Registrar’s Course Transfer Notice and the Course Transfer Form.
4. For each course that is to be reviewed for transfer, the student sends a Registrar’s Course Transfer Notice and transfer review fee to the Registrar.
5. The Registrar e-mails the student with the name and address of the appropriate Department Chair.
6. The student sends the Department Chair the Course Transfer Form with the top filled out and the following materials: description of the graduate course from the official course catalog and course syllabus, which includes objectives and course outline.
7. The Department Chair e-mails the Registrar to ascertain if the student has an official transcript on file that indicates that the student earned at least a B in the course to be transferred.
8. The Department Chair reviews the material. The Course Coordinator may be consulted. More information from the student and/or the previous school may be requested.
9. The Department Chair completes the Course Transfer Form and returns it to the Registrar.

10. The Department Chair notifies the student and Course Coordinator.

Revised 11/2006

**Digital Millennium Copyright Act Notice
NOTICE TO COPYRIGHT OWNERS**

FSMFN respects the intellectual property of others, and we ask our users to do the same.

If you believe that your work has been copied in a way that constitutes copyright infringement, you must provide FSMFN’s Copyright Agent the following information, which must be in writing:

1. A physical or electronic signature of a person authorized to act on behalf of the owner of an exclusive right that is allegedly infringed.
2. Identification of the copyrighted work claimed to have been infringed, or, if multiple copyrighted works at a single online site are covered by a single notification, a representative list of such works at that site.
3. Identification of the material that is claimed to be infringing or to be the subject of infringing activity and that is to be removed or access to which is to be disabled, and information reasonably sufficient to permit FSMFN to locate the material.
4. Information reasonably sufficient to permit FSMFN to contact the complaining party, such as an address, telephone number, and, if available, an e-mail address at which the complaining party may be contacted.
5. A statement that the complaining party has a good faith belief that use of the material in the manner complained of is not authorized by the copyright owner, its agent, or the law.
6. A statement that the information in the notification is accurate, and under penalty of perjury, that the complaining party is authorized to act on behalf of the owner of an exclusive right that is allegedly infringed.

FSMFN’s Designated Agent for Notice of claims of copyright infringement is Kenneth J. Tuggle, who can be reached as follows:

By U.S. mail: Kenneth J. Tuggle
400 West Market Street, 32nd Floor
Louisville, KY 40202

By e-mail: ktuggle@fbtlaw.com
By Phone: 502-568-0269
By Fax: 502-581-1087

Dismissal from the FSMFN

Dismissal from the FSMFN is a decision made by the Administrative Team. The student will be notified orally or in writing of the possibility of dismissal at the time the potential for dismissal is identified. The Administrative Team meeting at which the potential dismissal will be reviewed will be scheduled to occur two (2) to four (4) weeks after the student is notified of the possibility of dismissal. The student will be notified in writing of the

scheduled date of the Administrative Team meeting at which the possibility of dismissal will be reviewed.

The student is encouraged to submit a written statement to the Administrative Team including any explanation the student wishes the Administrative Team to consider. This statement must arrive at the Lexington FSMFN office at least three (3) business days (Monday through Friday) before the date of the scheduled Administrative Team meeting in order to be distributed and read by the Administrative Team members prior to the meeting. This written statement may be sent by e-mail.

The student will be notified of the decision of the Administrative Team in writing by certified letter within ten (10) days of the Administrative Team meeting. Reasons for dismissal include, but are not limited to, the following:

- Infraction of the Honor Code
- Infraction of the Harassment Policy
- Infraction of the Drug and Alcohol Policy
- Infraction of the policy regarding midwifery and nurse practitioner practice by Frontier students
- Failure to meet FSMFN time deadlines
- Unsatisfactory academic performance
- Unsatisfactory clinical performance
- Unprofessional conduct in relation to interaction with others (student, faculty, staff, preceptor, client)
- Persistent violations of the Communication Policy including persistent deficiencies in written or verbal communication

Revised 3/2005

Drug & Alcohol Policy

The FSMFN prohibits the unlawful or inappropriate possession, use, or distribution of illicit drugs and alcohol by students, faculty, or staff on its property, at any recognized FSMFN event, or as a part of any of its activities. The consumption of alcohol is not permitted during FSMFN clinical hours or during official FSMFN classroom time.

Impaired individuals will be brought to the attention of the Administrative Team. Students who are experiencing problems with alcohol or drugs are urged to voluntarily seek assistance to resolve such problems. Students would be eligible for an LOA, per FSMFN policy, to participate in a rehabilitation program at the students' expense.

FSMFN reserves the right to test for drugs and/or alcohol those students who could reasonably be suspected of drug or alcohol abuse, based on appearance, smell, speech, irrational or unusual behavior, or carelessness or disregard for the safety of others. Urine or blood samples would be obtained under the supervision of an appropriate health care professional. Results of any drug/alcohol test may be shared with the members of the Administrative Team. The drug/alcohol tests will not be conducted if an individual refuses to submit, however, refusal to submit may result in immediate referral to the Administrative Team for dismissal.

If an individual is found to be drug (including prescription medication) or alcohol impaired, assistance will be offered to obtain professional counseling and therapy for that individual and this counsel will be required for continuation in the FSMFN. Professional counseling and therapy will be at the student's expense.

To be under the influence of drugs or alcohol while providing patient care could jeopardize the health and safety of clients and would be a prime cause for the Administrative Team to recommend dismissal.

A complete copy of the Frontier Nursing Service (FNS), Inc. Substance Abuse Policy and Comprehensive Substance Abuse Testing Program is available to any student. This may be obtained by calling the FNS Human Resource Manager in the Wendover Office at (606) 672-2318

Revised 2/2002

Enrollment Following Frontier Bound

Students who attend Frontier Bound are expected to enroll in the FSMFN at the beginning of the next term. Students who do not enroll in the FSMFN within six months after attending Frontier Bound must attend Frontier Bound again.

Revised 11/2006

Estimating the Timeline for Beginning the Clinical Practicum

It is important that students give the preceptor a realistic idea of when they will be ready to begin clinical. Expectations may change as students move through Levels I and II. Many sites have commitments to other educational programs or internal constraints that impact their scheduling of a FSMFN student. Students are responsible for communicating with the Primary Preceptor and the Regional Clinical Coordinator (RCC), as well as the Department Chair if changes occur with their original timeline. The student may need to renegotiate clinical time if their actual timeline varies from the original agreement with the preceptor. During Levels I and II periodic contacts with the RCC and the Primary Preceptor are recommended, as well as the required contacts with the Student Advisor.

Revised 8/2002

Examination Grading and Failure Policy and Procedure

Many courses involve closed book examinations. These examinations must be proctored and time limits honored (see the Examination Security Policy and Procedure). A grade of less than 80% constitutes an examination failure.

Students are allowed to retake a limited number of examinations during the course of their studies. The goal is to help students learn appropriate study and test taking habits so that examination failures are not recurrent. To this end, the following procedures will be followed:

- Course faculty will notify the Student Advisor and Department Chair of an examination failure.

- After one (1) examination failure, the student will review with course faculty and reflect on what happened. Resources for improving study habits or test-taking skills will be recommended if appropriate.
- Following two (2) examination failures the student will again review with course faculty and discuss the situation with their Student Advisor who will counsel the student regarding studying for this type of content, test-taking strategies, and other appropriate issues.
- If there are three (3) examination failures, the student will again review with course faculty and the Student Advisor and will develop a Learning Plan (see the Learning and Performance Plans Policy), which is sent to the faculty member, the Student Advisor, and the student's Department Chair.
- Four (4) examination failures will result in review with course faculty, the Student Advisor, and the Department Chair. The Department Chair will then develop a Performance Plan (see the Learning and Performance Plans Policy). The Performance Plan will be considered completed after three (3) subsequent sequential successful examinations.
- Five (5) examination failures will result in review with the faculty and discussion with the Student Advisor and Department Chair. The Department Chair will then bring the situation to the Administrative Team for discussion and decision which could include recommending dismissal from the FSMFN.

Retesting after an Examination Failure

If an examination is failed and is within the five failures allowed, the student has the option of repeating the examination one time. The student must arrange to retake an examination within two weeks of receiving notification of the failed examination. The student will retake the examination after completing a test review with the course faculty. If examination failures occur during the Clinical Practicum, the student may be asked by the Regional Clinical Coordinator or Department Chair to take a short leave from clinical so that the necessary preparation for the examination can be successfully completed.

A new form of the examination is given for the retest. A retest will be given a grade of no higher than 80%. Failure on the retake of any examination (less than 80%) constitutes a course failure (see the Course Failure Policy).

Revised 11/2006

Examination Security Policy and Procedure

- Students are not to discuss the contents of any examination, including the Comprehensive Examination, with anyone other than the responsible faculty.
- A test is not to be opened by the student until the student and the proctor are ready for the student to take the examination.
- Examinations are treated as confidential material. This means students do not make a copy of any examination in any form.
- Only the proctor is responsible for receiving and

photocopying examinations. Students may never be involved in this process.

- The proctor must prepare an examination for mailing. The student may only handle a completed examination after the proctor has placed it in an envelope and both the proctor and student have signed the sealed flap.
- The use of a computer is not acceptable for any examinations.

The FSMFN relies on examination proctors to ensure the academic integrity of the School's examinations. By agreeing to proctor examinations, the Proctor takes personal responsibility for the security of the examination material. Acting as a proctor for a nurse-midwifery or nurse practitioner student is an act of professional volunteerism. Without such volunteerism, the FSMFN would not be successful. The examination proctor may be a nurse-midwife or nurse practitioner in the clinical setting where the FSMFN student will acquire clinical experience or a nursing supervisor, an educator, or a librarian. Testing centers may be utilized, although they often require a fee.

The FSMFN student identifies an appropriate examination proctor and supplies the proctor with the [Proctor Approval Application](#). If the student's clinical preceptor is going to be the proctor, the preceptor must still complete the Proctor Approval Application. Other CNMs or NPs in the proctor's practice or office personnel may not be substituted unless they have also completed the Proctor Approval Application. After the proctor has applied and been approved, the FSMFN Secretary sends the proctor a letter announcing the approval.

Examinations for the following term will be automatically sent to the proctor between the registration period and the first day of the term. Students who will be changing proctors for the following term should contact their Department Chair to arrange to have the examinations held until the new proctor has been approved. If a student adds a course during the Add/Drop period, the exams for the added course will be sent at the end of the Add/Drop period. If a student drops a course during the Add/Drop period, the proctor will be notified in writing and must destroy all examinations for that course.

The proctor provides the student with a quiet room, devoid of reference materials and computers, where a closed book examination may be completed. After the examination is completed the proctor ensures its secure return for grading by course faculty. It is the student's responsibility to provide the grader's name and address and mailing materials and to pay any charges for copying and for mailing. The student should bring a stamped and addressed envelope to the examination. The proctor's return address should be on the envelope, not the student's.

Specific duties of the proctor begin with the receipt of the examination. The proctor:

1. Checks the examination(s) to ensure that each has

- the correct number of legible pages.
2. Contacts the FSMFN Secretary at (606) 672-2312 for assistance if an examination is incomplete or poorly photocopied.
 3. Keeps the examination(s) in a locked, secure place until administration.
 4. Ensures that the examination site is free of distractions and reference materials. Students may bring writing implements and blank paper to the examination, but no books, laptop computers, notes, or other references.
 5. Reviews the number of questions, possible number of points, and time allotted for the test with the student before administering.
 6. Reminds the student periodically during the examination of time limits.
 7. Photocopies the completed examination. The student should not be involved in the photocopying process.
 8. Places the photocopy of the examination in a sealed envelope and locks it in a secure area.
 9. Signs the statement on the examination indicating that the Examination Security Policy and Procedure have been followed.
 10. Places the original examination in the stamped envelope addressed to the examination grader, which was provided by the student. The return address should be that of the proctor.
 11. Seals the envelope and signs the sealed flap of the envelope.
 12. Has the student sign the sealed flap of the envelope.
 13. Mails the envelope to the faculty grader within one business day of the examination's administration. The proctor may permit the student to mail the examination after the envelope has been sealed and signed by both the proctor and the student. It is recommended that examinations be sent via Priority Mail with Delivery Confirmation. Do not send material by overnight mail, certified mail, or any other mechanism that requires a signature. If the faculty member is not at home, it can delay receipt of the examination and can result the examination being returned to the proctor.
 14. Destroys the examination photocopy after the student receives the examination grade. The student should notify the proctor as soon as the grade is received.
 15. If a student drops a course during the Add/Drop period, the proctor will be notified in writing and must destroy all examinations for that course.
 16. In the event that a student takes a Leave of Absence, changes proctors, or withdraws from the FSMFN, the proctor will be notified in writing and must destroy all examinations.

Revised 11/2006

Full-time and Part-time Programs of Study

Students may choose between full-time and part-time programs of study. Full-time students complete an average of 7-8 credits per term. Part-time students complete

an average of 5-6 credits per term. Full-time students can expect to study at least 40 hours per week while part-time students can expect to study at least 30 hours per week.

Revised 11/2006

Graded Assignments

Graded Assignments may include papers, oral presentations, forum assignments, open-book post-tests, worksheets, and any other type of assignment sent to faculty for feedback and a grade. Submission instructions (e.g., APA format) should be followed. Most Graded Assignments are completed by the individual student. Some Graded Assignments may be specifically designated as appropriate for group work. Students who have questions about whether a Graded Assignment is to be completed by an individual or group should seek clarification from the course faculty. Collaborative work on an individual Graded Assignment is an Honor Code Violation and may result in dismissal from the FSMFN.

The percentage of the grade to be derived from a Graded Assignment is stated at the beginning of the course. Graded Assignments receiving a grade of less than 80% will require resubmission. The student must complete resubmissions of Graded Assignments within two weeks of receiving the grade. Each resubmission must receive at least 80% to be considered successfully completed. At times, faculty may request that another faculty member provide a second read of a student's work. Course Coordinators may set course policies that allow only one resubmission and a lower grade for a resubmission.

Revised 11/2006

Grading System

The marks used in all official reports of students' grades are: A, B, F, W, X, T, I and IP. The performance level and quality points assigned to those grades are as follows:

Grade	Performance Level	Quality Points per Term
A	Consistently Outstanding 90-100%	4
B	Satisfactory 80-90%	3
F	Failure	0
W	Withdraw passing	0
X	Withdraw failing	0
T	Transfer	0
I	Incomplete	0
IP	In Progress	0

All credits are based on a 12 week term system. A grade of A or B (equivalent of at least 80%) must be achieved in all courses. The designations W or X will be recorded to indicate passing or failure in those instances in which a student withdraws from a course before completing the work. If a course is repeated, the original grade remains on the transcript. Only the grade for the most recent course completion is computed in the grade point average (GPA).

An Incomplete (I) grade is used only for academic courses. See the Incomplete Grade Policy and Procedure for further information. An In Progress (IP) grade is used only for clinical courses. It denotes that the clinical course is in progress but the course is not yet complete. It is expected that the student will complete the course in the next term at which time the grade will change to the appropriate letter grade. If a student withdraws without completing the clinical course, this will be changed to a W or X. A grade of I or IP does not remain on the transcript but is replaced by the completion grade.

Good academic standing is defined by all of the following:

- Maintenance of a grade point average of 3.0 or higher
- No course failures
- No current Performance Plan in effect

Reporting of Grades

In accordance with the Family Educational Rights Privacy Act (FERPA), also known as the Buckley Amendment, all students' grades are treated as confidential information. Upon completion of each course, the faculty member will send the grade to the student via e-mail. A student may request a current transcript from the Registrar at any time.

Revised 11/2006

Grievance Procedure

Grievances should always be resolved at the most immediate level possible.

If the grievance relates to an academic course, the student should begin by communicating the problem to the individual course faculty member involved. If that is not successful, then they should take the matter to the Course Coordinator, and if still unsuccessful to the appropriate Department Chair (DC).

For problems related to clinical matters, the student should consult the Regional Clinical Coordinator first and if unsuccessful proceed to their DC. The student's DC is always available to discuss any situation with the student during this process.

Grievances that cannot be resolved through the above mechanisms may be communicated in writing to the President and Dean of the FSMFN. The President and Dean may choose to convene the Honor Code Council or the Academic Appeals Committee depending on the nature of the grievance.

The Council or the Committee shall examine all data pertaining to the grievance and make written recommendations to the President and Dean of the FSMFN. All attempts at resolution of the issue are to be documented in minutes. The decision of the President and Dean shall be communicated to the student in writing and is the final decision.

Revised 8/2002

Harassment Policy

Under Title IX of the Education Amendments of the 1972 (Title IX) and its implementing regulations, no individual may be discriminated against on the basis of sex.

We expect all of our students, faculty, and staff to be treated with fairness, respect, and dignity. Harassment of any of these individuals will not be tolerated. Any form of harassment related to an individual's race, color, sex, religion, national origin, age, or disability is a violation of this policy and will be treated as a disciplinary matter, including the possibility of dismissal.

The term harassment includes:

- Slurs and any other offensive remarks, jokes, graphic material, or other offensive verbal written or physical conduct.
- Sexual advances, requests for sexual favors, unwelcome or offensive touching, and other verbal, graphic, or physical conduct of a sexual nature.

If students have questions about what constitutes harassing behavior, they should contact their Department Chair or the Frontier Nursing Service (FNS) Human Resources Manager (606-672-2318). If a student feels they are being harassed, they should immediately notify the Student Council Representative, Student Advisor, or another member of the faculty or administration with whom they feel comfortable discussing the situation. Alternatively, the student may call the FNS Human Resources Manager (606-672-2318).

Faculty should notify the appropriate Department Chair or refer to the FNS Employee Handbook and follow the procedure there. It is the FSMFN policy to investigate all reported violations.

Revised 8/2002

Honor Code Policy

There are unique opportunities in the adult-learner, self-paced, distance model of education to demonstrate the highest standards of ethical behavior and conduct. There are also unique opportunities to violate these standards. The FSMFN regards academic honesty and scholarly integrity to be essential to the education of our students; violations are not tolerated. No student shall claim credit for another's work or accomplishments or use another's ideas in a written paper or presentation without appropriate citations and references. Students may be dismissed for violation of FSMFN standards of conduct.

Violations of the expected standards of conduct include, but are not limited to, the following:

- **Cheating:** Cheating is the attempt to gain improper advantage in an academic evaluation. Among the forms that this kind of dishonesty can take are: obtaining a copy of an examination before it is officially available, learning an examination question from another student before taking the examination, or consulting an unauthorized source during an examination. These sources could include electronic sources, paper sources, or human sources. Submitting part or all of work done by another student as one's own work is also cheating.

- **Plagiarism:** Plagiarism is the representation of another person's ideas or writing as one's own. The most obvious form of this kind of dishonesty is the presentation of another person's ideas as something one has written. Paraphrasing another's writing without proper acknowledgment may also be considered plagiarism. See the Plagiarism Definition for further information and clarification.
- **Unprofessional Conduct:** Including lying, misrepresenting the truth, and falsifying records.
- **Criminal Conduct:** Such as stealing, drunkenness, or illegal drug use while on the Hyden Campus or in a clinical site.

It is the student's responsibility to behave an honorable and ethical manner.

It is also the student's responsibility to report any violation to a Student Council Representative.

The Student Council will bring violations of the Honor Code to the attention of the Department Chair who will convene the Administrative Team. The Administrative Team will initiate a preliminary investigation of the charge and if there is evidence to support the charge, they will:

1. Notify the accused student in writing that such a charge has been made.
2. Convene the Honor Code Council.

Revised 8/2002

Honor Code Council Policy and Procedure

In the adult-learner model, the primary guardians of the FSMFN Honor Code are the students themselves. The students, therefore, have the responsibility for monitoring appropriate behavior and for resolution of violations. The Honor Code Council will consist of six Student Council Representatives and a faculty facilitator. If the required number of students cannot be recruited from the Student Council Representatives, students may be recruited from the general student body at the discretion of the faculty facilitator with input from the Student Council. The faculty facilitator will be a faculty member whose student(s) are not involved in the Honor Code Violation allegation. The role of the faculty facilitator is to counsel the students regarding the process and FSMFN policy. The entire process from the date of the reported charge to the date of final decision of the Administrative Team and notification of the students involved should be as expedient as possible. The review will not take greater than 60 days.

Honor Code Council Procedure

1. After a possible Honor Code Violation has been reported, the Administrative Team will make the decision to convene an Honor Code Council (HCC).
2. The appropriate Department Chair will notify the student(s) in question, via e-mail and certified mail, that:
 - a. An Honor Code Council (HCC) is being convened and detail the nature of the charges.
 - b. They are suspended until the issue is resolved.

- c. They can make a written statement to the HCC with an explanation and clarification of the circumstances related to the charge. They will need to send these materials to the FSMFN Business Manager.
 - d. They will have a chance to make a verbal statement to the HCC during a conference call.
3. The President and Dean will send an e-mail recruiting six members of the student council. Students will e-mail the Business Manager if they wish to volunteer for the HCC. If six members of the student council are not available, then members of the student body will be asked to volunteer.
4. The President and Dean will e-mail the HCC regarding the suspected infraction.
5. When the Business Manager receives the written statement(s) from the student(s) in question, s/he will remove the student's name(s) from the documents, changing the name(s) to "Student A, "Student B", etc. The Business Manager will then e-mail the student's statements as well as any other related documentation (also with names removed) that pertains to the case, to the HCC. At this time the HCC will be notified of the date and time of the HCC meeting.
6. The HCC will then meet, via conference call, to investigate the charges.
 - a. The HCC will first come up with a list of questions that they have for the student(s) in question.
 - b. Then the faculty facilitator will call Student A and join her/him into the conference call. The faculty facilitator will ask the student the HCC's questions, informing them that they do not have to answer any of the questions. Student A will then have an opportunity to make a verbal statement. The faculty facilitator will ensure that Student A has been disconnected from the call and then follow this same procedure for Student B, if appropriate.
 - c. The HCC will then investigate the charges and make a decision regarding whether or not an Honor Code Violation has been committed. The Council may also make recommendations to the Administrative Team regarding sanctions although all final decisions are made by the Administrative Team.
 - d. The faculty facilitator will record the minutes and forward them to the Administrative Team.
7. The Administrative Team then meets to review the HCC's findings and make decisions regarding disciplinary actions. Disciplinary actions shall include appropriate sanctions up to and including dismissal.
8. Minutes of proceedings shall reflect all deliberations, decisions and actions.
9. The student shall be notified in writing of the decision of the Administrative Team within 60 days of the filing of the charge with the Honor Code Council.
10. The student may appeal the decision of the Administrative Team to the President and Dean of the

FSMFN.

*Revised 3/2005***Incomplete Grade Policy and Procedure**

- An “Incomplete” (I) grade may be assigned only if a majority of graded assignments and/or examinations, as appropriate, for a class have been satisfactorily completed.
- A student cannot be given an Incomplete grade because the student is failing the course.
- The requirements necessary to complete the course and a timeline for completion must be defined in the Petition for Incomplete Grade form.
- Upon completing the requirements, the Course Coordinator will submit a new grade to the Registrar. The Registrar will then replace the Incomplete grade with the new grade.
- An Incomplete grade may not be removed by re-enrolling in the course.
- The course must be completed by the last day of the next term or the Incomplete grade will automatically convert to a F.

Procedure for Obtaining Permission for an Incomplete (I) Grade

1. Complete the Petition for Incomplete Grade form and submit to the Course Coordinator, the Department Chair, and the Student Advisor no later than 14 days prior to the end of the term.
2. Make an appointment to speak to the Course Coordinator.
3. Review the plan to complete the course with the Course Coordinator.
4. The Course Coordinator will make a decision regarding the Incomplete prior to the end of the term.
5. The Course Coordinator will send the completed form to the Registrar, the Student, the Student Advisor and the Department Chair.
6. The Registrar will assign an Incomplete grade to that course on the transcript.

*Revised 11/2006***Individual Academic Work, Study Groups, and Study Buddies**

- All Graded Assignments and examinations must represent individual effort. The exceptions to this are explicit in the course instructions.
- Copies of Graded Assignments must not be sent to or received from anyone other than the faculty.
- A student’s work is her or his own work. It is not work that another student did. It is not work done after reviewing an instructor’s critique on work returned to another student. It is not work that a student copied from an article or text without appropriate citation.
- Students should be very clear about what assignments are graded and what activities are not graded (for example, Study Guide and Let’s Practice). Graded Assignments must be completed independently unless the instructions explicitly and specifically permit group work. Non-graded activities may

be worked on with a study buddy or a study group, most Graded Assignments may not.

- If a student has any doubt about whether a specific assignment may be done jointly with another student, this should be discussed with the Course Faculty.
- Students are permitted to share resources with study groups and/or study buddies, but Graded Assignments, unless specified or approved prior to submission as group work, should reflect the individual student’s level of understanding of the content area because this is the basis for the student’s practice upon entering the profession.
- Each student must process the information gathered by the study group or study buddy and make sure the information is complete and accurate. Each student must individually form their own opinions by completing the Required Readings, course activities (Study Guide and Let’s Practice), Graded Assignments, and examinations.

*Revised 11/2006***Intellectual Property Policy for FSMFN Students**

Student work products, produced by course requirement and used as a basis of grading, remain the property of the student. A student working with a faculty member on a faculty member’s project is considered to be doing faculty work and is covered under the faculty policy.

*Revised 6/2004***Learning and Performance Plans****Learning Plans**

When a student experiences a specific learning or communication problem in either a didactic or clinical course, the student may be asked by their Department Chair, Student Advisor, Course Coordinator, Regional Clinical Coordinator, or Preceptor to write a Learning Plan. This student-generated plan should help to identify the problem, the resources needed to solve it, and a time frame for resolution. Examples of situations where Learning Plans may be requested include delayed academic progress, problems with clinical skills, delayed submission of academic work, examination failures, or issues regarding communication. The goal of the Learning Plan is the student’s success. The Student Advisor and Department Chair are available to assist in developing this plan.

*Revised 8/2002***Performance Plans**

When a student is having a serious or multifaceted problem in either didactic coursework or clinical performance, the Department Chair will develop a Performance Plan with the student. Some situations for use of a Performance Plan include unsafe clinical care, failure of multiple tests and/or assignments, prolonged or arrested academic progress, communication, or professional issues. A Performance Plan for examination failures will be considered completed after three (3) consecutive successful examinations. Other Performance Plans will be considered completed when all objectives set forth in the Performance Plan are met. Additional tuition, extension

fees, and/or added term fees will be required if academic or clinical remediation extends beyond the expected time frame for program completion. If the terms of a Performance Plan are not successfully met, the Department Chair will take the situation to the Administrative Team for review. The consequences of a failed Performance Plan may include a recommendation for dismissal from FSMFN.

Revised 3/2005

Leave of Absence Policy

FSMFN encourages continuous enrollment and progression towards program completion. There are many studies that show that students enrolled continuously have a greater likelihood of success in completing their course of study. However, we recognize that some circumstances may force students to interrupt their studies temporarily. Therefore, any student who is in good academic standing will normally receive permission, upon petition to their Department Chair (DC), to take one or two terms of leave of absence (LOA). This is based on the student departing in good academic standing at the end of a term and returning at the beginning of a term.

Students may use an LOA to take off a total of two terms. These may be two separate terms or two consecutive terms. Longer leaves (up to but not to exceed one year) may be granted for significant personal reasons such as pregnancy or adoption, illness of the student or a close family member, divorce or separation, or death of a family member.

Ordinarily an LOA will start at the beginning of a term. Leaves that start in the middle of a term may be granted for extreme emergencies such as a sudden illness which precludes the ability to effectively attend school. Students departing during a term may be counseled by their DC to either withdraw from currently enrolled courses if it is very early in the term and not much work has been completed, or to take an incomplete for the courses if there has been significant work done and they expect to be able to return in the next term.

Requesting a Leave of Absence

- The student must first discuss their request for an LOA with their Student Advisor. They should explore all their options (such as taking a lower credit load) prior to deciding on an LOA.
- The student then completes a Status Change Form and submits this form via e-mail to their DC at least 30 calendar days prior to the start of the next term, with a copy to the Student Advisor.
- If a student does not enroll for a term and does not notify their Student Advisor and fill out a petition for an LOA, then the student will be withdrawn from the FSMFN and must go through the admissions process and be accepted in order to reenter the FSMFN.
- The student must also make an appointment with the Financial Aid Director at least 30 calendar days prior to the leave to discuss questions about financial aid.

The DC will consider the LOA request. To be eligible for

an LOA a student must:

- Be in good financial and academic standing.
- Present a compelling reason for requesting an LOA if requesting an extended leave or a leave in the middle of a term. In this situation, the DC will present the request for the LOA to the Administrative Team for approval.

If the LOA is approved, the DC will notify the Student, the Student Advisor, and the Registrar. The DC will send the approved Status Change Form to the Student, Student Advisor, Registrar, Financial Aid Director and the Accounting Department.

Return from an LOA

All students must return from an LOA at the beginning of a term. A student may request to return from an LOA earlier than planned, as long as the return is at the beginning of a term. A student returning from an LOA must submit the [Status Change Form](#) to the Department Chair, their Student Advisor, the Registrar, and the Financial Aid Director at least 30 calendar days prior to the start of the term in which they expect to restart. The student must pay the return from LOA fee when the Status Change Form is submitted. The student must meet with their Student Advisor to review and approve the revised program of study. The student must register for classes at least 30 calendar days prior to the start of the term.

Other Student Responsibilities Related to an LOA

It is the student's responsibility to notify her/his Regional Clinical Coordinator and preceptor of the LOA.

If a student holds a Stafford Loan they will not be able to receive any disbursements while on an LOA. If the LOA extends longer than six months, the FSMFN is required to withdraw the student from the financial aid program. The student's loan repayments to the lender will begin at this time. The student who cannot afford repayments during the longer LOA must petition the lender for a hardship deferral. The Financial Aid Director can explain this mechanism.

It is recommended that students on LOA stay in touch with classmates, their Student Advisor, and their DC. Students continue to have access to the Banyan Tree and the support of all of the FSMFN family.

While on LOA, students:

- May not do coursework, submit any assignments or take any examinations.
- Retain privileges on the Banyan Tree and may read and comment in the Forums, but will not accrue credit for any of this activity.

Revised 11/2006

Midwifery and Nurse Practitioner Practice by Frontier Students

Nurse-midwifery students may not practice as a midwife while enrolled in the CNEP. Catching a baby is considered the practice of midwifery. Students must not catch

a baby because someone suggests they might as well get this experience now and have a head start on what they are going to be doing later even if that someone is a well intentioned physician or certified nurse-midwife. Students may not continue practicing as a direct entry, licensed, or lay midwife while enrolled in the CNEP. Practicing as a midwife could have serious implications for the FSMFN malpractice insurance coverage, the viability of the FSMFN, and the entire Frontier Nursing Service.

Practicing as a midwife while enrolled as a Frontier student, except with the direct supervision of the preceptor during the Clinical Practicum, will result in automatic dismissal from the FSMFN.

The FSMFN encourages students to be exposed to birth outside the hospital and accepts the American College of Nurse-Midwives Position Statement on Home Birth that provides for safety of mother and baby. If students plan to observe a birth in a birth center or home it must be with a licensed provider who has malpractice insurance coverage. Students should contact the Department Chair to discuss this before attending any out-of-hospital birth. Again this is to protect the FSMFN malpractice insurance.

Nurse practitioner students may not practice in an unlicensed advanced practice role while enrolled in the CFNP or CWHCNP. Nurse practitioner students may not continue practicing as a direct entry, licensed, or lay midwife while enrolled in the FSMFN. Practicing as an unlicensed nurse practitioner or as a midwife could have serious implications for the FSMFN malpractice coverage, the viability of the FSMFN, and the entire Frontier Nursing Service. **Practicing as an unlicensed advanced practice nurse while enrolled as a Frontier student, except with the direct supervision of the preceptor during the Clinical Practicum, will result in automatic dismissal from the FSMFN. Practicing as a direct entry, licensed, or lay midwife while enrolled as a Frontier student will result in automatic dismissal from the FSMFN.**

Revised 11/2006

On-Site Attendance

There are two required trips to Hyden for all FSMFN students. One trip is for Frontier Bound, which occurs at the beginning of the program for orientation to the FSMFN and lasts four days. The second trip is for Level III (prior to 10/2007) or Clinical Bound (10/2007 or later), which are intensive sessions to develop and validate beginning clinical skills in preparation for the Clinical Practicum. Level III is two weeks, and Clinical Bound is eight days. In addition, ADN to MSN Bridge students are required to attend Crossing the Bridge in Hyden. Frontier Bound, Level III, Clinical Bound, and Crossing the Bridge include a Friday/Saturday/Sunday component.

The expectations of an FSMFN student are similar to the expectations of a practicing certified nurse-midwife or nurse practitioner. The student is expected to be available for certain events that occur outside of the normal work week. Frontier Bound, Level III/Clinical Bound, and Crossing the Bridge (ADN to MSN Bridge students only), which take place in Hyden, KY, are special events in the

FSMFN experience and each student is expected to participate fully.

During Frontier Bound, Level III/Clinical Bound, and Crossing the Bridge (ADN to MSN Bridge students only) in Hyden, all students need to attend every day, evening, and weekend class. The student is responsible for all content, skills, and costs of making up or completing the program objectives if any time is missed. To receive credit for class work missed for any reason, the student must fulfill the objectives by special arrangement with the appropriate faculty and Department Chair. If a student knows they will need to miss any on-site sessions, the Department Chair should be contacted prior to Frontier Bound, Level III/Clinical Bound, or Crossing the Bridge to discuss the possibility of special arrangements.

Revised 11/2006

Plagiarism Definition

Plagiarism and breaches of academic standards are infractions of academic integrity, prohibited by the FSMFN Honor Code.

Plagiarism includes:

1. Submitting a paper, examination, or assignment written by another.
2. Word-for-word copying (including cutting and pasting) portions of another's writing from the World Wide Web, from hard copy text, from personal communication, without enclosing the copied passage in quotation marks and acknowledging the source in the appropriate APA reference format.
3. The use of a unique term or concept taken from another source without acknowledging that source.
4. The paraphrasing or abbreviated restating of someone else's ideas without acknowledging that person.
5. Changing a few words in someone else's sentence does not make it your own, even if the reference is provided at the end of the sentence. Either use quotes or synthesize the information and write your own completely new sentence with appropriate referencing.
6. Falsely citing a reference that was never actually consulted, or making up a citation. Functioning web links in assignments are important for this reason.
7. Falsely reporting data that was never actually collected or which showed contrary results.
8. Unacknowledged multiple authors or collaboration on a project or paper.

A useful web site that provides help in avoiding plagiarism is <http://www.utoronto.ca/writing/plagsep.html>

Revised 11/2006

Prerequisites and Planning for Level III and Clinical Bound

Level III Prerequisites

The prerequisites to attending Level III are:

- Successful completion of all Level II courses
- Completion of Level II Course Evaluations
- Completion of Level III preparatory course readings and assignments

- Submission of registration materials to the Hyden office
- Completion of Pre-Clinical Interview with Regional Clinical Coordinator (RCC)
- Completion of a physical assessment course that meets the requirements of the FSMFN
- Certification in Basic Cardiac Life Support (BCLS) offered by the American Heart Association must be current and remain current throughout Level IV for all students
- Certification in Neonatal Resuscitation offered by the American Academy of Pediatrics and American Heart Association must be current and remain current throughout Level IV for all nurse-midwifery students

Level III Planning

All students will have a phone meeting with their Student Advisor 12 weeks before they intend to attend Level III to discuss their academic progress and the plan to complete all coursework prior to the scheduled Level III. The student submits the Level II assignment completion form to the Advisor prior to the meeting. The Advisor reviews progress with the student and sets realistic goals regarding completion of Level II. The student is reminded that the RCC needs to be contacted for a pre-clinical interview prior to attending Level III. The Advisor contacts the Quality Assurance Coordinator and the RCC regarding the student's plan for attendance at Level III. Once the registration process for the following term is complete, the Level III Coordinator posts the students' names in the Level III forum. Any physical limitations that may affect a student's full participation must be discussed with the Department Chair prior to Level III. At Level III, students perform and receive physical examinations, including pelvic examinations.

Clinical Bound Prerequisites

The prerequisites to attending Clinical Bound are:

- Successful completion of all courses that are prerequisite to Clinical Bound
- Completion of Level I and Level II Course Evaluations
- Completion of Clinical Bound preparatory course readings and assignments.
- Submission of registration materials to the Hyden office
- Completion of Pre-Clinical Interview with Regional Clinical Coordinator (RCC)
- Certification in Basic Cardiac Life Support (BCLS) offered by the American Heart Association must be current and remain current throughout Level IV for all students
- Certification in Neonatal Resuscitation offered by the American Academy of Pediatrics and American Heart Association must be current and remain current throughout the Clinical Practicum for nurse-midwifery students

Clinical Bound Planning

All students will have a phone meeting with their Student Advisor two terms before they intend to attend Clinical Bound to discuss their academic progress and the plan to complete all prerequisites prior to the scheduled Clinical

Bound. The Advisor reviews progress with the student and sets realistic goals regarding attending Clinical Bound. The student is reminded that the RCC needs to be contacted for a pre-clinical interview prior to attending Clinical Bound. The Advisor contacts the Quality Assurance Coordinator and the RCC regarding the student's plan for attendance at Clinical Bound. Once the registration process for the following term is complete, the Clinical Bound Coordinator posts the students' names in the Clinical Bound forum. Any physical limitations that may affect a student's full participation must be discussed with the Department Chair prior to Clinical Bound. At Clinical Bound, students perform and receive physical examinations, including pelvic examinations.

Revised 11/2006

Professional Conduct

The FSMFN recognizes that honor is an individual's achievement and cannot be imposed by others. The efforts of each individual affect the group — the "all for one, one for all" principle. The benefits of honorable conduct by each individual, whether student, faculty, staff, or administration, are obvious. The reputation of the FSMFN is enhanced by honorable conduct and the value of the education received in the FSMFN is increased. Conversely, the FSMFN's reputation and the value of an FSMFN education could be damaged by violations.

The FSMFN expects the highest ethical standards from its students. The nurse practitioner and nurse-midwifery professions demand that individuals be prepared to practice competently and safely and be accountable for all their behaviors. Integrity, moral soundness, honesty, uprightness in character and actions—these are a few of the definitions of professional conduct. Integrity is the most critical characteristic students bring to the FSMFN and it will be the most critical characteristic they will take with them into professional practice.

Revised 11/2006

Registering for a Course Prior to the Start of the Next Term Policy and Procedure

Students may register and start work on one course for the next term if the student has completed all currently registered coursework.

Procedure

1. The student should notify the Student Advisor of the plan to finish all current coursework by X date. In the message state the intent to enroll in the desired course by X date. Copy this message to the appropriate Course Coordinator.
2. The Student Advisor will communicate with the appropriate Course Coordinator to assure that there is no compelling reason that this course may not be a good choice.
3. When the Student Advisor receives approval from the Course Coordinator, the Student Advisor will forward final approval to the Registrar with a copy to the Department Chair.

Please note: If the student does not finish the course by

the end of the current term, they may take an Incomplete but the course must be completed by the end of the subsequent term or the Incomplete will be converted to an F.

Revised 11/2006

Research

Students who are planning to complete a research requirement and desiring to utilize FSMFN related data must review the Policies and Procedures Related to Research and complete a research application. These documents are available from the Office of the President and Dean.

Revised 8/2002

Safety and Security While on the Hyden Campus

When students are in residence at the Hyden campus, a security officer will be on duty in the Guard House from 10 pm to 6 am. When faculty and students are present, only authorized students, faculty, and staff will gain entrance to the FSMFN grounds during these hours. Students, faculty, and staff will be required to identify themselves to the security officer upon entering the FSMFN grounds when the security guard is in attendance. The security officer will notify the city police department immediately of any infraction of the law. All students, faculty, and staff are expected to cooperate with the security officer.

The FSMFN is not liable for students' personal possessions on the school campus. While on the Hyden campus students should take the following actions to protect themselves and their belongings:

- Do not walk or jog alone.
- Stay away from isolated areas.
- Stay near lighted areas.
- Do not carry large amounts of cash.
- Do not display expensive jewelry.
- Keep doors locked when alone and during the night hours.
- Do not let strangers in any FSMFN buildings.
- Lock valuables when not attended.
- Lock car doors.
- Report suspicious persons or activities to the security officer.

The Guard House phone number is (606) 672-1945. If students feel threatened in any way, they should call 911 immediately. Report any vandalism or theft to the Registrar during weekdays.

Pursuant to the provisions of the Federal Crime and Campus Security Act of 1990, the FSMFN makes crime rates and statistics available as well as security policies and procedures to interested parties. To receive a copy of this information, please contact the Frontier Nursing Service (FNS) Office of Human Resources at Wendover, (606) 672-2318. As of the date of this publication, no crime has been reported on the FSMFN school property.

Revised 11/2006

Satisfactory Academic Progress Policy for Terms Students

All students at the Frontier School of Midwifery and Family Nursing (FSMFN) must make reasonable and timely advancement toward completion of their degree or certificate. This is known as Satisfactory Academic Progress (SAP).

Satisfactory Academic Progress is evaluated from the first courses attended by a matriculated student at FSMFN, regardless of whether or not the student received financial aid for these courses. In order to be considered making Satisfactory Academic Progress, all students must meet the following criteria:

A. Cumulative Grade Point Average: All students enrolled at FSMFN must maintain a minimum grade point average of 3.0. Students with less than a 3.0 at the completion of any term will be reported to the Department Chair by the Registrar. Students will be placed on Academic Probation with a Performance Plan in place. Failure to bring the grade point average to at least 3.0 in the following term will result in dismissal from the FSMFN. Attaining a grade point average of less than 3.0 at the end of a term more than once while enrolled in a program of study will result in dismissal from the FSMFN.

B. Credits Earned Each Term: Each student must satisfactorily complete at least 50 percent of attempted credits for every two terms of enrollment. Satisfactory completion of a course results in a grade of A or B. Courses with the following grades do not count toward total credits completed: I - Incomplete; W-Withdrawal; IP-In Progress and F-Failed.

C. Cumulative Credits Earned: Starting with the first term of enrollment, matriculated, full-time students must complete a minimum of 10 credits in each 6 month period (2 complete 12 week terms). Part-time students must complete a minimum of 7 credits each 6 month period (2 complete 12 week terms). Cumulative Credits Earned is reviewed at the end of each six month period (2 completed 12 week terms) that the individual student is enrolled.

- Earned credits, for purposes of this policy, are those in which the student earns a grade of A or B.
- Courses with the following grades do not count toward total credits completed: I - Incomplete; W - Withdrawal; IP - In Progress and F - Failed. Except for "F," none of these grades are included in the GPA calculation.
- Repeated Courses: When a student is permitted to repeat a course, both the original and repeat enrollments will be noted on the student's transcript. However, only credit and grade points earned for the higher grade are counted in computing the grade point average and determining the number of credits successfully completed.
- Transfer credits may not be used to satisfy credit requirements for meeting this criterion.

D. Complete the degree or certificate within the following maximum time frame:

- Students must complete their degree or certificate within 5 years.
- The five year time frame includes any time out of school such as a Leave of Absence.
- Students in the ADN-MSN Bridge sequence must complete all Bridge sequence courses within four terms.
- The MSN Completion for CNEP Graduates must be completed within one year, not including any leave of absence.
- The WHCNP Post-Master's Certificate for CNEP Graduates must be completed within six months, not including any leave of absence.

Probation

Students who do not meet the standards of Satisfactory Academic Progress at the end of their second 12 week term will automatically be placed on probation for the following 12 week term. At the end of the probation period, students must again be making Satisfactory Academic Progress as outlined above or the student will be brought to the Administrative Team for consideration for dismissal. Students will be removed from probation if they are again making Satisfactory Academic Progress.

Financial Aid Implications

To be eligible for financial aid from federal, state, and most FSMFN funding a student must be making Satisfactory Academic Progress as defined in this policy. Note that the federal government limits the total amount of aid that any student is eligible to borrow during their enrollment in higher education. This policy does not address that limit as it changes periodically. Check with the Financial Aid Director for more information.

Students on probation are eligible to receive financial aid during the one term probationary period. At the end of the probation period, students must again be making Satisfactory Academic Progress as outlined above or financial aid will be terminated and the student will be brought to the Administrative Team for consideration for dismissal. Students will be removed from probation if they are again making Satisfactory Academic Progress.

Appeals

Students who fail to meet Satisfactory Academic Progress standards and lose financial aid eligibility can appeal this decision. The appeal must be made in writing and should be accompanied by appropriate supporting documentation. Appeals should be submitted to the Financial Aid Office. Acceptable reasons for appeal might include injury or illness of the student, illness or death of an immediate relative of the student, or other extenuating circumstances beyond the student's control. Appeals will be brought to the Administrative Team for action. Decisions will be communicated to the student within 14 days of the time the appeal was submitted.

Revised 11/2006

Terms and Transition Students

The FSMFN changed from a scheduling system of open-ended enrollment within specified time limits to a defined schedule of four Twelve Week Terms each calendar year on 1/1/2007. Terms Students are defined as those who enrolled in the FSMFN after 1/1/2007. Transition Students are defined as those who were enrolled in the FSMFN on 1/1/2007. FSMFN policies apply to both Terms and Transition Students unless otherwise noted.

Revised 11/2006

Transcript Requests

The permanent academic record of all students enrolled at Frontier School of Midwifery and Family Nursing and all alumni is maintained in the Office of the Registrar. Transcripts are available from the Registrar only upon student or alumnus written and signed request. The Registrar will provide copies of transcripts to students at no charge. However, no transcript will be provided for any student who has outstanding financial obligations to the FSMFN. Alumni will be charged five dollars for each transcript. Requests for transcripts should be sent to the Hyden Office and payment should be enclosed. The request should include the name and address (clearly printed) of the party to whom the transcript is to be sent.

Revised 10/2006

Transfer between Full-time and Part-time Options for Terms Students

Students must declare full-time or part-time status upon entry to the FSMFN. Students have the opportunity to change from full-time to part-time or part-time to full-time only once. This change must occur prior to the start of the third term of study in the specialty track. Changes after this time will be considered only for extreme and unexpected situations. Students requesting a change in status after the start of the third term of study must petition the Administrative Team via their Department Chair to request the change. Students should review the Tuition and Fees section of the FSMFN Catalog for the financial implications of changing between the full-time and part-time options.

Procedure

1. The student will petition to transfer by sending the Department Chair (DC) the Program Status Change Form via e-mail. The request to transfer must be submitted no later than the registration period for the following term.
2. The DC will evaluate the request. If approved, the DC will sign the form and send it to the Registrar.
3. The Registrar reviews and signs the form, makes changes in the Student Management System, and sends the completed form to the student, Financial Aid Director, and the Accounting Department as confirmation of the change. If the student has not received the signed form from the Registrar within two weeks of submitting the request, the student should contact their DC immediately.
4. The Accounting Department will send the student a new payment schedule. The Financial Aid Director

- will send the student a new award letter if needed.
- A fee is charged if the transfer occurs more than two weeks after Frontier Bound.

Revised 11/2006

Transfer from One Specialty Track to Another

Students must declare a specialty track upon entry to their program of study. Students have the opportunity to change specialty tracks. Students must change specialty tracks during a registration period.

Procedure

- The student will petition to transfer specialty tracks by sending both Department Chairs (DCs) the [Status Change Form](#) via e-mail. The request to transfer must be submitted no later than the registration period for the following term.
- The DCs will evaluate the request. If approved, the DC for the new specialty track will sign the form and send it to the Registrar.
- The Registrar reviews and signs the form, makes changes in the Student Management System, and sends the completed form to the student, Financial Aid Director, and the Accounting Department as confirmation of the change. If the student has not received the signed form from the Registrar within two weeks of submitting the request, the student should contact their DC immediately.
- The Accounting Department will send the student a new payment schedule. The Financial Aid Director will send the student a new award letter if needed.
- Once the Status Change form has been completed, the student and the DC will update the Program of Study (POS) for the specialty track. A new Student Advisor will also be assigned at this time if appropriate. A copy of the new POS will be placed in the student's file and sent to the Student Advisor.
- A fee is charged if the transfer occurs more than two weeks after Frontier Bound.

Revised 11/2006

Withdrawal from a Course

Before Eight Weeks (or 56 calendar days) into the Term

Students may withdraw from a course for any reason up to the 56th calendar day into a term. Students must notify the Registrar by midnight of the 56th calendar day of the Term of their intent to withdraw from a course with a copy of the Withdrawal Form to both the Course Coordinator and their Student Advisor. Students who withdraw during this period shall receive a non-punitive grade of "W". The withdrawal date is the date on the e-mail sent to the Registrar stating that the student is withdrawing.

After Eight Weeks (or 56 calendar days) into the Term

After the 56th calendar day of the term students may withdraw with a "W" recorded on their transcript from a course (or courses) only for serious and compelling reasons. The standard of "serious and compelling" applies to

situations, such as illness or accident, clearly beyond the student's control. All situations require documentation.

Examples of serious and compelling reasons include:

- An extended absence due to a verifiable accident, illness, or personal problem serious enough to cause withdrawal from the FSMFN
- An extended absence due to a death in the immediate family

Other unusual or very special cases will be considered on their merit by the Administrative Team.

The following situations DO NOT fall under the intent of "serious and compelling":

- Grade anticipated in class is not sufficiently high, or student is doing failing work (including plagiarism)
- Failure to attend class, complete assignments, or take a test
- Dissatisfaction with the course material, instructional method, or instructor
- Class is harder than expected
- Pressure of other classes, employment, and/or participation in other activities
- A change of specialty track
- Lack of awareness of the withdrawal process or procedures

Students must file a petition with their Department Chair for each course, stating their reasons for withdrawal with appropriate documentation* included. Petitions shall be approved by the student's Department Chair.

Upon approval, the Department Chair will submit the petition and the grade of "W" to the Registrar with a copy to the Student Advisor and the Course Coordinator for that course. The petition will be placed in the student's file.

When a student withdraws from a course, they must pay for the course again if and when they reenroll in that course.

* Documentation: All petitions for withdrawal after 56 calendar days must be accompanied by documentation of the "serious and compelling" reasons for withdrawal. Documentation may include: verification of accident or illness (such as a letter from the treating provider or copies of medical bills), a letter from a licensed counselor, death certificate, and other like documentation as appropriate.

Revised 11/2006

Withdrawal from the FSMFN

A student may decide to withdraw from the FSMFN at any time. This decision should be discussed with the appropriate Department Chair to explore alternative options. Once the final decision has been made, a formal letter shall be sent to the FSMFN Registrar in Hyden, Kentucky with copies to the President and Dean, the Department Chair, the Student Advisor, the Regional Clinical Coordinator, and the Clinical Preceptor. The date of the

withdrawal will be determined by the postmark on the envelope of a written withdrawal request, the sent date of a withdrawal request transmitted by e-mail, or a later date specified by the student. Students who withdraw in good standing may re-apply without prejudice. Re-application includes submission of standard forms, fees, and a letter explaining how the situation that led to withdrawal has been resolved. If a student is on a leave of absence and then withdraws without returning, the first day of the leave of absence becomes the recorded withdrawal date. Please see further information regarding withdrawal and refunds in the Tuition and Fees section of the FSMFN Catalog.

Revised 11/2006

Women’s Health Care Nurse Practitioner Post-Master’s Certificate for CNEP Graduates Policy and Procedure

The purpose of the Women’s Health Care Nurse Practitioner (WHCNP) Post-Master’s Certificate for CNEP Graduates is to provide additional supervised clinical experience in women’s health care and primary health care for CNEP graduates who wish to become certified as WHCNPs by the National Certification Council. CNEP graduates from Class 30 and higher take WH639 Advanced Clinical Practicum in Women’s Health Care, which requires 60 hours of primary care and 120 hours of women’s health care supervised clinical experience. CNEP graduates prior to Class 30 take N599 Advanced Clinical Practicum in Women’s Health Care, which requires 90 hours of primary care and 90 hours of women’s health care supervised clinical experience.

The procedure for CNEP graduates completing the WHCNP post-master’s certificate is as follows:

1. Once the application, tuition, and fees are received, the Registrar notifies the Department Chair (DC) of the student’s name, address, e-mail, phone, and proposed preceptor site if known.
2. The appropriate DC notifies the student’s Regional Clinical Coordinator (RCC).
3. The RCC contacts the potential student and discusses site possibilities.

Sites may include, but are not limited to:

- Birth centers
- Community health centers
- Public health departments
- Family practice offices
- Internal medicine offices
- Planned Parenthood

Preceptors for this course may include licensed/certified health professionals of the following types:

- Nurse-midwives
- Nurse practitioners
- Allopathic physicians (MDs)
- Osteopathic physicians (DOs)
- Physician assistants

tion Agreement is developed, with the help of the Quality Assurance Coordinator (QAC), and the RCC conducts a pre-clinical site visit.

5. The student begins clinical.
6. The student and preceptor complete WH639/N599 Developmental Assessment Tool (DAT) weekly including daily log of hours specifying the category of care given (women’s health or primary care).
7. The student contacts the RCC every two (2) weeks to discuss clinical progress.
8. The RCC contacts the preceptor every two (2) weeks to discuss clinical progress.
9. The student sends DATs and logs to the RCC monthly.
10. The student must complete WH639/N599 within six (6) months of starting the course.
11. Upon successful completion of DATs and the required hours of supervised clinical experience, the RCC awards the clinical grade for the course.
12. The RCC notifies the DC and the QAC of the student’s completion of the course and the appropriate allocation of the preceptor payment among the preceptor(s) used.
13. The QAC notifies the Accounting Department of allocation of preceptor payments and the Accounting Department sends payment to preceptor(s).
14. The Chair of the Department of Midwifery and Women’s Health awards the WHCNP certificate and may be sent the National Certification Corporation forms to complete so that the graduate may take the certification examination.

Revised 11/2006

4. If this is a site new to the FSMFN, a site Affilia-

Clinical Practicum Policies

The policies in this section are listed separately for easy reference. All other FSMFN policies also apply to students during the Clinical Practicum.

Checklist for Beginning the Clinical Practicum

Prior to beginning the Clinical Practicum students should:

- Contact their Regional Clinical Coordinator (RCC) to discuss clinical site preparation and requirements.
- Be sure they have a current RN license for all states where clinical will take place.
- Obtain necessary immunizations for clinical site(s).
- Review the Clinical Practicum Policies in the FSMFN Catalog.
- Contact preceptor to finalize arrangements for clinical.
- Arrange a pre-clinical orientation meeting with preceptor before or after Level III/Clinical Bound.
- Discuss with preceptor the credentialing process that may be required at the site and/or hospital. Credentialing can be a lengthy process, so this should be started early.
- Schedule the Transition to Clinical Interview with RCC prior to attending Level III/Clinical Bound. Complete necessary forms and upload to RCC before scheduled interview.
- Obtain current Basic Cardiac Life Support (BCLS) certification.
- Obtain current neonatal resuscitation certification (nurse-midwifery students only).
- Confirm completion of the Affiliation Agreement and Pre-Clinical Site Visit with the Quality Assurance Coordinator.

Revised 11/2006

Clinical Challenge

The Clinical Challenge is available to certified and licensed nurse practitioners, nurse-midwives, or physician assistants who:

- Currently practice in their area of certification.
- Are in good academic standing upon attending Level III/Clinical Bound, with no current Performance Plan and no course failures.
- Have no outstanding communication or performance issues.
- Complete the required clinical experiences, which will be assigned on an individual basis.
- Demonstrate competency in the required area(s).

The clinical challenge applies to the following courses: NM641, NM642, NM643, NP641, NP642, NP643, WH641, WH642, and WH643. All FSMFN students must complete a minimum of 540 clinical hours. The hours required will be calculated by the student's Department Chair. Students may challenge a maximum of three (3) clinical credits. Students may challenge a maximum of six (6) credits total, including both academic and clinical courses. Intrapartum clinical experiences may not be challenged.

The following criteria must be met:

- Agreement from the student's preceptor that competency has been achieved in the area(s) being challenged. Competency shall mean consistent achievement of terminal objectives.
- The academic coursework pertaining to the clinical area(s) being challenged must be completed with coursework submitted and examinations taken prior to the completion of the Clinical Challenge.

When the above criteria have been met, no further clinical experiences are required in the area(s) being challenged. Further clinical experiences in the challenged areas may, however, be required by the clinical site for reasons of continuity of care.

Revised 11/2006

Clinical Experience Requirements

During the clinical experience a student is expected to master the clinical skills necessary to become a safe beginning level nurse-midwife or nurse practitioner. To achieve this goal, FSMFN students must complete a minimum number of clinical hours, a minimum number of terms in which clinical is done, and minimum requirements for clinical experiences in all areas of practice. The FSMFN minimum clinical experience for MSN students is 675 clinical hours and two terms of clinical. The FSMFN minimum clinical experience for post-master's students is 540 clinical hours and two terms of clinical. These minimum clinical requirements apply to all specialty tracks. FSMFN students are encouraged to plan two to three terms in clinical. This allows time for coursework and adequate time to integrate didactic work and clinical skills. The marriage of practice and theory is the hallmark of the FSMFN Clinical Practicum in advanced practice nursing.

The requirements for clinical experiences in all areas of practice for each specialty track are listed below by category. Some of these categories overlap, but a single visit may not count for more than two categories. When observing patient care during the orientation process in a preceptor site, students may count this time toward the clinical hour requirement. Patient visits cannot be counted toward required clinical experiences if they are only observed with the exception of four births for nurse-midwifery students. Students may count four hours toward the clinical hour requirement for attending a Case Day. Students may count six hours, rather than four for attending, toward the clinical hour requirement for presenting at a Case Day. Students may count a maximum of two Case Days toward the clinical hour requirement. Students may count attendance at staff meetings in the clinical site toward the clinical hour requirement. Students may count up to four hours toward the clinical hour requirement for attending a professional organization meeting. Students may count a maximum of two professional organization meetings toward the clinical hour requirement. Students may not count continuing education programs toward the clinical hour requirement.

Nurse-Midwifery Required Clinical Experiences

- 10 preconception care visits
- 30 new antepartum visits
- 140 return antepartum visits
- 40 labor management experiences
- 40 births (including 4 observations, at least 5 continuity clients, at least 5 without epidurals)
- 40 newborn assessments
- 20 breastfeeding support visits
- 40 postpartum visits (2 hours to 14 days)
- 30 postpartum visits (2 to 8 weeks)
- 40 common health problems
- 30 family planning visits
- 25 non-postpartum gynecologic visits
- 25 perimenopausal/postmenopausal visits

Women's Health Care Nurse Practitioner Required Clinical Experiences

- 30 new antepartum visits
- 120 return antepartum visits
- 50 postpartum visits (< 8 wks)
- 300 gynecologic care visits
- 100 primary care visits

Family Nurse Practitioner Required Clinical Experiences

- 10 new antepartum visits
- 30 returning antepartum visits
- 50 women's health/GYN visits
- 5 newborn to 2 week exams
- 30 infant/toddler exams
- 30 school age exams
- 10 adolescent exams
- 300 client visits for episodic or wellness care
- 150 client visits for chronic illness care

*Revised 11/2006***Clinical Problem Resolution**

The FSMFN has a well-defined clinical problem resolution pathway available to students and preceptors. The tools in the problem resolution process are the Problem Identification Sheet, the Learning Plan, and the Performance Plan. It is vitally important that the Regional Clinical Coordinator (RCC) be involved from the beginning of the problem identification process. It is also vital that the Daily and Monthly Developmental Assessment Tools (DDATs and MDATs) reflect the preceptor's and/or the student's concerns. A student must continue to be present for clinical while the process of problem resolution takes place unless specifically suspended from clinical. Any student who fails to be present for a clinical session, without the express written permission of the RCC, may be suspended from the FSMFN.

In the event that either the preceptor or the RCC has determined that appropriate student progress is not occurring, or that appropriate supervision cannot take place within the current site, a student may be required to relocate to a site designated by the Department Chair. Such relocation will be at the student's expense and is not optional. In order to graduate, students must be able to fulfill the clinical requirements of the FSMFN and

demonstrate safe and competent care within the Core Competencies of the American College of Nurse-Midwives (ACNM) or the National Organization of Nurse Practitioner Faculties (NONPF).

*Revised 11/2006***Clinical Site Changes**

It is the responsibility of the Regional Clinical Coordinator (RCC), in consultation with the Department Chair (DC), to determine each student's clinical needs. Individual student needs and site concerns may occasionally require a change in clinical sites. A student may also need to use more than one site to either meet the clinical experience requirements or to experience a variety of clinical situations. Where the volume of clients will not allow the required numbers to be attained in a reasonable period of time, the student will be expected to use more than one clinical site. This may require relocating from the student's community and possibly out of state. Students who need to change a clinical site must do so in consultation with the RCC in the region in which they currently reside. A student should not contact an RCC from another area of the country, nor should a student contact sites without first discussing this with the RCC and DC.

*Revised 11/2006***Clinical Site Requirements Prior to Beginning the Clinical Practicum**

Each student will have chosen a clinical site prior to admission to the FSMFN. After the site has accepted the student, an Affiliation Agreement must be completed between FSMFN and the clinical site. Part of that process includes a Pre-Clinical Site Visit by the Regional Clinical Coordinator (RCC) to the site. No student may begin his or her clinical experience until the FSMFN receives a signed Affiliation Agreement and the Pre-Clinical Site Visit has been made. Starting clinical prior to the completion of this process (signed Affiliation Agreement and Pre-Clinical Site Visit) is considered grounds for immediate dismissal. The Quality Assurance Coordinator (QAC) in Hyden facilitates this process. All questions regarding site Affiliation Agreements should be directed to the QAC in conjunction with the RCC.

*Revised 11/2006***The Clinical Site Visit**

The Regional Clinical Coordinator (RCC) evaluates student performance during the Clinical Site Visit. During the Clinical Site Visit, the student must be able to demonstrate to the preceptor(s) and the RCC an appropriate understanding of the didactic knowledge and its application in the student's area of specialty. The student should also be able to demonstrate the ability to safely care for clients whose clinical characteristics fall outside the parameters of normal using the management process.

At the time of the Clinical Site Visit, CNEP students will be asked to present an intrapartum case for the RCC. CFNP students will be asked to present a primary care case. CWHCNP students will be asked to present a primary care case related to women's health. Cases

must demonstrate critical thinking to the RCC. This is an excellent opportunity for the student to get feedback on the preparation of case studies and critical thinking.

The Clinical Site Visit is also an additional opportunity for the RCC to get to know the clinical site and to see the clinical opportunities available to students. The Clinical Site Visit will include another review of the site's practice guidelines/protocols so that the RCC may accurately assess the student's documentation. The RCC observes the student while providing care and meets with the preceptor(s) to review any questions or concerns.

There is usually one Clinical Site Visit for each student. Additional Clinical Site Visits may be made depending on the student and/or site needs. Both students and preceptors will have an opportunity to provide a written evaluation of the Clinical Site Visit. The FSMFN welcomes suggestions for the continued improvement of our work.

Revised 11/2006

Clinical Supervision

Preceptors should adjust their level of supervision to the level of the student's development. The preceptor can refer to the FSMFN guide to precepting, *An Act of Hope, a Labor of Love*, or obtain guidance from the RCC for help in this area.

Nurse-midwifery Students

- Nurse-midwifery students must have in-the-room supervision for all births and all suturing. As the student becomes more advanced this may only entail the preceptor's quiet presence in a corner of the room, but the preceptor's presence is required.
- When there is no opportunity in a community for CNM supervision of students for experiences such as gynecologic or newborn care, a nurse-midwifery student may be precepted by a nurse practitioner, provided an Affiliation Agreement is in place.
- Physicians cannot supervise a nurse-midwifery student for labors and births. These experiences must be supervised by the CNM preceptor.
- With the preceptor's knowledge and approval, a nurse-midwifery student may obtain additional clinical experiences and/or suturing experience with a physician, provided the physician is a member of the preceptor's practice and an Affiliation Agreement is in place. These experiences may or may not count toward the required number of patient visits and should be discussed with the student's RCC.

Nurse Practitioner Students

- Nurse practitioner students will generally be allowed to use no more than three separate clinical sites for their direct clinical experiences. Clinical observation may be arranged for specialty sites but will not count towards the nurse practitioner student's total clinical hours.
- Nurse practitioner students should not spend more than 20% of their clinical experience with a physician preceptor. Clinical experiences that are supervised by a physician will be counted towards the required number of patient visits for the nurse

practitioner student.

- Nurse practitioner students must have in-the-room supervision for all suturing.

Revised 11/2006

Completion of Clinical for Nurse-Midwifery Students

When the primary preceptor determines that the student is functioning as a safe beginning-level nurse-midwife, the preceptor will sign the Declaration of Safety (DOS) and return it to the Registrar. The DOS is the declaration by the clinical preceptor that the student is a safe beginning-level practitioner in the skills delineated in the Core Competencies of the American College of Nurse-Midwives. Timing of signing the DOS is at the preceptor's discretion. Signing the DOS does not necessarily signify the end of the Clinical Practicum. If the DOS is signed before the student completes all required clinical hours or experiences, the student will still be required to complete the CNEP requirements for clinical hours and experiences.

When the student has completed all clinical hours and experiences and all of the required documentation has been received by the Regional Clinical Coordinator (RCC), the RCC will submit the final clinical grades for the student. The clinical grades reflect the evaluation of the student's clinical work by the RCC and the student's preceptor(s). These are pass/fail grades. The RCC will submit the student's final clinical grades when the RCC has received the following items from the student, appropriately co-signed by the preceptor:

- All of the Daily Development Assessment Tools
- The final Stage 4 Monthly Development Assessment Tool
- Completed Clinical Numbers Chart
- Birth Log
- Clinical Hours Record documenting at a minimum 675 hours
- Satisfactory site visit(s)
- Signed Declaration of Safety (DOS)
- Grades in all didactic clinical courses

The student's evaluation of the clinical site(s) and preceptor(s) is sent to the Quality Assurance Coordinator in Hyden. The student's evaluation of the RCC is sent to the Department Chair.

Revised 11/2006

Completion of Clinical for Nurse Practitioner Students

When the primary preceptor determines that the student is functioning at a safe beginning-level nurse practitioner, the preceptor will sign the Declaration of Safety (DOS) and return it to the Registrar. The DOS is the declaration by the clinical preceptor that the student is a safe beginning-level practitioner in the skills delineated in the Core Competencies of the National Organization of Nurse Practitioner Faculties. Timing of signing the DOS is at the preceptor's discretion. Signing the DOS does not necessarily signify the end of the Clinical Practicum. If the DOS

is signed before the student completes all required clinical hours or experiences, the student will still be required to complete the CFNP or CWHCNP requirements for clinical hours and experiences.

When the student has completed all clinical hours and experiences and all of the required documentation has been received by the Regional Clinical Coordinator (RCC), the RCC will submit the final clinical grades for the student. The clinical grades reflect the evaluation of the student's clinical work by the RCC and the student's preceptor(s). These are pass/fail grades. The RCC will submit the student's final clinical grades when the RCC has received the following items from the student, appropriately co-signed by the preceptor:

- All of the Daily Developmental Assessment Tools
- The final Stage 4 Monthly Developmental Assessment Tool
- Completed Clinical Numbers Chart
- Completed Clinic Logs
- Clinical Hours Record documenting at a minimum 675 hours
- Satisfactory site visit(s)
- Signed Declaration of Safety (DOS)
- Grades in all didactic clinical courses

The student's evaluation of the clinical site(s) and preceptor(s) is sent to the Quality Assurance Coordinator in Hyden. The student's evaluation of the RCC is sent to the Department Chair.

Revised 11/2006

Development Assessment Tools

The Clinical Practicum is evaluated through the FSMFN's Daily and Monthly Developmental Assessment Tools (DATs). The DATs are designed to evaluate application of theory to practice, safe psychomotor skills, and appropriate professional conduct. The student self-evaluates and is evaluated by the preceptor(s). Students are expected to demonstrate through their evaluations continual progress toward the provision of safe, independent care. The Daily DATs (DDATs) are specifically designed to encourage the student to reflect on her/his learning.

FSMFN is highly invested in the formative evaluation process for students in clinical. Clinical evaluation is a very important process requiring timely, written, objective documentation. This means:

- Each clinical session should start with a review of the student's goals for the day and the preceptor's expectations for that clinical session. This should be followed by a selection of appropriate clients for the student's care.
- At the end of each day (and after each birth, for CNEP students) the preceptor and student should conference to review the experience, complete the DDAT, and formulate a plan for the next clinical session.
- The student is required to bring the DDAT forms to each clinical session. Failure to provide the preceptor with a completed Student DDAT at the end of each session will result in temporary suspension

from clinical.

- Should any questions arise about the content of any clinical activity, the student and/or preceptor should refer to specific clinical behaviors within the Monthly Developmental Assessment Tool (MDAT).
- Each month the student and preceptor will complete the appropriate MDAT beginning with Stage 1. Stages 2, 3, and 4 will be completed progressively as the student meets each Stage of competency. A new Stage should not be started until the previous Stage is entirely complete.

Copies of the completed DDATs and MDATs are included in the monthly reports sent by the student to the RCC (see The Monthly Report to the RCC).

Revised 11/2006

Limitations During Clinical

Students are welcome to observe advanced practice skills, but risk management prohibits students from performing these skills. Certain procedures are beyond the scope of an entry-level nurse-midwifery or nurse practitioner program.

Students must not perform the following advanced practice procedures even if they have previously performed these skills:

- Vacuum-assisted deliveries
- Ultrasound
- Colposcopy
- Repair of fourth degree perineal lacerations
- Circumcisions
- First assisting at cesarean section or other major surgery
- Suturing of facial or hand lacerations

These skills may not be part of the student clinical experience due to liability issues. Students should review the Clinical Supervision Policy to identify experiences requiring direct preceptor supervision. Nurse practitioner students should contact their Regional Clinical Coordinator prior to performing any procedures not taught during Level III/Clinical Bound.

Revised 11/2006

Malpractice Coverage

During the Clinical Practicum the student will be professionally insured by FSMFN as a nurse-midwifery or nurse practitioner student. Student malpractice coverage begins at Level III/Clinical Bound. Coverage ends once the student completes clinical and takes the Comprehensive Examination. In order to insure that proper risk management is carried out during the Clinical Practicum, the student may not:

- Obtain clinical experiences at any site unless the site has an Affiliation Agreement with the FSMFN and a Pre-Clinical Site Visit has been made. If the student or preceptor has any questions about whether these requirements have been met, the Quality Assurance Coordinator may be contacted.
- Participate in clinical care as a student in any set-

ting, in other than a clearly defined observational role, with anyone who does not have malpractice insurance and an Affiliation Agreement with the FSMFN. For example, the student may care for laboring women in a hospital with a CNM who has an Affiliation Agreement with the FSMFN and malpractice insurance for that hospital setting. The student may not attend home births with that CNM if the CNM does not have malpractice insurance for the home birth portion of her practice.

- Work as a nurse, nurse-midwife, or nurse practitioner in the same unit, office, or clinic where the student is in clinical as an FSMFN student. There is an obvious challenge to the student in terms of role transition and this blending of roles puts the FSMFN at risk in terms of liability.
- Work in any capacity requiring client care in a birth center or home birth practice while a student is having clinical experience in that practice.

The Regional Clinical Coordinator or Department Chair should be contacted if a student has any questions about these requirements.

Revised 11/2006

The Monthly Report to the Regional Clinical Coordinator

Each month the FSMFN student will send to the Regional Clinical Coordinator (RCC) the following items:

1. Daily Development Assessment Tools (DDATs) for each clinical day. Two forms for each day should be included and stapled together, one student DDAT form and one preceptor DDAT form. Both student and preceptor should sign each DDAT.
2. The Monthly Developmental Assessment Tool (MDAT) currently in use signed by both the student and the preceptor.
3. The Clinical Numbers Chart.
4. The CNEP student's Birth Log initialed by the preceptor. Students may obtain a Birth Log from the American College of Nurse-Midwives (ACNM) or from the FSMFN Gift Shop, or they may use their own format. However, the topics detailed in the ACNM Birth Log are required.
5. The CFNP and CWHCNP student's Clinic Log signed by the preceptor.
6. The Clinical Hours Record, designating which site(s) were used, signed by the student and the preceptor.
7. SOAP notes as outlined in the clinical courses.
8. Any additional documentation requested by the RCC, such as newborn assessments.

The student should keep a copy of all records mailed to the RCC.

Revised 11/2006

Pre-clinical Orientation Meeting with Preceptor

Before beginning the Clinical Practicum, the student should schedule a pre-clinical orientation meeting with the preceptor(s). During this conference the student and

preceptor(s) will want to discuss the following:

1. The student's background, skills (developmental level as reviewed at Level III/Clinical Bound), and areas identified as needing special attention. The student gives the preceptor a copy of the Professional Experience and Learning Needs Profile that was completed for Level III/Clinical Bound.
2. The student's learning style and ways that they have successfully learned in the past.
3. The preceptor's preferred learning style and the precepting style that will be used in the initial days of clinical. The preceptor should be encouraged to complete the Learning Styles Inventory.
4. The need for an orientation period. Students need to observe the clinic and other appropriate clinical areas to get a feel for the workings of the setting. The length of this orientation will vary depending on the student's familiarity with the setting. Even if the site is familiar to the student, the role will be different and the student will benefit from a period of time to observe and reflect on this new role.
5. Dress requirements in this practice. Students are required to wear their FSMFN picture IDs at all times.
6. The mechanism by which the student should communicate with the preceptor should illness or emergency necessitate a missed clinical day.
7. The practice guidelines/protocols for the nurse-midwifery or nurse practitioner service. If possible, each student should receive a copy of the practice guidelines/protocols.
8. The student's clinical schedule and the needs of the site. This should include a review of the didactic requirements during the Clinical Practicum, coursework deadlines, and the consequences if this work is not completed in a timely fashion. The FSMFN recommends that CNEP students initially spend no more than three (3) days per week in the clinical Clinical Practicum coursework is well underway. The preceptor should review the student's Clinical Practicum timeline at this meeting.
9. The beginning clinical assignment should be discussed. CNEP students are encouraged to begin their clinical experience in antepartum or women's health with one preceptor. CFNP students may begin clinical in women's health, pediatrics, or family practice. CWHCNP students may begin their clinical in obstetrics, gynecology, or primary care. The length of time each student needs to feel comfortable in the new role will vary greatly. It is up to the student and preceptor, with the RCC as a resource, to design the clinical experience that best meets individual needs.
10. The preceptor should clarify the expectations regarding physician and other consultations. Any special considerations in dealing with hospital, office, or clinic personnel or with clients, and any expectations for attendance at staff meetings case review, grand rounds, or other department functions should be discussed.
11. Any concerns that either the student or preceptor may have regarding the clinical experience.

12. Timely completion of the Daily and Monthly Developmental Assessment Tools (DATs) each day. The student and preceptor should formulate a workable schedule so that the daily DATs can be completed and discussed immediately following each clinical session and the monthly DATs each month.
13. Communication with the Regional Clinical Coordinator (RCC). The student should remind the preceptor that the RCC will be contacting both the preceptor and the student every 2 weeks. Discuss the importance of regular communication between the RCC and preceptor and the importance of this in the student's educational process.

Revised 11/2006

Professional Attributes and Behaviors Expected of Students during the Clinical Practicum

Timeliness: Students are expected to comply with the clinical schedule, contact the preceptor if a change in the schedule, such as late arrival or absence, is necessary, and stay throughout the clinical session.

Ethical Practice: Students are expected to provide care without discrimination regarding such features as age, gender, race, ethnicity, religion, life style, socioeconomic status, sexual orientation, disability or nature of health problem.

Confidential Communication: Students are expected to maintain and handle client records in accordance with legal and privacy standards.

Professional Competencies: Students are expected to maintain licensure and certifications (e.g., basic life support, neonatal resuscitation, etc.) related to professional scope of work, knowledge, and skills.

Commitment to Evidence-Based Clinical Decision-Making: Students are expected to support management plans with current evidence from the professional literature.

Self-Assessment: Students are expected to reflect on clinical experiences, including issues or problems encountered, and to recognize accomplishments and continued educational needs.

Preparedness: Students are expected to prepare for anticipated client needs, but remain flexible in response to emerging priorities.

Appearance: Students are expected to wear professional attire that is congruent with the practice setting and to be well groomed at all times. Students are required to wear their FSMFN picture IDs at all times. The only jewelry items that may be worn in the clinical setting are a watch, a wedding band, and small earrings (maximum two per ear). Other visible body piercing will not be allowed in the clinical area.

Effective Communication: Students are expected

to communicate with clients in a manner that conveys interest, respect, and concern; use reasonable measures to ensure appropriate communication if language barriers exist; write legibly on medical records; use words and titles that convey dignity and respect; and ask questions to seek clarification.

Adapted from the University of Michigan Nurse-Midwifery Program

Revised 11/2006

Regular and Timely Communication with the RCC

During the Clinical Practicum, the Regional Clinical Coordinator (RCC) is the student's academic and clinical advisor. The RCC is available as needed and will communicate with the student and preceptor at least twice each month. These contacts must be prearranged and adhered to by mutual agreement between the student and the RCC. Professional behavior is expected and the student is required to be accessible for or initiate phone contact and must return calls as the RCC requests. RCCs are clinicians who generally work for the FSMFN part-time and may not be available instantly. If an issue becomes urgent and the RCC is unavailable, the student should contact the Department Chair.

Revised 8/2002

Risk Management and Incident Report Procedure

- Call the student's Department Chair (DC) within 24 hours. If the student's DC is not available the student or preceptor should contact the President and Dean. The student or preceptor may also discuss the incident with the student's Regional Clinical Coordinator (RCC). Do not write any description of the incident or refer to the incident in an e-mail or forum message.
- Complete the Incident Report Form. This form is given out at Level III/Clinical Bound and may be copied by the student or it may be downloaded from FSMFN website. Statements on the Incident Report should be strictly factual and all information in the Incident Report should also be available in the chart.
- When the Incident Report Form is completed, send it via US mail to the DC. The DC will forward it after review to the Risk Manager for the Frontier Nursing Service.
- The student should not discuss the incident with other students or faculty. Students are further advised to avoid making statements while in a highly emotional state. The student is encouraged to seek the advice of the DC or RCC as early as possible.
- An incident may not be discussed on the Banyan Tree or in private e-mail at any time. Reporting or discussing any incident, other than in the incident report, must occur by telephone.
- If the student or preceptor has a question about whether an incident merits reporting, it is better to contact the DC.

Revised 11/2006

Time Frame for Beginning the Clinical Practicum after Level III/Clinical Bound

It is important for student learning that clinical skills taught at Level III/Clinical Bound be used shortly thereafter in the clinical site. If students anticipate requesting a Leave of Absence (LOA) around the time of attending Level III/Clinical Bound, the appropriate timing for the LOA is prior to attending Level III/Clinical Bound. It is expected that students will begin their clinical experience within two weeks of returning from Level III/Clinical Bound. If there is a delay of greater than 16 weeks before beginning the clinical experience, students will be required to repeat the Level III/Clinical Bound experience.

Revised 11/2006

Timeline for the Clinical Practicum

To help guide the student and preceptor in the didactic requirements that facilitate the integration of theory and clinical practice, please note the following:

- When developing the Clinical Practicum timeline, the student should keep in mind the credits needed for Satisfactory Academic Progress.
- Didactic coursework for the Clinical Practicum may be started after successful completion of the prerequisite courses and prior to Level III/Clinical Bound.
- Students who fall behind in their program of study for the didactic courses during the Clinical Practicum may be required by their Regional Clinical Coordinator (RCC) to develop a Learning Plan and may be temporarily suspended from clinical in order to complete academic work.
- All academic work and clinical experience must be completed with enough time prior to taking the Comprehensive Examination that the student is adequately rested and the faculty have time to submit the student's grades.

Revised 11/2006

Working During the Clinical Practicum

In order to gain the maximum benefit from the clinical experience students are advised not to work during the Clinical Practicum. When FSMFN students are in clinical they are specifically prohibited from working in any capacity in that site. Students must not work as a nurse, nurse-midwife, or nurse practitioner in the same unit, office, or clinic where they are in clinical as an FSMFN student. The Department Chair or Regional Clinical Coordinator should be consulted if there are any questions about this policy.

When working as a nurse or advanced practice nurse in any setting, it is the student's responsibility to practice within the scope of the current nursing license. A student must not assume any additional responsibilities based on the additional advanced knowledge gained from FSMFN study. This includes any advanced practice nursing or midwifery practice that is not part of the student Clinical Practicum (see Midwifery and Nurse Practitioner Practice by Frontier Students).

Revised 11/2006

Banyan Tree Policies

Banyan Tree User Agreement

1. Welcome! Welcome to the Frontier School of Midwifery and Family Nursing, Inc. ("FSMFN") Banyan Tree Web Site! The Banyan Tree is one important way that we at the School communicate and share information over long distances. Through the Banyan Tree, you can meet fellow students, ask questions, contact instructors, prepare for upcoming events and access educational materials. The Banyan Tree allows individuals from different time zones to communicate at the most convenient times for them.
 2. Our Rules. For our web site to function at its best, we have certain terms and conditions that govern our site.
 3. Updates and Amendments. We may update and amend this User Agreement at any time by posting the modified version of the User Agreement on this site. The modified version of this User Agreement will automatically become effective with respect to you 10 days after it is first posted on the site. Your continued use of this site 10 days after the updated and/or amended User Agreement has been posted or at any time after you have received notice of the updating or amending of the Agreement means you agree to be legally bound by the User Agreement as modified. This Agreement was last modified as of Oct.11, 2005.
 4. Eligibility. The Banyan Tree web site has some areas that are accessible by the general public and other areas [including email, forums, and curriculum] that are accessible only by an Authorized User. An Authorized User includes only students, faculty, Banyan Tree administrators and other employees and agents of FSMFN. If you are not an Authorized User, you are not authorized to access or use the restricted portions of the Banyan Tree site.
 5. Privacy. Our privacy policy is set forth in full at <http://www.midwives.org/forms/privacypolicy.asp> and is incorporated into and made a part of this Agreement.
 6. Information; Site Availability. The Banyan Tree contains some material supplied by us and other material supplied by third parties. We make no representation or warranty with respect to the material provided by others. With respect to the material supplied by us, we endeavor to keep such material current and accurate, however, due to the inevitability of human and computer error, we make no representation or warranty with respect to the accuracy, completeness or timeliness of information on the site supplied by us. To the extent you note an error on the site that is of substance, we would appreciate notice from you to the contact person noted in paragraph 14 below so that we can take prompt action to correct any such error.
- Due to the ever evolving state of our distance learning program, we may change, suspend or eliminate all or any aspect of this site at any time, including the availability of any feature or data, without notice or liability to you, if we deem it appropriate or advisable to do so.
7. Dealings with Advertisers and Third Parties. Your dealings or correspondence with advertisers or third parties featured on or linked to this site, including the purchase of and payment for goods and services, and any understandings and representations associated with such dealings are solely between you and the advertisers and/or third parties. You agree that we are not responsible or liable for any loss incurred by you that results from your dealings with such advertisers or third parties, or the presence of advertisers or third parties on our site.
 8. System Integrity. You agree to not use any software, scheme or device to interfere or attempt to interfere with the proper working of the Banyan Tree site. You agree not to disclose or share your password with any third parties or use your password for any unauthorized purpose. You agree to take reasonable precautions against the inadvertent disclosure of your password, including those suggested in the Banyan Tree 101 materials. Finally, you agree to use the Banyan Tree site only for authorized purposes. The only purpose for which the Banyan Tree is authorized for use is the furtherance of the education of the students of FSMFN and the providing of educational services by FSMFN, all in accordance with the policies of FSMFN. Any use of the Banyan Tree contrary to policies of FSMFN is prohibited.
 9. Copyright and Use of Materials. The information and materials on this web site are protected under United States copyright laws and world wide copyright laws and treaty provisions and are owned by FSMFN or other third parties. You may download a copy of any of the materials on this site for personal, non-commercial use, provided you do not delete or change any copyright or trademark notice. You must obtain the permission of FSMFN, and in some cases, other third parties, to make any other use of the materials. In no case may you create any kind of hyperlink to or framing of this site without the prior written consent of FSMFN.
 10. Trademarks. "Frontier School of Midwifery & Family Nursing", "Frontier Nursing Service", "CNEP", "CFNP", "CWHCNP" "Mary Breckinridge" and "Banyan Tree" (among other marks) are all service marks of FNS, Inc., the parent entity of FSMFN, and are protected under state and federal law.
 11. NO WARRANTY. YOU AGREE THAT YOU USE THIS WEB SITE AT YOUR OWN RISK. WE HAVE TAKEN COMMERCIALY REASONABLE STEPS TO PROVIDE

A SECURE AND EFFECTIVE WEB SITE, HOWEVER, WE ARE SOMETIMES AT THE MERCY OF THIRD PARTIES, ACTS OF NATURE AND/OR UNPREDICTABLE TECHNOLOGY. THEREFORE, WE DO NOT GUARANTEE CONTINUOUS, UNINTERRUPTED OR SECURE ACCESS TO OUR SITE. FURTHER, WE [AND OUR SUPPLIERS] PROVIDE THE BANYAN TREE WEB SITE AND OUR SERVICES AND PRODUCTS "AS IS" AND WITHOUT ANY WARRANTY OR CONDITION, EXPRESS OR IMPLIED, UNLESS OTHERWISE NOTED. [OUR SUPPLIERS MAY MAKE SOME EXPRESS WARRANTIES WITH RESPECT TO THEIR PRODUCTS OR SERVICES, AND TO THE EXTENT THOSE EXIST, SUCH SUPPLIERS WILL SEPARATELY PROVIDE THOSE WARRANTIES TO YOU [IN WRITING] OR NOTE THEM ON THIS SITE.] WE [AND OUR SUPPLIERS] SPECIFICALLY DISCLAIM THE IMPLIED WARRANTIES OF TITLE, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT WITH RESPECT TO THIS SITE [AND ANY GOODS OR SERVICES OFFERED OR SOLD THROUGH THIS SITE.] Some states do not allow the disclaimer of implied warranties, so the foregoing disclaimer may not apply to you. Check your local laws for any restrictions or limitations regarding the exclusion of implied warranties.

12. LIMIT OF LIABILITY. YOU AGREE THAT IN NO EVENT WILL WE [OR OUR SUPPLIERS] (OR ANY AFFILIATES, OFFICERS, DIRECTORS OR EMPLOYEES OF THE FOREGOING) BE LIABLE FOR ANY SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES (INCLUDING LOST PROFITS) ARISING OUT OF OR IN CONNECTION WITH YOUR USE OF THIS WEB SITE [OR THE PURCHASE OF GOODS OR SERVICES THROUGH THIS WEB SITE], EVEN IF WE HAVE BEEN ADVISED OF THE POSSIBILITY THAT SUCH DAMAGE WILL OCCUR. FURTHER YOU AGREE THAT NEITHER WE [NOR OUR SUPPLIERS] (OR ANY AFFILIATES, OFFICERS, DIRECTORS OR EMPLOYEES OF THE FOREGOING) WILL BE LIABLE FOR ANY TECHNICAL, HARDWARE OR SOFTWARE FAILURE OF ANY KIND, ANY INTERRUPTION IN THE AVAILABILITY OF OUR SITE, ANY DELAY IN OPERATION OR TRANSMISSION, ANY INCOMPLETE OR GARBLED TRANSMISSION, COMPUTER VIRUS, LOSS OF DATA, OR OTHER SIMILAR LOSS.

TO THE EXTENT WE MAY HAVE BREACHED ANY TERM OF THIS AGREEMENT, YOU AGREE THAT YOUR ONLY REMEDY IS TO DISCONTINUE USE OF THIS WEB SITE.

If you are a California resident, you waive California Civil Code § 1592, which says: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor. At the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

13. Compliance with FSMFN Rules and Regulations and all Laws. When using this site, you agree to comply

with all FSMFN rules and regulations as set forth in the FSMFN Catalog and FSMFN Student Handbook, and, in addition, you agree to comply with all applicable laws, statutes, ordinances and regulations regarding your use of this site [and any purchase or sale of goods and/or services through this site].

14. Notices. If you want to send us a notice in relation to this Agreement, you must send it by e-mail to the following address: sysop@midwives.org. We may notify you by sending notice to your e-mail address or by mailing you notice by U.S. mail return receipt requested to our most current mailing address that we have for you. You agree that any notices sent by e-mail will be deemed delivered and received 72 hours after being sent. You agree that any notices sent by U.S. mail as provided in this paragraph will be deemed delivered and received three days after the date of mailing.
15. Dispute Resolution. All disputes arising between the parties concerning the validity, construction or effect of this Agreement, or the rights and obligations created hereunder, shall be brought before a conciliation committee of designated FSMFN representatives, which committee shall, within two weeks of being informed of the dispute in writing, recommend an approach for settlement of the dispute between the parties and transmit such recommendation to both parties for due consideration. To the extent such attempt at settlement fails, the parties agree to submit to non-binding mediation at the initiation of either party. The mediator shall be chosen by the agreement of the parties, shall be independent of the parties, and shall have experience in the resolution of commercial disputes. Each party shall pay one-half of the costs of such mediation. To the extent that the dispute remains unresolved following mediation, then you agree that any claim or controversy relating to this Agreement or this web site will be settled by binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association. You agree that the arbitration will be conducted in [Lexington, Kentucky] and that judgment on the arbitration award may be enforced by any court having proper jurisdiction. You agree that the costs of conducting the arbitration will be divided equally between you and us. Either or us may seek interim or preliminary relief from a court for the purpose or protecting your or our rights pending the completion of the arbitration; provided, however, that you agree that any legal proceeding arising out of or in connection with this Agreement or our site will be brought by you or us in the appropriate state or federal court in [Lexington,] Kentucky.

16. Governing Law. You agree that this Agreement is governed by the laws of the Commonwealth of Kentucky, excluding any application of conflicts of laws rules or principles. You agree that the sole jurisdiction and venue for any litigation arising from your use of [or purchase of products or services

through,] our site shall be an appropriate federal or state court located in Lexington, Kentucky.

17. Offensive, Libelous or Unlawful Messages; Copyright and Other Restrictions on Use of Service.

- (a) **No Offensive Content.** You agree that you will not use, or allow others to use, your account to post, transmit, promote, or facilitate the distribution of any threatening, abusive, libelous, defamatory, obscene, pornographic, profane or otherwise objectionable or disruptive information or material of any kind. Objectionable information or material includes, but would not be limited to, sexual comments or images, racial slurs, and comments that would offend a reasonable person on the basis of her or his age, sex, race, sexual orientation, religious or political beliefs, national origin or disability. You also may not use the Banyan Tree to promote, or influence others to support, your personal political or religious agenda or beliefs or to otherwise disrupt the normal course of business of FSMFN.
- (b) **No Illegal Material Or Encouragement Of Illegal Behavior.** You agree that you will not use, or allow others to use, your account to post, transmit, promote, or facilitate the distribution of any unlawful or illegal material, including but not limited to material that would constitute or encourage a criminal offense, give rise to civil liability or otherwise violate any applicable local, state, national or international law. You agree that you will not use this site to commit a crime, or to plan, encourage or help others to commit a crime.
- (c) **No Violation Of Copyright, Trademark Or Trade Secret Rights.** You agree that you will not use the site to publish, post, distribute or disseminate another's proprietary information, including but not limited to trademarks, service marks, trade secrets or copyrighted information, without the express authorization of the rights holder.
- (d) **No "Spamming," Advertisements Or Chain Letters.** You agree that you will not use, or allow others to use, your account to post, transmit, promote, or facilitate the distribution of any unsolicited advertising (including but not limited to mass or bulk e-mail), promotional materials or other forms of solicitation to other individuals or entities. You will not post or transmit to persons not personally known to you requests for money, petitions for signature, chain letters or letters relating to pyramid schemes. Except as specifically permitted by this site, you will not post or transmit any advertising, promotional materials or any other form of solicitation. We reserve the right, in our sole discretion, to determine whether such post or transmission con-

stitutes an advertisement, promotional material or any other form of solicitation.

- (e) **No "Hacking."** You agree that you will not use, or allow others to use, your account to unlawfully access other computers or services, or to cause a disruption of service to other on-line users.
- (f) **No System Disruption.** You may not use, or allow others to use, your account to cause disruption of the normal use of the Banyan Tree by others, including, without limitation, taking actions intended to crash the site or otherwise slowing or inhibiting the operation of the site.
- (g) **No Impersonation Of Others.** You agree that you will not impersonate another user or otherwise falsify another person's user name in e-mail or in any post or transmission to any Banyan Tree newsgroup, forum, mailing list or other similar groups or lists.
- (h) **No "Viruses."** You agree that you will not use, nor allow others to use, your account to intentionally transmit computer "viruses," or other harmful software programs and that you will use your best efforts to prevent the unintentional transmission of such viruses or other harmful software programs.
- (i) **FSMFN Right to Remove.** FSMFN reserves the right not to post any data or materials to, or to remove any data or materials from, its site, without notice or liability to you. You agree to release FSMFN (and all affiliates, and all officers, directors and employees of FSMFN and affiliates) from any claims or allegations that may result from such removal. Further, you agree to release FSMFN (and all affiliates, and all officers, directors and employees of FSMFN and affiliates) from any liability or cost arising out of any action or inaction of any other user of the site that is in violation of law or of this or other agreements with us. If you are a California resident, you waive California Civil Code § 1592, which says: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor. At the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

Revised 11/2005

Banyan Tree Privacy Policy

This policy applies with respect to the information that the Frontier School of Midwifery and Family Nursing ("FSMFN") collects and can access from the Banyan Tree Web Site, located at frontierfnp.org, midwives.org, and frontierschool.edu and server. Amendments to this policy will be posted in FSMFN Catalog and will be effective when posted. Your agreement to the Banyan Tree User Agreement constitutes your agreement to and accep-

tance of this Privacy Policy.

The Banyan Tree is provided by FSMFN for two purposes. One is to provide a vehicle through which FSMFN can deliver to its students quality distance learning in the field of Midwifery and Family Nursing. The other is to provide certain features that are characteristic of an on-line community, such as email, chat rooms, and bulletin boards.

I. INFORMATION COLLECTED

Access to several parts of the Banyan Tree web site is restricted. We collect information from you for the purpose of confirming your identity so that you may have access to the restricted areas of the web site. The information we collect is username, password, and unique biographic data.

II. USE OF INFORMATION

In general, we will only use the information you provide to us for the purpose of confirming your identity to allow access to restricted parts of the web site and to contact and communicate with you, and to allow faculty and other students contact and communicate with you, in connection with the educational courses and other educational offerings we make available through the Banyan Tree. [We also track use, anonymously, of the various components of the web site and the use of various materials that we have posted, so we can determine the usefulness of that feature or posted item.] We do not sell any of the information provided to us through the Banyan Tree to outside third parties and do not otherwise provide it to third parties.

III. USE OF IP ADDRESSES

We use your IP Address to contact you, as noted above, and to help diagnose problems with our server, and to administer and maintain our web site.

IV. USE OF COOKIES

When you view our web site, we might store some information on your computer. This information will be in the form of a "cookie" or similar file. Cookies are small pieces of information stored on your hard drive, not on our site. Cookies do not spy on you or otherwise invade your privacy, and they cannot invade your hard drive and steal information. Rather, they help you navigate our web site as easily as possible. We use cookies to prevent you from having to reenter all your registration data at each connection.

V. SECURITY

Our site has in place security measures that are consistent with industry standards to protect against the loss, misuse or alteration of the information under our control. While there is no such thing as "perfect security" on the Internet, we will take reasonable steps to protect against unauthor-

ized access to the Banyan Tree.

VI. PUBLIC FORUMS

The Banyan Tree provides chat rooms, forums, message boards and/or new groups for use by students, faculty, administrators and other authorized users of the Banyan Tree. Please remember that any information that is disclosed in these areas becomes public information, and you should have no expectation of privacy with respect to information provided in these venues.

VII. EMAIL

FSMFN does not monitor emails that are sent or received through the Banyan Tree server. However, FSMFN reserves the right to access such emails at any time and use the information contained in such emails if such information relates to a violation of FSMFN policies or of state or federal law.

VIII. OTHER WEB SITES LINKS

The Banyan Tree Web Site connects to other sites. FSMFN is not responsible for the privacy practices or content of such web sites, and we recommend that you review each web site's privacy policy before providing any personal information to or through such web site.

IX. CORRECT UPDATE

You can change or modify information previously provided to FSMFN through this web site. This may be done through the following methods:

1. E-mail the information to update sysop@midwives.org
2. Visit the Directory section of the site and follow the appropriate instructions. We will take reasonable steps to change or correct your information in our records.

X. NO OPT OUT

If you choose to participate in the distance learning program offered by FSMFN through the Banyan Tree, you may not opt-out of receiving communications from us and from faculty, administrators, students and others associated with FSMFN.

Contacting us:

If you have any questions about this privacy policy, the practices of this site, or your dealings with this web site, you can contact us by sysop@midwives.org

Revised 11/2005

Banyan Tree Access

The Banyan Tree is accessible to FSMFN faculty, staff, preceptors, students, independent contractors, and administration. Each group has differing access to different parts of the Tree.

- Alumni and preceptors have general user access, including e-mail and selected forums (Alumni, Call Room, and other non-School forums). They do not have access to internal FSMFN forums.
- Dismissed or withdrawn students do not have access to the Banyan Tree.
- The access for former faculty and staff varies according to the individual's reason for leaving FSMFN.
- Inactive users may be deleted after one year of inactivity. An inactive user may be reactivated by making a request to the Sysop for reactivation.

Revised 11/2006

Banyan Tree Announcements Forum

The purpose of the Announcements forum is to convey important information to the FSMFN community. This forum should not be cluttered with miscellaneous messages. For that reason, access to writing Announcements is limited to selected staff members and the Administration. Anyone wishing to post a message in the Announcements forum sends the message to the Sysop. If the message contains information that is important to the FSMFN community, it will be forwarded to the Announcements forum exactly as it was sent to the Sysop.

Revised 11/2006

Chain Letters

Forwarding chain letters to other Banyan Tree users is strongly discouraged because the Banyan Tree is designed primarily for FSMFN business and for professional communication among nurse-midwives and nurse-practitioners. Many people also feel chain letters are an abuse of privacy.

Revised 3/2004

Checking E-mail and Forum Messages

Students are required to check e-mail and forum messages at least twice weekly while enrolled. The required Student Forums are Announcements, Course Forums (for currently enrolled courses), Faculty and Staff Schedules (before contacting faculty or staff), Financial Aid and Scholarships (if receiving financial aid or seeking scholarships), Frontier Bound (prior to Frontier Bound) and Level III/Clinical Bound (when preparing for Level III/Clinical Bound). Participation in other forums of the FSMFN Community, especially the Group Forum, is strongly encouraged. Faculty are required to check e-mail and forum messages a minimum of three times weekly.

Revised 11/2006

Computer Lab

During on-campus events, the Computer Lab on the FSMFN Hyden campus is open 24 hours a day, 7 days a week for students to use. These computers have:

- High-speed (T-1) Internet Access
- Banyan Tree Access (Students should bring their

passwords with them, because the lab computers don't have students' login information stored in memory, like students may have it set up on their home computers.)

- Software: Microsoft Office with Word, Excel, and PowerPoint, Adobe Acrobat Reader, and WinZip
- Shared network printer

If students encounter a problem in the computer lab, they should stop and check basics like whether or not the computer is plugged in and has power. If no obvious cause is evident, the problem should be reported to any technology personnel.

Revised 11/2006

Duplicate Postings in Multiple Forums

The same message should not be posted in more than one forum. Duplicate postings cause longer load times in the forums and more time reading. The common forum for all members of the FSMFN community is the Group Forum, which is recommended reading for students, faculty, and staff. It is open to Alumni as well.

General suggestions: Books for sale messages belong in Book Exchange Forum only and do not need to be posted in Group or class forums. Faculty and staff schedule changes belong only in the Faculty and Staff Schedules Forum. Job postings belong in the Jobs forum. Student travels and offline adventures belong only in the Group Forum or in the student's class forum but not both.

Revised 11/2006

File Attachment Standards

Many courses require students to submit work electronically.

File naming standard: Student's Full Name, Class Number, and Assignment Name, (For example, JaneDoe-CNEP50-Assign17). Why?

- Because the instructor receives many of the same assignments. If assignments are named the same, it is confusing.
- Files with the same name can cause overwriting (deleting) of existing files. This could result in one student's assignment being overwritten by another student's work.

File format standard: Word files are saved in RTF (Rich Text Format). Why?

- Almost every word processor can open RTF.
- Avoids problems with version control. An earlier version of Microsoft Word can't open a file that was created with a newer version of Word, but RTF format bypasses this problem.
- RTF preserves most formatting attributes, such as bold, italics, fonts, tabs.
- Files saved in RTF format cannot carry viruses, because RTF doesn't support macros or executables, like DOC and many other formats.

Revised 11/2006

Liability, Honor Code, and Privacy

Business e-mail is not considered private property under federal rules of Civil Procedure. An opponent has the right to obtain copies of e-mail pertinent to litigation. All participants should be aware that e-mail messages are potentially open to subpoena in malpractice cases. Cases should be well enough disguised, so that patients cannot be identified. Patients, preceptors, doctors, nurse-midwives, nurse practitioners, and other health care providers should not be mentioned by name. Discussion of clinical incidents with potential risk management ramifications and significant FSMFN problems should not take place on the Banyan Tree.

Revised 11/2006

New Forums

A petition for a new forum should be sent to the Banyan Tree Policy Committee Chair. The petition should include: The proposed name of the new forum, a brief statement of purpose for a new forum, the names of at least five (5) students who support the creation of this new forum, and the name of a faculty member who agrees to sponsor and moderate the forum. In the event of faculty resignation, another faculty member would need to be identified to sponsor and moderate the forum for the forum to continue. Student-initiated forums will be open to all Banyan Tree users; there will be no access restrictions. Banyan Tree guidelines regarding open discussion, etiquette, and courtesies must be followed. The forum may be closed by the Banyan Tree Policy Committee if these guidelines are violated. The Banyan Tree Policy Committee will recommend removal of any Forum which has been inactive for 12 months.

Revised 11/2006

Official Correspondence

The FSMFN e-mail and forum system, The Banyan Tree, must be used for all official correspondence with the FSMFN and between FSMFN members. Outside vendors (e.g., such as Hotmail, EarthLink, etc.) may not be used. Communications using non-Banyan Tree services cannot be verified by the FSMFN, will not be considered official, and may be discarded.

Revised 12/2004

Printing from the Computers

Access to the vast resources of the Internet is provided via the computers in the library and computer lab. In order to keep student fees as low as possible, each student may print up to 50 pages on FSMFN printers at no charge. Each student is trusted to honor this policy. In the event that students print more than 50 pages, the fee will be \$.05 per page. Fees should be paid to the secretary prior to leaving the FSMFN.

Revised 11/2006

Technical Support

The Multimedia Team offers technical support for:

- The Banyan Tree portal, including Banyan Tree e-mail, forums, chat, and FSMFN web sites
- Course and project development for faculty working on FSMFN projects

Computer assistance is available by phone or e-mail. The Multimedia Team strives to answer every e-mail within one business day; however, technical support is most effective with a personal phone call when possible. When technical support is needed, students should begin by reviewing the Banyan Tree 101 (BT101) course which contains the answers to many common questions. The student's BT101 instructor is the first person to call for help if the answer cannot be found in BT101. If the instructor cannot help or is unavailable, referral may be made to another member of the Multimedia Team or IT staff. If problems are out of the Multimedia Team scope of practice, seeking assistance from a local technician will be recommended.

Some technical issues may be referred, such as:

- Computer hardware problems ---> Manufacturer or local technician
- Internet connections ---> Local Internet Service Provider (ISP)
- Printer problems ---> Manufacturer or local technician
- Issues related to skills not meeting FSMFN standards ---> Class or tutorial

Revised 11/2006

Policies Specific to Transition Students

The policies in this section apply to students who were enrolled in the FSMFN on January 1, 2007 (Transition Students) and do not apply to those who enrolled in the FSMFN after January 1, 2007 (Terms Students).

Curriculum for Transition Students in Classes 30 and Above Who Have Attended or Plan to Attend Level III from December 2006-September 2007

MSN CNEP Curriculum

Level I: Theoretical Foundations for Practice (14 didactic credits-0 clinical credits)

PC600 Health Promotion and Disease Prevention (2-0)
 PC604 Pathophysiology for Primary Care (3-0)
 PC605 Decision Making in Health Assessment (2-0)
 PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
 NM601 The Role of Midwifery and Birth Centers in America (2-0)
 NM602 Reproductive Anatomy and Physiology (2-0)

Level II: Theoretical Foundations for Nurse-Midwifery Management (20 didactic credits-0 clinical credits)

PC612 Pharmacology for Advanced Practice (3-0)
 PC613 Women's Health II (2-0)
 PC617 Primary Health Care I: Acute and Common Problems (3-0)
 PC618 Research (3-0)
 NM611 Community Assessment and Market Research (2-0)
 NM614 Antepartum Care I (3-0)
 NM615 Intrapartum Care I (3-0)
 NM616 Postpartum and Newborn Care I (1-0)

Level III: Development of Midwifery Skills (7 didactic credits-0 clinical credits)

PC620 Health Assessment (1-0)
 PC621 Professional Issues in Health Care Delivery (1-0)
 PC623 Women's Health II (1-0)
 NM624 Antepartum Care II (1-0)
 NM625 Intrapartum Care II (1-0)
 NM626 Postpartum Care II (1-0)
 NM627 Newborn Care II (1-0)

Level IV: Nurse-Midwifery Practice (10 didactic credits-15 clinical credits)

NM630 Advanced Women's Health (1-0)
 NM632 Advanced Antepartum Care (3-0)
 NM634 Advanced Intrapartum Care (3-0)
 NM636 Advanced Postpartum and Newborn Care (2-0)
 NM638 Health Care Policy: Birth Centers as a Case Study (1-0)
 NM641 Nurse-Midwifery Clinical I (0-3)
 NM642 Nurse-Midwifery Clinical II (0-3)
 NM643 Nurse-Midwifery Clinical III (0-3)

NM644 Nurse-Midwifery Clinical IV (0-6)

Total: 51 didactic credits + 15 clinical credits = 66

MSN CFNP Curriculum

Level I: Theoretical Foundations for Practice (13 didactic credits-0 clinical credits)

PC600 Health Promotion and Disease Prevention (2-0)
 PC604 Pathophysiology for Primary Care (3-0)
 PC605 Decision Making in Health Assessment (2-0)
 PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
 NP607 Role of the Nurse Practitioner in the Health Care Delivery System (3-0)

Level II: Theoretical Foundations for FNP Management (20 didactic credits-0 clinical credits)

PC612 Pharmacology for Advanced Practice (3-0)
 PC613 Women's Health I (2-0)
 PC617 Primary Health Care I: Acute and Common Problems (3-0)
 PC618 Research (3-0)
 NP611 Care of the Childbearing Woman (3-0)
 NP614 Primary Health Care II: Chronic Problems (3-0)
 NP619 Primary Care of Children (3-0)

Level III: Development of FNP Skills (7 didactic credits-0 clinical credits)

PC620 Health Assessment (1-0)
 PC621 Professional Issues in Health Care Delivery (1-0)
 PC623 Women's Health II (1-0)
 NP622 Advanced Diagnostics (1-0)
 NP624 Primary Health Care III: Emergencies and Trauma in Primary Care (1-0)
 NP625 Primary Health Care IV: Psychosocial Problems in Primary Care (1-0)
 NP628 Health Care Financing (1-0)

Level IV: FNP Practice (2 didactic credits-15 clinical credits)

NP633 Health Care Policies: Implications for Practice (1-0)
 NP635 Primary Health Care V: Complex Health Problems in Primary Care (1-0)
 NP641 Family Nurse Practitioner Clinical I (0-3)
 NP642 Family Nurse Practitioner Clinical II (0-3)
 NP643 Family Nurse Practitioner Clinical III (0-3)
 NP644 Family Nurse Practitioner Clinical IV (0-6)

Total: 42 didactic credits + 15 clinical credits = 57

MSN CWHCNP Curriculum

Level I: Theoretical Foundations for Practice (15 didactic credits-0 clinical credits)

PC600 Health Promotion and Disease Prevention (2-0)
 PC604 Pathophysiology for Primary Care (3-0)
 PC605 Decision Making in Health Assessment (2-0)
 PC606 Theories and Concepts of Advanced Practice Nursing (3-0)

NM602 Reproductive Anatomy and Physiology (2-0)
 NP607 Role of the Nurse Practitioner in the Health Care Delivery System (3-0)

Level II: Theoretical Foundations for WHCNP Management (14 didactic credits-0 clinical credits)

PC612 Pharmacology for Advanced Practice (3-0)
 PC613 Women's Health I (2-0)
 PC617 Primary Health Care I: Acute and Common Problems (3-0)
 PC618 Research (3-0)
 NP611 Care of the Childbearing Woman (3-0)

Level III: Development of WHCNP Skills (7 didactic credits-0 clinical credits)

PC620 Health Assessment (1-0)
 PC621 Professional Issues in Health Care Delivery (1-0)
 PC623 Women's Health II (1-0)
 NM624 Antepartum Care II (1-0)
 NM626 Postpartum Care II (1-0)
 NP628 Health Care Financing (1-0)
 WH621 Clinical Topics in Women's Health Care (1-0)

Level IV: WHCNP Practice (2 didactic credits-15 clinical credits)

NM630 Advanced Women's Health Care (1-0)
 NP633 Health Care Policies: Implications for Practice (1-0)
 WH641 Women's Health Care Clinical I (0-3)
 WH642 Women's Health Care Clinical II (0-3)
 WH643 Women's Health Care Clinical III (0-3)
 WH644 Women's Health Care IV (0-6)

Total: 38 didactic credits + 15 clinical credits = 53

Curriculum for Transition Students in Classes 30 and Above Who Attended Level III Prior to December 2006

MSN CNEP Curriculum

Level I: Theoretical Foundations for Practice (14 didactic credits-0 clinical credits)

PC600 Health Promotion and Disease Prevention (2-0)
 PC604 Pathophysiology for Primary Care (3-0)
 PC605 Decision Making in Health Assessment (2-0)
 PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
 NM601 The Role of Midwifery and Birth Centers in America (2-0)
 NM602 Reproductive Anatomy and Physiology (2-0)

Level II: Theoretical Foundations for Nurse-Midwifery Management (20 didactic credits-0 clinical credits)

PC612 Pharmacology for Advanced Practice (3-0)
 PC613 Women's Health II (2-0)
 PC617 Primary Health Care I: Acute and Common Problems (3-0)
 PC618 Research (3-0)
 NM611 Community Assessment and Market Research (2-0)

NM614 Antepartum Care I (3-0)
 NM615 Intrapartum Care I (3-0)
 NM616 Postpartum and Newborn Care I (1-0)

Level III: Development of Midwifery Skills (7 didactic credits-0 clinical credits)

PC620 Health Assessment (1-0)
 PC621 Professional Issues in Health Care Delivery (1-0)
 PC623 Women's Health II (1-0)
 NM624 Antepartum Care II (1-0)
 NM625 Intrapartum Care II (1-0)
 NM626 Postpartum Care II (1-0)
 NM627 Newborn Care II (1-0)

Level IV: Nurse-Midwifery Practice (10 didactic credits-15 clinical credits)

NM630 Women's Health III (1-0)
 NM631 Women's Health Clinical (0-3)
 NM632 Antepartum Care III (3-0)
 NM633 Antepartum Care Clinical (0-5)
 NM634 Intrapartum Care III (3-0)
 NM635 Intrapartum Care Clinical (0-5)
 NM636 Postpartum and Newborn Care III (2-0)
 NM637 Postpartum/Newborn Care Clinical (0-2)
 NM638 Health Care Policy: Birth Centers as a Case Study (1-0)

Total: 51 didactic credits + 15 clinical credits = 66

MSN CFNP Curriculum

Level I: Theoretical Foundations for Practice (13 didactic credits-0 clinical credits)

PC600 Health Promotion and Disease Prevention (2-0)
 PC604 Pathophysiology for Primary Care (3-0)
 PC605 Decision Making in Health Assessment (2-0)
 PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
 NP607 Role of the Nurse Practitioner in the Health Care Delivery System (3-0)

Level II: Theoretical Foundations for FNP Management (20 didactic credits-0 clinical credits)

PC612 Pharmacology for Advanced Practice (3-0)
 PC613 Women's Health I (2-0)
 PC617 Primary Health Care I: Acute and Common Problems (3-0)
 PC618 Research (3-0)
 NP611 Care of the Childbearing Woman (3-0)
 NP614 Primary Health Care II: Chronic Problems (3-0)
 NP619 Primary Care of Children (3-0)

Level III: Development of FNP Skills (7 didactic credits-0 clinical credits)

PC620 Health Assessment (1-0)
 PC621 Professional Issues in Health Care Delivery (1-0)
 PC623 Women's Health II (1-0)
 NP622 Advanced Diagnostics (1-0)
 NP624 Primary Health Care III: Emergencies and Trauma in Primary Care (1-0)
 NP625 Primary Health Care IV: Psychosocial Problems in Primary Care (1-0)

NP628 Health Care Financing (1-0)

Level IV: FNP Practice (2 didactic credits-15 clinical credits)

- NP630 Primary Care Clinical I (0-6)
- NP631 Primary Care Clinical II (0-9)
- NP633 Health Care Policies: Implications for Practice (1-0)
- NP635 Primary Health Care V: Complex Health Problems in Primary Care (1-0)

Total: 42 didactic credits + 15 clinical credits = 57

MSN CWHCNP Curriculum

Level I: Theoretical Foundations for Practice (15 didactic credits-0 clinical credits)

- PC600 Health Promotion and Disease Prevention (2-0)
- PC604 Pathophysiology for Primary Care (3-0)
- PC605 Decision Making in Health Assessment (2-0)
- PC606 Theories and Concepts of Advanced Practice Nursing (3-0)
- NM602 Reproductive Anatomy and Physiology (2-0)
- NP607 Role of the Nurse Practitioner in the Health Care Delivery System (3-0)

Level II: Theoretical Foundations for WHCNP Management (14 didactic credits-0 clinical credits)

- PC612 Pharmacology for Advanced Practice (3-0)
- PC613 Women’s Health I (2-0)
- PC617 Primary Health Care I: Acute and Common Problems (3-0)
- PC618 Research (3-0)
- NP611 Care of the Childbearing Woman (3-0)

Level III: Development of WHCNP Skills (7 didactic credits-0 clinical credits)

- PC620 Health Assessment (1-0)
- PC621 Professional Issues in Health Care Delivery (1-0)
- PC623 Women’s Health II (1-0)
- NM624 Antepartum Care II (1-0)
- NM626 Postpartum Care II (1-0)
- NP628 Health Care Financing (1-0)
- WH621 Clinical Topics in Women’s Health Care (1-0)

Level IV: WHCNP Practice (2 didactic credits-15 clinical credits)

- NM630 Advanced Women’s Health Care (1-0)
- NP633 Health Care Policies: Implications for Practice (1-0)
- WH631 Women’s Health Care Clinical I (0-6)
- WH632 Women’s Health Care Clinical II (0-9)

Total: 38 didactic credits + 15 clinical credits = 53

Extension of End Date for Transition Students When Repeating a Course

When a student must repeat a course due to course failure or withdrawal and re-enrollment in the course, the end date will be extended by the actual time necessary to complete the repeated course, up to a maximum of two weeks per credit hour. For example, a student

repeats a four credit hour course. The student takes eight weeks to repeat the course. The end date would be extended by eight weeks. If the student took only four weeks to complete the course, the end date would be extended by only four weeks. If the student takes ten weeks to repeat the course, the end date would still only be extended by eight weeks.

Revised 2/2002

Satisfactory Academic Progress for Transition Students with Federal Stafford Loans

The Frontier School of Midwifery and Family Nursing requires that students maintain Satisfactory Academic Progress in accordance with federal regulations. Students who wish to borrow federal student loan monies for Level III/Clinical Bound must maintain a 3.0 grade point average, and must be making progress toward completion of the program. Transfer credits may not be used to satisfy credit requirements for meeting financial aid criteria for adequate progression, unless a course is taken and completed during the same loan period the student is currently in.

Students returning to complete the post-master’s certificate for CFNP, CNEP or CWHCNP must complete the required number of credits per disbursement. If students are not required to complete the total number of credits required for the second disbursement, the student may meet the requirement by having completed enough credits to qualify for Level III/Clinical Bound.

Satisfactory Academic Progress and Student Loan disbursements for students are defined as:

Classes 51 and 52 in the 24 Month Option

The student’s first disbursement will be at Frontier Bound or as soon thereafter as possible.

The student’s second disbursement will be approximately two (2) weeks before the second tuition payment is due (6 months after enrollment), provided that the student has completed a total of 10 credit hours.

The student’s third disbursement will be approximately two (2) weeks before the third tuition payment is due (12 months after enrollment), provided that the student has completed a total of 20 credit hours.

The student’s fourth disbursement will be approximately two (2) weeks before the fourth and final tuition payment is due (18 months after enrollment), provided that the student has completed total of 30 credit hours.

Classes 51 and 52 Progress for 24 Month Option

	Disbursement	Time Frame	Cumulative Credits
Year 1	1.	Frontier Bound	0
	2.	6 Months	10

	Disbursement	Time Frame	Cumulative Credits
Year 2	1.	12 Months	20
	2.	18 Months	30

If a student fails to complete the required number of credit hours by the scheduled disbursement date, that portion of the loan that has not been disbursed will be canceled. The student may re-apply for the canceled portion of the loan upon completion of the required number of credits.

Classes 51 and 52 in the 36 Month Option

The student's first disbursement will be at Frontier Bound or as soon thereafter as possible.

The student's second disbursement will be approximately two (2) weeks before the second tuition payment is due (6 months after enrollment), provided that the student has completed a total of 7 credit hours.

The student's third disbursement will be approximately two (2) weeks before the third tuition payment is due (12 months after enrollment), provided that the student has completed a total of 14 credit hours.

The student's fourth disbursement will be approximately two (2) weeks before the fourth tuition payment is due (18 months after enrollment), provided that the student has completed a total of 21 credit hours.

The student's fifth disbursement will be approximately two (2) weeks before the fifth tuition payment is due (24 months after enrollment), provided that the student has completed a total of 28 credit hours.

The student's sixth disbursement will be approximately two (2) weeks before the sixth and final tuition payment is due (36 months after enrollment), provided that the student has completed a total of 35 credit hours.

	Disbursement	Time Frame	Cumulative Credits
Year 1	1.	Frontier Bound	0
	2.	6 Months	7
Year 2	3.	12 Months	14
	4.	18 Months	21
Year 3	5.	24 Months	28
	6.	36 Months	35

If a student fails to complete the required number of credit hours by the scheduled disbursement date, that portion of the loan that has not been disbursed will be canceled. The student may re-apply for the canceled portion of the loan upon completion of the required number of credits.

Classes 43 to 50 in the 24 Month Option

The student's first disbursement will be at Frontier Bound or as soon thereafter as possible.

The student's second disbursement will be approximately two (2) weeks before the second tuition payment is due (6 months after enrollment), provided that the student has completed a total of 12 credit hours.

The student's third disbursement will be approximately two (2) weeks before the third tuition payment is due (12 months after enrollment), provided that the student has completed a total of 24 credit hours.

The student's fourth disbursement will be approximately two (2) weeks before the fourth and final tuition payment is due (18 months after enrollment), provided that the student has completed total of 36 credit hours.

	Disbursement	Time Frame	Cumulative Credits
Year 1	1.	Frontier Bound	0
	2.	6 Months	12
Year 2	3.	12 Months	24
	4.	18 Months	36

If a student fails to complete the required number of credit hours by the scheduled disbursement date, that portion of the loan that has not been disbursed will be canceled. The student may re-apply for the canceled portion of the loan upon completion of the required number of credits.

Classes 43 to 50 in the 36 Month Option

The student's first disbursement will be at Frontier Bound or as soon thereafter as possible.

The student's second disbursement will be approximately two (2) weeks before the second tuition payment is due (6 months after enrollment), provided that the student has completed a total of 8 credit hours.

The student's third disbursement will be approximately two (2) weeks before the third tuition payment is due (12 months after enrollment), provided that the student has completed a total of 16 credit hours.

The student's fourth disbursement will be approximately two (2) weeks before the fourth tuition payment is due (18 months after enrollment), provided that the student has completed a total of 24 credit hours.

The student's fifth disbursement will be approximately two (2) weeks before the fifth tuition payment is due (24 months after enrollment), provided that the student has completed a total of 33 credit hours.

The student's sixth disbursement will be approximately two (2) weeks before the sixth and final tuition payment

is due (36 months after enrollment), provided that the student has completed a total of 45 credit hours.

	Disbursement	Time Frame	Cumulative Credits
Year 1	1.	Frontier Bound	0
	2.	6 Months	8
Year 2	3.	12 Months	16
	4.	18 Months	24
Year 3	5.	24 Months	33
	6.	36 Months	45

If a student fails to complete the required number of credit hours by the scheduled disbursement date, that portion of the loan that has not been disbursed will be canceled. The student may re-apply for the canceled portion of the loan upon completion of the required number of credits.

Class 41 and 42 in the 24 Month Option

The student's first disbursement will be at Frontier Bound or as soon thereafter as possible.

The student's second disbursement will be approximately two (2) weeks before the second tuition payment is due (6 months after enrollment), provided that the student has completed a total of 6 credit hours.

The student's third disbursement will be approximately two (2) weeks before the third tuition payment is due (12 months after enrollment), provided that the student has completed a total of 17 credit hours.

The student's fourth disbursement will be approximately two (2) weeks before the fourth and final tuition payment is due (18 months after enrollment), provided that the student has completed total of 35 credit hours.

	Disbursement	Time Frame	Cumulative Credits
Year 1	1.	Frontier Bound	0
	2.	6 Months	6
Year 2	3.	12 Months	17
	4.	18 Months	35

If a student fails to complete the required number of credit hours by the scheduled disbursement date, that portion of the loan that has not been disbursed will be canceled. The student may re-apply for the canceled portion of the loan upon completion of the required number of credits.

Class 41 and 42 in the 36 Month Option

The student's first disbursement will be at Frontier Bound or as soon thereafter as possible.

The student's second disbursement will be approximately two (2) weeks before the second tuition payment is due (6 months after enrollment), provided that the student has completed a total of 5 credit hours.

The student's third disbursement will be approximately two (2) weeks before the third tuition payment is due (12 months after enrollment), provided that the student has completed a total of 11 credit hours.

The student's fourth disbursement will be approximately two (2) weeks before the fourth tuition payment is due (18 months after enrollment), provided that the student has completed a total of 19 credit hours.

The student's fifth disbursement will be approximately two (2) weeks before the fifth tuition payment is due (24 months after enrollment), provided that the student has completed a total of 28 credit hours.

The student's sixth disbursement will be approximately two (2) weeks before the sixth and final tuition payment is due (36 months after enrollment), provided that the student has completed a total of 41 credit hours.

	Disbursement	Time Frame	Cumulative Credits
Year 1	1.	Frontier Bound	0
	2.	6 Months	5
Year 2	3.	12 Months	11
	4.	18 Months	19
Year 3	5.	24 Months	28
	6.	36 Months	41

If a student fails to complete the required number of credit hours by the scheduled disbursement date, that portion of the loan that has not been disbursed will be canceled. The student may re-apply for the canceled portion of the loan upon completion of the required number of credits.

Revised 11/2006

Time Limits for Transition Students

FSMFN programs are self-directed courses of study that are designed to last 24 months or 36 months. Students in either option may choose to accelerate the program of study to fit their own available time and resources, or extend their time by an additional six (6) months by paying extension fees (\$450) for any months beyond their original Program of Study (see Extension Fees). Extensions beyond a total of six additional months require the approval of the Administrative Team.

The following time limitations are in effect for the 24 and 36 month FSMFN programs of study whether MSN or post-master's:

Student Progress - 24 Month Option

Levels	Expected Time Frame (in months)	Maximum Time Frame (in months)
I	6	10
II	8	10
III	1	1
IV	9	9
Totals	24	30

Student Progress - 24 Month Option: Level I

Two (2) months after the last day of Frontier Bound all students (part-time and full-time) should have PC600 completed. Those who do not must have a meeting with the Department Chair regarding progression. A Learning Plan or a Performance Plan may be instituted to assist with planning and progression.

Four (4) months after the last day of Frontier Bound, all full-time students should have completed a minimum of 3 courses. Those who do not must have a meeting with the Department Chair regarding progress progression. A Learning Plan or a Performance Plan may be instituted to assist with planning and progression.

Seven (7) months after the last day of Frontier Bound, if the student has not successfully completed Level I, the student will receive a reminder of the program expectations. This reminder will be an e-mail from the Student Advisor. The student needs to sign and return. A Learning Plan or a Performance Plan for completion of Level I will be suggested if the student is in danger of not completing Level I before the 10 month deadline.

Ten (10) months after Frontier Bound, if the student has not successfully completed Level I, the Student Advisor, Department Chair, and student will review the situation before sending the student to the Administrative Team. Dismissal is a possible recommendation of the Administrative Team.

Student Progress - 24 Month Option: Level II

Four months after starting Level Two, a student should have completed a minimum 3 courses (full-time). Those who do not complete two courses must have a meeting with the Department Chair regarding progress. A Learning Plan or a Performance Plan may be instituted to assist with planning and progression.

Level II culminates with attendance at Level III/Clinical Bound in Hyden. Many students complete Level III/Clinical Bound within 14 months (full-time) of Frontier Bound. If the student has not completed Level III/Clinical Bound by this time, the student will receive a reminder of the program expectations. This reminder will be an e-mail from the Student Advisor. The student signs and returns it to the Advisor. A Learning Plan for completion of Level III/Clinical Bound will be suggested if the student is in danger of not completing Level III/Clinical Bound before the 21 month deadline.

Twenty-one (21) months after Frontier Bound, if a student has not successfully completed Level III/Clinical Bound, the Student Advisor, Department Chair, and student will review the situation before sending the student to the Administrative Team. Dismissal is a possible recommendation of the Administrative Team.

Student Progress - 24 Month Option: Level III/ Clinical Bound

Level III/Clinical Bound is two weeks of intensive learning and networking. Attendance at Level III/Clinical Bound in the last month of pregnancy is strongly discouraged. If students are attending Level III/Clinical Bound as a nursing mother and need an electric breast pump, arrangements can be facilitated.

Any physical limitations that may affect a student's full participation must be discussed with the Department Chair prior to Level III/Clinical Bound. In Level III/Clinical Bound, students perform and receive pelvic exams and other physical examinations.

It is important for student learning that clinical skills taught at Level III/Clinical Bound be used shortly thereafter in the clinical site. If students anticipate requesting a Leave of Absence around the time of a Level III/Clinical Bound, the appropriate timing for the LOA is after completion of Level II and prior to attending Level III/Clinical Bound. It is expected that students will begin their clinical experience within two weeks of returning from Level III/Clinical Bound. If there is a delay of greater than 16 weeks before beginning the clinical experience, students will be required to repeat the Level III/Clinical Bound experience.

Student Progress - 36 Month Option

Levels	Expected Time Frame (in months)	Maximum Time Frame (in months)
I	12	14
II	12	14
III	1	1
IV	11	13
Totals	36	42

Student Progress - 36 Month Option: Level I

Two (2) months after the last day of Frontier Bound all students (part-time and full-time) should have PC600 completed. Those who do not must have a meeting with the Department Chair regarding progression. A Learning Plan or a Performance Plan may be instituted to assist with planning and progression.

Four (4) months after the last day of Frontier Bound, all part-time students should have completed a minimum of 2 courses. Those who do not must have a meeting with the Department Chair regarding progression. A Learning Plan or a Performance Plan may be instituted to assist with planning and progression.

Twelve (12) months after the last day of Frontier Bound, if the student has not successfully completed Level I, the student will receive a reminder of the program expectations. This reminder will be an e-mail from the Student Advisor. The student needs to sign and return. A Learning Plan for completion of Level I will be suggested if the student is in danger of not completing Level I before the 14 month deadline.

Fourteen (14) months after Frontier Bound, if the student has not successfully completed Level I, the Student Advisor, Department Chair, and student will review the situation before sending the student to the Administrative Team. Dismissal is a possible recommendation of the Administrative Team.

Student Progress - 36 Month Option: Level II

Four months after starting Level Two, a student should have completed a minimum of 2 courses (36 month option). Those who do not must have a meeting with their Department Chair regarding progression. A Learning Plan or a Performance Plan may be instituted to assist with planning and progression.

Level II culminates with attendance at Level III/Clinical Bound in Hyden. Part-time students should complete Level III/Clinical Bound within 24 months of Frontier Bound. If the student has not completed Level III/Clinical Bound by this time, the student will receive a reminder of the program expectations. This reminder will be an e-mail from the Student Advisor. The student signs and returns it to their Advisor. A Learning Plan for completion of Level III/Clinical Bound will be suggested if the student is in danger of not completing Level III/Clinical Bound before the 29 month deadline.

Twenty-nine (29) months after Frontier Bound, if the student has not successfully completed Level III/Clinical Bound, the Student Advisor, Department Chair and student will review the situation before sending the student to the Administrative Team. Dismissal is a possible recommendation of the Administrative Team.

Student Progress - 36 Month Option: Level III/ Clinical Bound

Level III/Clinical Bound is two weeks of intensive learning and networking. Attendance at Level III/Clinical Bound in the last month of pregnancy is strongly discouraged. If students are attending Level III/Clinical Bound as a nursing mother and need an electric breast pump, arrangements can be facilitated.

Any physical limitations that may affect a student’s full participation must be discussed with the Department Chair prior to Level III/Clinical Bound. In Level III/Clinical Bound, students perform and receive pelvic exams and other physical examinations.

It is important for student learning that clinical skills taught at Level III/Clinical Bound be used shortly thereafter in the clinical site. If students anticipate requesting a Leave of Absence around the time of a Level III/Clinical Bound, the appropriate timing for the LOA is after com-

pletion of Level II and prior to attending Level III/Clinical Bound. It is expected that students will begin their clinical experience within two weeks of returning from Level III/Clinical Bound. If there is a delay of greater than 16 weeks before beginning the clinical experience, students will be required to repeat the Level III/Clinical Bound experience.

Revised 11/2006

Transfer between Full-time and Part-time Options for Transition Students

Students must declare full-time or part-time status upon entry to the FSMFN. Students have the opportunity to change from full-time to part-time or part-time to full-time only once. The student must be in Level I or Level II to be eligible to transfer between full-time and part-time options. Students in Classes 44 and above must transfer within 6 months of their enrollment date into the FSMFN. After 6 months the student is not eligible to transfer. A transfer between full-time and part-time options can only become effective at the end of a six-month billing period.

Procedure

1. The student will petition to transfer by sending the Department Chair (DC) the Program Status Change Form via e-mail. The request to transfer must be submitted no later than the registration period for the following term.
2. The Department Chair will evaluate the request. If approved, the DC will sign the form and send it to the Registrar.
3. The Registrar reviews and signs the form, makes changes in the Student Management System, and sends the completed form to the student, Financial Aid Director, and the Accounting Department as confirmation of the change. If the student has not received the signed form from the Registrar within two weeks of submitting the request, the student should contact their DC immediately.
4. The Accounting Department will send the student a new payment schedule. The Financial Aid Director will send the student a new award letter if needed.
5. A fee is charged if the transfer occurs more than two weeks after Frontier Bound.

Revised 11/2006

Tuition and Fees

The policies in this section apply to both Terms Students (those who enrolled in the FSMFN after January 1, 2007) and Transition Students (those who were enrolled in the FSMFN on January 1, 2007) unless it is specified in the title of a policy that it only applies to either Terms Students or Transition Students.

Tuition Policy and Plan for Terms Students

Tuition is currently set at \$370 per credit for full-time students and \$395 per credit for part-time students, MSN completion students, CNEP graduates completing the WHCNP post-master's certificate, and non-matriculating students. Tuition rates may change at any time deemed necessary by the FSMFN Board of Directors.

Per the FSMFN Satisfactory Academic Progress Policy, full-time students must complete a minimum of 10 credits in every two twelve week terms and part-time students must complete a minimum of 7 credits every two twelve week terms.

The tuition plan is designed to allow students to pay a portion of their full tuition bill in each term. This payment plan also supports the FSMFN's ongoing operations. Tuition is divided into equal payments based on the total number of credits a student needs to complete for their chosen program of study and the total number of terms allotted for completion. The number of terms for each program of study is computed based on the total number of credits divided by the average expected credits completed per term. Full-time students are expected to complete an average of 7-8 credits each term, and part-time students are expected to complete an average of 5-6 credits per term. Please note that this is an average and students will complete more or less credits in some terms than in others. Depending on the total number of credits students must complete, the tuition is divided into equal payments. Once a student registers and pays for a term, refunds will be given only in accordance with the Tuition Refund Policy.

- If a student changes status from full-time to part-time or part-time to full-time, they will be given a new tuition plan (using the parameters above) with a new expected completion time frame and will pay the new rate for each term until they completely pay the entire tuition due for their program of study.
- If a student takes a leave of absence (LOA) their tuition payments resume on the first day of the term that they return.
- **If a student accelerates their program of study and finishes in fewer than the expected number of terms, they must pay the balance of their total cost of tuition prior to taking the Comprehensive Examination.** For example: Student is enrolled in MSN CNEP and finishes in 8 terms instead of 9. The student must pay for the extra term prior to taking the Comprehensive Examination.

tion.

- If a student takes longer than the expected number of terms to complete their program of study, they will pay the Added Term Fee for additional terms in the program. This policy applies if a student needs to register for new courses in a term. If a student is completing only courses in which they have incomplete (I) or in progress (IP) grades, they will not be charged the Added Term Fee.

The following tuition rates will apply for each program.

Payment Plan per Program

Program	Number of Credits	Program Length in Terms	Total Cost	Payment Per Term	Payment Per Each Added Term
MSN CNEP Full-Time	66	9	\$24,420	\$2,715	\$1,350
MSN CNEP Part-Time	66	12	\$26,070	\$2,175	\$1,350
MSN CFNP Full-Time	57	8	\$21,090	\$2,635	\$1,350
MSN CFNP Part-Time	57	11	\$22,550	\$2,050	\$1,350
MSN CWHCNP Full-Time	53	7	\$19,610	\$2,800	\$1,350
MSN CWHCNP Part-Time	53	10	\$20,935	\$2,095	\$1,350

Tuition Schedule for Bridge Students

Bridge Entry Option	20	3 (Fourth term starts Specialty Track payments)	\$7,400	\$2,470	No added terms
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Bridge students take six credits of the Bridge sequence in each of the first three twelve week terms. In the fourth term, they must take both the final two credits of the Bridge sequence and 4-5 credits of their specialty courses. Bridge students pay for all Bridge credits in the first three terms. They start payments for their specialty track in the fourth term of their first year.

Post-Master's Tuition

Because the post-master's options vary according to the number of prerequisites that students have completed in the past, a tuition plan will be developed for each individual student once their program of study has been developed. The plan will be based upon the standard tuition rate per credit in place.

The plan will be developed as follows:
 Total Tuition = Total Credits Required X Tuition/Credit
 (Student must choose FT or PT)

Number of terms required will be based on the average of approximately 7-8 credits per term for FT and 5-6 credits per term for PT.

Payment per Term = Total Tuition/Total Number of Terms

If students do not finish in the number of terms required by their program of study, they will pay the additional Payment per Added Term of \$1350 for each additional term until they complete their program.
Revised 11/2006

Tuition for Transition Students

This information may be used to help plan the student's budget or to give to anyone who is helping to pay for the student's education.

FSMFN tuition - \$370/credit full-time; \$395/credit part-time, MSN completion students, CNEP graduates completing the WHCNP post-master's certificate, and non-matriculating students

All tuition and fees are subject to change without notice.
Revised 6/2006

Fees and Variable Expenses for All Students

Fees*

Application Fee (non-refundable)	\$100
Application Fee for FSMFN Alumni (non-refundable)	\$50
Banyan Tree 101 Course	\$100
Frontier Bound Fee	\$500
Graduation Fee	\$150
Preceptor Fee for WHCNP Post-Master's for CNEP Graduates	\$500
Room & Board for Level III/Clinical Bound and Crossing the Bridge	\$35.00/night
Technology Fee	\$150/term

Miscellaneous Fees*

Added Term Fee (Term Students only)	\$1,350/term
Course Transfer Fee	\$100/course
Extension Fee (Transition Students Only)	\$450/month
Return From Leave of Absence	\$150
Transcript Fee	\$5/transcript
Transfer Between Full-Time and Part-Time Options Fee	\$100
Transfer from One Specialty Track to Another Fee	\$100
Tuition Late Payment Fee	\$150
Withdrawal Fee	\$100

Estimated Variable Expenses

Computer and software	\$1,500
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Internet Access	\$50/month
Textbooks	\$2,000
Travel (Frontier Bound, Level III/Clinical Bound, NACC Workshop, and Crossing the Bridge)	\$1,200

*All tuition and fees are subject to change without notice.

Revised 11/2006

Added Term Fee for Terms Students

If a student takes longer than the expected number of terms to complete their program of study, they will pay the Added Term Fee for additional terms in the program. This policy applies if a student needs to register for new courses in a term. If a student is completing only courses in which they have incomplete (I) or in progress (IP) grades, they will not be charged the Added Term Fee. In addition, there is no Added Term Fee for the time between completion of courses and taking the Comprehensive Examination. The Added Term Fee is due on the first day of the first added term and the first day of each succeeding term until the program of study is completed. Failure to pay the Added Term Fee by the 10th day of the term in which the payment is due will result in suspension until the payment is received. All fees must be paid in full before the Comprehensive Examination may be taken. Added Term Fees may be waived by the appropriate Department Chair under unusual circumstances. Any questions about the Added Term Fee should be directed to the student's Department Chair.

Revised 11/2006

Extension Fees for Transition Students

A student who requires greater than their contracted time (24 or 36 months) to complete the program will pay an extension fee for each month over the contracted time. Fees will be assessed monthly until all grades are recorded except for the Comprehensive Examination. There is no fee for the time between completion of the courses (grades in Hyden) and taking the Comprehensive Examination.

Extension fees are due in the FSMFN Registrar's Office on the first day of the first extension month and the first day of each succeeding month until the program is completed. Failure to pay extension fees by the 10th day of the month in which the payment is due may result in suspension until the payment is received. All fees must be paid in full before the Comprehensive Examination may be taken. Extension fees may be waived by the appropriate Department Chair under unusual circumstances. Any questions about extension fees should be directed to the student's Department Chair.

Revised 2/2005

Late Payment Fee

A student owing a balance ten calendar days after the due date for payment of tuition or fees will be invoiced a late payment fee.

Revised 11/2006

Suspension Due to Non-Payment Policy

Any student not paying tuition at the time it is due will be suspended. From the date of suspension, the student can no longer submit any coursework, nor can the student take or submit any examinations. The time period during which the student is suspended will be included in their program time frame. Faculty will be notified via the Banyan Tree forums that all grading of the student's work is to stop. A late payment fee will be assessed if the payment is received more than ten calendar days after the due date. Upon full payment of all tuition and fees due, the student will be reinstated and faculty will be advised via the Banyan Tree forums to accept the student's work.

From the day the suspension occurs, the student will be given up to 60 days to make payment in full. If payment is not made within 60 days of the due date, the student will be dismissed from the FSMFN. An appeal to this dismissal is possible (see Dismissal from the FSMFN).

Revised 2/2005

Tuition Extensions

An extension of sixty (60) calendar days may be granted to students receiving federal, state or private scholarships or Stafford Loans when they first enter the FSMFN and are in the process of completing the required paperwork.

Revised 2/2005

Tuition Payments after Return from Leave of Absence for Transition Students

Tuition for the 24 month option is paid in four equal payments that are due every six (6) months starting at admission and following at 6 months, 12 months, and 18 months into the program. Tuition for the 36 month option is paid in six equal payments that are due every six (6) months starting at admission and following 6 months, 12 months, 18 months, 24 months, and 30 months.

When a student goes on leave of absence (LOA), the clock stops for tuition payments. Upon return from LOA, the time frame for tuition payments resumes as if there had not been an LOA. The student shall be notified of the revised tuition payment schedule at the time of return from LOA.

For example, a student paid the first tuition payment on admission, the second tuition payment at 6 months, and then took an LOA starting at 8 months into the program. Upon return from LOA, the student's next tuition payment would be due 4 months after returning from the LOA, and then every 6 months after that until tuition is fully paid.

Revised 2/2005

Tuition Rate for Non-Matriculating Students

Non-matriculating students (those taking courses but not seeking a degree) will pay the part-time tuition rate of

\$395 per credit. All courses must be started at the beginning of a twelve week term. All policies apply equally to non-matriculating students.

Revised 11/2006

Tuition Refund Policy for Terms Students

The completion of registration contractually obligates the student and the student's benefactors to pay all of the student's tuition and fees for the entire term. However, FSMFN has established a withdrawal and refund policy so that the School and the student may share the loss equitably when it is necessary for the student to withdraw. FSMFN has adopted the federal refund calculation so that all tuition charged to a student's account is directly proportional to the percent of enrollment period attended. Refunds are based on the percentage of time that a student is enrolled up to 60% of the enrollment period. The enrollment period is always 12 weeks or 1 term. The date of the withdrawal will be determined by the postmark on the envelope of a written withdrawal request, the sent date of a withdrawal request transmitted by e-mail, or a later date specified by the student. A withdrawal fee will be deducted from each refund that is administered. **There are no refunds for fees.**

To determine the percentage of enrollment period attended, divide the number of calendar days attended by the number of calendar days in the enrollment period (84 calendar days for one 12 week term) and round to the nearest decimal point. See table below to calculate refund based on total number of calendar days enrolled in the term.

Students who receive scholarships and/or financial aid of any kind will have their aid packages recalculated based on the same proportion as above, in accordance with the Higher Education Amendments of 1998, public law 105-244. Details can be found in the Federal Student Handbook available in the Office of Financial Aid.

Students have a right to appeal decisions made regarding financial transactions. The process begins with the Student Account Specialist in the Accounting Department.

Total Calendar Days enrolled	=	Percent of Enrollment	Percent Refunded*
1-10	=	0%	100%
11	=	13%	87%
12	=	14%	86%
13	=	15%	85%
14	=	17%	83%
15	=	18%	82%
16	=	19%	81%
17	=	20%	80%
18	=	21%	79%
19	=	23%	77%
20	=	24%	76%

Total Calendar Days enrolled	=	Percent of Enrollment	Percent Refunded*
21	=	25%	75%
22	=	26%	74%
23	=	27%	73%
24	=	29%	71%
25	=	30%	70%
26	=	31%	69%
27	=	32%	68%
28	=	33%	67%
29	=	35%	65%
30	=	36%	64%
31	=	37%	63%
32	=	38%	62%
33	=	39%	61%
34	=	40%	60%
35	=	42%	58%
36	=	43%	57%
37	=	44%	56%
38	=	45%	55%
39	=	46%	54%
40	=	48%	52%
41	=	49%	51%
42	=	50%	50%
43	=	51%	49%
44	=	52%	48%
45	=	54%	46%
46	=	55%	45%
47	=	56%	44%
48	=	57%	43%
49	=	58%	42%
50	=	60%	40%
51	=	100%	0%

After a student has been enrolled for 51 calendar days, they will be past the timeframe to be refunded and will be charged for 100% of that term’s tuition.

*An withdrawal fee will be deducted from the refund.
Revised 11/2006

Tuition Refund Policy for Transition Students

A student who wishes to withdraw from the FSMFN must give written notice to the Department Chair and to the Registrar. Refunds resulting from withdrawal are processed based upon the student’s effective withdrawal date in relation to the most recent period of enrollment for which the student has paid. The date of the withdrawal will be determined by the postmark on the envelope of a written withdrawal request, the sent date of a withdrawal request transmitted by e-mail, or a later date

specified by the student.

A student who withdraws during the orientation period of Frontier Bound will be refunded all but \$100.00 of tuition and material fees.

A student who has prepaid tuition for a future level (s) will receive a full refund for their tuition if the student withdraws before starting the level for which they have prepaid.

- 75% of tuition will be refunded if the student withdraws during the first 0-35 days after the start date of the current Level of enrollment.
- 50% of tuition will be refunded if the student withdraws during days 36-70 days after the start date of the current level of enrollment.
- 25% of tuition will be refunded if the student withdraws during days 71-110 after the start date of the current level of enrollment.

Ex: A student withdraws while in Level II and has completed Level I. No portion of the first tuition payment will be refunded. A second tuition payment, or a portion of, may be refunded according to the above schedule.

Students who receive monies from the Federal Unsubsidized Stafford Loan Program (part of the Federal Family Education Loan Program) and subsequently withdraw from the program will have any portion of their student loan proceeds that are due to be refunded (according to the above schedule) returned directly to their lender.

For an explanation of the U.S. Department of Educational Federal refund policy, please contact the Financial Aid Director.

Revised 2/2005

Tuition for Repeating a Course

If a student must repeat a course for any reason (such as withdrawing or failing), the student must repay for the entire course at the current rate of tuition.

Revised 11/2006

Tuition Policy Regarding Re-entry after Withdrawal

A student entering the FSMFN after having withdrawn must complete the full application process and will be considered as a new applicant. Courses previously taken at FSMFN will be considered for transfer; however no transfer fees will be assessed. If admitted, the student will be charged tuition for the credit hours remaining to be completed at the current tuition rate per credit hour. Returning students should consult the Registrar to understand what payments will be due. Timelines and end dates for completion will be adjusted accordingly. Curriculum changes during the time the student was away may necessitate enrollment in new courses.

Revised 2/2005

Financial Aid

Additional information about FSMFN Financial Aid is available at <http://www.midwives.org/student-services/inside/finaid.asp>.

Federal Subsidized Stafford Loan

The Federal Subsidized Stafford Loan is a need-based loan with a variable interest rate. Students eligible for this loan are not responsible for the interest that accumulates while the student is enrolled in school for at least half-time or more, or during the six-month grace period immediately following the time the student ceases to be enrolled at the FSMFN (whether due to graduation, leave of absence, withdrawal, or dismissal). The federal government pays the interest on the student's loan during periods of enrollment and the grace period. Payments of loan principal and interest begin six months after the student ceases to be enrolled at the FSMFN.

Revised 11/2006

Federal Unsubsidized Stafford Loan

The Federal Unsubsidized Stafford Loan is not a need-based loan and carries the same interest rate and repayment terms as the Federal Subsidized Stafford Loan. Students are responsible for the interest from the day the loan is disbursed. Although students may request that the interest on the Federal Unsubsidized Stafford Loan be deferred while attending school and during the six-month grace period, the FSMFN strongly recommends that students make the interest payments if at all possible. Students will find their total payments greatly reduced if interest payments are made while in school. Principal and interest payments on this loan must be made beginning six months after the student ceases to be enrolled at the FSMFN.

Revised 11/2006

Financial Aid Disbursements

Financial aid checks are disbursed from the guarantee agency around the same time tuition is due. Students must be making Satisfactory Academic Progress (SAP) in order to receive the loan disbursement. Students who are not making SAP may re-apply for their disbursements after they meet the requirements for SAP. Financial aid checks are deposited to the student's account for tuition and fees. The remaining funds will be sent to the student within 7-10 business days of receipt of the financial aid checks.

Revised 11/2006

Financial Aid during a Leave of Absence

Students who are approved for an official Leave of Absence (LOA) may have to begin making their student loan payments while on LOA if the LOA is longer than six months. Students should refer to the LOA Policy for further information about financial aid during an LOA.

Revised 11/2006

Financial Aid Verification Process

The U.S. Department of Education requires that a certain percentage of FAFSA filers be selected for verification.

These students are selected by the Central Processing System. If a student is selected for verification there are certain financial documents that must be provided to the Financial Aid Office for verification – a completed and signed US Tax Return, W2s and a verification worksheet. Required verification items are household size, number in college, Adjusted Gross Income (AGI), US taxes paid, and certain types of untaxed income and benefits. For an explanation of the US Department Verification policy, please contact the Financial Aid Director.

Revised 11/2006

FSMFN Scholarships

Kitty Ernst Scholarship

This scholarship is awarded annually to a CNEP student who shows leadership ability as well as academic and clinical excellence.

Revised 11/2006

Alice Adams Scholarship

The Frontier Nursing Service Foundation awards this scholarship in honor of Alice Adams.

Revised 11/2006

Alumni Scholarship

The Frontier Nursing Service Foundation awards this scholarship in honor and with the help of Alumni.

Revised 11/2006

Arronson Scholarship

This scholarship is available for students in financial need who are in good academic standing.

Revised 11/2006

Berea College Appalachian Fund Scholarship

The Frontier Nursing Service Foundation awards this scholarship from a grant provided by the Berea College Appalachian Fund in Berea, KY.

Revised 11/2006

Daughters of Colonial Wars

This scholarship is given by the Daughters of the Colonial Wars (DCW), who have been long time supporters of the Frontier Nursing Service.

Revised 11/2006

Margaret Ferguson Scholarship

This Frontier Nursing Service Foundation awards this scholarship in honor of Margaret Ferguson.

Revised 11/2006

Kate Ireland Scholarship

The Frontier Nursing Service (FNS) Foundation awards this scholarship in honor of Kate Ireland. Ms. Ireland is a long time supporter of FNS, a prior courier, past Chairman of the FNS Board of Governors, and current Honorary National Chairperson of the Frontier Nursing Service.

Revised 11/2006

Betty Lou Johnson Scholarship

This scholarship is awarded in honor of Betty Lou Johnson to an FNP student who returns to school later in life, demonstrates academic excellence and has a commit-

ment to working in underserved areas.

Revised 11/2006

Mardi Perry Scholarship

This scholarship is available due to the efforts of the Boston Committee of the Frontier Nursing Service. The award is made annually to a student committed to offering midwifery services in the New England region.

Revised 11/2006

Nancy B. Taylor Scholarship

The Frontier Nursing Service Foundation awards this scholarship in honor of Nancy B. Taylor. This award is given to a student who plans for international health work after graduation.

Revised 11/2006

Whistler Student Scholarship

FSMFN students who agree to work in the Frontier Nursing Service (FNS) health care system for two years after graduation will be eligible for a \$5,000 scholarship. Priority will be given to students who have completed the FNS Courier Program.

Revised 11/2006

External Scholarships and Financial Aid

There are numerous sources of scholarships and financial aid including federal, state, and local agencies and organizations. Further information about external scholarships and financial aid is available at the FSMFN Student Services website. All external scholarship and financial aid applications must be initiated by the student.

Revised 11/2006

Faculty and Staff Roles

Administration

President and Dean

- Is the leader of the Frontier School of Midwifery and Family Nursing (FSMFN) faculty and staff.
- Implements policies set by the FSMFN Board of Directors. Assures that policy development and all functions of the FSMFN are in keeping with the philosophy of the FSMFN.
- Provides direction to the Department Chairs, faculty, staff and students to ensure the efficient, economical, and effective use of all organizational resources to meet the identified needs of the School.

Revised 11/2006

Department Chairs (DCs)

- Assume responsibility for the overall administration of their department and the smooth functioning of the educational programs and faculty practices in their department. They are the administrative liaisons with the President and Dean. They are students' contact for development of programs of study and for issues that are not resolved with the Course Coordinator, Student Advisor, or Regional Clinical Coordinator (RCC).
- Are responsible for the overall integrity of the specialty curriculum, including the quality of the clinical sites for area of specialty.
- Assure that their specialty educational programs are in compliance with accrediting bodies, and adhere to the by-laws and policies of the FSMFN.
- Are knowledgeable concerning distance education practices and techniques and assist faculty and staff in remaining current in these areas.
- Provide individual and group student guidance and monitor individual and group student progress.

Revised 11/2006

Coordinator of Graduate Education

- Provides leadership concerning curriculum issues related to the entire graduate curriculum, chairs the FSMFN Curriculum Committee, and works with the faculty to ensure a quality curriculum that meets all the standards of the specialty certification bodies, accreditation bodies, and all regulatory bodies.
- Is responsible for the overall integrity of the FSMFN curriculum.
- Is knowledgeable concerning distance education practices and techniques and assists faculty and staff in remaining current concerning distance education practices and techniques.
- Takes responsibility for applications and reports related to accreditation.

Revised 11/2006

ADN to MSN Bridge Director

- Assumes responsibility for the overall administration and the smooth functioning of the ADN to MSN Bridge.
- Is responsible for the overall integrity of the Bridge curriculum.

- Assures the smooth functioning of the Bridge entry option, including at a minimum that the option is in compliance with accrediting bodies, and adheres to the by-laws and policies of the FSMFN.
- Is knowledgeable concerning distance education practices and techniques and assists faculty and staff in remaining current in these areas.
- Provides individual and group student guidance and monitors individual and group student progress.
- Works with Course Faculty to develop and maintain criteria for success in academic and/or clinical courses.

Revised 11/2006

FSMFN Administrative Team

The Administrative Team is comprised of the President and Dean, the Department Chairs, the Coordinator of Graduate Education, the ADN to MSN Bridge Director, and the FSMFN Business Manager. The Administrative Team meets to monitor program issues related to the FSMFN.

Revised 11/2006

Faculty

Course Coordinators (CCs)

- Assume responsibility for an individual course or a sequence of courses.
- Design the course objectives, content, and evaluation measures. Depending on the course, there may be Course Faculty or Teaching Associates to assist.
- Teach by structuring the learning experience and answering students' questions. May also teach in person at Frontier Bound or Level III/Clinical Bound.
- Are always available to students by phone during office hours or appointment times and via e-mail, may be available at Frontier Bound or Level III/Clinical Bound.
- Act as Student Advisors and as such provide students with support, counseling, and assistance in completing their programs of study.

Revised 11/2006

Student Advisors

- Provide guidance and support to students throughout the program, but particularly those in Levels I and II. Students discuss academic progress, academic performance problems, and barriers to timely progression through the programs with their Student Advisor.
- Work closely with Course Faculty and the Department Chairs on the resolution of student academic problems.

Revised 11/2006

Course Faculty

- Participate in development, implementation, and evaluation of a course and may teach at Level III/Clinical Bound.
- Assist with grading and student counseling related to the course.
- Are always available to students by phone during of-

office hours or appointment times and via e-mail, may be available at Frontier Bound or Level III/Clinical Bound.

- Report to their assigned Course Coordinator.

Revised 11/2006

Regional Clinical Coordinators (RCCs)

- Are experienced nurse-midwives or nurse practitioners residing in the region that they coordinate.
- Serve as the liaison between the clinical sites, the Quality Assurance Coordinator, the Clinical Faculty, the students, and the appropriate DC.
- Guide students through the Clinical Practicum, fostering the networking of students in their area.
- Visit sites to assess student progress and to ensure positive learning environments.
- Evaluate clinical performance and assign the clinical grades with input from the Clinical Faculty.
- Interview applicants for admission if asked by Department Chair (DC).

Revised 11/2006

Clinical Faculty (Preceptors)

- Are certified nurse-midwives, nurse practitioners, or other health care providers with appropriate degrees and national certification for their specialties. Through preceptor training and conversations with the RCC, they become thoroughly familiar with the School, its philosophy, and curriculum.
- Are responsible for the education of FSMFN students in the clinical sites.
- Guide and supervise the students as they meet clinical objectives and become safe beginning practitioners.

Revised 11/2006

Teaching Associates (TAs)

- Are certified nurse-midwives and nurse practitioners who assist Course Coordinators by grading assignments and examinations, doing library research, and helping with teaching at Level III/Clinical Bound.
- Report to their assigned Course Coordinator.

Revised 11/2006

Librarian (Lexington Office)

- Is responsible for the development and evaluation of library services and resources. Responsible for the effective operation of the FSMFN Library.
- Provides library instruction during Frontier Bound, Level III/Clinical Bound, and via phone and e-mail.
- Works with faculty and students to make sure that the resources necessary for the curriculum are available.
- Assists students and faculty in obtaining any resource required.

Revised 11/2006

Staff

Business Manager (Lexington Office)

- Has responsibility for financial and operational management of the Frontier School of Midwifery and Family Nursing (FSMFN).
- Serves as principal contact and source of informa-

tion for FSMFN President and Dean.

Revised 11/2006

Registrar (Hyden Office)

- Processes all applications for admission and all requests for transcripts.
- Acts as the primary liaison with the Financial Aid Officer, the Financial Aid Committee, and the Admissions Committee.
- Manages tuition collection.
- Transcribes to the official student transcript all grades submitted by the faculty.

Revised 11/2006

Administrative Assistant to the Registrar (Hyden Office)

- Mails the Comprehensive Examination.
- Completes all forms requesting verification of graduation to individual agencies/institutions/licensure for graduates.
- Acts as a back-up during the absence of the Registrar.
- Produces and mails diplomas.
- Responds to requests for transcripts and verification letters.

Revised 11/2006

Director of Financial Aid (Lexington Office)

- Manages all aspects of the application and processing of Federal Student Loans.
- Orients students to the process.
- Advises students regarding financial aid issues.

Revised 11/2006

Administrative Assistant to the Director of Financial Aid (Lexington Office)

- Assists student inquiries over the phone and Internet.
- Processes and sends award letters.
- Helps to complete loan applications.
- Checks student records regarding satisfactory progress in order to monitor financial aid and disbursement of loan checks.

Revised 11/2006

Student Account Specialist (Lexington Office)

- Process financial aid disbursements for student accounts.
- Process student GSL refunds.
- Completes 1098-T year end tax forms.
- Mails out and processes all tuition invoices and fees.
- Tracks overdue balances.

Revised 11/2006

Director of Multimedia Operations (Hyden Office)

- Leads the Multimedia Team in creating educational resources for the FSMFN in a variety of formats and media.
- Assists in the coordination of special events (Frontier Bound, Faculty Meeting, etc.).
- Administers the Banyan Tree 101 course and offers assistance in learning to use the electronic bulletin board software.

Revised 11/2006

Multimedia Design Coordinators (Hyden and Lexington Offices)

- Responsible for developing a variety of media and print publications.
- Assume responsibility for putting instructional and informational materials on the web.
- Offer assistance in learning and using the Banyan Tree.
- Maintain the FSMFN directories, and register any changes to information in the directory.
- Provide faculty, staff, and students access to the FSMFN's display, slides, and CD-ROMs for PR/advertising.
- Are the systems operators for the Banyan Tree communications portal, and provide technical assistance for students, faculty, and staff related to electronic communication.

Revised 11/2006

Quality Assurance Coordinator (QAC) (Hyden Office)

- Manages the clinical site Affiliation Agreements, providing the direct link between the clinical sites, the FSMFN Administration, and the School's legal counsel.
- Assures written evidence of compliance with Standards of Practice and accreditation of the educational programs.
- Coordinates the system of risk management and liability insurance and the computerized Student Management System.

Revised 11/2006

Student Services Coordinator (Lexington Office)

- Performs initial interviews of all applicants.
- Facilitates the admission of students in collaboration with the Admissions Committee.
- Editor of FSMFN Quarterly Newsletter
- Maintains the student services web page.

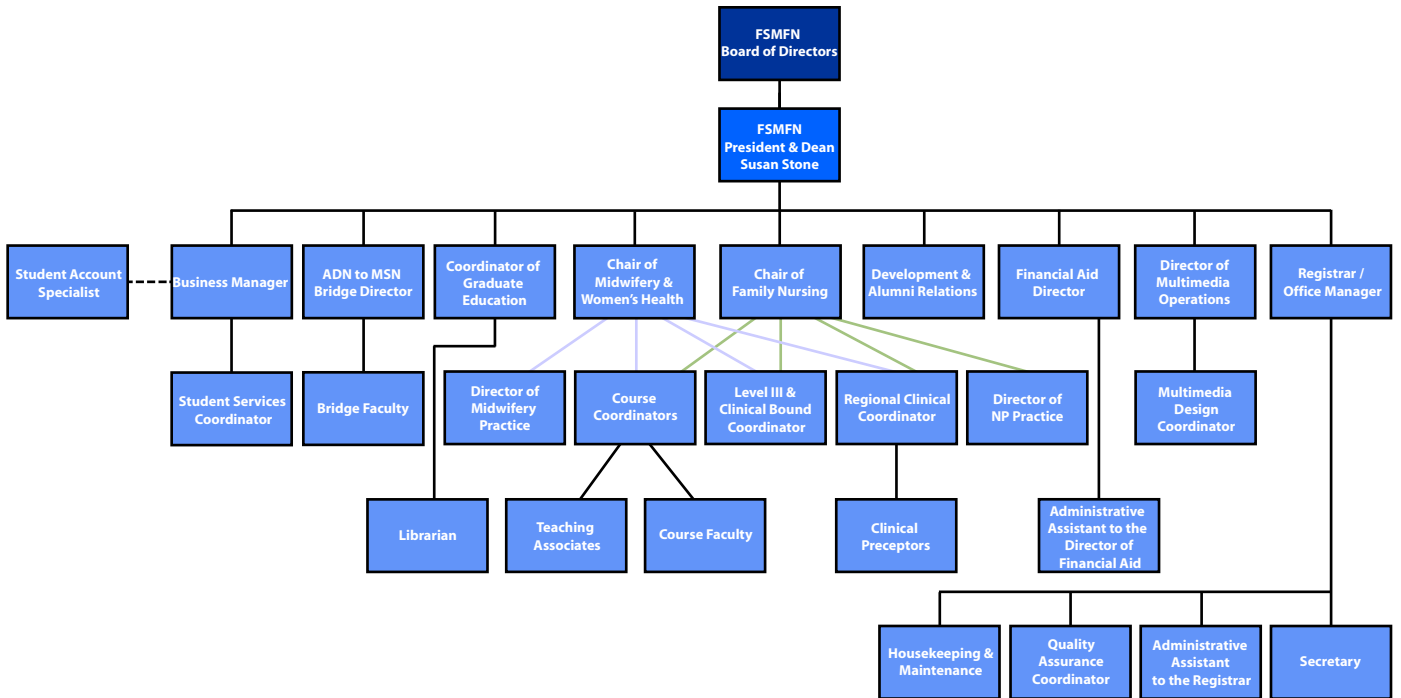
Revised 11/2006

Secretary (Hyden Office)

- Assists the Registrar with entering new student data into the School Management System (SMS).
- Assumes responsibility for in-coming phone calls, mail, supplies, and processing all inquiries.
- Mails information packets (brochures, catalogs etc).
- Manages the Outpost Gift Shop.
- Receives requests for examinations. Copies, mails, and tracks all examinations.
- Monitors and approves proctor applications.

Revised 11/2006

Organizational Chart



Course Descriptions

ADN to MSN Bridge Courses

N400 Physical Assessment (3-0)

This course is designed to provide the knowledge base and technical competencies essential to history taking, physical examination, and diagnostic procedures. The content in this course will serve as a foundation for the assessment skills necessary for the clinical management decisions the nurse-midwife and nurse practitioner must make in providing care to clients and their families across the life span. There will be a community-based didactic portion and an on-site clinical development of knowledge and skills.

Prerequisite: Licensure as a registered nurse.

Revised 5/2006

N401 Communication (3-0)

The focus of this course is on increasing knowledge and skill in the communication modalities used by professional nurses in primary care. Emphasis will be on therapeutic communication, scholarly communication, and interdisciplinary communication. Legal, ethical, and cultural factors affecting communication will be explored.

Prerequisite: Admission to the ADN to MSN Bridge entry option.

Revised 8/2006

N404 Statistics (3-0)

This course is designed to provide the student with the tools and techniques needed to describe, organize and interpret data or information. Techniques will include both descriptive and inferential statistics that are commonly used by the discipline of nursing.

Prerequisite: Licensure as a registered nurse.

Revised 11/2006

N406 Leadership (3-0)

This course is designed to synthesize previous nursing experiences with the philosophical, social, political, legal, and ethical issues inherent in professional nursing practice in primary care. Emphasis is on understanding and developing the key skills employed by nursing leaders in an advanced practice setting.

Prerequisite: N401.

Revised 11/2006

N407 Theories and Research (3-0)

This is an introductory course in nursing theory and the application of theory to nursing research. Special emphasis will be given to critiquing selected nursing theories and using research for evidence-based primary care practice.

Prerequisite: N401 and N404.

Revised 11/2006

N408 Community Health (3-0)

This course emphasizes the application of the nursing process to promote community health. Concepts of community assessment, community health education, and community planning will be examined. Legal, ethical, cultural, economic, and social factors affecting health care

will be considered.

Prerequisite or concurrent: N407.

Revised 10/2006

N409 Community Health Practicum (0-2)

This course consists of practicum experiences that are designed to develop beginning skills in community assessment, community education, interdisciplinary coalition building, and collaboration.

Prerequisite or concurrent: N408.

Revised 10/2006

Core Courses for All Specialty Tracks

PC600 Health Promotion & Disease Prevention (2-0)

This course presents concepts, strategies, and guidelines necessary for the maintenance and promotion of personal and client health. Through case studies, students will have an opportunity to develop teaching strategies that lead clients toward optimal levels of wellness.

Prerequisite: None.

Revised 6/2005

PC604 Pathophysiology for Primary Care (3-0)

Pathophysiology for Primary Care provides the student advanced practice nurse with a scientific basis for practice. This course presents an integrated approach to Pathophysiology that demonstrates the interdependency of body systems and the effects of key pathophysiologic processes. Clinical content is included as an application of Pathophysiology and will assist the student to understand the disease processes and cultural/ethnic variables.

Prerequisite: None.

Revised 5/2004

PC605 Decision Making in Health Assessment (2-0)

This course uses the nurse-midwife/nurse practitioner management process as a framework for developing critical thinking and diagnostic reasoning skills needed for caring for the primary care client. Focus includes: recognition of symptom patterns; selection and interpretations of common screening and diagnostic laboratory tests; communication of information using SOAP format; consideration of client as partner in the diagnostic process.

Prerequisite: PC600.

Prerequisite or concurrent: PC604.

Revised 6/2005

PC606 Theories and Concepts of Advanced Primary Care Nursing (3-0)

This course provides the theoretical and conceptual framework for advanced nursing practice in primary care and focuses on the relationship of theory and knowledge development in nursing to research and practice. Emphasis is placed on the theories and concepts commonly used by nurse midwives and nurse practitioners in primary care. The contemporary meaning of praxis and its relation to nursing and development of nursing knowledge is introduced.

Prerequisite: Statistics course within the last ten years.

Revised 5/2004

PC612 Pharmacology for Advanced Practice (3-0)

Principles of pharmacodynamics and pharmacokinetics across the life span serve as the foundation for this comprehensive course in pharmacology for prescribers. Emphasis is placed on understanding the physiological action of drugs, expected client responses, and major side effects. Issues related to evidence-based pharmacologic practice and legal aspects of prescribing are examined.

Prerequisite: PC605.

Revised 8/2006

PC613 Women's Health I (2-0)

Basic principles of primary health care for women and management of common gynecological disorders across the lifespan are presented in this course. Course content is approached from a context of the ages of reproductive development in order to integrate the natural social, emotional, and biophysical needs of women.

Prerequisite: PC605.

Prerequisite or concurrent: PC606 and PC612.

Revised 1/2004

PC615: Women's Health Care (3-0)

This course encompasses promotion and maintenance of gynecologic health, as well as the assessment, diagnosis, and management of common gynecologic conditions across the lifespan. Clinical considerations specific to the different physical and psychosocial life stages of women are presented. Emphasis is placed upon the importance of providing evidence-based gynecologic care. The influence of the interrelationship of gender, social class, culture, ethnicity, sexual orientation, economic status, and socio-political power differentials upon women's health care is also discussed.

Prerequisite: PC605.

Prerequisite or concurrent: PC606 and PC612.

Revised 10/2006

PC617 Primary Health Care I: Acute and Common Problems (3-0)

The focus of this course is the refinement of diagnostic reasoning strategies needed for primary care management of adults with commonly occurring health problems. Definitions of primary care and the diagnostic reasoning process will be presented. Principles of teaching/learning, family assessment, cost analysis and cultural beliefs are integrated in the development of evidence-based management plans for those common and acute illnesses most likely to be encountered in the primary care setting. Clinical research and standards of care provide evidence-based rationales for clinical decision-making.

Prerequisite: PC605.

Prerequisite or concurrent: PC612.

Revised 4/2005

PC618 Research (3-0)

The research course focuses on the analysis and critical evaluation of research methodology appropriate to nursing practice. Emphasis will be on use of research in one's practice as a consumer, participant and originator of clinical research.

Prerequisite: PC606 and a statistics course within the last ten years.

Revised 6/2004

PC620 Health Assessment (1-0)

This course focuses on development and validation of physical examination skills and mastery of performance of a health history.

Prerequisite: All Level II courses and successful completion of a Physical Assessment course.

Revised 9/2006

PC621 Professional Issues in Health Care Delivery (1-0)

This course focuses on issues that are relevant to the advanced practice nurse, specifically the ethical, legal and professional responsibilities. The course is designed to build upon the student's current knowledge of practice settings and preparation for professional practice, including resume writing and contract negotiation. Issues that impact autonomy in practice, mechanisms of quality assurance, and ways in which to maintain clinical competence are discussed. Students practice interviewing and negotiation skills, review the fine points of billing and coding, discuss ethical decision-making, and explore other issues significant to advanced practice. Finally, students will have an opportunity to evaluate the nuances of political activism and review ways in which to impact policy on the local, state, and national levels.

Prerequisite: All Level II courses.

Revised 3/2006

PC623 Women's Health II (1-0)

This course provides an on-campus skills-intensive practicum focusing on assessment and clinical care of healthy women. Skills focus on clinical and laboratory aspects of assessment which include but are not limited to: speculum examination, bimanual examination including pelvimetry; wet mounts and microscopy; insertion and removal of an IUD; performance of endometrial biopsy; and fitting of vaginal diaphragms.

Prerequisite: All Level II courses.

Revised 3/2004

PC628 Skills for Primary Care (1-0)

This course provides the student with the opportunity to learn and practice health assessment, women's health, and antepartum skills in an on-campus didactic classroom and clinical laboratory. The health assessment component of the course focuses on development and validation of physical examination skills and mastery of performance of a health history. Skills for women's health care include pelvic examination with specimen collection, microscopy, insertion and removal of intrauterine devices, endometrial biopsy, and diaphragm fitting and insertion. Cultural sensitivity and awareness, including care of clients with disabilities and those requiring interpreters, are addressed in interactive classroom exercises. Students practice hands-on skills pertinent to the antepartum period, including Leopold's maneuvers and fundal height measurement. Students also participate in interviewing role plays that emphasize sensitive and caring interaction with antepartum clients.

Prerequisite: PC615, PC617, and NM617 or NP611.

Revised 10/2006

PC640 Primary Care Independent Study (1-0)

This course is designed for students to complete supervised study related to primary care. The content varies according to individual needs and interest.

Prerequisite: Permission of instructor.

Revised 11/2006

Nurse-Midwifery Courses**NM601 The Role of Midwifery and Birth Centers in America (2-0)**

This is the first course in a 6 credit series that will examine the framework of practice for Certified Nurse-Midwives. The content of this course includes the historical development and evolution of nurse-midwifery, birth centers, the American College of Nurse Midwives, and the American Association of Birth Centers (AABC) (formerly known as the National Association of Child-bearing Centers (NACC)), within the social, political, and economic changes over the past century, and the people involved, the politics, health policies, and programs that influenced the practice and payment mechanisms of the times. It will highlight the major turning points in the interrelated development of medicine, nursing, and nurse-midwifery within the major social, political, and economic changes, from the industrial revolution to the establishment of the medical industrial complex to the technological revolution of the new millennium. It will include the impact of the development of the birth center concept. While attending the AABC "How to Start a Birth Center" Workshop, students learn about small business principles for establishing and maintaining a midwifery practice or service using the birth center as a case study.

Prerequisite: None.

Revised 1/2006

NM602 Reproductive Anatomy and Physiology (2-0)

This course provides a basis for midwifery and women's health care nurse practitioner practice by presenting information on reproductive physiology including female reproductive anatomy, reproduction, basic embryology and fetal development, maternal anatomical and physiological alterations associated with pregnancy, labor, and birth.

Prerequisite: None.

Revised 5/2005

NM611 Community Assessment and Market Research (2-0)

This course is designed as a practicum in learning about your community. The course takes the student into the community to gather first hand information on: the legal base for practice and the operation of a birth center; general information on the community's population characteristics, economy, transportation and health indicators; availability and access to maternity care services and social support agencies; the readiness of consumers and providers in the community for nurse-midwives and birth centers.

Prerequisite: NM601.

Prerequisite or concurrent: PC618.

Revised 11/2005

NM614 Antepartum Care I (3-0)

This course is made up of a sequence of modules designed to provide the knowledge base for clinical midwifery management of the healthy pregnant woman. Content for this course covers the basics of prenatal care and stresses the developmental changes that can be expected during the course of pregnancy. Promotion of optimal health and outcome by the provision of midwifery care is discussed. Prevention of problems through the promotion of healthy behaviors by the pregnant woman and her family is a key focus of the course. Emphasis is also on midwifery teaching and supportive care that enhances the normal processes of pregnancy and birth.

Prerequisite: PC605 and NM602.

Prerequisite or concurrent: PC606 and PC612.

Revised 3/2002

NM615 Intrapartum Care I (3-0)

This course contains seven modules designed to assist the midwifery student in attaining the basic knowledge needed to provide care during an uncomplicated labor and birth. Emphasis is placed on comparing different management options through a review of literature in order to assist women in making informed choices and participating in decisions about their care during labor and birth.

Prerequisite: PC605 and NM602.

Prerequisite or concurrent: PC606 and PC612.

Revised 5/2003

NM616 Postpartum and Newborn Care (1-0)

This course focuses on the normal anatomical changes of the puerperium and the normal physiologic changes of the fetus and newborn. It is designed to provide a foundation for the management of care of the basically normal postpartum woman and newborn.

Prerequisite: PC605 and NM602.

Prerequisite or concurrent: PC606 and PC612.

Revised 7/2005

NM617 Antepartum Care (4-0)

This course is made up of a sequence of modules designed to provide the knowledge base for clinical midwifery management of the healthy pregnant woman. Content for this course covers the basics of prenatal care, and stresses the developmental changes that can be expected during the course of pregnancy. Promotion of optimal health and outcome by the provision of midwifery care is discussed. Prevention of problems through the promotion of healthy behaviors by the pregnant woman and her family is a key focus of the course. Emphasis is also on midwifery teaching and supportive care that enhances the normal processes of pregnancy and birth.

Prerequisite: PC605 and NM602.

Prerequisite or concurrent: PC606 and PC612.

Revised 10/2006

NM618 Intrapartum Care (4-0)

This course is designed to assist the midwifery student in attaining the basic knowledge needed to provide care during an uncomplicated labor and birth. Emphasis is placed on comparing different management options through a review of literature in order to assist women in making informed choices and participating in decisions about their care during labor and birth.

Prerequisite: PC605 and NM602.

Prerequisite or concurrent: PC606 and PC612.

Revised 10/2006

NM619 Postpartum and Newborn Care (3-0)

This course focuses on normal anatomical changes of the puerperium, including lactation, and the normal anatomical and physiologic changes of the fetus and newborn. It is designed to provide a foundation for the management of care of the basically normal postpartum woman and newborn. Content also includes breastfeeding, postpartum, and newborn teaching, as well as societal, and cultural issues surrounding the mother/infant dyad. Some controversies in newborn care will be covered.

Prerequisite: PC605 and NM602.

Prerequisite or concurrent: PC606 and PC612.

Revised 10/2006

NM624 Antepartum Care II (1-0)

This course focuses on the critical thinking process required to make complete and pertinent prenatal assessments and development of a management plan. This is accomplished through the process of problem based learning exercises and case study learning. Hands-on skills pertinent to the antepartum period are emphasized, such as Leopold's maneuvers, fundal height measurement and assessment of clinical pelvimetry. Emphasis is placed on sensitive and caring client interaction, and midwifery and women's health care nurse practitioner scope of practice. Laboratory data commonly used in pregnancy assessment and care is also covered.

Prerequisite: All Level II courses.

Revised 3/2004

NM625 Intrapartum Care II (1-0)

This on-campus course provides a review of normal labor management and basic fetal monitoring interpretation, and a discussion of selected intrapartum complications and variations of normal.

Prerequisite: All Level II courses.

Revised 3/2004

NM626 Postpartum Care II (1-0)

NM626 builds upon material learned in Levels I and II, and consists of 12 hours of classroom participation on campus in Hyden. This course employs the nurse midwifery/nurse practitioner management process as a pathway to developing critical thinking and problem solving skills. Students will begin to develop their clinical assessment skills related to normal postpartum and breastfeeding clients. Selected postpartum complications such as complications of lactation, subinvolution, endometritis, postpartum depression and grieving are presented. Students will participate in seminar presentations and interactive classroom discussion, working together to problem-solve, and formulate a plan of care.

Case scenarios of routine postpartum management and selected complications will be dramatized as individuals and in-group exercises. Continuity of care throughout the months of postpartum, as well as the ongoing needs of the developing family unit will be discussed.

Prerequisite: All Level II courses.

Revised 5/2005

NM627 Newborn Care II (1-0)

This course continues to develop the skills of the nurse-midwife in the assessment of the newborn, including complete physical examination and resuscitation techniques. Didactic content includes infant nutrition, societal and cultural issues surrounding the newborn, and controversies in newborn care.

Prerequisite: All Level II courses.

Revised 5/2004

NM629 Skills for Nurse-Midwifery Care (1-0)

This course provides the student with the opportunity to learn and practice intrapartum, postpartum, and newborn skills in an on-campus didactic classroom and clinical laboratory. The intrapartum content includes beginning suturing skills, hand maneuvers for normal birth and third stage, and management of selected intrapartum complications and variations of normal. Students will begin to develop their clinical assessment skills related to normal postpartum clients as well as clients experiencing selected postpartum complications. Assessment of the newborn, including complete physical examination and selected complications, is presented.

Prerequisite: NM618 and NM619.

Prerequisite or concurrent: PC618 and NM611.

Revised 10/2006

NM630 Advanced Women's Health Care (1-0)

This course focuses on caring for women with complex primary care conditions. The emphasis is on recognition of signs and symptoms, initial evaluation and management, and appropriate collaborative management.

Prerequisite: All Level II courses for students attending Level III.

Prerequisite or concurrent: PC628 for students attending Clinical Bound.

Revised 11/2006

NM631 Women's Health Clinical (0-3)

Supervised clinical application of content acquired earlier courses occurs within the clinical setting. The primary clinical focus is health promotion for women across the life span and includes the diagnosis and management of common gynecological and other primary care acute problems. A holistic approach to health care of women is used in assessment and management of primary health care concerns of women including gender issues related to abuse and ageism.

Prerequisite: All Level III courses.

Revised 5/2003

NM632 Advanced Antepartum Care (3-0)

This course looks at the management of normal and complex clients and their families in the antepartum period. It is divided into two sections.

Section 1 is a sequence of Modules designed to provide

the knowledge base and clinical competencies needed to anticipate and identify problems and emergent complications that require the nurse-midwife to collaborate, consult or refer. Selected antepartum complications are addressed, such as bleeding in pregnancy, PIH, gestational diabetes and HIV. Development of a differential diagnosis list and the concomitant work-up to rule-in or rule-out specific problems are examined. Appropriate and timely consultation and/or referral are emphasized. This content is presented first in this course, as it is essential that you integrate a thorough knowledge of antepartum complications early in your clinical experiences. Modules 1-5. Section 2 is a sequence of Modules designed to provide the knowledge base and clinical competencies needed to more fully address selected management issues that the nurse-midwife will take up with all clients. These management issues include facilitating prenatal attachment, counseling regarding hazards to fetal development, and psychosocial dynamics during pregnancy. Also included are prenatal diagnosis, genetic counseling and issues related to the extremes of childbearing age. Modules 6-10.

Prerequisite: All Level II courses for students attending Level III.

Prerequisite or concurrent: PC628 for students attending Clinical Bound.

Revised 7/2004

NM633 Antepartum Care Clinical (0-5)

Supervised clinical practice in the nurse-midwifery management of antepartum clients and their families occurs in the clinical setting. Focus is on the management of normal pregnancy using the nurse-midwifery management process. The impact of culture and its effect on beliefs related to health during pregnancy are explored. Situations appropriate for consultation, collaboration, and referral (as defined by the American College of Nurse-Midwives) are provided via client and case study management.

Prerequisite: All Level III courses.

Revised 5/2003

NM634 Advanced Intrapartum Care (3-0)

This course is designed to provide knowledge needed to anticipate, identify, and manage intrapartum complications and variations of normal, many of which require the midwife to consult, collaborate, or refer. Risk factors, current research, and management controversies related to complications and variations of normal, as well as immediate management steps for emergency conditions are covered.

Prerequisite: All Level II courses for students attending Level III.

Prerequisite or concurrent: NM629 for students attending Clinical Bound.

Revised 9/2004

NM635 Intrapartum Care Clinical (0-5)

The clinical component of this course provides supervised clinical practice of the nurse-midwifery management of normal labor and birth in birth center or nurse-midwifery practice sites. Students are guided in learning the art of midwifery labor management. Use of traditional and alternative therapies as identified by the mother or

midwife (and within safe practice guidelines) provide students with a variety of experiences in support of the laboring woman and her family. Cultural aspects related to childbearing are explored. At the conclusion of the clinical experience, the student is able to independently manage normal labors and births and respond appropriately to emergency situations. Foundations for safe practice are identified and practice scope is delineated for a safe and competent, beginning nurse-midwife.

Prerequisite: All Level III courses.

Revised 5/2003

NM636 Advanced Postpartum and Newborn Care (2-0)

This course focuses on the theory and concepts of nurse-midwifery management in the care of postpartum women, newborns, and their families. Emphasis is placed on continuity of care for the family after birth. It includes postpartum and newborn complications.

Prerequisite: All Level II courses for students attending Level III.

Prerequisite or concurrent: NM629 for students attending Clinical Bound.

Revised 8/2004

NM637 Postpartum/Newborn Care Clinical (0-2)

Clinical practice occurs in a supervised setting and focuses on the nurse-midwifery management of postpartum clients (up to six weeks post birth) and normal newborns. Emphasis is given to positive family bonding and breastfeeding. Cultural aspects related to childbearing and child rearing are explored.

Prerequisite: All Level III courses.

Revised 5/2003

NM638 Health Policy: Birth Centers as a Case Study (1-0)

This course builds on the nurse-midwifery role, birth center history and development, community assessment, and market research content in previous courses. Students will prepare a business plan for a nurse-midwifery birth center. In preparation for this final proposal, students learn a process for looking at the business of the delivery of nurse-midwifery and birth center services within the health care system. The rationale for using the birth center as a case study for a business plan is that it is a cost-based, single service unit, offering a wellness model of care with a plan for medical consultation and referral to acute care as needed.

Prerequisite: NM611.

Revised 11/2006

NM640 Nurse-Midwifery Independent Study

This course is designed for students to complete supervised study related to nurse-midwifery care. The content varies according to individual needs and interest.

Prerequisite: Permission of instructor.

Revised 11/2006

NM641 Nurse-Midwifery Clinical I (0-3)

This is the first of four clinical courses in which content learned in the foundational and management courses is applied. Students begin to apply the nurse-midwifery management process to the care of women throughout

the lifespan, including the childbearing cycle. The American College of Nurse-Midwives Hallmarks of Midwifery guide the clinical experience. Students are guided in learning the art and science of midwifery by seasoned clinical preceptors.

Prerequisite: PC618, PC628, NM611, and NM629.

Revised 10/2006

NM642 Nurse-Midwifery Clinical II (0-3)

This is the second of four clinical courses in which content learned in the foundational and management courses is applied. Students use sound rationale in applying the nurse-midwifery management process to the care women throughout the lifespan, including the childbearing cycle. The American College of Nurse-Midwives Hallmarks of Midwifery guide the clinical experience. Students are guided in learning the art and science of midwifery by seasoned clinical preceptors.

Prerequisite or concurrent: NM641.

Revised 10/2006

NM643 Nurse-Midwifery Clinical III (0-3)

This is the third of four clinical courses in which content learned in the foundational and management courses is applied. Students demonstrate sound judgment in applying the nurse-midwifery management process to the care of women throughout the lifespan, including the childbearing cycle, with appropriate consultation, collaboration and referral as indicated by client needs. The American College of Nurse-Midwives Hallmarks of Midwifery guide the clinical experience. Students are guided in learning the art and science of midwifery by seasoned clinical preceptors.

Prerequisite or concurrent: NM642.

Revised 10/2006

NM644 Nurse-Midwifery Clinical IV (0-6)

This is the fourth and final clinical course in which content learned in the foundational and management courses is applied. The student is able to independently apply the nurse-midwifery management process to the care of women throughout the lifespan, including the childbearing cycle, and to appropriately handle emergency situations. Parameters for safe practice are integrated and practice scope is delineated for a safe and competent, beginning nurse-midwife. The American College of Nurse-Midwives Hallmarks of Midwifery guide the clinical experience. Students are guided in learning the art and science of midwifery by seasoned clinical preceptors.

Prerequisite: NM632 and NM634.

Prerequisite or concurrent: NM630, NM636, and NM643.

Revised 10/2006

WH639 Advanced Clinical Practicum in Women's Health Care (0-4)

This clinical course provides the opportunity for the student to focus on critical thinking/diagnostic reasoning and clinical management/counseling skills in providing health and illness care to women in a primary care setting. This intensive clinical experience allows nurse-midwives to further integrate women's health and primary care didactic and clinical knowledge and skills. Focus includes health promotion and disease prevention for

women across the life span, and the diagnosis and management of common primary care problems with emphasis on gynecologic concerns. The student is expected to begin the management of more complex health issues and to demonstrate increasingly complex clinical judgment. WH639 requires 60 hours of primary care and 120 hours of women's health care supervised clinical experience. This course is only open to CNEP graduates from Class 30 and higher with a master's degree.

Revised 11/2006

N599 Advanced Clinical Practicum in Women's Health Care (0-4)

This clinical course provides the opportunity for the student to focus on critical thinking/diagnostic reasoning and clinical management/counseling skills in providing health and illness care to women in a primary care setting. This intensive clinical experience allows nurse-midwives to further integrate women's health and primary care didactic and clinical knowledge and skills. Focus includes health promotion and disease prevention for women across the life span, and the diagnosis and management of common primary care problems with emphasis on gynecologic concerns. The student is expected to begin the management of more complex health issues and to demonstrate increasingly complex clinical judgment. N599 requires 90 hours of primary care and 90 hours of women's health care supervised clinical experience. This course is only open to CNEP graduates prior to Class 30 with a master's degree.

Revised 11/2006

Nurse Practitioner Courses

NP607 Role of the NP in the Health Care Delivery System (3-0)

This course explores the history of advanced practice nursing roles in the current socio-political environment, preparing students to serve in a leadership role to shape the delivery of effective health care. An overview of community assessment, epidemiological principles and principles of grant proposal writing is provided. Students will complete a local community assessment including all aspects of the current healthcare delivery system. Funding sources for projects will be identified.

Prerequisite: None.

Revised 7/2004

NP611 Care of the Childbearing Woman (3-0)

This course is made up of a sequence of modules designed to provide the knowledge base for beginning clinical nurse-practitioner management of the healthy pregnant and postpartum woman. Content for this course covers the basics of postpartum and prenatal care such as assessment of fetal well being, nutrition in pregnancy, and the developmental changes that can be expected during the course of pregnancy. Promotion of optimal health and outcome by the provision of prenatal care is discussed. Prevention of problems through the promotion of healthy behaviors by the pregnant woman and her family is a key focus of the course. Emphasis is also on client teaching and supportive care that enhances the normal processes of pregnancy and birth, management

of the postpartum period, and support of breastfeeding.

Prerequisite: PC605.

Prerequisite or concurrent: PC606 and PC612.

Revised 10/2005

NP614 Primary Health Care II: Chronic Problems (3-0)

This course is the second of five courses in Primary Care that uses simulated data to focus on assessment, differential diagnosis, pharmacologic and nonpharmacologic management of clients with chronic pathology. Clinical research and standards of care provide evidenced-based rationales for clinical decision-making.

Prerequisite: PC605, PC612, PC617, and PC618.

Revised 1/2006

NP615 Primary Health Care III: Advanced Diagnostics and Urgent Care (2-0)

This course refines critical thinking and diagnostic reasoning skills and provides students with an opportunity to demonstrate cognitive, affective and psychomotor skills necessary for accurate diagnosis of health status. Urgent treatment for common emergencies, their differential diagnoses, and primary care management are also covered in this course.

Prerequisite: PC612 and PC617.

Revised 10/2006

NP619 Primary Care of Children (3-0)

This course focuses on developmental surveillance and management of common developmental problems in children from infancy through adolescence. Strategies for health maintenance, anticipatory guidance, and management of common acute and chronic pediatric health problems are emphasized. Family dynamics and structure are discussed in this course as well.

Prerequisite: PC605, PC606, and PC612.

Revised 5/2002

NP621 Primary Health Care IV: Psychosocial Problems in Primary Care (1-0)

This course is designed to introduce the nurse practitioner student to the spectrum of behavioral and mental disorders commonly encountered in the primary care setting. Focus is placed on psychiatric evaluation, screening, and counseling techniques that facilitate diagnosis and early intervention for individuals with psychological disorders. Clinical research and standards of care provide evidence-based rationales for clinical decision-making.

Prerequisite: PC605, PC606, and PC612.

Revised 10/2006

NP622 Advanced Diagnostics (1-0)

This course refines critical thinking and diagnostic reasoning skills and provides students with an opportunity to demonstrate cognitive, affective and psychomotor skills necessary for accurate diagnosis of health status.

Prerequisite: All Level II courses.

Revised 8/2005

NP624 Primary Healthcare III: Emergencies and Trauma in Primary Care (1-0)

This course provides an overview of common emergencies, their differential diagnoses, and primary care man-

agement. This course builds on functional skills developed in Primary Healthcare I.

Prerequisite: All Level II courses.

Revised 5/2004

NP625 Primary Health Care IV: Psychosocial Problems in Primary Care (1-0)

This fourth course in the Primary Health Care series is designed to introduce the nurse practitioner student to the spectrum of behavioral and mental disorders commonly encountered in the primary care setting. Focus is placed on psychiatric evaluation, screening, and counseling techniques that facilitate diagnosis and early intervention for individuals with psychological disorders. Clinical research and standards of care provide evidence-based rationales for clinical decision-making.

Prerequisite: All Level II courses.

Revised 3/2002

NP628 Health Care Financing (1-0)

This course introduces select business and financial issues, including business planning, reimbursement, marketing and funding. It includes integration of beginning information that contributes to the development of a business plan for a collaborative or independent practice, as well preparing a small grant proposal. The roles of targeted community and financial assessments in the development of a business plan, marketing strategies, and reimbursement policies and issues are emphasized.

Prerequisite: All Level II courses.

Revised 2/2005

NP629 Advanced Skills for Primary Care (1-0)

This course provides the student with the opportunity to learn and practice skills for advanced diagnosis, management of common emergencies, and newborn assessment in an on-campus didactic classroom and clinical laboratory. Content and skills include suturing, radiology, and pediatric exams. Students will participate in clinical simulations of orthopedic, cardiac, respiratory and emergency care. Primary care skills will be furthered by clinic and hospital clinical observational experiences.

Prerequisite: NP614 and NP615.

Prerequisite or concurrent: NP619 and NP621.

Revised 10/2006

NP630 Primary Care Clinical I (0-6)

This is the first of two clinical courses for the FNP student which provide the opportunity to practice health assessment skills, critical thinking/diagnostic reasoning, and clinical management/counseling strategies across the life span under the supervision of a nationally certified health care provider preceptor.

Prerequisite: All Level III courses.

Revised 6/2003

NP631 Primary Care Clinical II (0-9)

This second clinical course for the FNP student provides the opportunity to practice health assessment skills, critical thinking/diagnostic reasoning, and clinical management/counseling strategies under the supervision of a nationally certified nurse practitioner preceptor with clients across the lifespan. The student is expected to begin the management of more complex health issues

and to demonstrate increased clinical judgment.

Prerequisite: NP630.

Revised 6/2003

NP633 Health Care Policies: Implications for Practice (1-0)

This course provides an overview of historical and current health policy and trends, including managed care. Students will analyze roles of nurse-midwives and nurse practitioners in health policy formulation, will identify a health policy issue, and assume leadership in addressing this issue. Implications for practice include the facilitation of transition into an advanced practice position by practice analysis and role in quality assurance.

Prerequisite: All Level II courses.

Revised 8/2005

NP634 Health Care Policy and Finance (2-0)

This course focuses on issues that are relevant to nurse practitioners related to professional responsibilities. The course is designed to build upon the student's current knowledge of professional practice as it pertains to health policy and primary care practice settings. Content covered will include health policy formation and leadership, business planning, practice analysis via peer review, funding opportunities, credentialing and reimbursement policies including an introduction to coding and billing.

Prerequisite or concurrent: NP629.

Revised 10/2006

NP635 Primary Health Care V: Complex Health Problems in Primary Care (1-0)

This integration course in the Primary Health Care series assists the learner to apply critical thinking to the management of complex health problems. Complex health problems are those that involve multiple or severe physical, social, or psychological problems. The case study development requires the learner to consider family, developmental, and social theories as well as the principles of assessment, physical diagnosis, management, and evaluation.

Prerequisite: NP641 and NP642.

Revised 3/2003

NP640 Nurse Practitioner Independent Study

This course is designed for students to complete supervised study related to nurse practitioner care. The content varies according to individual needs and interest.

Prerequisite: Permission of instructor.

Revised 11/2006

NP641 FNP Primary Care Clinical I (0-3)

This is the first of four clinical courses for the FNP student which provides the opportunity to practice health assessment skills, critical thinking/diagnostic reasoning, and clinical management/counseling strategies across the life span under the supervision of a nationally certified health care provider preceptor. The student is at a beginning level and will start to apply the management process to plan the primary care for individuals across the lifespan while utilizing evidence-based practice guidelines.

Prerequisite: PC628 and NP629.

Revised 10/2006

NP642 FNP Primary Care Clinical II (0-3)

This is the second of four clinical courses for the FNP student which provides the opportunity to practice health assessment skills, critical thinking/diagnostic reasoning, and clinical management/counseling strategies across the life span under the supervision of a nationally certified health care provider preceptor. The student is at an advanced beginning level and will apply the management process to plan primary care for individuals across the lifespan while interpreting evidence-based practice guidelines.

Prerequisite or concurrent: NP641.

Revised 10/2006

NP643 FNP Primary Care Clinical III (0-3)

This is the third of four clinical courses for the FNP student which provides the opportunity to practice advanced health assessment skills, critical thinking/diagnostic reasoning, and clinical management/counseling strategies across the life span under the supervision of a nationally certified health care provider preceptor. The student is at an intermediate level and will apply and begin to analyze the management process to provide primary care for individuals across the lifespan while appraising evidence-based practice guidelines. The student will begin to manage individuals with more complex needs.

Prerequisite or concurrent: NP642.

Revised 10/2006

NP644 FNP Primary Care Clinical IV (0-6)

This is the fourth and final clinical course for the FNP student which provides the opportunities to advance health assessment skills, critical thinking/diagnostic reasoning, and clinical management/counseling strategies across the life span under the supervision of a nationally certified health care provider preceptor. The student is at an advanced level and will apply, analyze, and synthesize the management process to provide primary care for individuals across the lifespan while evaluating evidence-based practice guidelines. The student will manage individuals with more complex needs and co-morbidities.

Prerequisite or concurrent: NP634, NP635, and NP643.

Revised 10/2006

Women's Health Courses

WH621 Clinical Topics in Women's Health Care (1-0)

This course builds on the antepartum, postpartum, women's health, and primary care material learned in previous courses. Content includes intrapartum care, child-birth education, and selected complications of pregnancy. The focus is critical thinking, clinical management, and education strategies for the care of women throughout the lifespan, including the childbearing cycle. Women's health skills will be furthered by clinical observation of nurse practitioners and nurse-midwives providing obstetric, gynecologic, and primary care.

Prerequisite: All Level II courses.

Revised 10/2006

WH629 Skills for Women's Health Care (1-0)

This course provides the student with the opportunity to learn and practice women's health care skills in an on-campus didactic classroom and clinical laboratory. Students will begin to develop their assessment and management skills related to normal postpartum clients as well as clients experiencing selected postpartum complications. Women's health care skills will be furthered by clinical observation of nurse practitioners and nurse-midwives providing gynecologic, obstetric, and primary care.

Prerequisite: PC615, PC617, and NP611.

Prerequisite or concurrent: PC618.

Revised 10/2006

WH631 Women's Health Care Clinical I (0-6)

This is the first of two clinical courses for the WHCNP student and provides the opportunity to practice health assessment skills, critical thinking/diagnostic reasoning, and clinical management/counseling strategies for women across the life cycle. The clinical focus is a holistic approach to conditions unique to women within the context of socio-cultural environments—interpersonal, family and community.

Prerequisite: All Level III courses.

Revised 5/2005

WH632 Women's Health Care Clinical II (0-9)

This second clinical course for the WHCNP student provides the opportunity to practice health assessment skills, critical thinking/diagnostic reasoning, and clinical management/counseling strategies for women across the life cycle. The clinical focus is a holistic approach to conditions unique to women within the context of socio-cultural environments—interpersonal, family and community. The student is expected to begin the management of more complex health issues and to demonstrate increased clinical judgment.

Prerequisite: WH631.

Revised 5/2005

WH634 Care of the Childbearing Woman II (3-0)

This course builds on the antepartum and postpartum material learned in previous courses and is designed to further the knowledge base for nurse practitioner care of women throughout the childbearing cycle. Critical thinking, clinical management, and education strategies are emphasized.

Prerequisite or concurrent: WH629.

Revised 10/2006

WH640 Women's Health Care Independent Study

This course is designed for students to complete supervised study related to women's health care. The content varies according to individual needs and interest.

Prerequisite: Permission of instructor.

Revised 11/2006

WH641 Women's Health Clinical I (0-3)

This is the first of four clinical courses in which content learned in the foundational and management courses is applied. Students use a holistic approach in beginning to apply the management process to the gynecologic, obstetric, and primary care of women throughout the

lifespan. Students are guided in learning by seasoned clinical preceptors.

Prerequisite: PC618, PC628, and WH629.

Revised 10/2006

WH642 Women's Health Clinical II (0-3)

This is the second of four clinical courses in which content learned in the foundational and management courses is applied. Students develop skill in using sound rationale in applying the management process to the gynecologic, obstetric, and primary care of women throughout the lifespan. Students are guided in learning by seasoned clinical preceptors.

Prerequisite or concurrent: WH641.

Revised 10/2006

WH643 Women's Health Clinical III (0-3)

This is the third of four clinical courses in which content learned in the foundational and management courses is applied. Students demonstrate sound judgment in applying the management process to the gynecologic, obstetric, and primary care of women throughout the life span with appropriate consultation, collaboration and referral as indicated by client needs. Students are guided in learning by seasoned clinical preceptors.

Prerequisite or concurrent: WH642.

Revised 10/2006

WH644 Women's Health Clinical IV (0-6)

This is the fourth and final clinical course in which content learned in the foundational and management courses is applied. The student is able to independently apply the management process to the gynecologic, obstetric, and primary care of women throughout the life span, and to appropriately handle emergency situations. Parameters for safe practice are integrated and practice scope is delineated for a safe and competent, beginning nurse practitioner. Students are guided in learning by seasoned clinical preceptors.

Prerequisite or concurrent: NM630, NP634, WH634, and WH643.

Revised 10/2006

FSMFN Frequently Used Acronyms

AANP American Academy of Nurse Practitioners: national professional organization for nurse practitioners, AANP has a certification program for family nurse practitioners

ACNM American College of Nurse-Midwives: national professional organization for nurse-midwives

ACNM DOA American College of Nurse-Midwives Division of Accreditation: plans, implements and evaluates the accreditation process of nurse-midwifery and midwifery education programs and freestanding institutions of higher education that offer nurse-midwifery/midwifery education programs, FSMFN is accredited by the ACNM DOA

ACNP American College of Nurse Practitioners: national professional organization for nurse practitioners

AMCB American Midwifery Certification Board: the national certifying body for nurse-midwives

ANCC American Nurses Credentialing Center: national nursing credentialing organization that offers family nurse practitioner certification

BT Banyan Tree: FSMFN's private communication portal

CCNE Commission on Collegiate Nursing Education: a national accrediting agency for nursing education programs

CFNP Community-based Family Nurse Practitioner Education Program: the FSMFN family nurse practitioner specialty track

CNEP Community-based Nurse-midwifery Education Program: the FSMFN nurse-midwifery nurse practitioner specialty track

CNM Certified Nurse-Midwife

CWHCNP Community-based Women's Health Care Education Program: the FSMFN women's health care specialty track

DAT Developmental Assessment Tool: evaluation method used during the Clinical Practicum, both daily (DDATs) and monthly (MDATs) are completed

DC Department Chair

FNP Family Nursing Practitioner

FNS Frontier Nursing Service: healthcare system that combines education and service through a hospital, home health agency, rural healthcare clinics, and the FSMFN

FPBSON/CWRU Frances Payne Bolton School of Nursing/ Case Western Reserve University:

FSMFN has a longstanding affiliation with FPBSON/CWRU

FSMFN Frontier School of Midwifery and Family Nursing

LOA Leave of absence

MMT Multimedia Team

MSN Master of Science in Nursing

NCC National Certification Corporation: national nursing credentialing organization that offers women's health care nurse practitioner certification

NLNAC National League for Nursing Accrediting Commission: a national accrediting body for all types of nursing education programs, FSMFN is accredited by NLNAC

QAC Quality Assurance Coordinator

RCC Regional Clinical Coordinator

SACS-COC Commission on Colleges of the Southern Association of Colleges and Schools: the regional accrediting body in the eleven U.S. Southern states, FSMFN is accredited by SACS-COC

SYNOP Systems operator: the person who administrates the Banyan Tree portal and has complete access to all of the system

WHCNP Women's Health Care Nurse Practitioner