

A large, stylized 'RX' logo in a metallic, 3D font with a black outline, positioned in the upper left corner of the central yellow box.

PAS

Prescription for Academic Success

TOOLKIT

**Georgia Southwestern State University
School of Nursing
Americus, GA 31709**

This project is/was supported by funds from the Division of Nursing (DN), Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under Grant D19HP10727, Nursing Workforce Diversity (NWD) Program, \$763,000. The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any official endorsement be inferred by, the DN, BHP, HRSA, DHHS, or the US Government.

PAS TOOLKIT



Increase the educational opportunities and graduation rate for nursing students.

The Prescription for Academic Success Program provides:

- *Stipends and Scholarships*
- *Tutorial Sessions*
- *Academic and Social Mentoring*
- *Individualized Assistance and Support*
- *Needs Assessment*
- *Resources/Referrals*
- *Cultural Competency Training*

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**THE 3 R's OF NURSING STUDENT PREPAREDNESS:
READINESS, RESOURCES, RETENTION**



Prescription For Academic Success Program



*HRSA Interview Team
2009-2010*

Overall goals of Project

- To increase educational opportunities in nursing for individuals from disadvantaged backgrounds, including racial and ethnic minorities underrepresented among registered nurses
- To increase the number of registered nurses graduating

Principles guiding the PAS Program

- Improve the first year experience
- Create a sense of shared community
- Monitor student progress and act swiftly to provide needed support
- Provide ample academic and social support services
- Provide stipends and scholarships
- Tailor supports and assistance to individual needs



PAS Circle of Support



School of Nursing
800 GSW State University Drive
Americus, GA 31709

PAS Academic Risk Appraisal Form

Prepared by: _____ DATE: _____

Student ID Number: _____ Student Name: _____

Program: _____ Class Status: _____

Entrance ATI Self-Assessment Inventory

Critical Thinking:

Open-minded _____ Reflective _____
Intuitive _____ Rational _____
Inquisitive _____ Flexible _____

Professional Characteristics:

Communication _____ Integrity _____
Stress and coping _____
Understanding of nursing profession _____

Learning Styles:

Visual _____ Auditory _____
Tactile _____ Group _____
Individual _____

Work Values:

Initiative _____ Problem-solving _____
Time management _____ Leadership _____
Self-esteem _____ Motivation _____

TEAS Test of Essential Skills _____ % Mean

Reading _____
Math _____
Science _____
English _____

Critical Thinking _____ % Mean

Individual score _____

Comments: _____

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PAS Circle of Support Review Form

DATE: _____

Indicate (✓) Committee Member

Project Director _____

Dean _____

PAS Student Mentor/Advisor _____

Student ID Number: _____ Student Name: _____

Program: _____ Class Status: _____

Comments on:

ATI Results _____

TEAS Results _____

CT Results _____

Additional Circle of Support Member(s): _____

Interview with student to include expressed and observed needs:

I. Need:

Assessment and Plan:

II. Need:

Assessment and Plan:

III. Need:

Assessment and Plan:

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School of Nursing
PAS Grant
Initial Assessment for Student Mentor/Advisor

Interviewer: _____

Date: _____

Student Overview

1. Name: _____

2. Address: (H) _____

(O) _____

3. Phone: (H) _____ (W) _____

(C) _____

4. Age: _____ DOB: _____

5. Gender: Male _____ Female _____

6. Ethnicity/Race: African-American _____ Caucasian _____ Hispanic _____
Asian _____ American Indian _____ Other _____

7. Marital Status: Single _____ Married _____ Separated _____
Divorced _____ Widowed _____ Other _____

8. Health Status: Good _____ Fair _____ Poor _____
Illnesses/disabilities _____

9. Employment Status: FT _____ PT _____
Where: _____

10. Housing: Owns home _____ Dorm _____ Rental _____
Living environment: _____

PAS Initial Assessment

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11. Transportation: Own vehicle _____ Depend on family/friend _____
Public _____ Walk _____ Other _____

12. Tell me about your family. _____

13. From whom do you get social support? Family _____ Friends _____
Other _____

14. Do you have adequate resources for needed food and clothing?
Yes _____ No _____

15. What specific type of job would you like to obtain in this field?

16. Why did you choose this field? _____

17. What other responsibilities do you have that require your time?

18. Tell me how you handle stress. _____

19. What type of services do you feel would be valuable to you? (for
example, study hall) _____

