



**Department of Nursing**

**Bachelor of Science in Nursing**

**Program Handbook**

**Academic Year 2019-2020**

To the Bachelor of Science in Nurse (BSN) Student:

The *BSN Program Handbook* is an important document to guide you through and promote your successful completion of the BSN program. Please read the document thoroughly and familiarize yourself with the policies, procedures, and regulations within the *BSN Program Handbook*. The faculty, professional staff, and administration are available to assist you with policies, procedures, or regulations in the *BSN Program Handbook*.

Each student is responsible to know the contents of the *College Catalog* as well as the *BSN Program Handbook*. Students are to respect and maintain the rules and standards of the College and the Department of Nursing.

The College and Department of Nursing reserve the right to change any provision or policy in the interest of the College, nursing program, or students. New policies and revisions will be posted on the College's electronic learning management system, Blackboard. In addition, students will be notified by email of policy changes.

The BSN Program Handbook can be accessed through the College's electronic learning management system.

We encourage you to interact with your class peers and faculty members to help enhance and diversify your learning opportunities. Together we can enrich the culture of nursing through caring, collaboration, integrity, and excellence!

Best wishes for success in your educational endeavors!

Faculty, Staff, and Administration

The Christ College of Nursing and Health Sciences

Department of Nursing

**PLEASE NOTE**

The Christ College of Nursing and Health Sciences is committed to a policy of non-discrimination on the basis of race, color, creed, national origin, citizenship, religion, ethnicity, age, gender, gender identity, genetics, marital status, sex, pregnancy, sexual orientation, military or veteran status, disability, or any other status protected by local, state or federal law (collectively, "protected statuses") in the administration of its educational, recruitment, and admissions policies; scholarship and loan programs; and athletic or other College-administered programs. All institutional processes and policies are in compliance with applicable federal and state laws and regulations related to discrimination. Updated 5.30.18

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## HISTORY OF THE COLLEGE

### Founding of the Predecessor: The Christ Hospital School of Nursing



The Christ Hospital School of Nursing (TCHSN) was born in a tradition of caring. In 1888, a group of local citizens, led by soap maker James N. Gamble, invited Ms. Isabella Thoburn to come to Cincinnati. Their expectation was that she would start a program to train deaconesses and missionaries to carry on religious, educational and philanthropic work to alleviate the appalling poverty that existed in the city.

### Conversion to The Christ College of Nursing and Health Sciences (TCCNHS)

Over time it became apparent that the health care industry and the nursing profession were going through major changes. The administration and faculty of The Christ Hospital School of Nursing determined that it was essential to address these trends. The Christ College of Nursing and Health Sciences conferred an Associate of Applied Sciences in Nursing to the first graduating class in 2009.

While offering the same commitment to teaching excellence and educating the best nurses possible, The Christ College of Nursing and Health Sciences is designed to broaden the educational scope of its students. The expanded degree options and intensive curriculum help prepare graduates for work in a broad array of health care settings.

### The Nursing Pin

The first official school pin was awarded in 1903. The original pin was made from five-dollar gold pieces (Dumm, 1985). A nursing pin is awarded symbolizing the College crest for students who have successfully completed all requirements of the nursing curriculum and have fulfilled all other requirements for graduation from the College. The nursing pin is a miniature replica of the College's crest which states "Summo Commisso Missi" meaning "On Highest Mission Sent".



### Accreditation

TCCNHS is accredited through the Higher Learning Commission, North Central Association of Colleges and Schools.

## THE DEPARTMENT OF NURSING

### Purpose of Nursing Department

The purpose of the Department of Nursing is to support the mission, vision, and values of The Christ College of Nursing and Health Sciences by providing a course of study with a foundation in the arts and sciences. Graduates who earn a nursing degree from The Christ College of Nursing and Health Sciences will be caring, professional nurses engaging in critical thinking, intellectual inquiry, and collaboration. Leadership provided by the graduate will promote high quality care for a dynamic, diverse society in any setting. To assist in advocating for patients to achieve positive outcomes, graduates will possess a knowledge base of regulatory environments and healthcare informatics. The nursing graduate from The Christ College of Nursing and Health Sciences will be a life-long learner who models integrity and excellence in professional nursing practice.

### Philosophy

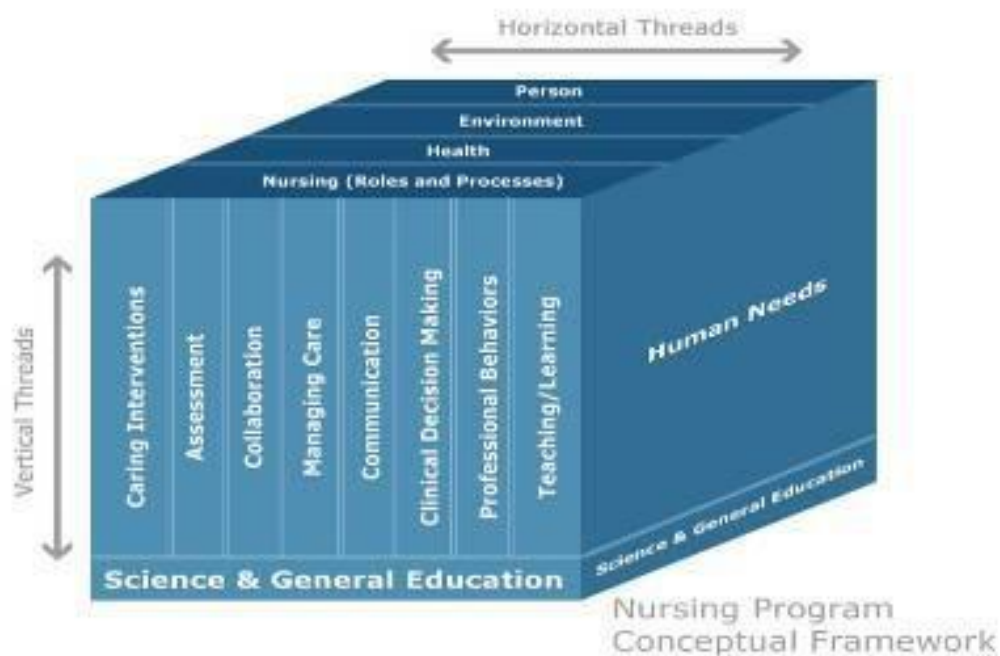
The faculty within the nursing department at The Christ College of Nursing and Health Sciences believe that:

- A **person** is a unique individual having intrinsic value. Each individual has diverse physical, emotional, social, developmental, and spiritual needs in varying degrees of fulfillment and deserves caring interventions. The person and environment are constantly interacting.
- The **environment** includes all internal and external factors affecting and affected by the individual. A part of this dynamic environment is society, which consists of individuals, families, and communities. Any change in the environment may require varying degrees of adaptation. Ongoing assessment by the nurse identifies a person's adaptive efforts to promote, maintain, or restore health.
- **Health** is the dynamic process of balance and harmony within the person. A person's state of health may be influenced by personal, societal, and cultural variables and altered by primary, secondary, or tertiary prevention strategies. A person's position on the health continuum may require nursing intervention.
- **Nursing** is a caring profession concerned with the patient's responses to health and illness. Nursing is an integral component of the healthcare system. Nurses function collaboratively to address the diverse healthcare needs of patients. Nurses are providers and managers of care and members within the discipline of nursing.
- **Nursing practice** integrates knowledge from the biological, social, and behavioral sciences with nursing theories, research/evidence, and clinical experience. The application of knowledge, as well as the therapeutic use of self through effective communication and intervention is fundamental to nursing.
- The **nursing process** is a comprehensive clinical decision-making strategy. It serves as a framework for providing and managing competent evidence-based care to promote,

maintain, or restore the patient’s optimal level of health. This includes support of a dignified death.

- Accountability and responsibility are hallmarks of a wide range of **professional behaviors** requisite to the discipline of nursing. Nurses are accountable to patients, society, and the nursing profession for providing high standards of care and upholding legal and ethical principles. Nurses are responsible for continuing professional development.
- In Nursing, the collaborative processes of **teaching and learning** take place between the teacher and student. Learning is a goal-oriented, integrative process enhanced by individual inquiry, motivation, and self-direction. Learning is facilitated when faculty creates a cooperative, supportive learning environment, encourages knowledge and skill expansion, and guides students in developing competencies. The achievement of desired changes in knowledge, attitudes, skill, and behaviors determines the effectiveness of this collaborative effort.

### Conceptual Framework



- A. **Horizontal Threads:** Integrated concepts presented at various stages in the curriculum, strengthened through repeated exposure and application and woven throughout the curriculum. For the Department of Nursing, person, environment, health, and nursing constitute the horizontal threads of the nursing curriculum and are defined in the Philosophy of the Nursing Programs.
- B. **Vertical Threads** (*with Curricular Concepts in Italics*): Sequential concepts spanning the nursing program, progressive in complexity and increasing in depth throughout the program. For the Department of Nursing, the following concepts and definitions constitute the vertical threads of the nursing curriculum. The vertical threads are not intended to be

viewed as solitary concepts. Rather, the concepts are intended to reflect the progressive educational development of the student in acquiring the knowledge, skills, behaviors, and clinical reasoning requisite to the profession.

1. Caring Interventions: Caring interventions are those nursing behaviors and actions that assist patients in meeting their needs. Caring interventions are based on a knowledge and understanding of the natural sciences, behavioral sciences, nursing theory, nursing research, and past nursing experiences. Caring is the “being with” and “doing for” that assist patients to achieve the desired results. Caring behaviors are nurturing, protective, compassionate, and person-centered. Caring creates an environment of hope and trust, where patient choices related to cultural values, beliefs, and lifestyle are respected. Caring interventions imply implementation of prevention strategies. *(Caring, Quality)*
2. Assessment: Assessment is the collection, analysis, and synthesis of relevant data for the purpose of appraising the patient’s health status. Comprehensive assessment provides a holistic view of the patient which includes dimensions of physical, developmental, emotional, psychosocial, cultural, spiritual, and functional status. Assessment involves the orderly collection of information from multiple sources to establish a foundation for provision of nursing care and includes identification of available resources to meet patient needs. Initial assessment provides a baseline for future comparisons that can be made in order to individualize patient care. Ongoing assessment and reassessment are required to ensure quality and safety in patient care while meeting the patient’s changing needs. *(Nursing Process, Evidence-based Practice, Informatics, Communication, NCLEX Success)*
3. Clinical Decision Making: Clinical decision-making encompasses the performance of accurate assessments, the use of multiple methods to access information, and the analysis and integration of knowledge and information to formulate clinical judgments. Effective clinical decision-making results in finding solutions, individualizing care, and assuring the delivery of accurate, safe care that moves the patient and support person(s) toward positive outcomes. Evidence-based practice and the use of critical thinking/clinical reasoning provide the foundation for appropriate clinical decision making. *(Nursing Process, NCLEX Success, Clinical Judgment, Quality, Evidence-based Practice)*
4. Managing Care: Managing care is the efficient, effective use of human, physical, financial, and technological resources to meet patient needs and support organizational outcomes. Effective management is accomplished through the processes of planning, organizing, directing, and controlling. The nurse, in collaboration with the healthcare team, uses these processes to assist the patient to move toward positive outcomes in a cost-efficient manner, to transition within and across healthcare settings, and to access resources. *(Nursing Process, NCLEX Success, Quality, Evidence-based Practice, Informatics, Leadership, Collaboration, Healthcare Economics)*



5. Collaboration: Collaboration is the shared planning, decision making, problem solving, goal setting, and assumption of responsibilities by those who work together cooperatively, with open professional communication. Collaboration occurs with the patient, significant support person(s), peers, other members of the healthcare team, and community agencies. The nurse participates in the team approach to holistic, patient-centered care across healthcare settings. The nurse functions as advocate, liaison, coordinator, and colleague as participants work together to meet patient needs and move the patient toward positive outcomes. Collaboration requires consideration of patient needs, priorities and preferences, available resources and services, shared accountability, and mutual respect. *(Collaboration, Care Coordination, Nursing Process, Professionalism, Quality, Leadership, Healthcare Economics)*
6. Communication: Communication in nursing is an interactive process through which there is an exchange of information that may occur verbally, non-verbally, in writing, or through information technology. Those who may be included in this process are the nurse, patient, significant support person(s), other members of the healthcare team, and community agencies. Effective communication demonstrates caring, compassion, and cultural awareness, and is directed toward promoting positive outcomes and establishing a trusting relationship. Therapeutic communication is an interactive verbal and non-verbal process between the nurse and patient that assists the patient to cope with change, develop more satisfying interpersonal relationships, and integrate new knowledge and skills. *(Communication, Collaboration, Caring, Nursing Process, Professionalism, Evidence-based Practice, Informatics)*
7. Professional Behaviors: Professional behaviors within nursing practice are characterized by a commitment to the profession of nursing. The graduate of a nursing program adheres to standards of professional practice, is accountable for their own actions and behaviors, and practices nursing within legal, ethical, and regulatory frameworks. Professional behaviors also include a concern for others, as demonstrated by caring, valuing the profession of nursing, and participating in ongoing professional development. *(Ethics, Professionalism, Quality, Evidence-based Practice, Informatics, Healthcare Policy, Healthcare Law)*
8. Teaching and Learning: Teaching and learning processes are used to promote and maintain health and reduce risks, and are implemented in collaboration with the patient, significant support person(s) and other members of the healthcare team. Teaching encompasses the provision of health education to promote and facilitate informed decision making, achieve positive outcomes, and support self-care activities. Integral components of the teaching process include the transmission of information, evaluation of the response to teaching, and modification of teaching based on identified responses. Learning involves the assimilation of information to expand knowledge and change behavior. *(Patient Education, Health Promotion, Nursing Process, Professionalism, Quality, Evidence-based Practice, Informatics)*

## C. Human Needs (*with Curricular Concepts in Italics*)

### 1. Biological

- Oxygenation: ability to transport air to the lungs and provide life-sustaining oxygen to cells (*Acid/Base Balance, Cellular Regulation, Gas Exchange, Perfusion*)
- Circulation: ability to transport oxygen and nutrients to cells (*Fluid and Electrolyte Balance, Immunity, Inflammation, Clotting, Homeostasis, Metabolism, Perfusion*)
- Nutrition: all the processes involved in taking in and utilization of nutrients (*Nutrition, Metabolism, Functional Ability, Sensory Perception, Glucose Regulation, Caregiving, Palliation, Aging*)
- Fluid and Electrolyte Balance: ability to maintain the volume and distribution of body fluids and solutes (*Fluid and Electrolyte Balance, Acid/Base Balance*)
- Elimination: ability to excrete waste products (*Elimination, Functional Ability, Aging*)
- Hygiene/Skin Integrity: practices that are conducive to preservation of health and maintenance of unbroken and healthy skin (*Mobility, Tissue Integrity, Sensory Perception, Glucose Regulation, Elimination*)
- Sensory/Comfort and Regulation: ability to perceive, integrate, control, and respond to internal and external cues (*Sensory Perception, Pain, Thermoregulation, Intracranial Regulation, Cellular Regulation, Stress, Infection, Safety, Functional Ability*)
- Cognition: mental processes needed for knowing, learning, and understanding (*Cognition, Motivation, Adherence*)
- Activity: ability to engage in body movement (*Functional Ability, Mobility, Aging*)
- Safety/Protection: ability to be protected from actual or potential harm (*Safety*)
- Biophysical Development: orderly and predictable process of growth and differentiation (*Development, Culture, Sexuality, Reproduction*)

### 2. Psychosocial/Spiritual

- Mental Health: ability to cope with or make the best of changing stresses or stimuli (*Anxiety, Coping, Mood & Affect, Addiction, Interpersonal Violence, Psychosis, Aging; Caregiving, Palliation*)
- Sexuality: the sum of physical, functional, and psychological attributes that are expressed by one's gender identity and sexual behavior (*Sexuality, Reproduction, Development, Aging*)
- Developmental Tasks: ability to achieve psychosocial or cognitive skills at certain periods in life (*Development, Cognition, Motivation, Adherence*)
- Social/Cultural Interaction: ability to engage in shared values, beliefs, and practices of a particular group of people (*Culture, Ethics, Caring, Family Dynamics*)
- Spirituality/Religion: essence of a person's being and beliefs about the meaning of life (*Spirituality; Palliation*)

## Professional Ethics

(updated 8.16)

When engaged in nursing functions, the student must do so within legally prescribed bounds and is accountable for his/her own actions. The student has the obligation to adhere to the standards of ethical practice and conduct which are stated by the American Nurses Association.

### American Nurses' Association Professional Code of Ethics

#### Provision 1

The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

#### Provision 2

The nurse's primary commitment is to the patient, whether an individual, family, group, community or population.

#### Provision 3

The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

#### Provision 4

The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

#### Provision 5

The nurse owes the same duties to self as to others, including the responsibility to preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

#### Provision 6

The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

#### Provision 7

The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

#### Provision 8

The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

#### Provision 9

The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

American Nurses Association (2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: American Nurses Association

## **BACHELOR OF SCIENCE IN NURSING DEGREE**

### **Program Description**

The Bachelor of Science in Nursing program provides a course of study that has its foundation in the liberal arts and sciences and is an innovative nursing curriculum emphasizing academic excellence and professional leadership through clinical immersion. A distinctive concept-based curriculum integrating service learning prepares students to address the healthcare needs of diverse global communities by promoting population health. Graduates of this program will utilize evidence to promote health and wellness through caring and collaborative strategies incorporating knowledge of regulatory environments, healthcare informatics, and quality improvement. A culture of robust intellectual inquiry will prepare graduates to take the NCLEX-RN licensing examination and to pursue life-long learning.

### **Program Outcomes (Student Learning Outcomes)**

A graduate of Bachelor of Science in Nursing Degree program at The Christ College of Nursing and Health Sciences will be able to:

1. Apply appropriate evidence to improve healthcare outcomes.
2. Utilize healthcare informatics safely and accurately in the delivery of quality care.
3. Employ critical thinking and clinical reasoning to care for diverse populations.
4. Lead the healthcare team in solving contemporary issues to improve patient outcomes.
5. Collaborate with the interprofessional healthcare team to ensure quality and safety.
6. Demonstrate professionalism in the nursing role.
7. Apply an understanding of health policy and regulatory environments in patient care.
8. Pursue life-long learning and service to meet the needs of a dynamic society.

### **Assessment and Correlation of Outcomes**

- A. The BSN Program participates in the College's cycle of ongoing assessment identified by the TCCNHS Learning Assessment Committee.
- B. In accordance with OAC 4723-5-15, the Bachelor of Science in Nursing Degree program has a written systematic plan of evaluation which includes data collected from faculty, nursing students, graduates and employers of graduates. This system is identified as the Systematic Evaluation Plan (SEP). The committees of the Nursing Faculty Organization, in addition to all nursing faculty, have responsibilities related to the SEP.
- C. Nursing skills are taught in NUR 221 (Sophomore 2) and reinforced throughout the curriculum in service learning and clinical experiences. Students have the opportunity to perfect all previously-learned skills in senior-level Clinical Immersion experiences.
- D. References for definitional direct quotes and paraphrasing are from the AACN Essentials of Baccalaureate Education for Professional Nursing Practice, (2008), Quality and Safety Education for Nurses (QSEN) Competencies, Robert Wood Johnson Foundation (2012).
- E. A correlation of the BSN Program Outcomes and Nursing Course Outcomes is a summary that reflects internal consistency located in Appendix B.

## **BSN CURRICULUM**

### **Curriculum Overview** (Updated 10.26.17, 2.8.19, 7.31.19)

Curriculum Overview (Updated 10.26.17) The curriculum consists of a concept-based, service-learning model, with senior-year clinical intensives and Clinical Integration Seminars. The curriculum is based on 121 semester credit hours and is designed to be completed within four (4) academic years. Students should work closely with their academic advisors to ensure timely completion of Arts and Sciences requirements. Please note that all college and program requirements should be discussed with your academic advisor. A semester equals fifteen (15) instructional weeks and one (1) week of exams.

One (1) credit hour equals one 50-minute hour of class; three 50-minute hours of clinical and clinical lab; or two 50-minute hours of lab per week in a fifteen (15) week semester. Eight (8) week class, clinical, and lab times are adjusted accordingly to meet credit allocations.

ENG101 English Composition (3 credit hours) MAT105 College Algebra (3 credit hours)  
\*SOPS101 Introduction to Social Psychology (3 credit hours) BIO111 Anatomy & Physiology I (4 credit hours)  
FYE102 Learning Foundations (2 credit hours) COM101 Speech & Oral Communication (3 credit hours) PHI103 Introduction to Ethics (3 credit hours)  
BIO112 Anatomy & Physiology II (4 credit hours) \*PSY110 Lifespan Development (3 credit hours) PSY210 Concepts of Behavior Change (3 credit hours) ENG315 Professional Writing (3 credit hours)  
BIO121 Microbiology (4 credit hours) BIO300 Pathophysiology (3 credit hours)  
IS200 Service Learning in Our Community (1 credit hour) STAT201 Statistics (3 credit hours) BIO180 Biology of Food (3 credit hours) BIO215 Core Concepts in Pharmacology (3 credit hours) PHI 205 World Religions (3 credit hours)  
Elective (3 credit hours)  
\*SOC 101 Introduction to Sociology 101 (3 credit hours)

\* Any of these courses may satisfy one of the social behavioral course requirements.

**Effective Fall 2019:** Students entering the BSN program are required to meet these requirements:

Removed general elective

CHEM 105 Chemistry (4 credit hours)

Nursing Elective (3 credit hours)

\*PHI103

\*PHI205

\* Any of these courses may satisfy one of the arts and humanities course requirements.

| BSN Curriculum  | Credit Hours | Didactic credit hours | Didactic clock hours | Clinical credit hours | Clinical clock hours | Lab credit hours | Lab clock hours    |
|---|--------------|-----------------------|----------------------|-----------------------|----------------------|------------------|--------------------|
| <b>1<sup>st</sup> semester</b>                            |              |                       |                      |                       |                      |                  |                    |
| NUR 220 Health Assessment                                 | 4            | 2                     | 25                   | 0                     | 0                    | 2                | 50(1:2 ratio)      |
| NUR 297 Professional Development/Capstone                 | 2            | 2                     | 25                   | NA                    | NA                   | NA               | NA                 |
| <b>2<sup>nd</sup> semester</b>                            |              |                       |                      |                       |                      |                  |                    |
| NUR 221Nursing Skills: Concepts of Quality and Safety     | 4            | 2                     | 25                   | 1                     | 37.5                 | 1                | 37.5(1:3 ratio)    |
| NUR 298 Professional Development/Capstone                 | 1            | 1                     | 12.5                 | NA                    | NA                   | NA               | NA                 |
| <b>3<sup>rd</sup> semester</b>                            |              |                       |                      |                       |                      |                  |                    |
| NUR 309 Professional Nursing Concepts                     | 2            | 2                     | 25                   | NA                    | NA                   | NA               | NA                 |
| NUR 307 Concepts of Intellectual Inquiry                  | 3            | 3                     | 37.5                 | NA                    | NA                   | NA               | NA                 |
| NUR 305 Health and Illness Concepts Across the Lifespan I | 6            | 4                     | 50                   | 1.60                  | 60                   | 0.40             | 15 (1:3 ratio)     |
| NUR 397 Professional Development/Capstone                 | 1            | 1                     | 12.5                 | NA                    | NA                   | NA               | NA                 |
| <b>4<sup>th</sup> semester</b>                            |              |                       |                      |                       |                      |                  |                    |
| NUR 311 Health and Illness Across the Lifespan II         | 6            | 4                     | 50                   | 1.6                   | 60                   | 0.40             | 15 (1:3 ratio)     |
| NUR 313 Concepts in Population Health                     | 2            | 2                     | 25                   | NA                    | NA                   | NA               | NA                 |
| NUR 312 Concepts in Leadership and Healthcare Delivery    | 4            | 4                     | 50                   | NA                    | NA                   | NA               | NA                 |
| NUR 398 Professional Development/Capstone                 | 1            | 1                     | 12.5                 | NA                    | NA                   | NA               | NA                 |
| <b>5<sup>th</sup> semester</b>                            |              |                       |                      |                       |                      |                  |                    |
| NUR 412 Clinical Intensive II*                            | 6            | 1                     | 12.5                 | 5                     | 187.5                | NA               | NA                 |
| NUR 497 Professional Development/Capstone                 | 2            | 2                     | 25                   | NA                    | NA                   | NA               | NA                 |
| NUR 410 Clinical Intensive I*                             | 6            | 1                     | 12.5                 | 4                     | 150                  | 1                | 37.5 (1:3 ratio)   |
| <b>6<sup>th</sup> semester</b>                            |              |                       |                      |                       |                      |                  |                    |
| NUR 414 Clinical Intensive III*                           | 6            | 1                     | 12.5                 | 5                     | 187.5                | NA               | NA                 |
| NUR 416 Clinical Intensive IV*                            | 6            | 1                     | 12.5                 | 4.5                   | 168.75               | 0.5              | 18.75(1:3 ratio)   |
| NUR 498 Professional Development/Capstone                 | 2            | 2                     | 25                   | NA                    | NA                   | NA               | NA                 |
| <b>TOTALS FOR PROGRAM</b>                                 |              | 36                    | 450                  | 22.7                  | 851.25               | 2+3.3 (5.3)      | 50+123.75 (173.75) |

A 3-day Live NCLEX Review scheduled by the BSN Nursing Program, is a BSN requirement. For additional information on pre-requisite and co-requisites, please visit the Nursing Program's Core Courses and Course Descriptions and the Arts and Sciences' Courses, Course Descriptions, and Course Pre-Requisites in the College Catalog.

## COMMUNICATION

The nursing faculty highly value open communication with each student nurse. Full-time nursing faculty maintain scheduled office hours each week during the academic semester. Part-time and adjunct nursing faculty are available by appointment. Students may contact nursing faculty via voice mail and/or electronic mail (e-mail).

- A. The College's internal e-mail or Blackboard must be utilized for all communications between students and nursing faculty.

1. Treat e-mail messages as any professional communication.
  2. State the reason for writing in the subject line.
  3. Begin by addressing the receiver by the proper title i.e. Professor or Doctor.
  4. Keep messages short and be courteous.
  5. Write complete sentences using correct spelling, proper grammar and punctuation.
  6. Do not write in all CAPS – it appears that you are screaming at someone and it is also considered rude. Use only blue or black Times New Roman or Arial font.
  7. Remember this is an email, not a text, so do not use abbreviations that are not pertinent to the course.
  8. Read the message carefully and spell check before you send.
  9. Avoid the use of Emoticons (Smiley Faces). While their use may be appropriate in informal messages they are not commonly acceptable in professional communications.
  10. Never include any confidential information (e.g. passwords) in an e-mail message.
  11. Refer to College Catalog for additional information.
- B. Faculty is expected to respond to student communications only during scheduled work days and times.
- Please be aware faculty working part-time or as adjunct do not work every day.
  - Every effort will be made to respond to students within 48 hours during businessdays.
  - It is the student’s responsibility to clarify faculty availability.
- C. Individual faculty may choose to communicate outside of scheduled work time and on weekends which students should understand is not an expectation of the College or Administration.
- D. At the faculty’s discretion, individual phone numbers may be given to students by listing phone numbers on the course syllabus.
- E. Frequently, the nursing faculty or professional staff needs to communicate with students. It is the student’s responsibility to immediately inform the College Registrar of any changes in name, address, or phone numbers in order to facilitate communication.



## **Communication Pathway for Academic Course Concerns**

(updated 8.17)

At times, students may have academic concerns that warrant conversation with appropriate faculty. The following sequence outlines the student's pathway for routing such concerns.

1. The student discusses concerns with appropriate course faculty involved for classroom concerns or the clinical faculty for clinical concerns.
  - Course Faculty/Clinical Faculty: See course syllabi or call 513-585-2247
  
2. Course Lead of the course
  - NUR220 - Professor Poff
  - NUR221 - Professor Poff
  - NUR305 - Professor Reinzan
  - NUR307- Professor Ogle
  - NUR 312- Professor Ogle
  - NUR309- Professor Ogle
  - NUR 313 - Professor Ogle
  - NUR311 - Professor Reinzan
  - NUR 410—Professor Jordan
  - NUR 412- Professor Sparke
  - NUR 414- Professor Sparke
  - NUR 416- Professor Jordan
  - NUR297, NUR298, NUR397, NUR398, NUR497, NUR498 – Professor Burns
  
3. BSN Program Director - Professor Hager (513-585-2061)
  
4. Associate Dean, Nursing - Professor McFadden-Chase (513-585-0941)

Joint sessions with the student, course faculty, course lead(s), BSN Program Director, and Associate Dean, Nursing may be scheduled.

### **Teaching and Learning in the BSN Program**

Students must be prepared to work in an ever-changing healthcare environment. The healthcare environment is complex and requires higher order thinking. Student nurses need to engage in active learning to develop this skill. Active learning is a broad term used to describe a model of learning which focuses the responsibility of learning to the learner. The faculty play an integral role in facilitating and guiding the student to discover and connect information. This type of active learning is a collaborative process between the faculty and the student.

Students must be active participants in learning to fully attain the benefits. The positive benefits include higher level critical thinking, prioritization, problem solving, communication, and self-responsibility which lead to autonomy, a valuable skill in nursing when making decisions.

Learner-centered activities are implemented in the learning environment: class, clinical, simulation, skills lab, and virtual simulation. Possible activities faculty may utilize include case studies, group projects, discussion, dialogue, debate, simulation, games, role play, student presentation, and written assignments. In order to fully realize the benefits of active learning, students should:

- Arrive prepared with a knowledge base used to engage in making new connections
- Actively participate in classroom activities such as case studies, games, discussions, and role playing
- Work as a responsible team member and be a part of the learning process
- Have a sense of inquiry

Faculty are committed to creating a positive learning environment for the student to engage in active learning. Faculty consistently assesses the learning needs of the students to implement the most appropriate strategies in the learning environment. In addition, faculty are knowledgeable of current research and evidence that supports best educational practices.

At the Christ College both administration and faculty are supportive and encourage this approach to teaching and learning.

### **Time Spent on Weekly Engaged in Learning**

(added 8.17)

In Higher Education, it is customary that students are engaged in weekly learning activities according to the number of credit hours allotted to a course. This number is guided by regional accrediting bodies.

The amount of time that a student should be engaged, per week, in learning activities (i.e. reading assignments, class assignments, tickets to class, clinical preparation, remediation, and other learning activities) is as follows:

- 3 Credit Hour Course: at least 9 hours/week
- 4 credit Hour Course: at least 12 hours/week
- 5 Credit Hour Course: at least 15 hours/week
- 6 Credit Hour Course: at least 18 hours/week

These hours do not account for in class or clinical time.

## **ACADEMIC POLICIES AND PROCEDURES**

Policies published in the BSN Program Handbook will be introduced and reviewed by course faculty at the beginning of each academic year.

All policies are reviewed on an annual basis and revised, updated as indicated.

### **General Policies**

The faculty in the Department of Nursing reserves the right to implement changes in curriculum, schedule, and policies at any time to preserve the high standards essential for approval by accrediting bodies and to protect the safety of patients. Students will be notified of all policy changes in the BSN Nursing Program Handbook via the College's email system. The revised handbook will be posted on Blackboard.

Non-compliance with policy requirements as outlined in the College Catalog or BSN Program Handbook may affect continuation or progression through the nursing program, and could result in immediate nursing course failure, probation, suspension, and/or termination from the program as determined by the Associate Dean, Nursing or designee.

### **Behaviors of Accountability and Code of Conduct**

All students are responsible for being knowledgeable of and acting in accordance with the Behaviors of Accountability and Code of Conduct located in the College Catalog.

The Behaviors of Accountability and Code of Conduct apply to classroom and all College related situations, as well as direct and indirect patient care. Students sign a document acknowledging their awareness of the Behaviors of Accountability and Code of Conduct during orientation week.

In addition to behaviors listed in the College Catalog, the following also applies:

Students are expected to demonstrate the following behaviors related to accountability:

1. Follow all College, Nursing Program, and Agency policies and procedures.
2. Complete all clinical preparation according to course guidelines.
3. Maintain patient confidentiality, advocate for patients, family, and significant other.
4. Admit errors as soon as discovered.

Incidents violating the Code of Conduct which result in the student being suspended or terminated include but are not limited to:

- Chemical abuse
- Unauthorized possession of property
- Falsification of records
- Breach of confidentiality

### **Academic Integrity and Honesty**

All faculty must make certain that there is consistency between the learning outcomes and learning

activities. In addition, faculty ensure policies in the course syllabi are carried out equally for all students. A student's acceptance of admission to the College constitutes a commitment to act honorably in all situations and to uphold the policies, procedures, and behavioral expectations of the College.

Faculty and students will adhere to policies and procedures found in the BSN Program Handbook and College Catalog. See the College Catalog for the complete Statement on Academic Integrity and Honesty.

### **Time to Degree for Matriculated Students**

The time to complete the Bachelor of Science in Nursing Degree for matriculated students is five (5) years from the date the student begins the first nursing course.

Matriculated students who have commenced nursing courses but are on an approved Leave of Absence are excluded from the timeline. The individual student's time to degree will be reassessed by the Associate Dean of Nursing and/or appropriate designee upon the student's return.

Under extenuating circumstances, students may petition the Associate Dean, Nursing for extension of the time limit for attaining their degree. To apply for an extension, the student must submit a letter and include the following information:

- a description of progress towards degree
- plan for degree completion
- signatures of the student's advisor

The student's request will be reviewed, and the final decision communicated to the student via College e-mail.

### **Nursing Program Progression Policy**

(updated 8.3.15, 8.16, 8.17)

Students are admitted to the nursing program with a defined expected graduation date.

1. Students are required to meet defined curriculum plan as outlined in the BSN Program Handbook for the expected graduation date.
2. If a student's expected graduation date changes due to a student falling behind in the curriculum plan for any reason, the student will then be responsible for completing the defined curriculum plan under the new expected graduation date.

*Example:* Students who begin nursing courses in August 2016 with the expected graduation date of May 2019 are to follow the curriculum plan located in the 2016 - 2017 BSN Program Handbook. If a student's graduation year changes to May 2020 for any reason (i.e. failure of a course, withdrawing from a course) the student is then responsible for completing the Class 2020 curriculum plan.

For continuation or progression through the nursing program, students are responsible for meeting ALL of the following requirements. Failure to meet requirements will prevent participation in or result in suspension from all courses until requirements are met.

1. **Immunization** requirements outlined in the Student Health Policies.

2. **Basic Life Support (BLS)** also known as Cardiopulmonary Resuscitation (CPR) is required.
  - All students are required to obtain and maintain CURRENT/ACTIVE certification for American Heart Association (AHA) BLS for Healthcare Providers. ARC is accepted if that is what your employer offers.
    - Certification from online programs are not accepted.
  - Students will submit a copy of the current CPR card at the beginning of every clinical nursing course. The certification must be active for the entire semester.
  - Students will be suspended if not submitted.

### 3. **Mandatory Health Insurance**

- Facilities used by The Christ College of Nursing and Health Sciences to provide clinical learning experiences require that students have personal health insurance.
- All students are expected to provide verification of such coverage prior to beginning nursing courses each academic year by submitting proof of insurance to the Department of Nursing in the format designated.
- It is the student's responsibility to obtain and maintain insurance coverage.

The Associate Dean, Nursing or designee makes the progression decision in situations where a student fails a nursing course. The following reflects the guidelines used for such decision making:

- Failure in a nursing course is defined by one or more of the following conditions:
    - A classroom grade of less than 'C' and/or
    - An unsatisfactory final clinical evaluation, and/or
    - Course Withdrawal Failing (WF)
    - Course Withdraw after that last day to drop class with no grade assigned
1. A student may be dismissed from the nursing program for a first clinical nursing course failure.
  2. A student will be dismissed from the nursing program as the result of a second nursing course failure.

Any student who does not successfully complete a nursing course should contact their academic advisor.

### **Returning from Leave of Absence-or Non-Continuous Enrollment**

(revised 9.2.15, 8.16, 8.17)

Students may find it necessary to take some time off from their enrollment at the Christ College of Nursing and Health Sciences for an extended period of time as defined by the Leave of Absence Policy or Non-Continuous Enrollment Policy as stated in the College Catalog.

If the student is not enrolled in nursing courses for one (1) semester, the student will return to the curriculum plan stated in the current Program Handbook contingent on space availability.

If the student is not enrolled in nursing courses for two (2) semesters, the student will

1. Follow policy as stated in the College Catalog
2. Notify Program Director eight (8) weeks prior to request to return to program

3. Return to the curriculum plan stated in the current Program Handbook contingent on space availability

**For Pre-licensure students:**

BSN students will need to arrange with the Program Director, and complete the following requirements:

1. Demonstrate proficiency in essential skills at the level which student rejoins the program
2. Demonstrate a head to toe assessment
3. Discuss written action plan and steps for success

Failure to demonstrate competence in these requirements may necessitate that the student repeat courses he/she took prior to leaving. Upon successful completion of all of the requirements, the student may return to the curriculum plan stated in the current Program Handbook, and may register for nursing courses contingent on space availability.

If a student has not taken a nursing course for three (3) semesters or greater, the student will repeat all nursing courses in the curriculum plan stated in the current Handbook and may register for nursing courses contingent on space availability.

**Completion Policy** (Updated 10.17)

See the College Catalog under “Graduation Requirements” for completion of the BSN Program.

**Nursing Program Behavioral Learning Contract**

(updated 8.17)

A Nursing Program Behavioral Learning Contract can result following a consistent pattern of outcome-based deficiencies and/or pattern of performance and/or critical behaviors.

- A. In collaboration with the BSN Program Director, the course faculty will outline both expectations of performance and consequences for failing to abide by established conditions of the Nursing Program Behavioral Learning Contract as well as policies of the program, the College, and any affiliated clinical agency.
- B. This Nursing Program Behavioral Learning Contract remains in effect until the student’s successful conclusion of the nursing program.
- C. Failure to adhere to the Nursing Program Behavioral Learning Contract may result in further consequences. This may include program suspension, course failure, and/or dismissal from the nursing program and college as determined by Associate Dean, Nursing or designee.

## **Letters of Recommendation and Scholarship Application Completion**

(added 8.17)

The Department of Nursing may provide appropriate letters of recommendation and documents for scholarship applications and/or employment for students and graduates of the nursing programs. In order to complete documents in a timely manner, the following guidelines must be followed:

- All requests must be submitted in writing at least 15 working days before the document is due to the requesting agency. Students must complete and submit a FERPA Release form available from the Registration and Records Office
- Complete a FERPA Release Student Recommendation Request prior to submitting a request to faculty
- Submit full details regarding the agency receiving the document including:
  - Name and title of the person receiving the document
  - Name and address of the agency including city, state, and zip code
  - Agency phone number

No requests will be fulfilled until complete information is provided.

## **NURSING COURSE: CLASSROOM POLICIES AND PROCEDURES**

### **Attendance Policy**

A primary learning outcome of both the College and the Department of Nursing is the demonstration of student accountability through responsible self-directed behaviors consistent with the ethics and standards of nursing. Active participation in class and clinical is essential. Consistent attendance offers the most effective opportunity for students to gain command of nursing concepts and material. Daily attendance, prompt arrival, a positive attitude, respect and active participation are expected.

A. 100% attendance and prompt arrival are expected.

1. Attendance is taken in every class.
2. At course faculty's discretion, students may be asked to sign an attendance sheet daily to document their presence in class. It is the student's responsibility to make sure s/he signs the attendance record.

B. Class Absence

1. There may be justifiable reasons for missing a class. These are generally restricted to illness, a family crisis, attendance at a family funeral, etc.
2. Documentation may be requested.
3. If a student knows in advance that a class will be missed for any reason, s/he must notify the faculty before the class meets. If there is a last-minute emergency, students must notify the faculty as soon as possible.
4. Students are responsible for any information and/or material missed due to absence.

C. Impact of Absence

1. The consequences of missed activities, assignments, assessments, quizzes, and course exams will be addressed by course faculty and within course syllabi.
2. For absence or tardiness during an exam, see the Standardized Testing (HESI) Policy and Testing and Remediation Policy in the BSN Program Handbook.
3. A full letter grade reduction of the final course grade may result:
  - After four absences in courses that meet three times a week.
  - After three absences in courses that meet twice a week.
  - After two absences in courses that meet once a week.

D. Online and Hybrid Courses

1. Attendance is expected for all face-to-face class sessions.
2. Active participation is expected in all online activities, assignments, and projects.
3. Consequences of non-participation will be at the discretion of course faculty.



## Grading Policies

- A. Students must achieve a 'C' or higher in all nursing courses. Refer to the syllabus for course grading scale. Percentages are not rounded up before conversion to a letter grade.
- B. The student must achieve a Satisfactory clinical rating on the Final Clinical Evaluation form in clinical nursing courses.
- C. Students may request a conference with course faculty to discuss grades.
- D. No special assignments or extra credit is provided to compensate for poor grades.
- E. Final letter grades are posted in Sonis.

## Exams, Quizzes, Service Learning, and Assignments

(updated 8.16, 8.17)

- A. The course syllabus lists the number of exams, assignments, and quizzes to be administered during the course as well as the weighted value assigned for grading. Based on student learning needs, faculty may make changes to the number of assignments, quizzes, and/or exams administered.
- B. Course faculty reserves the right to assign penalties for late coursework which will be stated in the course syllabus.
- C. Service Learning Experiences
  - 1. Completion of service learning hours and associated assignments will be explained in the course syllabus.
  - 2. The dress code when engaging in service learning opportunities and/or off campus visits is as follows:
    - a. No sportswear, jeans, capri pants, shorts, mini-skirts, spandex, sweats, running suits, hats/caps, sleeveless tops, midriff tops, halter tops, tight or revealing clothing are permitted.
    - b. When movement occurs, bare skin should not be visible between pants and top
    - c. No sandals, flip-flops, or open-toed shoes
    - d. Hosiery or socks must be worn
- D. Writing Assignments
  - 1. The Christ College of Nursing and Health Sciences values writing as a means of learning as well as a way of evaluating and assessing student learning. Writing fosters idea development and critical thinking, and effective written communication is considered by educators and employers as an essential competency for all graduates. The assignments consistently integrate evidence-based teaching/learning principles.
  - 2. Selected student assignments, as examples of excellent or poor writing, may be shared anonymously with students in current or in future classes, or with faculty for across-the-curriculum alignment in assessing writing. Refer to the most current edition of the *Publication Manual of the American Psychological Association* for paper format requirements, and read the Plagiarism Overview to understand the ethics of source use and documentation. The Plagiarism

Overview and APA Tutorial are available on the College website under Student Success, Writing Center Consulting link as well as sample APA documents.

3. Academic written assignments should be of high quality according to the associated grading rubric.
4. For assistance with writing assignments, the Writing Tutor is available to assist students to discuss writing projects, ideas for papers, and drafts of papers (focus, organization, content, flow, etc.). To make an appointment, please contact the Writing Center.

### **Testing and Remediation Policy (8.17)**

In preparation for success on NCLEX-RN, the Christ College of Nursing and Health Sciences, Department of Nursing implements a Testing Program which consists of three parts: course exams, satisfactory clinical performance, and external exam testing and remediation. Throughout the program, students are evaluated in these areas.

All students enrolled in a designated nursing program will take assigned nationally normed Health Education Systems, Inc. (HESI) Exams. These exams are given during specific clinically related courses to help students identify areas of weakness or “knowledge gaps”; and to provide a series of remediation activities to elevate student outcomes. During the final semester, HESI Exit Exams will be administered. Costs for these exams are included in the student fees.

#### Exams and Standardized Testing

To ensure that all student testing results are earned under comparable conditions and represent fair accurate measurement, it is necessary to maintain a standardized testing environment. The following regulations are designed to help ensure such an environment.

The course syllabus lists the number of exams (including the standardized exam) to be administered during the course as well as the weighted value assigned for grading. Based on student learning needs, faculty may make changes to the number of exams administered.

Below you will find the Student Examination Rules. Please note that if you do not follow the rules or the instructions of the test proctor your examination will be stopped and considered complete

#### A. Student Examination Rules

1. Personal Items
  - At the beginning of class or the examination period, you are required to store your electronic devices (cell/mobile/smart phones, smart watches, or other electronic devices turned off or in airplane mode) in an area designated by faculty.
  - Remaining personal items must be placed in the designated area.
  - The college is not responsible for lost, stolen or misplaced items.
2. The following items may not be accessed at all during your exam:
  - Any educational, test preparation or study materials
  - Cell/mobile/smart phones, smart watches, MP3 players, fitness bands, jump drives, cameras or other electronic devices
3. The course exams are defined by course faculty within the course syllabus and include the following:

- Student must know Evolve student ID/Password, and Exam Soft login. The student's name and SONIS ID number (or a number specified by the faculty) are to be placed on all exams.
  - Additional items needed for testing (i.e. scrap paper and pencil, exam access codes) will be provided by the test proctor and retrieved from students at the conclusion of the exam.
  - A four (4) function calculator, student provided, is required for non-computer administered exams only.
  - A dropdown calculator is available on Exam Soft and HESI exams. Personal calculators are not permitted on these exams.
  - Students arriving after an exam has begun will not be permitted to enter the testing location.
  - Late arrivals on exam day will be scheduled as a make-up exam. No more than 2 make up exams or as noted on the syllabus, may be taken. See points below.
  - The student is responsible for notifying faculty if unable to attend the scheduled testing period.
4. Standardized tests (HESI) are computerized tests designed to familiarize the student with the testing situation of licensing examinations and the format of the NCLEX-RN® exam.
- Students are to arrive 15 minutes prior to beginning of actual exam to check functionality of electronic device and headphones. The exam will begin when this is completed or as designated by the exam proctor.
  - Students are provided an access code for testing
  - Testing will be closed after the time limit has been reached.
  - Students have 30 minutes for rationale review.
  - Students will be directed to leave the testing area at the end of the review period.
  - Students must turn in scrap paper and access code documentation prior to leaving the testing area.

#### B. Missed Exam

1. Taking an exam outside the scheduled testing date and time constitutes a missed exam.
2. To take a missed exam, the student must contact the course faculty to schedule the date, time, and location.
3. A missed exam must be completed within three (3) business days of returning to class or as arranged with faculty to receive credit. Failure to do so will result in a grade of zero (0%).
4. If an exam is not taken during the originally scheduled time frame, the makeup exam may have 5 percentage points deducted.
5. A makeup exam may be in a different format from the original.
6. Course syllabi will reflect additional guidelines and may impose more restrictive guidelines and consequences that supersede this policy.

#### C. Exam Review

1. The purpose of review is to provide students with the opportunity to learn from the testing experience, as well as to promote critical thinking. This purpose is achieved through a mutually respectful exchange of information among students and faculty.
2. The manner, time, and location in which a review is conducted is at the discretion of the faculty.
3. Standardized testing will not have exam review.

4. To individually review an exam, students must schedule an appointment with course faculty and/or nursing tutor.

#### D. Item Analysis

1. After each exam is complete, faculty will conduct a statistical analysis of the exam as a whole and for each exam question.
2. Decisions about exam questions will be based on statistical data for the exam.

#### E. Grade Posting

1. Exam grades will be posted within five (5) business days of administration.
2. Faculty will post grades in the course Blackboard grade book.

#### F. Printing is not permitted during the exam.

### Remediation

The purpose of remediation is to improve the student's critical thinking, reasoning skills, and test taking strategies to achieve NCLEX success

#### A. Course unit exams

Students should review knowledge gaps for improvement.

1. Exam grade on the first exam that is less than 78% requires:
  - Review HESI test-taking strategies tutorials in Evolve Case Studies and Practice Tests
  - Identify 3 barriers to success and strategies to overcome these on future exams
2. If score below a 78% on the second exam:
  - Meet with faculty during scheduled office hours or by appointment to review potential knowledge gaps

#### B. HESI Exams

1. Mandatory remediation is required. See course syllabus
2. Students should begin to remediate immediately following the HESI exam by remaining in the designated area and reviewing rationale for missed items
3. All students receive an email from Evolve with a link to remediation materials.
4. Students access HESI results and remediation materials through the Student Access HESI Assessment link on the My Evolve page after the exam is closed
5. Level of remediation is based on HESI score, specific to areas needing strengthening,
6. Students scoring below 900 must arrange to meet with faculty of designated course to identify areas to remediate.
7. Students are required to maintain a log of remediation times and activities.
8. Remediation can be completed in the following areas: HESI Remediation, Mastery Assessments, or Saunders/Silvestri Question Sets
9. To access HESI Remediation, students must log into Evolve, My Evolve, HESI Student Access and the HESI exam results for content specific remediation and utilize the studypacket.
10. To access EAQ, students must log into Evolve, My Evolve, NCO, Mastery Assessments for remediation content quizzing.
11. To access Question Sets, students must log into Evolve, Resource for Saunders Comprehensive Review for the NCLEX-RN to complete question set content.
12. Additional use of Case Studies and Practice Tests may be assigned on an individual basis.
13. Student will sign acknowledgment of required remediation (contract) for each specific course as indicated
14. See course syllabus for specific remediation requirements

## NURSING COURSE: CLINICAL POLICIES AND PROCEDURES

### Attendance Policy

(updated 8.17)

A primary learning outcome of both the College and the Department of Nursing is the demonstration of student accountability through responsible self-directed behaviors consistent with the ethics and standards of nursing. Active participation in class and clinical is essential. Consistent attendance offers the most effective opportunity for students to gain command of nursing concepts. Daily attendance, prompt arrival, a positive attitude, respect and active participation are expected.

- A. Clinical attendance is **mandatory**. All experiences are designed to facilitate the transfer of theoretical knowledge to clinical practice. Missed hours can prevent adequate development and assessment of the required knowledge, skills, attitudes, behaviors and clinical judgment. Absence from clinical jeopardizes the student's ability to successfully meet the required clinical nursing course outcomes.
- B. Time management is a necessary professional skill and punctuality is expected in professional workplaces. Important information affecting patient care is communicated to students at the start of clinical experiences. Therefore, tardiness for clinical experiences jeopardizes the student's ability to provide safe nursing care. Students are required to arrive on time for clinical and stay for the entire time allotted for that clinical experience.
- C. The clinical faculty has the responsibility to ensure patient safety is not compromised. Therefore, any student unable to participate fully to provide safe and effective care to patients will be dismissed from the clinical experience and incur a clinical absence as defined below.

### Definitions (revised 8.16)

- A. A **clinical absence** is defined as missing one (1) clinical day per clinical nursing course.
- B. An **approved absence** from clinical does not constitute a clinical absence as defined above.

Approved absences are reserved for:

- Military duty
- Death of an immediate family member
- Required presence at a mandatory court appearance
- Attendance at national, regional, or local College-sponsored events

The determination of the student's ability to meet clinical outcomes following an approved absence will be made on an individual basis by the clinical faculty, course lead, and BSN Program Director.

- C. A **clinical tardy** is defined as arriving 1 to 59 minutes after the start of the clinical day or leaving 1 to 59 minutes prior to the end of the clinical experience.
  1. Two tardies are equivalent to one (1) clinical absence.
  2. Arrival 60 minutes or more after the start of the clinical day or leaving more than 59 minutes prior to the end of the clinical experience constitutes one (1) clinical absence.

### Notification of Clinical Tardy or Absence

- A. All students are responsible for notifying their assigned unit/agency and their clinical faculty of a

clinical absence at least 30 minutes prior to the scheduled clinical start time.

- B. Failure to make appropriate notifications may result in a Clinical Learning Contract for lack of accountability and professionalism.

### **Consequences of Clinical Tardy or Absence**

- A. More than one (1) clinical absence may constitute failure of that clinical nursing course. In the case of clinical failure for accruing more than one (1) clinical absence, the student may not be permitted to return to class or clinical.
- B. The clinical faculty maintain the official student attendance record, which is noted on the student's Clinical Evaluation.
- C. Students are responsible for tracking their own absences and tardies. Failure to do so reflects a lack of accountability and professionalism.

Clinical absences will be made up with alternate assignments at the discretion of clinical faculty and the appropriate course lead. Approved absences, as defined above, are not required to be made up with alternate assignments.

### **Dress Code Policies**

(updated 11.17.16, 8.17, 1.18, 8.18, 1.19, 8,19)

It is the position of the Department of Nursing that professional appearance and demeanor are a demonstration of self-respect, respect for the patient, and respect for the profession of nursing. As representatives of the profession of nursing and of the College, students are expected to follow the dress code as outlined.

A clinical dress code is necessary for the purposes of infection control and safety for patients and students in clinical settings.

**The BSN Program clinical uniform must be purchased through the College's designated vendor.**

#### **Clinical Dress Code**

1. For **ALL** students:
  - a. Student picture ID badge designated for The Christ College of Nursing and Health Sciences, and agency provided when applicable, with name facing outward.
  - b. A Christ College/Christ Hospital Health Network fleece or lab coat or royal blue scrub jacket may be worn for pre-conference, lunch breaks, and post-conference, but may not be worn while providing care
  - c. Hair
    - a. Hair color must fall within natural occurring shades and be neat.
    - b. All hair lengths should be professional in style
    - c. Hair longer than shoulder-length must be secured away from the face, off the collar
    - d. Hair accessories, if required, should be professional in style, not excessive in size, and of a neutral color (white, navy, or Christ College logo). Christ College of Nursing headbands may be purchased through Joseph Beth.

- e. Headwear may be worn if it is clean, and of neutral color (white, black, brown, or beige) and does not hang freely below the shoulders (i.e. turban). All headwear must fit under procedural head covering materials
  - f. No hair ornaments (i.e. feathers) are permitted
  - g. Facial hair must be neatly trimmed. Students without facial hair are expected to be cleanly shaven.
- d. Natural fingernails must be clean, neatly manicured and support the functional use of hands and fingers.
- a. Fingernails must be no longer than 1/4 inch from fingertip in length.
  - b. Artificial nails include, but are not limited to acrylic nails, overlays, tips, bonding, extensions, tapes, inlays, gels, shellac and wraps
  - c. Nail jewelry is not permitted
  - d. Nail polish, if worn, must be clear and well maintained without chips.
- e. Jewelry must be simple and professional and must not interfere with patient care or present a hazard to the student.
- 1. One ring or one wedding set may be worn.
  - 2. Medic-Alert bracelet (if required) may be worn.
  - 3. Two (2) pair of small post earrings or small hoop earrings in contact with the ear may be worn per ear. No space is permitted between the ear and hoop.
  - 4. Facial piercing, Monroe or nose piercing must be a spacer of clear or natural skin tone color. Eyebrow, tongue, or lip piercing is prohibited
  - 5. No necklaces are permitted
- f. Makeup must be professional and worn in moderation
- g. No perfume, cologne, or scented lotions. Uniforms may not smell of smoke
- h. All visible body art must be completely covered
- i. Chewing gum during the clinical experience is prohibited
- j. Shoes
- 1. Fully enclosed, clean, non-permeable black shoes with soft soles and heels, in good repair
  - 2. Shoe laces must be clean and black (no colored laces)
  - 3. Athletic shoes must be completely black without colored logos
  - 4. No high-top athletic shoes, canvas, cloth fabrics, clogs with no backs, sling-backs, or crocs with holes are permitted
- k. Uniforms must not restrict movement. Skin must not be exposed while bending or moving
2. FEMALE students:
- a. Scrub top and pants or skirt designated by the nursing program of the same fabric, clean, freshly laundered, free of wrinkles, stains, and odors which is of the appropriate size and fit and in good repair
  - b. Skirt must be knee length (to knee or top of knee)
  - c. A plain, collarless, round-neck, freshly laundered, white t-shirt may be worn under the scrub top. No design, pattern, or thermal/waffle weave material may be worn. Short sleeves may not hang below the sleeve of the uniform top.

- d. Underwear and bra should fully cover the area and be of a natural skin (no visible patterns, designs, logos, or lace)
  - e. Plain black socks extending above the ankle (no exposed skin may show between sock and pants leg when the student is seated) when wearing uniform pants.
  - f. Full-length, plain white pantyhose (no patterns) when wearing uniform skirt. Socks may not be worn with hose.
3. MALE students:
- a. Scrub top and pants designated by the nursing program of the same fabric, clean, freshly laundered, free of wrinkles, stains, and odors which is of the appropriate size and fit and in good repair
  - b. A plain, collarless, round-neck, freshly laundered, white short or long-sleeved shirt may be worn under the scrub top. No design, pattern, or thermal/waffle weave material may be worn. Short sleeves may not hang below the sleeve of the uniform top.
  - c. Plain white or skin-toned underwear (no visible patterns, designs, logos)
  - d. Plain black socks extending above the ankle (no exposed skin may show between sock and pants leg when the student is seated)
4. SPECIALTY areas
- 1. Individual dress code as dictated by the specialty area
  - 2. Occupational, Safety and Health Administration (OSHA) standards prohibit hospital-provided scrubs to be worn outside of the hospital (i.e. home) to prevent cross contamination of patients and the public. Violation can lead to a fine for the hospital and student and result in failure of student learning outcomes related to functioning within the framework and policies of the College, BSN Nursing Program, and Agency
5. Required equipment
- a. Conservative, well-fitting wrist watch that displays hours, minutes, and seconds.
  - b. Stethoscope. Cloth covers, or decorative items attached to stethoscope are prohibited.
  - c. Pens worn around the neck are prohibited.

**No smoking:** There is no smoking on the campuses of clinical agencies. This includes electronic cigarettes. The uniform may not smell of smoke.

### **Student Conduct While Providing Nursing Care Policy**

While providing nursing care to patients in a clinical setting, a student shall essentially adhere to the practice standards for the registered nurse: *Adapted from Ohio Administrative Code 4723-5-12; Effective 02/01/2014*. So doing includes, but is not limited to, compliance with the following requirements:

- A. A student shall, in a complete, accurate and timely manner, report and document nursing assessments or observations, the care provided by the student for the patient, and the patient's response to that care.
- B. A student shall, in an accurate and timely manner, report to the appropriate practitioner errors in or deviations from the current valid order.
- C. A student shall not falsify any patient record, or any other document prepared or utilized in the



course of, or in conjunction with, nursing practice. This includes, but is not limited to, case management documents or reports, or time records, or reports, and other documents related to billing for nursing services.

- D. A student shall implement measures to promote a safe environment for each patient.
- E. A student shall delineate, establish, and maintain professional boundaries with each patient.
- F. At all times when a student is providing direct nursing care to a patient, the student shall:
  - 1. Provide privacy during examination or treatment and in the care of personal or bodily need.
  - 2. Treat each patient with courtesy, respect, and with full recognition of dignity and individuality.
- G. A student shall practice within the appropriate scope of practice as set forth in division (B) of Section 4723.01 and division (B) (20) of Section 4723.28 of the Revised Code for a registered nurse.
- H. A student shall use standard blood and body fluid precautions established by 4723-20 of the Administrative Code.
- I. A student nurse shall not:
  - 1. Engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a patient;
  - 2. Engage in behavior toward a patient that may reasonably be interpreted as physical, verbal, mental, or emotional abuse;
  - 3. Misappropriate a patient's property or engage in behavior to seek or obtain personal gain at the patient's expense;
  - 4. Engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the patient's expense;
  - 5. Engage in behavior that constitutes inappropriate involvement in the patient's personal relationships; or
  - 6. Engage in behavior that may reasonably be interpreted as inappropriate involvement in the patient's personal relationships.
- J. The patient is always presumed incapable of giving free, full, or informed consent to sexual activity with the student nurse and as such, the student nurse shall not:
  - 1. Engage in sexual conduct with a client;
  - 2. Engage in conduct in the course of practice that may reasonably be interpreted as sexual;
  - 3. Engage in any verbal behavior that is seductive or sexually demeaning to a patient;
  - 4. Engage in verbal behavior that may reasonably be interpreted as seductive or sexually demeaning to a patient;
  - 5. Engage with a patient in sexual contact, as defined in Section 2907.01 of the Ohio Revised Code; or
  - 6. Engage in verbal behavior that is sexually demeaning or may be reasonably interpreted by the patient as sexually demeaning, regardless of whether contact or verbal behavior is consensual, unless the patient is a student's spouse.
- K. A student shall not self-administer or otherwise take into the body any dangerous drug (Section 4729-01, ORC) in any way not in accordance with a legal, valid prescription issued for the student, or self-administer any drug that is a schedule I controlled substance.
- L. A student shall not habitually indulge in the use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs ability to practice.
- M. A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of habitual or excessive use of drugs, alcohol, or other

chemical substances that impair the ability to practice.

- N. A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of a physical or mental disability.
- O. A student shall not assault or cause harm to a patient or deprive a patient of the means to summon assistance.
- P. A student shall not misappropriate or attempt to misappropriate money or anything of value by intentional misrepresentation or material deception in the course of practice.
- Q. A student shall not have been adjudicated by a probate court of being mentally ill or mentally incompetent, unless restored to competency by the court.
- R. A student shall not aid and abet a person in that person's practice of nursing without a license, practice as a dialysis technician without a certificate issued by the Board, or administration of medications as a medication aide without certificate issued by the State Nursing Board.
- S. A student shall not prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion.
- T. A student shall not assist suicide as defined in Section 3795.01 of the Revised Code.
- U. A student shall not submit or cause to be submitted any false, misleading or deceptive statements, information, or document to the nursing program, the faculty or preceptors, or to the Board.
- V. A student shall maintain the confidentiality of patient information. The student shall communicate patient information with other members of the health care team for health care purposes only, shall access patient information only for purposes of patient care or for otherwise fulfilling the student's assigned clinical responsibilities, and shall not disseminate patient information for purposes other than patient care or for otherwise fulfilling the student's assigned clinical responsibilities through social media, texting, emailing or any other form of communication.
- W. To the maximum extent feasible, identifiable patient health care information shall not be disclosed by a student unless the patient has consented to the disclosure of identifiable patient health care information. A student shall report individually identifiable patient information without written consent in limited circumstances only and in accordance with an authorized law, rule, or other recognized legal authority.
- X. A student shall not use social media, texting, emailing, or other forms of communication with, or about a patient, for non-health care purposes or for purposes other than fulfilling the student's assigned clinical responsibilities.

### **Student Nurse Performance of Specified Procedures**

(updated 6.16)

Certain procedures may be performed by student nurses as part of their clinical experience and education. Each student must be instructed in and have demonstrated competence in the procedure. Instruction may be in the form of theory presentation, clinical conference, skills laboratory, and/or individual instruction.

After student competence has been demonstrated, the student may perform independently those procedures not identified as needing direct supervision. In selected segments of second year nursing courses, faculty-identified individual instruction and evaluation of student competence can be done by a preceptor. All procedures require that the student request guidance and supervision as needed and that ultimately the faculty/preceptors make the final determinations as to the individual student's degree of

independence.

- A. Student performance of any procedure is determined by organizational and unit policies and the judgment and discretion of the faculty member and/or preceptor.
- B. Students must be aware of the agency policies regarding student nurse practices at all clinical locations. If the agency policy differs from the policy of The College, the stricter policy must be followed.
- C. Direct Supervision procedures require that a competent person be present with the student during the performance of the entire procedure. A competent person is defined as the faculty member or preceptor who has met agency/unit instructional and competency requirements for the procedure.
  - The following comprises a current listing of procedures which have been identified as **requiring direct supervision**. Although every effort has been made to be comprehensive in listing procedures, this list is not intended to be all inclusive. Procedures not specifically listed, as well as those listed, will be determined based on level of student education, appropriate instruction, individual student competence, individual unit or agency policy, and faculty/preceptor discretion and judgment.
    1. Draw blood from central lines.
    2. Change dressings on central lines.
    3. Assist a properly trained registered nurse in accessing implantable central venous access devices.
    4. Access Port-a-Cath.
    5. Administer of IV push medications: The specific medications students can administer are based on level of education, appropriate instruction, individual student competence, unit/agency policy, and faculty/preceptor discretion and judgment.
    6. Monitor vital signs during auto-transfusions.
    7. Administer Blood Transfusions/Blood Product
      - a. Students may perform the following once competency is demonstrated:
        - i. Take vital signs per organization/agency policy.
        - ii. Pre-medicate per physician's order.
        - iii. Monitor established drip rate and report rate to preceptor or designee
          1. The RN must make any changes in drip rate.
        - iv. Monitor patient for any reactions and report findings to the registered nurse.
- D. In all areas, including specialty areas, for all procedures that require specialized education/training of the registered nurse performing the procedures, students may be assigned to the RN doing the procedure for an observational learning experience.
- E. In all areas, students **MAY NOT**:
  1. Draw arterial blood gases.
  2. Confirm patient identification for initiation of blood transfusion.
  3. Witness consent or procedure verification forms.
  4. Acknowledge physician orders (on paper or electronically).
  5. Accept verbal orders from a physician.
  6. Remove any of the following:

- ET Tubes
- Swan-Ganz Catheters
- Temporary Pacing Wires
- Arterial Lines
- Central Lines
- Chest Tubes

## **Unsafe Practice Policy**

(added 8.17)

### A. Purpose

To establish clear expectations regarding student performance in the clinical setting and to explain the consequences of unsatisfactory, unsafe, or unethical student clinical practice.

### B. Accountability

Under the direction of the Chief Academic Officer and the Associate Dean of Nursing, Program Directors and all nursing faculty will be responsible for implementing this policy.

### C. Applicability

This policy shall apply to every student enrolled in a clinical nursing course.

### D. Definitions

- Unsatisfactory clinical practice is defined as a failure to perform up to the minimum standards established for the specific clinical experience.
- Unsafe or unethical clinical practice is defined as an occurrence, event or pattern of repeated behavior that places the patient, family or other in jeopardy and/or at an unacceptable level of risk for physical, psychosocial, or emotional harm (Scanlan, Care, & Gessler, 2001).

Every student in the program is expected to act in a safe and ethical manner consistent with the ANA Code of Ethics for Nurses.

### Examples of unsafe or unethical practice include, but are not limited to:

- Negligence in patient care.
- Unprofessional behavior either in the lab/simulation setting, or at the clinical agency.
- Substantiated act(s) of patient abuse, either physical or verbal.
- Ongoing unsatisfactory performance documented by the clinical instructors.
- Neglect of duty with actual cause or potential to cause patient harm.
- Fraudulent or egregious acts.
- Demonstrated and /or documented incompetence.
- Personal conduct that adversely effects the learning environment and /or the instructor's ability to perform his/her responsibilities.
- Exhibiting aggressive or intimidating behavior (eg. Profanities, threats, loud talking, rudeness, verbal coercion) toward or in the presence of faculty, staff, peers, patients/clients or agency personnel.
- Falsifying a client's record.
- Violation of HIPAA regulations (i.e. breach of clients' confidentiality).
- Failure to adhere to principles of safe nursing practice (i.e. safe medication administration).

- Inadequate preparation for clinical responsibilities.
- Inability to recognize limitations and/or failure to seek appropriate help in time-sensitive situations.
- Dishonest communication with clients, families, faculty and/or agency staff.
- Denying responsibility for one's actions.

### Continuum of Unsafe Practice

Unsafe practice occurrences, behavior, or patterns of behavior can pose differing levels or degrees of risk and/or harm to the client that can be presented along a continuum from minimal risk (Level 1) to unacceptable risk (Level 2) to high risk or actual harm (Level 3).

#### **Level 1**

A demonstration of, or potential for, unsafe practice where an occurrence, event, attitude, or student behavior presents minimal risk for client harm. The clinical instructor would initiate a focused assessment process to further determine whether student practice is safe.

It is recognized that safety of student clinical practice is a dynamic situation and a potential for unsafe practice, Level 1, may escalate at any time to Level 2 or 3 and, at that time, require the clinical instructor to initiate a clinical contract or student dismissal from the college.

Examples of Level 1 unsafe practices are: a comment that appears to reflect unprofessional attitude, a 'near miss', and incomplete preparation for clinical.

#### **Level 1: Focused Assessment Process (Potential for Unsafe Practice)**

The clinical instructor:

1. Identifies and discusses with the student an occurrence, behavior, or characteristic that reflects a potential for unsafe student practice.
2. Initiates and describes the focused assessment process with the student.
3. Collaboratively discusses strategies for the student to demonstrate positive progress. Some potential strategies could include, but are not limited to: focused questioning corrective feedback, role modeling, coaching, problem solving, additional readings or learning activities, and/or other teaching strategies.
4. Records anecdotal clinical notes.
5. Continues to assess and promote student progress.
6. Initiates either Level 2 or 3 process if unsafe practice is determined.

The student:

1. Listens and acknowledges that s/he heard the clinical instructor's description of an occurrence or behavior that reflects a potential for unsafe student practice.
2. Collaboratively discusses strategies for positive progress.
3. Implements the suggested strategies.
4. Demonstrates positive progress.

## **Level 2**

Unsafe practice is an occurrence, event, attitude, student behavior, or pattern of behavior that places the patient or others at an unacceptable risk for harm (physical, emotional, psychosocial).

With Level 2 unsafe practice, the clinical instructor initiates a clinical contract with the student.

Examples of Level 2 unsafe practice include, but aren't limited to, repeated medication errors, inadequate knowledge about medications, and lack of preparation for patient care.

Unsafe student practice is identified or assessed and described by the clinical instructor using the clinical contract form.

### **Level 2 Clinical Learning Contract**

When the clinical instructor observes Level 2 unsafe practice, a clinical learning contract is initiated.

The clinical Instructor:

1. Informs and consults with the course lead and Program Director throughout the clinical learning contract.
2. Describes the Level 2 process for the student and discusses the potential to proceed to Level 3 if Level 3 unsafe nursing practice occurs.
3. Initiates the clinical learning contract:
  - a. Discusses the situation and collaboratively develops a clinical learning contract that specifies:
    - i. Action plan for improvement
    - ii. Evidence that demonstrates achievement of safe practice
    - iii. A date to determine whether safe practice has been achieved
  - b. Regularly assess documents, and discusses student progress
  - c. Meets with student on the date specified to inform the student whether conditions/goals for safe practice have been achieved.

The student:

1. Within 48 hours, the student meets with the clinical instructor, discusses the situation, and collaboratively develops a clinical learning contract that specifies:
  - a. Action plan for improvement
  - b. Evidence that demonstrates achievement of safe practice
  - c. A date to determine whether safe practice has been achieved
  - d. Meets with the clinical instructor on the date specified on the clinical learning contract.
  - e. Discusses degree of progress on the action plan for improvement.
2. Potential outcomes of Level 2 supplemental process are possible:
  - a. Successful achievement of action plan with continued assessment of clinical course outcomes by the clinical instructor.
  - b. Failure to achieve the action plan. As soon as possible the clinical instructor:
    - i. Reports the student failure to the course lead and Program Director
    - ii. Informs the student verbally and in writing that a grade of F is the final assigned clinical course grade.

## **Level 3**

Unsafe practice is an occurrence, student behavior, or pattern of behavior that compromises patient safety and results in high risk for harm, or actually harms the patient or others.

Level 3 unsafe practice requires initiation of the immediate suspension process (policy in College Catalog) whereby a student is not permitted to attend clinical. Level 3 unsafe practice is inconsistent with safe, competent client care, and results in high risk for harm, or actual harm.

Examples of Level 3 unsafe practice occurrences include, but are not limited to student:

- Breach of patient confidentiality or privacy;
- Display of violent behavior, angry emotional outbursts;
- Display of anxiety, stress, or behaviors that raise the risk for patient harm;
- Practice error or adverse event (i.e. medication, procedure, or treatment)
- Consistent display of inappropriate level of nursing knowledge, skill and/or ability to plan and deliver safe nursing care.

### **Level 3: Suspension Process**

It is recognized that Level 3 unsafe practice can occur at any point during the clinical rotation and requires the clinical instructor to initiate the immediate suspension process. Level 3 unsafe practice is an occurrence, student behavior or characteristic that compromises patient safety and results in high risk for harm, or actually harms the patient or others.

Level 3 unsafe practice is inconsistent with the ANA Code of Ethics and places the client at unacceptable risk for harm or actually causes harm.

When level 3 unsafe nursing practice is observed, or reported by another:

The clinical instructor:

1. Documents in detail a written report of the unsafe practice case and circumstances, setting out the name of the student, the alleged facts, a description of the unsafe nature of the practice, and grounds warranting suspension, including names and evidence from witnesses, if applicable.
2. Advises the student that the suspension process has been initiated.
3. Discusses with the student the incident that lead to the suspension process.
4. Meets to discuss the situation with the course lead, Program Director, and Associate Dean, Nursing.
5. Provides student, Program Director and Associate Dean, Nursing with written documentation of information about the incident(s).

The student

- Discusses the situation with the clinical instructor.
- Leaves the clinical setting.
- Does not return to clinical practice.
- Waits to hear from the Associate Dean, Nursing who will contact the student within 48 hours to explain the process.

Records: All documentation of unsafe practice policy will be kept in the student's file found in Registrar's office.

## Clinical Skills and Simulation Standards of Practice

(updated 8.3.15, 8.17, 8.18)

The Skills and Simulation Lab is provided to all students in clinical nursing courses under the supervision of faculty, adjunct faculty, Skills Lab/Simulation Coordinator. The labs are designed to provide opportunities for students to learn and practice all of the clinical skills necessary for providing safe patient care. There is some formal teaching and available practice hours. Students learn in a safe environment in groups or small practice sessions.

Each student is supplied with a skills lab “practice” bag containing many of the supplies needed to practice the skills. Each student should plan on re-using their supplies throughout the semester, especially IV tubing and Foley catheters.

The labs are equipped with disposable supplies as well as electronic equipment utilized in patient care. Labs are found in rooms 213, 215, and 244 and are equipped with flat screen TVs for videos and utilization of electronic resources.

A lab located on 5W of TCH is also utilized for simulations that occur throughout all of the nursing courses.

The lab is also used for all physical assessment courses.

Many of the nursing courses provide simulation as a prerequisite for actual clinical time spent in the hospital. At The Christ College of Nursing and Health Sciences, we consider the skills labs to be a replica of the “patient environment.” As such,

- **There is NO eating drinking or sitting and reclining in the beds.**
- All cell phones should be turned to silent mode.
- All students are required to wear their name badges.
- During physical assessment lab hours students are paired up with another student for assessment practice.
- There is no specific dress code for the lab. Wear clothing appropriate for bending, stretching and moving about.

### Lab Locations

- 213 Simulation room
- 215 Front
- 215 Back
- 243
- 244
- 211 Skills lab/Simulation personnel office
- TCH 5W
- Various other locations are utilized at different points in the semester

The following guidelines are important for helping the student transition to a professional nursing role.

### Physical and Emotional Requirements



Students are expected to participate in physical assessments of fellow students. Privacy curtains are provided, and discretion is used in all courses. Students may experience emotions during simulation activities with manikins or standardized patients.

The following skills are required:

- Mobility- Physical ability, flexibility, strength
- Motor Skills - Coordination and dexterity
- Comprehension - Ability to process information and perform calculations
- Tactile - Use of touch
- Hearing - Use of auditory sensations
- Vision - Use of sight
- Critical Thinking - Ability to problem solve
- Communication - Speak, read and write and use English language effectively.
- Behavioral - Emotional and mental stability

### Safety

Personal safety of the student is essential. It is the student's responsibility to familiarize themselves with the operation and function of the beds and over the bed tables.

- Do not lean on tables
- Do not sit on backs of chairs or beds
- Report broken or unsafe equipment to Skills Lab or Simulation coordinator
- Take precautions to prevent injuries when uses sharps and needles.
- Report all injuries to Skills Lab or Simulation coordinator
- Injured or ill students will be transported to the Emergency Department.
- Students are NOT PERMITTED to practice sticking each other with needles or IV syringes. Nor are they permitted to check blood sugar via the Accucheck machines.
- Students may use their personal laptops or electronic pads in the lab.

### Personal Items

There are no storage facilities in the labs. Students may leave their backpacks on chairs or on the floor. The lab is not responsible for lost or stolen items. Many items that are left behind can be found in Office 211. Students are advised to write their names on phones, laptops, book bags and stethoscopes.

### Infection Control

- Students with fevers or infections should not come to the lab.
- Students are expected to perform handwashing prior to interacting with the manikins. Hand sanitizers are available in the lab.
- Do not use ink pens near the manikins—even when practicing IV starts and writing the date on the Tegaderm (ink leaks through to the manikin and leaves a permanent mark).
- All equipment in the lab, including the beds and bedside tables, is wiped down on a regular basis with disinfectant wipes.

### House Keeping

- Prior to leaving the lab, students are asked to throw used disposable items in the trash and to place all manikins back in the beds in good alignment. Look at the lab as your patient's room, leave it looking neat, orderly with beds in low position and two side rails up.

### Scheduling

- Skills labs are open for practice during certain hours each day of the week.
- NUR 220 and 221 utilize the labs for a great deal of the time during the week.
- A schedule of available hours will be posted on the bulletin board outside of room 215.
- Emails can be sent to [marissa.burroughs@thechristcollege.edu](mailto:marissa.burroughs@thechristcollege.edu) or [Sheri.Johnson-strodes@thechristcollege.edu](mailto:Sheri.Johnson-strodes@thechristcollege.edu) to schedule a specific practice time.
- Open hours are available according to the calendar outside of room 215.
- If you have an appointment and need to cancel, please email one of the above skills lab emails.
- Off hour appointments are available by talking to the skills lab in person. Often times, students' schedules are very complicated.

## **STUDENT HEALTH POLICIES**

(updated 8.3.15)

Pre-entrance medical records and completion of medical requirements are mandatory.

The Department of Nursing works in collaboration with the Employee Health Department of The Christ Hospital Health Network. Through this partnership, students are able to obtain a physical examination, drug screening, immunizations, yearly flu vaccines, yearly TB testing, and health screening requirements. Students pay a one-time fee for this service. This fee is included in tuition costs.

Students must bring all vaccination and health records to Employee Health of The Christ Hospital Health Network for entry into the system.

### **Physical Examination and Drug Screening**

- A. Students are required to obtain a physical exam through Employee Health of The Christ Hospital Health Network, documenting evidence of good physical and mental health, date of the exam, and physician's signature prior to the beginning of the nursing program.
- B. A negative urine drug screen is required and must be completed at Employee Health. Additional testing may be required per agency policy and/or suspicion of drug or alcohol use at student's expense.

### **Health Screening and Immunization Requirements**

- A. Requirements prior to ENTRY into the nursing program includes:
  1. Tuberculin (TB) Test
    - a. If a student has a positive TB test, documentation must be provided of the amount of induration at the skin test site and a chest X-ray showing no evidence of disease must be on file. The chest X-ray is valid for a period of time as designated per clinical agency.
  2. Documentation with dates of the following vaccines/immunizations:
    - a. One Tetanus-Diphtheria-Pertussis (Tdap) booster after the age of 12 years, must include Pertussis and be within last ten (10) years. Documentation of vaccination booster must be provided if over ten (10) years.
    - b. Two doses of the measles, mumps, and rubella (MMR) vaccine.
    - c. Varicella (Chicken Pox) vaccine proof of immunity through one of the following:
      - i. Physician statement of having history of chicken pox disease
      - ii. Two doses of the varicella vaccine
      - iii. A copy of actual lab results indicating a positive varicella titer (value over 1.10)
    - d. At least two (2) doses of the three-dose Hepatitis B vaccine series are required prior to the

- start of the first clinical day. Series must be completed.
3. If documentation of the above vaccines cannot be obtained, titers will be drawn.

B. Requirements after admission to the nursing program:

1. An annual TB test is required during the annual TB screening period for The Christ Hospital Health Network.
2. An annual flu vaccine is required by the date specified by the clinical agency.
  - a. If the student is not able to receive the vaccine, a physician's letter must be provided including the reason (i.e. allergy).
  - b. The student must follow the protective stipulations of The Christ Hospital Health Network and the clinical agency.

C. Clinical agencies may also require additional immunizations and it is the student's responsibility to schedule the immunization(s), pay for the immunization(s), and provide official proof of having met the immunization requirement

D. If one or more of the above health requirements are not complete by the due date, the student will be suspended from class and clinical.

### Illness in the Classroom, Lab and Clinical Settings

(Reviewed 8.3.15, 8.16)

See College Catalog for policy

### Medical Situations

- A. Any condition that impairs functioning and/or for which the student is currently being treated is to be individually evaluated by the faculty member, BSN Program Director, and the Associate Dean, Nursing or designee in regard to the student's ability to give patient care.
1. Infectious Conditions: If a student has symptoms of an acute communicable disease, arrangements are to be made for the student to be taken home or, if necessary, admitted to the hospital.
  2. Surgery: If elective surgery is performed, upon return the student must be able to assume his or her full responsibility the first day of the return to class or clinical. A medical release submitted to the BSN Program Director or designee, permitting a return to the College is required.
  3. Hospitalization: Students who have been assigned to clinical areas and who have been hospitalized must provide a medical release to the BSN Program Director or designee, upon return to class or clinical.
  4. Illness and Convalescence: Any student under the care of a physician for an illness or condition that prevents attendance and/or full participation in the clinical experience is required to have a medical release signed by a physician stating that the student is capable of performing clinical activities with or without limitations. The medical release provides data for a final decision on a student's return to clinical by the faculty and BSN Program Director or designee.

### Medical Releases

- A. Medical Release Without Limitations: A release stating that the student may return to clinical duty without limitations implies that, in the physician's opinion, the student's performance and function will not be a safety risk to patients, healthcare members or other students.

1. The release signed by the student's physician should state: "(Student name) may return to clinical without limitations on (date)."
  2. A medical release without limitations is required for a student to return to full participation in clinical activities.
- B. **Medical Release With Limitations**: A medical release that includes limitations should have a detailed listing of the limitations and the timeframe for the limitations.
1. The student's return to full participation in clinical activities may be denied.
  2. It will be up to the discretion of the clinical faculty and the BSN Program Director or designee, to decide if the restrictions will interfere with patient safety and student safety and performance.

### **Blood Borne Pathogen Exposure Procedure**

(updated 8.17)

Assessment and treatment for needle stick occurrences at The Christ Hospital will be provided by The Christ Hospital Disability Management Department and follow The Christ Hospital Health Network Blood and Body Fluid Exposure Protocols.

Assessment and treatment for needle stick occurrences at an outside agency should be in accordance with agency policy.

### **Student Injury**

(updated 8.17)

In the event a student sustains an injury during the clinical experience:

1. The student should report injury to clinical faculty.
2. The policy at the clinical agency for reporting such injuries should be followed.

### **Financial Responsibility**

The College does not assume financial responsibility for illnesses and injuries experienced by students in conjunction with their clinical experience.

- A. Visits to the emergency room for illness or injury occurring while in the role of student will not be covered by the hospital or the College. The student will be billed for services and Workers' Compensation will not be applied.
- B. Assessment and treatment for needle stick occurrences at an offsite clinical facility will be provided according to the protocols of that specific facility.
- C. Costs for expensive or prolonged treatment or laboratory diagnostic work will not be assumed by the College.
- D. The student shall assume the cost of routine laboratory work taken for any condition existing prior to or at the time of entrance to the College.
- E. Any dental work incurred is at the student's expense.

# OHIO BOARD of NURSING LICENSURE PROCEDURES

## Licensure Requirements

- A. Prospective students are advised that, when applying for the state licensure examination, there is a requirement to indicate whether or not they have ever been convicted of a misdemeanor, felony or diagnosed with and/or treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorders.
- B. A positive response to this question may disqualify the candidate for licensure.
- C. The Ohio Board of Nursing (OBN) makes all eligibility decisions.

## Application Process

(updated 12.12.15, 8.16, 8.17)

- A. Completion of the Application - Use **College Code: US20510000** - THE CHRIST COLLEGE OF NURSING AND HEALTH SCIENCES - BSN
  - 1. The application for Nurse Licensure by Examination in Ohio is available on the OBN website at Licensure and Renewal.
  - 2. All license and certificate applications must be submitted online.
  - 3. You will be required to register with a new user account profile the first time you apply for a license or certificate in Ohio.  
[https://elicense.ohio.gov/OH\\_CommunitiesLogin](https://elicense.ohio.gov/OH_CommunitiesLogin)
  - 4. No paper applications or payment will be accepted.
  - 5. Submit the completed application electronically to the Ohio Board of Nursing (OBN) as required by the Board with the applicable licensure fee, as set forth in Section 4723.08 of the Revised Code
    - a. Costs associated with the application are subject to change and are the responsibility of the student.
- B. Completion of Background Check
  - 1. Submit to FBI (federal) and BCI (civilian) background checks that result in findings that the applicant has not been convicted of, pled guilty to, or had a judicial finding of guilt for any violation set forth in Section 4723.09 of the Revised Code;
  - 2. The Ohio Revised Code requires those applying for a license or certificate issued by the Ohio Board of Nursing (Board) to submit fingerprints for an FBI (federal) and BCI (civilian) criminal records check completed by the Bureau of Criminal Identification and Investigation (BCI). Locate information regarding the Background Check at  
<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing>.
  - 3. The Board cannot, by law, complete the processing of your application until the Board receives **BOTH** background check reports.
  - 4. The applicant must request that **BOTH** reports be sent to the Board **DIRECTLY** from BCI, or they will not be accepted by the Board.
- C. Completion of Pearson Vue Registration

1. Complete the registration process for examination required by Pearson VUE, the testing service that administers the NCLEX Exam. Visit <http://www.pearsonvue.com/nclex/> to review the most up to date candidate bulletin.
2. The NCLEX examination fee is approximately \$200. Costs associated with the NCLEX-RN® are subject to change and are the responsibility of the student.

#### D. Completion of Program Requirements

1. After the completion of all program requirements have been verified, the Department of Nursing will submit the Certification of Program Completion Letter. The Department of Nursing will submit this Letter of Completion within four weeks of graduation.

The name on the program completion letter must match the name on your application for licensure. The name on your diploma is the name that we use on the completion letters. Make sure that you use the same name on your application.

#### E. Authorization to Test (ATT)

1. After all applications and fees have been received, the student will receive an Authorization to Test (ATT) number.
2. This number is used to register for a test date with Pearson VUE.

#### F. Accommodations for the NCLEX-RN® Exam

1. In accordance with requirements of the [National Council of State Boards of Nursing \(http://www.ncsbn.org/\)](http://www.ncsbn.org/), the OBN has developed a procedure for maintaining the psychometric integrity of the examination while responding to the special needs of applicants with disabilities who are eligible for admission to the NCLEX-RN® exam.
2. Disabilities should be brought to the Board's attention as early as possible (6 months preferred) before the time the applicant wishes to test.
3. All correspondence and inquiries should be addressed to the Operations Manager at the Ohio Board of Nursing, 77 South High Street, Columbus, OH 43266-0316, 614/466-9800.

- G. If you plan to become licensed in a state other than Ohio, you will need to follow that state's guidelines for licensure but the NCLEX registration/examination is the same for all states.

## Appendix A: Definition of Terms

(updated 8.15, 8.17, 8.18)

The following glossary outlines definitions for terms not previously addressed in either the Philosophy and/or Conceptual Framework of the Nursing Program. As a constantly evolving document, additions, clarifications, and revisions are to be expected.

1. **Accountability:** The state of being answerable for one's actions. Professional nurses and students answer to themselves, the patient, the profession, the employing institution, and society for the effectiveness of nursing care performed.
2. **Advanced Standing:** (updated 6.17) Academic credit granted for prior nursing courses or transfer credit awarded by a program for a student's prior clinical experience and coursework.
3. **Capstone:** Active learning project that is ongoing throughout a course of study that requires significant effort in planning and implementation, and culminates in a final paper and presentation (Duke Law, 2013)
4. **Clock Hour:** Allotted time for the presentation of and activities used to address theoretical content. A clock hour is a 50-minute period.
5. **Clinical Course:** A nursing course that includes clinical, lab, and/or observation experiences designed to meet course outcomes.
6. **Clinical Evaluation Categories:** (updated 8.3.15)
  - a. Satisfactory: Student requires minimal cueing or guidance to demonstrate achievement of student learning outcome.
  - b. Needs Improvement: Student needs consistent cueing or guidance to demonstrate achievement of student learning outcomes
  - c. Unable to Evaluate: No opportunity to demonstrate achievement of student learning outcomes.
  - d. Unsatisfactory: Student has not met minimum requirements to meet the student learning outcomes.
4. **Clinical Hours (Total):** Time within a clinical nursing course which incorporates the following experiences as defined by the Ohio Board of Nursing (OBN): (updated 8.3.15) OAC 4723-5-01, effective 02/01/2012
  - a. Clinical Experience (Direct Care): an activity planned to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the supervised delivery of nursing care to an individual or group of individuals who require nursing care.
  - b. Laboratory Experience (Indirect Care): an activity planned to meet course objectives or outcomes and to provide a nursing student with the opportunity to practice cognitive, psychomotor, and affective skills in the performance of nursing activities or tasks in a simulated clinical environment, which may include the opportunity to practice nursing skills through the reproduction of life-like health care experiences using computerized models and simulator programs.
  - c. Observational Experience: faculty assigned learning experiences during which a student observes the delivery of care to patients but does not participate in providing nursing care.
7. **Clinical Immersion:** A curricular model in which a student gains increasing competency and accountability throughout a nursing program of study, culminating in immersion in the clinical arena

during senior year (Diefenbeck, Plowfield, & Herrman, 2006).

8. **Clinical Instruction:** Faculty planned learning opportunities for students during direct and indirect care experiences.
9. **Clinical Integration Seminar:** Didactic seminars that accompany clinical immersion experiences. These seminars help students to synthesize concepts from the perspective of their clinical immersion experiences.
10. **Clinical Intensive:** Senior year clinical experiences in which the student is immersed in the clinical setting for up to four days per week. The Clinical Intensive experience is accompanied each semester by the Clinical Integration Seminar.
11. **Clinical Judgment:** Interpretations and inferences that influence actions in clinical practice, impacting safety and quality of care. (Nielsen & Lasater, 2013)
12. **Clinical Agency/Facility/Site:** The entire location where the assigned direct or indirect care takes place.
13. **Communication Skills:** Consists of effective self-expression and exchange of information for meeting one's needs in the classroom and clinical setting.
14. **Community:** A segment of the external environment composed of individuals, families, and local and/or global groups.
15. **Competency:** The demonstration of the requisite knowledge, skills, attitudes and behaviors in the performance of a nursing activity.
16. **Competency Skills Testing:** Testing incorporated into a nursing course as a means of assessing a level of competency for identified skills as required by the course.
17. **Concept-based Curriculum:** A curriculum built around nursing concepts that provides the learner with an understanding of essential components of nursing practice without becoming saturated with content about specific disease processes and facts specific to each clinical specialty area. Links are created as concepts are applied to various practice arenas and situations. (Giddens, 2013)
18. **Conceptual Framework:** Key concepts and basic themes drawn from the philosophy of the nursing program, which form the basis for the curriculum.
19. **Continuity of Care:** Coordination of services to provide an uninterrupted provision of care to a patient through all phases of care.
20. **Course:** A group of related learning experiences which are directed toward achievement of specific student learning outcomes.
21. **Critical Thinking:** Active, purposeful, organized, cognitive process used to carefully examine one's thinking for critical analysis and synthesis of available information utilized in making appropriate clinical judgments based on evidence.
22. **Curriculum:** All theory components (classroom), clinical components (direct care), and laboratory



experiences (indirect care) that must be successfully completed for admission to licensure examinations.

23. **Evidence:** Information that supports or disputes a variety of scenarios in healthcare, for example the efficacy of treatment or the use of a diagnostic tool (Giddens, 2013)
24. **Evaluation Methods:** Evaluation of learning across courses may include but is not limited to use of the following methods: analysis of written work, comprehensive final examinations, direct observation of students in a variety of clinical areas, mid-semester and final evaluation conferences, return demonstrations, skill competency testing, standardized testing, student self-evaluation, and unit examinations.
25. **Guidance:** The act or process of assisting a student to achieve competent performance and/or successfully meet student learning (course)/program outcomes.
26. **Health Policy:** A form of public policy, decided upon by governments or other authorized entities, that is the result of choices and resource allocations made to support health-related goals and priorities (Giddens, 2013)
27. **Healthcare Informatics:** The science that encompasses information science and computer science, and supports the storage, analysis, and dissemination of healthcare information (Giddens, 2013)
28. **Interprofessional Healthcare Team:** The interdisciplinary healthcare team.
29. **Lifelong Learning:** The type of learning that is facilitated by active learning strategies such as problem-based or team-based learning (Rowles & Russo, 2009)
30. **Nurse Generalist:** A professional nurse capable of beginning practice in a variety of health care delivery settings.
31. **Outcome Assessment:** An ongoing and evolving system of processes and activities that assesses student learning through the curriculum and results in continuous improvement of student learning.
32. **Patient/Client:** The recipient of nursing care or services. May be individuals, families, groups or communities.
33. **Philosophy:** Beliefs about the nature of the individual, society or community, nursing, health, teaching, and learning.
34. **Preceptor:** A licensed nurse who meets Ohio Board of Nursing requirements, who provides supervision of a student's clinical experience at the clinical agency in which the preceptor is employed. A preceptor implements the clinical education plan to no more than two students at any one time and at the direction of an assigned faculty member.
35. **Program Goals:** Statements that identify the ends toward which the efforts of the program are directed.
36. **Quality Improvement:** Systematic and continuous actions which lead to measurable improvement in healthcare services and health status of targeted patient groups (United States Department of Health and Human Services, 2013)

37. **Regulatory Environments:** The definition of the obligations and boundaries of nursing and healthcare practice, and the regulation and enforcement of these obligations and boundaries (AACN, 2008).
38. **Service Learning:** A hands-on experience in which the student provides service to assist a community or population while engaging in a reflective learning experience that meets student learning outcomes (National Service Learning Clearinghouse, 2013)
39. **Simulation:** (updated 8.17. OAC 4723-5-01, effective 04.01/2017): "Patient simulation" means the replication of a real-world patient in situ through accurate representations of patient cues and stimuli that a student is to observe, analyze, interact, and respond to with right nursing judgments and actions. The replication may be provided through the use or combination of low fidelity, mid- or moderate fidelity, or high-fidelity experiences.
- High fidelity means experiences using full scale computerized patient simulators, virtual reality or standardized patients that are extremely realistic and provide a high level of interactivity and realism for the learner.
  - Mid or moderate fidelity means experiences that are more technologically sophisticated, such as computer-based self-directed learning systems simulations in which the participant relies on a two-dimensional focused experience to problem solve, perform a skill, and make decisions, or which use mannequins that are more realistic than static low- fidelity ones and have breath sounds, heart sounds and/or pulses.
  - Low fidelity means experiences such as case studies, role-playing, using partial task trainers or static mannequins to immerse students in a clinical situation or practice of a specific skill.
40. **Skills/Simulation Lab:** An area provided for the enhancement of student learning through demonstration, practice, remediation, simulation, and evaluation of skills and assessment techniques.
41. **Student Learning Outcomes (Course Outcomes):** The cognitive, psychomotor, and/or affective knowledge, attitudes, skills and behaviors to be learned by a student upon completion of a course. They are also the culmination of all learning experiences for a particular course.
42. **Student Learning Outcomes (Program Outcomes):** The cognitive, psychomotor and affective knowledge, attitudes, skills and behaviors to be learned by a student upon completion of the program.
43. **Teaching Strategies:** A system of instructional processes designed to assist students to meet student learning outcomes towards the achievement of program outcomes.
44. **Unit:** A subdivision of a course.
45. **Virtual Reality:** the computer-generated simulation of a three-dimensional image or environment that can be interacted with in a seemingly real or physical way by a person using special electronic equipment (Oxford Dictionary, 2018).

## Appendix B: BSN Program and Nursing Course Outcome Mapping

(updated 8-2016)

4723-5-13 Curriculum for a Professional Nursing Program – summary reflecting internal consistency between program outcomes and course outcomes

| Program Outcomes  | Sophomore   | Junior   | Senior   |
|---|---|--|--|
| 1. Apply appropriate evidence to improve healthcare outcomes.                           | <ul style="list-style-type: none"> <li>NUR220: Health Assessment</li> <li>NUR221: Nursing Skills: Concepts of Quality/Safety</li> <li>NUR297: Professional Development Concepts</li> <li>NUR298: Professional Development Concepts</li> </ul> | <ul style="list-style-type: none"> <li>NUR305: Health &amp; Illness Concepts across Lifespan I</li> <li>NUR307: Concepts of Intellectual Inquiry</li> <li>NUR309: Professional Nursing Concepts</li> <li>NUR397: Professional Development Concepts</li> <li>NUR311: Health &amp; Illness Concepts across Lifespan II</li> <li>NUR313: Concepts in Population Health</li> <li>NUR398: Professional Development Concepts</li> </ul>  | <ul style="list-style-type: none"> <li>NUR410: Clinical Intensive I</li> <li>NUR412: Clinical Intensive II</li> <li>NUR497: Professional Development Concepts</li> <li>NUR414: Clinical Intensive III</li> <li>NUR416: Clinical Intensive IV</li> <li>NUR498: Professional Development Concepts</li> </ul> |
| 2. Utilize healthcare informatics safely and accurately in the delivery of quality care | NA  | <ul style="list-style-type: none"> <li>NUR305: Health &amp; Illness Concepts across Lifespan I</li> <li>NUR307: Concepts of Intellectual Inquiry</li> <li>NUR311: Health &amp; Illness Concepts across Lifespan II</li> <li>NUR313: Concepts in Population Health</li> <li>NUR398: Professional Development Concepts</li> </ul>  | <ul style="list-style-type: none"> <li>NUR410: Clinical Intensive I</li> <li>NUR412: Clinical Intensive II</li> <li>NUR497: Professional Development Concepts</li> <li>NUR414: Clinical Intensive III</li> <li>NUR416: Clinical Intensive IV</li> <li>NUR498: Professional Development Concepts</li> </ul> |
| 3. Employ critical thinking and clinical reasoning to care for diverse populations      | <ul style="list-style-type: none"> <li>NUR220: Health Assessment</li> <li>NUR221: Nursing Skills: Concepts of Quality/Safety</li> <li>NUR298: Professional Development Concepts</li> </ul>  | <ul style="list-style-type: none"> <li>NUR305: Health &amp; Illness Concepts across Lifespan I</li> <li>NUR307: Concepts of Intellectual Inquiry</li> <li>NUR309: Professional Nursing Concepts</li> <li>NUR397: Professional Development Concepts</li> <li>NUR311: Health &amp; Illness Concepts across Lifespan II</li> <li>NUR312: Concepts in Leadership and Health Care Delivery</li> <li>NUR313: Concepts in Population Health</li> <li>NUR398: Professional Development Concepts</li> </ul> | <ul style="list-style-type: none"> <li>NUR410: Clinical Intensive I</li> <li>NUR412: Clinical Intensive II</li> <li>NUR497: Professional Development Concepts</li> <li>NUR414: Clinical Intensive III</li> <li>NUR416: Clinical Intensive IV</li> <li>NUR498: Professional Development Concepts</li> </ul> |

| Program Outcomes  | Sophomore   | Junior  | Senior   |
|---|---|---|--|
| 4. Lead the healthcare team in solving contemporary issues to improve patient outcomes  | <ul style="list-style-type: none"> <li>• NUR220: Health Assessment</li> <li>• NUR221: Nursing Skills: Concepts of Quality/Safety</li> </ul>   | <ul style="list-style-type: none"> <li>• NUR305: Health &amp; Illness Concepts across Lifespan I</li> <li>• NUR307: Concepts of Intellectual Inquiry</li> <li>• NUR311: Health &amp; Illness Concepts across Lifespan II</li> <li>• NUR312: Concepts in Leadership and Health Care Delivery</li> <li>• NUR398: Professional Development Concepts</li> </ul>   | <ul style="list-style-type: none"> <li>• NUR410: Clinical Intensive I</li> <li>• NUR412: Clinical Intensive II</li> <li>• NUR497: Professional Development Concepts</li> <li>• NUR414: Clinical Intensive III</li> <li>• NUR416: Clinical Intensive IV</li> <li>• NUR498: Professional Development Concepts</li> </ul> |
| 5. Collaborate with the interprofessional healthcare team to ensure quality and safety. | <ul style="list-style-type: none"> <li>• NUR298: Professional Development Concepts</li> </ul>   | <ul style="list-style-type: none"> <li>• NUR305: Health &amp; Illness Concepts across Lifespan I</li> <li>• NUR307: Concepts of Intellectual Inquiry</li> <li>• NUR309: Professional Nursing Concepts</li> <li>• NUR311: Health &amp; Illness Concepts across Lifespan II</li> <li>• NUR312: Concepts in Leadership and Health Care Delivery</li> <li>• NUR313: Concepts in Population Health</li> <li>• NUR398: Professional Development Concepts</li> </ul>   | <ul style="list-style-type: none"> <li>• NUR410: Clinical Intensive I</li> <li>• NUR412: Clinical Intensive II</li> <li>• NUR497: Professional Development Concepts</li> <li>• NUR414: Clinical Intensive III</li> <li>• NUR416: Clinical Intensive IV</li> <li>• NUR498: Professional Development Concepts</li> </ul> |
| 6. Demonstrate professionalism in the nursing role                                      | <ul style="list-style-type: none"> <li>• NUR220: Health Assessment</li> <li>• NUR221: Nursing Skills: Concepts of Quality/Safety</li> <li>• NUR297: Professional Development Concepts</li> <li>• NUR298: Professional Development Concepts</li> </ul> | <ul style="list-style-type: none"> <li>• NUR305 : Health &amp; Illness Concepts across Lifespan I</li> <li>• NUR307: Concepts of Intellectual Inquiry</li> <li>• NUR309: Professional Nursing Concepts</li> <li>• NUR397: Professional Development Concepts</li> <li>• NUR311: Health &amp; Illness Concepts across Lifespan II</li> <li>• NUR312: Concepts in Leadership and Health Care Delivery</li> <li>• NUR313: Concepts in Population Health</li> <li>• NUR398: Professional Development Concepts</li> </ul> | <ul style="list-style-type: none"> <li>• NUR410: Clinical Intensive I</li> <li>• NUR412: Clinical Intensive II</li> <li>• NUR497: Professional Development Concepts</li> <li>• NUR414: Clinical Intensive III</li> <li>• NUR416: Clinical Intensive IV</li> <li>• NUR498: Professional Development Concepts</li> </ul> |

| Program Outcomes  | Sophomore   | Junior  | Senior   |
|---|---|---|--|
| 7. Apply an understanding of health policy and regulatory environments in patient care. | <ul style="list-style-type: none"> <li>• NA</li> </ul>  | <ul style="list-style-type: none"> <li>• NUR307: Concepts of Intellectual Inquiry</li> <li>• NUR312: Concepts in Leadership and Health Care Delivery</li> <li>• NUR398: Professional Development Concepts</li> </ul>  | <ul style="list-style-type: none"> <li>• NUR410: Clinical Intensive I</li> <li>• NUR412: Clinical Intensive II</li> <li>• NUR497: Professional Development Concepts</li> <li>• NUR414: Clinical Intensive III</li> <li>• NUR416: Clinical Intensive IV</li> <li>• NUR498: Professional Development Concepts</li> </ul> |
| 8. Pursue life-long learning and service to meet the needs of a dynamic society         | <ul style="list-style-type: none"> <li>• NUR220: Health Assessment</li> <li>• NUR221: Nursing Skills: Concepts of Quality/Safety</li> <li>• NUR297: Professional Development Concepts</li> <li>• NUR298: Professional Development Concepts</li> </ul> | <ul style="list-style-type: none"> <li>• NUR305: Health &amp; Illness Concepts across Lifespan I</li> <li>• NUR307: Concepts of Intellectual Inquiry</li> <li>• NUR397: Professional Development Concepts</li> <li>• NUR311: Health &amp; Illness Concepts across Lifespan II</li> <li>• NUR312: Concepts in Leadership and Health Care Delivery</li> <li>• NUR313: Concepts in Population Health</li> <li>• NUR398: Professional Development Concepts</li> </ul> | <ul style="list-style-type: none"> <li>• NUR410: Clinical Intensive I</li> <li>• NUR412: Clinical Intensive II</li> <li>• NUR497: Professional Development Concepts</li> <li>• NUR414: Clinical Intensive III</li> <li>• NUR416: Clinical Intensive IV</li> <li>• NUR498: Professional Development Concepts</li> </ul> |

## Appendix C: BSN Concepts and Exemplars by Course (updated 8.18, 1.19, 2.19)

| Concept   | Sophomore Year   | Junior Year                   | Senior Year   |
|---|--|-------------------------------|---|
| Professional Identity<br>(Giddens Ch. 39)                 | <b>NUR297/298:</b> Professional identity as a RN,<br>Professional organizations  | <b>NUR 397, 398</b> Integrity | <b>NUR 497, 498</b> as it pertains<br>to Capstone project |
| Caring (Giddens Ch. 4) /<br>Caregiving (Giddens Ch. 52)   | <b>ALL COURSE:</b> Threaded through curriculum on how to provide care for populations  |                               |   |
| Nursing Process   | <b>NUR297:</b> Introduction of nursing process<br><b>ALL COURSE:</b> Application of nursing process  |                               |   |
| Clinical Judgment<br>(Giddens Ch. 40)                     | <b>ALL COURSES:</b> Threaded through curriculum how to make decisions, prioritize  |                               |   |
| Development<br>(Giddens Ch. 1)                            | <b>NUR220:</b> Developmental Assessment<br><b>NUR297:</b> PSA specific to developmental level  |                               |   |
| Culture (Giddens Ch. 4) /<br>Spirituality (Giddens Ch. 5) | <b>NUR220:</b> Cultural Assessment<br><b>ALL COURSES:</b> How to provide cultural/spiritual sensitive patient care should be applied in all courses                          |                               |   |
| Communication<br>(Giddens Ch. 45)                         | <b>NUR220:</b> Therapeutic Communication, ISBAR,<br>Documentation  |                               |   |
|   | <b>ALL COURSES:</b> How to apply therapeutic communication, documentation and ISBAR should be applied in all courses when applicable   |                               |   |
| Functional Ability<br>(Giddens Ch. 2)                     | <b>NUR220:</b> Screenings<br><b>NUR221:</b> Cerebral Palsy, Parkinson's, RA  |                               |   |
| Safety<br>(Giddens Ch. 47)                                | <b>NUR221:</b> Environment, Fall prevention, National<br>Patient Safety Goals (NPSG), medication<br>administration, dosage calculation, procedural<br>error, error reporting |                               |   |
|   | <b>ALL COURSES:</b> How to provide safe patient care in a safe environment and the NPSG should be applied in all courses   |                               |   |
| Infection<br>(Giddens Ch. 25)                             | <b>NUR221:</b> C-diff, otitis media, Healthcare Associated<br>Infections - MRSA, UTI, conjunctivitis   |                               | <b>NUR 410</b> Sepsis                                     |
| Sensory Perception (Giddens<br>Ch. 28)                    | <b>NUR220:</b> Neurology, mental health, senses,<br>neuromuscular<br><b>NUR221:</b> Presbycusis, Meniere's disease, Raynaud's<br>syndrome, diabetic retinopathy, glaucoma    |                               |   |
| Pain/Comfort<br>(Giddens Ch. 29)                          | <b>NUR220:</b> Pain assessment, vital signs<br><b>NUR221:</b> Hygiene, pain management, cancer pain,<br>trigeminal neuralgia, phantom  |                               |   |

| Concept  | Sophomore Year   | Junior Year  | Senior Year   |
|--|--|--|---|
| Sleep<br>(Giddens Ch. 11)                      | <b>NUR221:</b> Obstructive sleep apnea, shift work sleeping disorders, narcolepsy  |  |   |
| Tissue Integrity<br>(Giddens Ch. 27)           | <b>NUR220:</b> Skin, Hair, & Nails, Integumentary, pressure ulcers, Braden scale<br><b>NUR221:</b> cellulitis, lice, pressure ulcers, surgical incisions, Diabetic foot ulcer  |  | <b>NUR 410</b> Burns                                  |
| Nutrition<br>(Giddens Ch. 16)                  | <b>NUR220:</b> Body Mass Index<br><b>NUR221:</b> Protein calorie malnutrition, Anorexia Nervosa, obesity HTN, infant feeding, PKU  |  |   |
| Elimination<br>(Giddens Ch. 17)                | <b>NUR220:</b> Abdominal assessment, nutrition, stool, urine, occult, colonoscopy, barium swallow, EGD, Cystoscopy<br><b>NUR221:</b> Benign Prostatic Hyperplasia, incontinence, chronic kidney disease, Crohn's disease, ulcerative colitis |  |   |
| Cellular Regulation<br>(Giddens Ch. 12)        |  | <b>NUR311:</b> cancer, Ewing's sarcoma, lymphoma, leukemia   |   |
| Immunity<br>(Giddens Ch. 23)                   |  | <b>NUR305:</b> HIV, anaphylaxis, allergic rhinitis, Muscular Sclerosis, lupus  |   |
| Perfusion<br>(Giddens Ch. 18)                  | <b>NUR220:</b> cardiac, peripheral, lab values, ECG, Cardiac Cath, X-ray, US   | <b>NUR311:</b> atrial fibrillation, mitral valve stenosis, ventricular fibrillation, atrial septal defect, tetralogy of Fallot, Myocardial Infarction, Peripheral Arterial Disease | <b>NUR 414</b> shock - hypovolemic, anaphylactic      |
| Clotting<br>(Giddens Ch. 20)                   |  | <b>NUR311:</b> venous thromboembolism, bone marrow suppression, hemophilia, leukemia, von Willenbrand's disease  | <b>NUR 416</b> Disseminated Intravascular Coagulation |
| Gas Exchange<br>(Giddens Ch. 19)               | <b>NUR220:</b> lung, chest, lung sounds, computerized tomography, V/Q Scan, Bronchoscopy, Pulmonary Function Tests, Arterial Blood Gasses  | <b>NUR311:</b> asthma, COPD, cystic fibrosis, pneumonia, Tuberculosis, Pulmonary Embolism, anemias, infant respiratory distress syndrome, pleural effusion, pneumothorax           | <b>NUR 410</b> angioedema                             |
| Fluid & Electrolyte Balance<br>(Giddens Ch. 8) | <b>NUR221:</b> Extracellular fluid excess, dehydration, hypo/hyper NA, hypo/hyper Ca, hypo/hyper K, hypo Mg  |  |   |

|                                      |  |   |  |
|--------------------------------------|--|---|--|
| Acid-Base Balance<br>(Giddens Ch. 9) |  | <b>NUR305:</b> resp. acidosis/alkalosis, metabolic acidosis/alkalosis |  |
|--------------------------------------|--|---|--|

| Concept                                     | Sophomore Year   | Junior Year  | Senior Year                             |
|---|--|--|---|
| Glucose Regulation<br>(Giddens Ch. 15)      |  | <b>NUR305:</b> Type 1 DM, Type 2 DM, gestational DM, DKA, pancreatitis   |   |
| Hormonal Regulation<br>(Giddens Ch. 14)     |  | <b>NUR305:</b> Hypo/hyperthyroidism, Cushing's, Addison's, SIADH   |   |
| Mobility<br>(Giddens Ch. 26)                | <b>NUR220:</b> ROM, gait, head, neck, spine, extremities   | <b>NUR305:</b> Osteoarthritis/RA, spina bifida, fractures, amputation, skeletal disease, hip dysplasia                         | <b>NUR 414</b> acute spinal cord injury |
| Intracranial Regulation<br>(Giddens Ch. 13) |  | <b>NUR305:</b> Stroke, head trauma, epilepsy, meningitis, Huntington's disease   | <b>NUR 414</b> traumatic brain injury   |
| Cognition<br>(Giddens Ch. 35)               |  | <b>NUR305:</b> Alzheimer's disease, delirium, mental retardation   |   |
| Sexuality<br>(Giddens Ch. 22)               | <b>NUR220:</b> Sexuality Assessment  | <b>NUR311:</b> Erectile Dysfunction, menopause, sexually transmitted infections, intersex, menopause                           |   |
| Reproduction<br>(Giddens Ch. 21)            | <b>NUR220:</b> breasts, perineum, obstetric assessment   | <b>NUR311:</b> contraception, pregnancy, infertility, preeclampsia, shoulder dystocia, birth, miscarriage, cord prolapse       | <b>NUR 416</b> postpartum hemorrhage    |
| Coping<br>(Giddens Ch. 32)                  | <b>NUR297/298:</b> relaxation, social support, reframing, avoidance coping, regression, dissociation |  |   |
| Psychosis<br>(Giddens Ch. 36)               |  | <b>NUR311:</b> mood induced disorders, schizophrenia, delirium, postpartum psychosis, mood induced disorders                   |   |
| Anxiety<br>(Giddens Ch. 34)                 |  | <b>NUR311:</b> panic disorder, phobia, obsessive-compulsive disorders, post-traumatic stress disorder, separation anxiety      |   |
| Mood & Affect<br>(Giddens Ch. 33)           |  | <b>NUR311:</b> depression, suicide, bipolar, manic disorders, obsessive/compulsive, cluster C disorders, postpartum depression | <b>NUR 416</b> attempted suicide        |
| Evidence<br>(Giddens Ch. 49)                |  | <b>NUR307:</b> cohort study, case study, longitudinal study ethnography, phenomenology, grounded                               |   |



|                                  |  |   |  |
|----------------------------------|--|---|--|
|                                  |  | theory, practice guidelines,<br>expert/opinion/commentaries |  |
| Inflammation<br>(Giddens Ch. 24) |  | <b>NUR 305:</b> appendicitis, pancreatitis, hepatitis       |  |

| Concept   | Sophomore Year | Junior Year  | Senior Year  |
|---|----------------|--|--|
| Safety & Quality Improvement / Health Care Quality (Giddens Ch. 50) |                | <b>NUR307:</b> Error prevention management - root cause analysis, recognition of/action on adverse events, type of error reporting; national quality benchmarks; regulatory agencies – Joint Commission, Occupational Health and Safety Administration (OSHA), Centers for Medicare and Medicaid Services (CMS), Advisory bodies-National Center for Nursing Quality (NCNQ), Agency for Healthcare Research and Quality (AHRQ), National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), Quality plans - Culture of Safety, Total Quality Improvement (TQI), Total Quality Management (TQM), Magnet |  |
| Technology & Informatics (Giddens Ch. 48)                           |                | <b>NUR307:</b> Clinical: Electronic Medical Record (EMR), Telehealth; Consumer: Public Health Records (PHR), patient portals, Information Literacy; Clinical: Electronic Medical Records (EMR), Telehealth   |  |
| Ethics (Giddens Ch. 42)   |                | <b>NUR307:</b> Clinical ethics, Bioethics, lifespan, end of life, organizational ethics, health policy, ANA Code of Ethics   |  |
| Collaboration   |                | <b>NUR309:</b> RN-PT collaboration-from assessment to discharge, community partnerships; RN-RN collaboration-patient handoffs; Interprofessional collaboration - rapid response teams, patient rounding<br><b>NUR 397, 398</b> Nurse- Nurse  | <b>NUR 497, 498</b> as it pertains to Capstone project |

|                                       |                     |  |  |
|---------------------------------------|---------------------|--|--|
| Care Coordination<br>(Giddens Ch. 51) |                     | <b>NUR309:</b> Case management, managed care, medical home, transitional care - populations: high risk pregnancy, preterm infants, special needs children, frail elderly, psych care outpatient  |  |
| Patient Education<br>(Giddens Ch. 43) |                     | <b>NUR309:</b> illness related: formal-informal, self-directed, health promotion, patient teaching, discharge teaching   |  |
| Palliative Care<br>(Giddens Ch. 53)   |                     | <b>NUR309:</b> Adults - cancer, Alzheimer's disease, Children: cerebral palsy, cancers, sickle cell  |  |
| Leadership<br>(Giddens Ch. 41)        | <b>NUR 297, 298</b> | <b>NUR312:</b> clinical agency: executive, operational; Leadership styles - autocratic, democratic, laissez-faire, transactional, transformational, authentic, shared leadership<br><b>NUR 397, 398</b> as it pertains to Capstone project | <b>NUR 497, 498</b> as it pertains to Capstone project |

| Concept  | Sophomore Year | Junior Year  | Senior Year   |
|--|----------------|--|---|
| Change Theory  |                | <b>NUR312:</b> Lewin, Rogers<br><b>NUR 398</b> as it applies to Capstone project   | <b>NUR 497, 498</b> as it applies to Capstone project |
| Healthcare Economics<br>(Giddens Ch. 56)                                   |                | <b>NUR312:</b> health disparities, healthcare payment mechanisms   | <b>NUR 497, 498</b> as it applies to Capstone project |
| Healthcare Law<br>(Giddens Ch. 58) / Healthcare Policy<br>(Giddens Ch. 57) |                | <b>NUR312:</b> federal statutes - patient protection and affordable care act, Americans with Disability Act, state statutes - practice acts, Good Samaritan, elements of malpractice | <b>NUR 497, 498</b> as it applies to Capstone project |
| Genetics   |                | <b>NUR305:</b> genetics related to Huntington's<br><b>NUR311:</b> genetics related to Cystic Fibrosis<br><b>NUR312:</b> genetics related to law and policy                           |   |
| Addiction<br>(Giddens Ch. 37)  |                | <b>NUR313:</b> substance addictions, tobacco, opioids, alcohol, gambling   |   |
| Health Promotion<br>(Giddens Ch. 44)                                       |                | <b>NUR313:</b> Primary prevention - prenatal, children, adults; Secondary prevention, prenatal, children, adults; Tertiary prevention - prenatal, children, adults                   |   |

|  |  |  |  |
|--|--|--|--|
| Self-Management<br>(Giddens Ch. 7)         |  | <b>NUR313:</b> Wellness - prenatal care, Pre-disease - overweight, prediabetes, Disease - pediatric asthma, type 2 DM, depression, arthritis   |  |
| Interpersonal Violence<br>(Giddens Ch. 38) |  | <b>NUR313:</b> child and elder physical, sexual, emotional abuse, neglect, abandonment, financial abuse, conflict resolution, bullying, intimate partner violence  |  |
| Family Dynamics<br>(Giddens Ch. 3)         |  | <b>NUR313:</b> changes to family dynamics - marriage/divorce, illness, positive family dynamics - support, presence, negative dysfunctional family dynamics -child abuse, sibling rivalry, co-dependency |  |
| Aging                                      |  | <b>NUR313:</b> normal physiological changes, assessment ADL's, financial and social resources, polypharmacy, cascade iatrogenesis  |  |