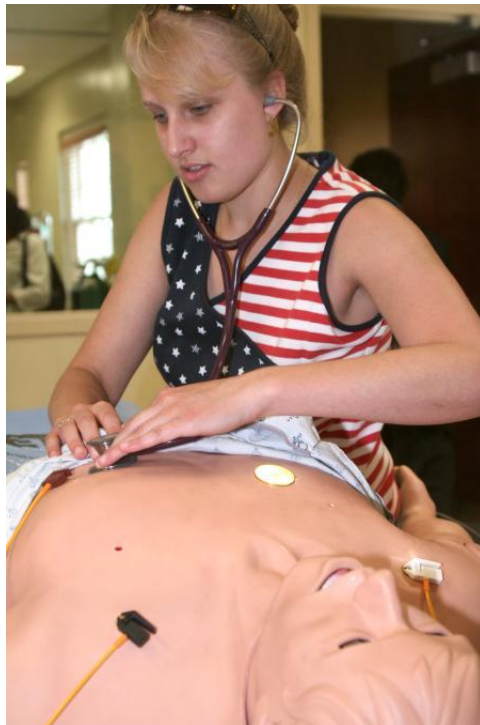


Union University
School of Nursing

Bachelor of Science in Nursing Program



2009-2010 Nursing Student Handbook

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Welcome to Union University School of Nursing!

You have selected one of the most challenging and rewarding careers available today to those who want to make a difference in the lives of others and the world around them. Our goal at Union is to prepare you to be a highly competent professional nurse with a commitment to service. You will receive the knowledge and skills necessary for being a key player in the rapidly changing healthcare environment of the 21st Century. As a graduate you will positively affect health outcomes for diverse individuals, families and communities in West Tennessee and throughout the world.

Professional nursing practice is built on nursing knowledge, theory and research. The university setting offers a forum in which physical, social, behavioral and ethical problems can be contemplated within and across other fields and disciplines. Union University offers a Christ centered setting in which one examines these issues in light of a Christian worldview. The faculty at Union is committed to student centered higher education in which faith and learning are integrated.

The faculty in the School of Nursing is experts and leaders in the field of nursing who represent the various specialties of the discipline. They are committed to providing creative learning strategies that take into account your life experiences and learning styles. These expert nurses will be your mentors and professional role models. It is the desire of the faculty that each of you has a challenging and stimulating education that will prepare you for a successful and rewarding career in nursing.

As your dean, I am delighted that you have chosen Union University's School of Nursing to pursue or further your nursing career. You are among a group of academically qualified men and women with high moral and ethical values who will be an asset to the nursing profession. It is my hope that you will enjoy success in your educational experience, develop lasting friendships, and have pride and commitment to Union University throughout your lifetime.



Tim Smith, PhD, CRNA, APN
Dean and Professor
School of Nursing

INTRODUCTION

Union University is a private, four-year liberal arts university, founded in 1823, and affiliated with the Tennessee Baptist Convention. As an institution that is Baptist by tradition and evangelical by conviction, Union has a heritage of academic excellence and is well known for providing qualitatively distinctive Christian education. Union seeks to provide a grace filled community and a Christian context where undergraduate and graduate education can be offered. Recognized in the top tier of Southern liberal arts colleges by *U.S. News and World Report*, Union is also ranked as one of five highly selective private institutions by *Time Magazine* and *Princeton Review*.

Union University is located in historic Jackson, Tennessee, a city of about 90,000, located 80 miles east of Memphis and 120 miles west of Nashville. Union University has approximately 3,150 undergraduate and graduate students. There are approximately 2,450 undergraduate and graduate students on the Jackson main campus, and 700 students on the Germantown extension site.

Union University began an Associate Degree program in the early 1960's in response to community need and the support of leaders in the health care field. In 1977, the insistent demand by RNs and their employers for additional nursing educational opportunities led to a feasibility study and subsequent development of the RN–BSN program. In 1979, the Tennessee Board of Nursing granted initial approval for the RN–BSN program on the main campus in Jackson. The first RN–BSN class graduated in May 1980. In 1986, an RN–BSN program was developed in Memphis. The Memphis campus moved locations and became the Germantown campus in August 1997.

In the early 1990's a local community college developed another associate degree program. At that time, the School of Nursing (SON) seized the opportunity to support professional nursing by focusing on baccalaureate education. In 1992, Union University's SON admitted its first Basic BSN class. Shortly thereafter, in 1995, the associate degree program closed. In an effort to improve the mobility of licensed practical nurses, the SON offers a LPN Bridge program. The SON also offers an Accelerated BSN track (BSNA) that is 12-months in length and most recently began an online RN to BSN Completion track.

The BSN program is accredited by the Commission on Collegiate Nursing Education (CCNE) and approved by the Tennessee Board of Nursing. The American Association of Colleges of Nursing (AACN) document, *The Essentials of Baccalaureate Nursing Education* (2003), serves as the guide for curriculum design and development.

Union University School of Nursing Deans

Isabel Neely, MSN, RN	1961 - 1979
Marguerite Robey, EdD, RN	1979 -1984
Regina Saffel, MSN, MS, RN	1984 - 1990
Carla Sanderson, PhD, RN	1990 - 1999
Susan Jacob, PhD, RN	1999 - 2003
Tharon Kirk, MSN, APRN, BC (Interim)	2003 - 2005
Tim Smith, PhD, APN, CRNA	2005 - present

GUIDING STATEMENTS

STATEMENT OF MISSION, PURPOSE AND GOALS

The mission of the School of Nursing is to be excellence-driven, Christ-centered, people-focused, and future directed while preparing qualified individuals for a career in the caring, therapeutic, and teaching profession of nursing.

The purpose of the School of Nursing is to prepare competent professional nurses who provide caring therapeutic interventions to meet the health needs of culturally diverse persons.

The “Statement of Mission and Purpose” by the faculty of the School of Nursing at Union University addresses six concepts: the four main concepts in nursing (person, environment, health and nursing), plus two additional concepts (professional nursing practice and educational process).

The faculty of the School of Nursing at Union University believes that a person is a unique individual, family or community in constant interaction with the spiritual, physiological, sociocultural, and professional environment. Persons are psychological, social, physical and spiritual entities with varying abilities to communicate and adapt. Societal mores, developmental level, values and beliefs influence the behavior of individuals, families and communities as they attempt to meet basic human needs.

Environment includes all the internal and external conditions, circumstances and influences affecting persons. Changes in the global environment require adaptation. These changes exert an influence upon health status.

Health is a dynamic state of changing, adapting and developing on a continuum ranging from wellness to illness. Health has a uniquely personal interpretation; therefore, the optimal level of wellness is distinctive to each person. Each person has the right to strive to attain, maintain and/or regain any level of wellness insofar as it does not constitute a threat to others. Whenever resources are sought or required for the pursuit of

the desired level of wellness, nursing is often the source of advocacy, guidance and care.

The art and science of nursing is a caring, therapeutic and educative discipline based on an ever-changing body of knowledge generated from nursing theories and nursing research in addition to a shared knowledge from the humanities, biologic sciences and social sciences. The science-based, goal-directed nursing process is used to assist the person toward the promotion, maintenance and restoration of health, the adaptation to illness or a peaceful death.

The faculty of the Union University School of Nursing believes that a baccalaureate in nursing is the first professional degree in nursing. The professional nurse practices in independent, interdependent and dependent roles in diverse health care delivery systems. The nurse is aware of historical and current issues that affect the practice of nursing and health care delivery. Nurses act responsibly both as individuals accountable for their own actions and as members of a professional group.

The faculty believes that a master's in nursing is the first advanced professional degree in nursing. The nurse prepared at the master's level has refined analytical skills, broad based perspectives, in-depth knowledge of the discipline, enhanced communication skills and the ability to relate theory to practice.

The educational process provides direction and guidance to meet the learning needs of the student and is formal and informal, structured and experiential. Learning is an active lifelong process and is facilitated when a variety of teaching modalities are used to accommodate different learning styles. Enhanced use of informatics and health care technology is included in the educational and clinical arenas. Post-secondary education is necessarily a growth process in which the learner assimilates knowledge through active participation, accomplishes the stated objectives and evaluates personal progress.

Professional nursing education includes a broad knowledge of the arts and sciences. The faculty develops cognitive, affective and behavioral goals and objectives to measure student learning. Faculty members serve as role models, facilitators of learning and personal resources for students.

In keeping with the educational mission and purpose of the parent institution, the School of Nursing at Union University encourages the spiritual growth of each individual and upholds the Christian ethic of service in the nursing profession. To this end, the student's curriculum provides a professional base to develop a nursing practice that is excellence-driven and future directed.

BSN PROGRAM GOALS

The goals of the BSN Program are to:

1. Provide baccalaureate nursing education within a liberal arts framework which is excellence-driven and which provides opportunity for the development of the total personality—spiritual, physiological, sociocultural and professional.
2. Prepare the graduate for entry into professional nursing as a generalist.
3. Provide preparation in baccalaureate nursing that serves as a basis for entry into graduate level nursing education.

Reapproved, 2005

BSN PROGRAM OUTCOMES

The graduate of this baccalaureate nursing program will be able to:

1. Explain, support and defend the concept that each person is unique and wholistic and has rights to self determination in matters pertaining to health.
2. Synthesize the nursing process to assist diverse persons toward meeting basic needs in various settings.
3. Assimilate the professional nurses' role of advocate, communicator, counselor, change agent, teacher, leader, and provider and manager of care to assist the client toward optimum level of wellness.
4. Communicate effectively in interpersonal relationships with individuals and families, with other members of the healthcare system, and in documentation of data.
5. Use critical thinking skills to integrate theoretical and empirical knowledge from nursing, the humanities and the biologic and social sciences in the promotion of health.
6. Utilize the research process and use findings in nursing practice to contribute to the improvement of health care and the advancement of nursing science.
7. Assume legal and ethical responsibility for nursing activities and accountability for professional growth.
8. Appraise own personal growth and actions based on Christian values.

Revised February 2007

CONCEPTUAL FRAMEWORK

The conceptual framework of the School of Nursing at Union University is based upon the “Statement of Mission, Purpose and Goals.” It elaborates upon the faculty’s beliefs about six concepts: the metaparadigm of nursing (**person, environment, health and nursing**), plus two additional concepts, **nursing as a profession** and **educational process**. The faculty’s beliefs about the concepts are further defined, expanded and synthesized in unifiers: **wholism, wellness-illness continuum, research, nursing process, theoretical and empirical knowledge, role development, legal and ethical issues, and communication**. All of the faculty beliefs are permeated by the Christian world view of God which is summarized in the following pretheoretical suppositions.

God is the loving sovereign creator of all that is. The one God is triune - Father, Son, and Holy Spirit - continually seeking a restorative relationship with His creation. A more complete understanding of God is developed through studying God’s revelation, the scripture.

God created persons and environment and it was good. A **person** is a unique individual, family or community. (1) A person, as an individual, bears God’s image and is created to be in a relationship with God and other individuals. However, the image of God in humanity is thrown into varying degrees of disharmony and imbalance. Because God is loving and seeks a restorative relationship with humanity, Christ, the Son, died for humanity. Therefore, every human possesses dignity and is worthy of justice, mercy, respect and Christian love. (2) Person, as a family, is individuals joined together to form the basic unit of society. (3) Person, as community, is formed by individuals, families and/or groups which share common characteristics and distinctly defined boundaries.

God gave persons authority over the **environment**. Whether individual, family or community, the person’s responsibility to the environment, is to preserve and develop it.

God created the first individuals with perfect **health** in which the body, mind and spirit were integrated in perfect wholeness. When man broke his perfect relationship with God, suffering and death became a natural part of physical life.

Nursing is a God-given means of promoting health in persons by teaching and practicing health care in an ethical manner. Recognizing that all knowledge comes from God, **nursing as a profession** has the duty/responsibility to discover and to illuminate God’s truth through rational thought about observation and experience relative to nursing. This discovery is accomplished through nursing research, theory development, practice, and education. The discipline of nursing expects that all nurses will practice based upon the ethical codes developed by the discipline. Christian nurses are further more called to practice nursing in a manner congruent with the beliefs and values of the Judeo-Christian tradition.

As nursing fosters the total well-being of individuals who were created to reflect God's image, so through the **educational process**, nursing educators comparably foster reasoning, competence, and creativity in students in order to reflect God's image.

Concepts

Person:

Person is a unique individual, family, or community. As such, the nature of person is not static, but dynamic. The **wholistic** individual encompasses body, mind, and spirit: (1) the body, anatomy and physiology; (2) the mind/psyche, emotion/affect, intellect/cognition, and will; and (3) spirit, the soul which expresses itself in relationships with God and with others. While it is helpful to separately conceive body, mind and spirit, in reality they are indivisible and interrelated. The dynamic nature of the individual undergirds a developmental focus on the life-cycle as a series of phases. During each phase of development, from conception through maturity, there is a changing priority of need fulfillment as perceived by the individual.

The **whole** individual is in constant interaction with the environment, and therefore, yields a broader society and culture. This sociocultural outgrowth incorporates ethnicity, beliefs, values/**ethics**, and interpersonal and inter-societal relationships which are developed through **communication**.

Family is individuals who join together to contribute to the physical, psychosocial, and spiritual needs of each other within an environment of love and affection. Functional family dynamics incorporate caring relationships. Individuals and families build and maintain constructive and responsible community relationships.

Community is an aggregate of people who share common characteristics such as geographical, cultural, religious or relational characteristics. Community connotes an interdependency that is a means for the production, distribution, and consumption of goods and services; for socialization; for social control; for social relationships; and for mutual support (Kozier, Erb, & Blair, 1997). Communities are responsible for building and maintaining constructive and productive relationships in the broader societal and global contexts.

Environment:

Environment is the internal and external conditions, circumstances and influences affecting persons. The internal environment of the individual encompasses the body, mind and spirit. The external environment is all of the outer influences that impact upon the person, such as climate, ecology, economy, politics and history, technology, geology, society and culture. The extent of environment ranges from the interpersonal and local to

intersocietal and global. The person's internal and external environments are in constant interaction and change, requiring adaptation, thus influencing health.

Health:

Health is a dynamic process and reflects the integrated **wholeness** of the person's body, mind and spirit; choices; and environmental factors. Health exists on a **wellness-illness continuum**. The right to seek opportunities for wellness belongs to each person, regardless of social or economic status, personal qualities, or nature of the health need. Usually the person makes decisions about seeking assistance within the health care system relative to his/her perceived health status on the **wellness-illness continuum**.

Wellness is maximum health potential which is reached when each, the body, mind, and spirit, is at its highest level of **wholeness**. The means to **wellness** consist of: (1) the individual, family, or community making responsible choices according to knowledge and an **ethical framework**. Choices may be influenced by lifestyle, genetic predisposition, and family and cultural belief systems; (2) environmental factors such as healthcare access, financial resources, food sources, climate, etc.; (3) the interaction between choices and environmental factors. For example, choices about the level of **wellness** the person wishes to achieve or maintain may be limited by society if, by the choices made, a threat is posed to self and/or others.

As the level of **wellness** decreases, the possibility for illness, suffering, and death increases. **Illness** is an absence of integrated wholeness or disintegration. Both **wellness** and **illness** are abstract constructs that are personal and subjective, but may be objectively discernible because of common experience and symptom manifestation. Subjective and objective data may be used to discern the quality and quantity of **wellness** or **illness**.

When one or more of the means to **wellness** is not attained or is flawed, suffering may occur. Suffering is the conscious endurance of pain and distress which occur because of a loss or **illness**. When health is insufficient to sustain life, death occurs. Death is the end of physical life.

Nursing:

Nursing is an applied discipline which expresses itself in nursing practice and has its foundation in scientific/**empirical knowledge, theory, and research**. Nursing in its fullest sense is also a caring, therapeutic and teaching discipline.

The body of nursing **knowledge** is ever-expanding through future-directed **research and theory** development. The **research** process is one means for developing scientific problem solving and **research** findings are utilized to guide nursing practice. Nursing **theories** are tested and supported by **knowledge** gained through **research**.

Theoretical and empirical knowledge from the nursing, biological and social sciences, and the humanities are synthesized in utilization of the **nursing process**. The

nursing process is a science-based series of activities employed by the nurse as a methodical, ongoing effort toward achieving desired outcomes for person, environment and health. The steps of the nursing process include assessment, nursing diagnosis, planning, implementation and evaluation. The process occurs dynamically in a back and forth fashion.

The caring component of nursing reflects the nurse's concern, empathy, and love for others. The caring role is best fulfilled as the nurse demonstrates the Christ-centered **ethic** of service in relation to God and to person.

The therapeutic component of nursing is realized by providing health care or knowledge of health care practices to enhance the person's level of **wellness**. The teaching component of nursing includes providing information to make health care decisions, acquire skills, and change behavior.

When it is not possible to promote **wellness**, nursing seeks to enable persons to adjust to **illness** and/or relieve suffering. When it is not possible to promote life, nursing seeks to enable persons to adjust to loss and a peaceful death.

Nursing as a Profession:

The *baccalaureate* in nursing is the basic educational preparation for professional nurses. **Role development** of the professional nurse focuses on the ability to function as a care provider, manager, health teacher, counselor, advocate, change agent, and leader for individuals of all ages, families, and communities from intercultural populations. Critical thinking and decision making skills are developed and then applied in the implementation of quality care in diverse settings. Graduates are prepared to be generalists who promote health and **wellness**.

The *master's* degree is educational preparation for nurses with a baccalaureate degree who seek roles requiring advanced practice skills in order to function as providers and organizers of health care. Building on baccalaureate competencies the nurse is prepared to skillfully apply frameworks, models of care, concepts, and rationales in practice. Union University offers educational tracks in the various graduate nursing specialties.

Role development empowers the nurse to meet emerging health needs in a changing and global society. **Role development** is enhanced by:

- (1) use of an ever-evolving body of knowledge from nursing and other related fields in making autonomous judgments regarding health interventions;
- (2) ability to focus on promoting and maintaining the desired optimal level of function on the **wellness-illness continuum** for individuals, families and groups in a variety of acute care and community based health care delivery systems;
- (3) contribution to the professional knowledge base through participating in clinical **research** efforts;
- (4) evaluation of the effectiveness of one's own practice;

- (5) support of professional goals for improved practice; and
- (6) accountability for life-long learning.

Accountability for all professional nurses is based on **legal and ethical** standards of safe nursing practice as defined by the nurse practice acts, standards of nursing practice, licensure legislation and professional nursing organizations. In addition, the *master's* prepared nurse may also be bound by the standards of speciality certification. Each professional nurse is accountable for individual nursing actions and for responsibilities delegated to others. Responsibility and accountability include collaboration and **communication** with other members of the transdisciplinary health care team to provide quality care. Professional ethics and a Christian approach to health care require that nursing care should be directed toward providing (1) access to health care regardless of economic status, personal qualities, or nature of the health need; (2) quality health care; and (3) cost-effective and therapeutic use of environmental resources and health care personnel.

The professional nurse utilizes therapeutic **communication** which entails active listening, verbal and non-verbal empathic responses, assertiveness skills, and mutual goal setting. **Communication** skills are essential for **nursing process**, group process, health teaching and counseling. Written and verbal communication of comprehensive data between the nurse, the client and other health care professionals is vital for continuity of care.

Educational Process:

The educational process is designed to provide a variety of experiences that enable the student to be an effective participant in learning. It is formal and informal, structured and experiential, and is enhanced by an environment of mutual respect in which the teacher and student interact for accomplishing shared goals. Education at Union University provides organized opportunities which encourage academic growth, personal growth, the expression of Christian values, and a commitment to life-long learning.

Preparation for the practice of professional nursing requires a strong liberal arts foundation. *Baccalaureate* nursing education is a process of learning that combines principles of nursing science with the humanities and the biologic and social sciences.

Preparation for the advanced practice of nursing requires expansion and refinement of prior knowledge and the acquisition of new knowledge in a broader health care context. Nursing **theory**, **research**, health care **ethics**, health policy and economics, health promotion, and issues of human diversity are components of the *master's* program core. Specialty curricular content is offered in various nursing specialties.

Learning is a process involving active participation of the student to attain a change in behavior. Each person has a different educational, socioeconomic and cultural background, and varied learning potential. Therefore, learning is an individual, dynamic

process. Learning is enhanced by several factors including (1) clear, attainable and meaningful outcomes; (2) a variety of relevant learning experiences planned to help students achieve the outcomes; (3) arrangement of learning experiences in a sequence which provides continuity and reinforcement, progressing from simple to complex and from familiar to unfamiliar.

The teaching role of the faculty is to structure people-focused learning experiences and an environment to facilitate maximum internalization, integration and synthesis of knowledge. The faculty respects the uniqueness of the student's life experiences. The sharing of those experiences enriches the educational process. The faculty promotes self-direction of the student and functions as a resource by providing guidance and feedback. Furthermore, the faculty serves as a role model through active involvement in advancing nursing as a profession.

Summary: In keeping with the "Statement of Mission, Purpose and Goals", the concepts **person, environment, health, nursing, nursing as a profession** and **educational process** have been defined and clarified. The concepts have been further expanded through the use of the unifiers: **wholism, wellness-illness continuum, research, nursing process, theoretical and empirical knowledge, role development, legal and ethical issues, and communication.** This conceptualization provides the structure upon which outcome criteria are established, courses are developed and curriculum is evaluated.

Reapproved August 2005

CODE OF ETHICS FOR NURSES WITH INTERPRETIVE STATEMENTS

PREFACE

Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.

The Code of Ethics for Nurses serves the following purposes:

- It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession.
- It is the profession's nonnegotiable ethical standard.
- It is an expression of nursing's own understanding of its commitment to society.

There are numerous approaches for addressing ethics; these include adopting or subscribing to ethical theories, including humanist, feminist, and social ethics, adhering to ethical principles, and cultivating virtues. The Code of Ethics for Nurses reflects all of these approaches. The words "ethical" and "moral" are used throughout the Code of Ethics. "Ethical" is used to refer to reasons for decisions about how one ought to act, using the above mentioned approaches. In general, the word "moral" overlaps with "ethical" but is more aligned with personal belief and cultural values. Statements that describe activities and attributes of nurses in this Code of Ethics are to be understood as normative or prescriptive statements expressing expectations of ethical behavior.

The Code of Ethics for Nurses uses the term *patient* to refer to recipients of nursing care. The derivation of this word refers to "one who suffers," reflecting a universal aspect of human existence. Nonetheless, it is recognized that nurses also provide services to those seeking health as well as those responding to illness, to students and to staff, in health care facilities as well in communities. Similarly, the term *practice* refers to the actions of the nurse in whatever role the nurse fulfills, including direct patient care provider, educator, administrator, researcher, policy developer, or other. Thus, the values and obligations expressed in this Code of Ethics apply to nurses in all roles and settings.

The Code of Ethics for Nurses is a dynamic document. As nursing and its social context change, changes to the Code of Ethics are also necessary. The Code of Ethics consists of two components: the provisions and the accompanying interpretive statements. There are nine provisions. The first three describe the most fundamental values and commitments of the nurse, the next three address boundaries of duty and

loyalty, and the last three address aspects of duties beyond individual patient encounters. For each provision, there are interpretive statements that provide greater specificity for practice and are responsive to the contemporary context of nursing. Consequently, the interpretive statements are subject to more frequent revision than are the provisions. Additional ethical guidance and detail can be found in ANA or constituent member association position statements that address clinical, research, administrative, educational, or public policy issues.

The Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making. The Code of Ethics establishes the ethical standard for the profession. It is not negotiable in any setting nor is it subject to revision or amendment except by formal process of the House of Delegates of the ANA. The Code of Ethics for Nurses is a reflection of the proud ethical heritage of nursing, a guide for nurses now and in the future.

Code of Ethics for Nurses with interpretive statements

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

1.1 Respect for human dignity

A fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity, and human rights of every individual. Nurses take into account the needs and values of all persons in all professional relationships.

1.2 Relationships to patients

The need for health care is universal, transcending all individual differences. The nurse establishes relationships and delivers nursing services with respect for human needs and values, and without prejudice. An individual's lifestyle, value system and religious beliefs should be considered in planning health care with and for each patient. Such consideration does not suggest that the nurse necessarily agrees with or condones certain individual choices, but that the nurse respects the patient as a person.

1.3 The nature of health problems

The nurse respects the worth, dignity and rights of all human beings irrespective of the nature of the health problem. The worth of the person is not affected by disease, disability, functional status, or proximity to death. This respect extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering, and the provision of supportive care to those who are dying.

The measures nurses take to care for the patient enable the patient to live with as much physical, emotional, social, and spiritual well-being as possible. Nursing care aims to maximize the values that the patient has treasured in life and extends supportive care to the family and significant others. Nursing care is directed toward meeting the comprehensive needs of patients and their families across the continuum of care. This is particularly vital in the care of patients and their families at the end of life to prevent and relieve the cascade of symptoms and suffering that are commonly associated with dying.

Nurses are leaders and vigilant advocates for the delivery of dignified and humane care. Nurses actively participate in assessing and assuring the responsible and appropriate use of interventions in order to minimize unwarranted or unwanted treatment and patient suffering. The acceptability and importance of carefully considered decisions regarding resuscitation status, withholding and withdrawing life-sustaining therapies, forgoing medically provided nutrition and hydration, aggressive pain and symptom management and advance directives are increasingly evident. The nurse should provide interventions to relieve pain and other symptoms in the dying patient even when those interventions entail risks of hastening death. However, nurses may not act with the sole intent of ending a patient's life even though such action may be motivated by compassion, respect for patient autonomy and quality of life considerations. Nurses have invaluable experience, knowledge, and insight into care at the end of life and should be actively involved in related research, education, practice, and policy development.

1.4 The right to self-determination

Respect for human dignity requires the recognition of specific patient rights, particularly, the right of self-determination. Self-determination, also known as autonomy, is the philosophical basis for informed consent in health care. Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment; to be assisted with weighing the benefits, burdens, and available option in their treatment, including the choice of no treatment; to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or penalty; and to be given necessary support throughout the decision-making and treatment process. Such support would include the opportunity to make decisions with family and significant others and the provision of advice and support from knowledgeable nurses and other health professionals. Patients should be involved in planning their own health care to the extent they are able and choose to participate.

Each nurse has an obligation to be knowledgeable about the moral and legal rights of all patients to self-determination. The nurse preserves, protects, and supports those interests by assessing the patient's comprehension of both the information presented and the implications of decision. In situations in which the patient lacks the capacity to make a decision, a designated surrogate decision-maker should be consulted. The role of the surrogate is to make decisions as the patient would, based upon the patient's previously expressed wishes and known values. In the absence of a designated surrogate decision-maker, decisions should be made in the best interests of the patient, considering the patient's personal values to the extent that they are known. The nurse supports patient self-determination by participating in discussions with surrogates, providing guidance and referral to other resources as necessary, and identifying and addressing problems in the decision-making process. Support of autonomy in the broadest sense also includes recognition that people of some cultures place less weight on individualism and choose to defer to family or community values in decision-making. Respect not just for the specific decision but also for the patient's method of decision-making is consistent with the principle of autonomy.

Individuals are interdependent members of the community. The nurse recognizes that there are situations in which the right to individual self-determination may be outweighed or limited by the rights, health and welfare of others, particularly in relation to public health considerations. Nonetheless, limitation of individual rights must always be considered a serious deviation from the standard of care, justified only when there are no less restrictive means available to preserve the rights of others and the demands of justice.

1.5 Relationships with colleagues and others

The principle of respect for persons extends to all individuals with whom the nurse interacts. The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise, and to resolving conflict. Nurses function in many roles, including direct care provider, administrator, educator, researcher, and consultant. In each of these roles, the nurse treats colleagues, employees, assistants, and students with respect and compassion. This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one's actions on others. The nurse values the distinctive contribution of individuals or groups, and collaborates to meet the shared goal of providing quality health services.

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

2.1 Primacy of the patient's interests

The nurse's primary commitment is to the recipient of nursing and health care services—the patient—whether the recipient is an individual, a family, a group, or a community. Nursing holds a fundamental commitment to the uniqueness of the individual patient; therefore, any plan of care must reflect that uniqueness. The nurse strives to provide patients with opportunities to participate in planning care, assures that patients find the plans acceptable and supports the implementation of the plan. Addressing patient interests requires recognition of the patient's place in the family or other networks of relationship. When the patient's wishes are in conflict with others, the nurse seeks to help resolve the conflict. Where conflict persists, the nurse's commitment remains to the identified patient.

2.2 Conflict of interest for nurses

Nurses are frequently put in situations of conflict arising from competing loyalties in the workplace, including situations of conflicting expectations from patients, families, physicians, colleagues, and in many cases, health care organizations and health plans. Nurses must examine the conflicts arising between their own personal and professional values, the values and interests of others who are also responsible for patient care and health care decisions, as well as those of patients. Nurses strive to resolve such conflicts in ways that ensure patient safety, guard the patient's best interests and preserve the professional integrity of the nurse.

Situations created by changes in health care financing and delivery systems, such as incentive systems to decrease spending, pose new possibilities of conflict between economic self-interest and professional integrity. The use of bonuses, sanctions, and incentives tied to financial targets are examples of features of health care systems that may present such conflict. Conflicts of interest may arise in any domain of nursing activity including clinical practice, administration, education, or research. Advanced practice nurses who bill directly for services and nursing executives with budgetary responsibilities must be especially cognizant of the potential for conflicts of interest. Nurses should disclose to all relevant parties (e.g., patients, employers, colleagues) any perceived or actual conflict of interest and in some situations should withdraw from further participation. Nurses in all roles must seek to ensure that employment arrangements are just and fair and do not create an unreasonable conflict between patient care and direct personal gain.

2.3 Collaboration

Collaboration is not just cooperation, but it is the concerted effort of individuals and groups to attain a shared goal. In health care, that goal is to address the health needs of the patient and the public. The complexity of health care delivery systems requires a

multi-disciplinary approach to the delivery of services that has the strong support and active participation of all the health professions. Within this context, nursing's unique contribution, scope of practice, and relationship with other health professions needs to be clearly articulated, represented, and preserved. By its very nature, collaboration requires mutual trust, recognition, and respect among the health care team, shared decision-making about patient care, and open dialogue among all parties who have an interest in and a concern for health outcomes. Nurses should work to assure that the relevant parties are involved and have a voice in decision-making about patient care issues. Nurses should see that the questions that need to be addressed are asked and that the information needed for informed decision-making is available and provided. Nurses should actively promote the collaborative multi-disciplinary planning required to ensure the availability and accessibility of quality health services to all persons who have needs for health care.

Intra-professional collaboration within nursing is fundamental to effectively addressing the health needs of patients and the public. Nurses engaged in non-clinical roles, such as administration or research, while not providing direct care, nonetheless are collaborating in the provision of care through their influence and direction of those who do. Effective nursing care is accomplished through the interdependence of nurses in differing roles—those who teach the needed skills, set standards, manage the environment of care, or expand the boundaries of knowledge used by the profession. In this sense, nurses in all roles share a responsibility for the outcomes of nursing care.

2.4 Professional boundaries

When acting within one's role as a professional, the nurse recognizes and maintains boundaries that establish appropriate limits to relationships. While the nature of nursing work has an inherently personal component, nurse-patient relationships and nurse-colleague relationships have, as their foundation, the purpose of preventing illness, alleviating suffering, and protecting, promoting, and restoring the health of patients. In this way, nurse-patient and nurse-colleague relationships differ from those that are purely personal and unstructured, such as friendship. The intimate nature of nursing care, the involvement of nurses in important and sometimes highly stressful life events, and the mutual dependence of colleagues working in close concert all present the potential for blurring of limits to professional relationships. Maintaining authenticity and expressing oneself as an individual, while remaining within the bounds established by the purpose of the relationship, can be especially difficult in prolonged or long-term relationships. In all encounters, nurses are responsible for retaining their professional boundaries. When those professional boundaries are jeopardized, the nurse should seek assistance from peers or supervisors or take appropriate steps to remove her/himself from the situation.

3. *The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.*

3.1 Privacy

The nurse safeguards the patient's right to privacy. The need for health care does not justify unwanted intrusion into the patient's life. The nurse advocates for an environment that provides for sufficient physical privacy, including auditory privacy for discussions of a personal nature and policies and practices that protect the confidentiality of information.

3.2 Confidentiality

Associated with the right to privacy, the nurse has a duty to maintain confidentiality of all patient information. The patient's well-being could be jeopardized and the fundamental trust between patient and nurse destroyed by unnecessary access to data or by the inappropriate disclosure of identifiable patient information. The rights, well-being, and safety of the individual patient should be the primary factors in arriving at any professional judgment concerning the disposition of confidential information received from or about the patient, whether oral, written or electronic. The standard of nursing practice and the nurse's responsibility to provide quality care require that relevant data be shared with those members of the health care team who have a need to know. Only information pertinent to a patient's treatment and welfare is disclosed, and only to those directly involved with the patient's care. Duties of confidentiality, however, are not absolute and may need to be modified in order to protect the patient, other innocent parties, and in circumstances of mandatory disclosure for public health reasons.

Information used for purposes of peer review, third-party payments, and other quality improvement or risk management mechanisms may be disclosed only under defined policies, mandates, or protocols. These written guidelines must assure that the rights, well-being, and safety of the patient are protected. In general, only that information directly relevant to a task or specific responsibility should be disclosed. When using electronic communications, special effort should be made to maintain data security.

3.3 Protection of participants in research

Stemming from the right to self-determination, each individual has the right to choose whether or not to participate in research. It is imperative that the patient or legally authorized surrogate receive sufficient information that is material to an informed decision, to comprehend that information, and to know how to discontinue participation in research without penalty. Necessary information to achieve an adequately informed consent includes the nature of participation, potential harms and benefits, and available alternatives to taking part in the research. Additionally, the

patient should be informed of how the data will be protected. The patient has the right to refuse to participate in research or to withdraw at any time without fear of adverse consequences or reprisal.

Research should be conducted and directed only by qualified persons. Prior to implementation, all research should be approved by a qualified review board to ensure patient protection and the ethical integrity of the research. Nurses should be cognizant of the special concerns raised by research involving vulnerable groups, including children, prisoners, students, the elderly, and the poor. The nurse who participates in research in any capacity should be fully informed about both the subject's and the nurse's rights and obligations in the particular research study and in research in general. Nurses have the duty to question and, if necessary, to report and to refuse to participate in research they deem morally objectionable.

3.4 Standards and review mechanisms

Nursing is responsible and accountable for assuring that only those individuals who have demonstrated the knowledge, skill, practice experiences, commitment, and integrity essential to professional practice are allowed to enter into and continue to practice within the profession. Nurse educators have a responsibility to ensure that basic competencies are achieved and to promote a commitment to professional practice prior to entry of an individual into practice. Nurse administrators are responsible for assuring that the knowledge and skills of each nurse in the workplace are assessed prior to the assignment of responsibilities requiring preparation beyond basic academic programs.

The nurse has a responsibility to implement and maintain standards of professional nursing practice. The nurse should participate in planning, establishing, implementing, and evaluating review mechanisms designed to safeguard patients and nurses, such as peer review processes or committees, credentialing processes, quality improvement initiatives, and ethics committees. Nurse administrators must ensure that nurses have access to and inclusion on institutional ethics committees. Nurses must bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review. The nurse acts to promote inclusion of appropriate others in all deliberations related to patient care.

Nurses should also be active participants in the development of policies and review mechanisms designed to promote patient safety, reduce the likelihood of errors, and address both environmental system factors and human factors that present increased risk to patients. In addition, when errors do occur, nurses are expected to follow institutional guidelines in reporting errors committed or observed to the appropriate

supervisory personnel and for assuring responsible disclosure of errors to patients. Under no circumstances should the nurse participate in, or condone through silence, either an attempt to hide an error or a punitive response that serves only to fix blame rather than correct the conditions that led to the error.

3.5 Acting on questionable practice

The nurse's primary commitment is to the health, well-being, and safety of the patient across the life span and in all settings in which health care needs are addressed. As an advocate for the patient, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, illegal, or impaired practice by any member of the health care team or the health care system or any action on the part of others that places the rights or best interests of the patient in jeopardy. To function effectively in this role, nurses must be knowledgeable about the Code of Ethics, standards of practice of the profession, relevant federal, state and local laws and regulations, and the employing organization's policies and procedures.

When the nurse is aware of inappropriate or questionable practice in the provision or denial of health care, concern should be expressed to the person carrying out the questionable practice. Attention should be called to the possible detrimental affect upon the patient's well-being or best interests as well as the integrity of nursing practice. When factors in the health care delivery system or health care organization threaten the welfare of the patient, similar action should be directed to the responsible administrator. If indicated, the problem should be reported to an appropriate higher authority within the institution or agency, or to an appropriate external authority. There should be established processes for reporting and handling incompetent, unethical, illegal, or impaired practice within the employment setting so that such reporting can go through official channels, thereby reducing the risk of reprisal against the reported nurse. All nurses have a responsibility to assist those who identify potentially questionable practice. State nurses associations should be prepared to provide assistance and support in the development and evaluation of such processes and reporting procedures. When incompetent, unethical, illegal, or impaired practice is not corrected within the employment setting and continues to jeopardize patient well-being and safety, the problem should be reported to other appropriate authorities such as practice committees of the pertinent professional organizations, the legally constituted bodies concerned with licensing of specific categories of health workers and professional practitioners, or the regulatory agencies concerned with evaluating standards or practice. Some situations may warrant the concern and involvement of all such groups. Accurate reporting and factual documentation, and not merely opinion, undergird all such responsible actions. When a nurse chooses to engage in the act of responsible reporting about situations that are perceived as unethical, incompetent,

illegal, or impaired, the professional organization has a responsibility to provide the nurse with support and assistance and to protect the practice of those nurses who choose to voice their concerns. Reporting unethical, illegal, incompetent, or impaired practices, even when done appropriately, may present substantial risks to the nurse; nevertheless, such risks do not eliminate the obligation to address serious threats to patient safety.

3.6 Addressing impaired practice

Nurses must be vigilant to protect the patient, the public, and the profession from potential harm when a colleague's practice, in any setting, appears to be impaired. The nurse extends compassion and caring to colleagues who are in recovery from illness or when illness interferes with job performance. In a situation where a nurse suspects another's practice may be impaired, the nurse's duty is to take action designed both to protect patients and to assure that the impaired individual receives assistance in regaining optimal function. Such action should usually begin with consulting supervisory personnel and may also include confronting the individual in a supportive manner and with the assistance of others or helping the individual to access appropriate resources. Nurses are encouraged to follow guidelines outlined by the profession and policies of the employing organization to assist colleagues whose job performance may be adversely affected by mental or physical illness or by personal circumstances. Nurses in all roles should advocate for colleagues whose job performance may be impaired to ensure that they receive appropriate assistance, treatment and access to fair institutional and legal processes. This includes supporting the return to practice of the individual who has sought assistance and is ready to resume professional duties.

If impaired practice poses a threat or danger to self or others, regardless of whether the individual has sought help, the nurse must take action to report the individual to persons authorized to address the problem. Nurses who advocate for others whose job performance creates a risk for harm should be protected from negative consequences. Advocacy may be a difficult process and the nurse is advised to follow workplace policies. If workplace policies do not exist or are inappropriate—that is, they deny the nurse in question access to due legal process or demand resignation—the reporting nurse may obtain guidance from the professional association, state peer assistance programs, employee assistance program or a similar resource.

- 4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.***

4.1 Acceptance of accountability and responsibility

Individual registered nurses bear primary responsibility for the nursing care that their patients receive and are individually accountable for their own practice. Nursing practice includes direct care activities, acts of delegation, and other responsibilities such as teaching, research, and administration. In each instance, the nurse retains accountability and responsibility for the quality of practice and for conformity with standards of care.

Nurses are faced with decisions in the context of the increased complexity and changing patterns in the delivery of health care. As the scope of nursing practice changes, the nurse must exercise judgment in accepting responsibilities, seeking consultation, and assigning activities to others who carry out nursing care. For example, some advanced practice nurses have the authority to issue prescription and treatment orders to be carried out by other nurses. These acts are not acts of delegation. Both the advanced practice nurse issuing the order and the nurse accepting the order are responsible for the judgments made and accountable for the actions taken.

4.2 Accountability for nursing judgment and action

Accountability means to be answerable to oneself and others for one's own actions. In order to be accountable, nurses act under a code of ethical conduct that is grounded in the moral principles of fidelity and respect for the dignity, worth, and self-determination of patients. Nurses are accountable for judgments made and actions taken in the course of nursing practice, irrespective of health care organizations' policies or providers' directives.

4.3 Responsibility for nursing judgment and action

Responsibility refers to the specific accountability or liability associated with the performance of duties of a particular role. Nurses accept or reject specific role demands based upon their education, knowledge, competence, and extent of experience. Nurses in administration, education, and research also have obligations to the recipients of nursing care. Although nurses in administration, education, and research have relationships with patients that are less direct, in assuming the responsibilities of a particular role, they share responsibility for the care provided by those whom they supervise and instruct. The nurse must not engage in practices prohibited by law or delegate activities to others that are prohibited by the practice acts of other health care providers.

Individual nurses are responsible for assessing their own competence. When the needs of the patient are beyond the qualifications and competencies of the nurse, consultation

and collaboration must be sought from qualified nurses, other health professionals, or other appropriate sources. Educational resources should be sought by nurses and provided by institutions to maintain and advance the competence of nurses. Nurse educators act in collaboration with their students to assess the learning needs of the student, the effectiveness of the teaching program, the identification and utilization of appropriate resources, and the support needed for the learning process.

4.4 Delegation of nursing activities

Since the nurse is accountable for the quality of nursing care given to patients, nurses are accountable for the assignment of nursing responsibilities to other nurses and the delegation of nursing care activities to other health care workers. While delegation and assignments are used here in a generic moral sense, it is understood that individual states may have a particular legal definition of these terms.

The nurse must make reasonable efforts to assess individual competence when assigning selected components of nursing care to other health care workers. This assessment involves evaluating the knowledge, skills, and experience of the individual to whom the care is assigned, the complexity of the assigned tasks, and the health status of the patient. The nurse is also responsible for monitoring the activities of these individuals and evaluating the quality of the care provided. Nurses may not delegate responsibilities such as assessment and evaluation; they may delegate tasks. The nurse must not knowingly assign or delegate to any member of the nursing team a task for which that person is not prepared or qualified. Employer policies or directives do not relieve the nurse of responsibility for making judgments about the delegation and assignment of nursing care tasks.

Nurses functioning in management or administrative roles have a particular responsibility to provide an environment that supports and facilitates appropriate assignment and delegation. This includes providing appropriate orientation to staff, assisting less experienced nurses in developing necessary skills and competencies, and establishing policies and procedures that protect both the patient and nurse from the inappropriate assignment or delegation of nursing responsibilities, activities, or tasks.

Nurses functioning in educator or preceptor roles may have less direct relationships with patients. However, through assignment of nursing care activities to learners they share responsibility and accountability for the care provided. It is imperative that the knowledge and skills of the learner be sufficient to provide the assigned nursing care and that appropriate supervision be provided to protect both the patient and the learner.

5. *The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.*

5.1 Moral self-respect

Moral respect accords moral worth and dignity to all human beings irrespective of their personal attributes or life situation. Such respect extends to oneself as well; the same duties that we owe to others we owe to ourselves. Self-regarding duties refer to a realm of duties that primarily concern oneself and include professional growth and maintenance of competence, preservation of wholeness of character, and personal integrity.

5.2 Professional growth and maintenance of competence

Though it has consequences for others, maintenance of competence and ongoing professional growth involves the control of one's own conduct in a way that is primarily self-regarding. Competence affects one's self-respect, self-esteem, professional status, and the meaningfulness of work. In all nursing roles, evaluation of one's own performance, coupled with peer review, is a means by which nursing practice can be held to the highest standards. Each nurse is responsible for participating in the development of criteria for evaluation of practice and for using those criteria in peer and self-assessment.

Continual professional growth, particularly in knowledge and skill, requires a commitment to lifelong learning. Such learning includes, but is not limited to, continuing education, networking with professional colleagues, self-study, professional reading, certification, and seeking advanced degrees. Nurses are required to have knowledge relevant to the current scope and standards of nursing practice, changing issues, concerns, controversies, and ethics. Where the care required is outside the competencies of the individual nurse, consultation should be sought or the patient should be referred to others for appropriate care.

5.3 Wholeness of character

Nurses have both personal and professional identities that are neither entirely separate, nor entirely merged, but are integrated. In the process of becoming a professional, the nurse embraces the values of the profession, integrating them with personal values. Duties to self involve an authentic expression of one's own moral point-of-view in practice. Sound ethical decision-making requires the respectful and open exchange of views between and among all individuals with relevant interests. In a community of moral discourse, no one person's view should automatically take precedence over that of another. Thus the nurse has a responsibility to express moral perspectives, even when they differ from those of others, and even when they might not prevail.

This wholeness of character encompasses relationships with patients. In situations where the patient requests a personal opinion from the nurse, the nurse is generally free to express an informed personal opinion as long as this preserves the voluntariness of the patient and maintains appropriate professional and moral boundaries. It is essential to be aware of the potential for undue influence attached to the nurse's professional role. Assisting patients to clarify their own values in reaching informed decisions may be helpful in avoiding unintended persuasion. In situations where nurses' responsibilities include care for those whose personal attributes, condition, lifestyle, or situation is stigmatized by the community and are personally unacceptable, the nurse still renders respectful and skilled care.

5.4 Preservation of integrity

Integrity is an aspect of wholeness of character and is primarily a self-concern of the individual nurse. An economically constrained health care environment presents the nurse with particularly troubling threats to integrity. Threats to integrity may include a request to deceive a patient, to withhold information, or to falsify records, as well as verbal abuse from patients or coworkers. Threats to integrity also may include an expectation that the nurse will act in a way that is inconsistent with the values or ethics of the profession, or more specifically a request that is in direct violation of the Code of Ethics. Nurses have a duty to remain consistent with both their personal and professional values and to accept compromise only to the degree that it remains an integrity-preserving compromise. An integrity-preserving compromise does not jeopardize the dignity or well-being of the nurse or others. Integrity-preserving compromise can be difficult to achieve, but is more likely to be accomplished in situations where there is an open forum for moral discourse and an atmosphere of mutual respect and regard.

Where nurses are placed in situations of compromise that exceed acceptable moral limits or involve violations of the moral standards of the profession, whether in direct patient care or in any other forms of nursing practice, they may express their conscientious objection to participation. Where a particular treatment, intervention, activity, or practice is morally objectionable to the nurse, whether intrinsically so or because it is inappropriate for the specific patient, or where it may jeopardize both patients and nursing practice, the nurse is justified in refusing to participate on moral grounds. Such grounds exclude personal preference, prejudice, convenience, or arbitrariness. Conscientious objection may not insulate the nurse against formal or informal penalty. The nurse who decides not to take part on the grounds of conscientious objection must communicate this decision in appropriate ways. Whenever possible, such a refusal should be made known in advance and in time for

alternate arrangements to be made for patient care. The nurse is obliged to provide for the patient's safety, to avoid patient abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the patient.

Where patterns of institutional behavior or professional practice compromise the integrity of all its nurses, nurses should express their concern or conscientious objection collectively to the appropriate body or committee. In addition, they should express their concern, resist, and seek to bring about a change in those persistent activities or expectations in the practice setting that are morally objectionable to nurses and jeopardize either patient or nurse well being.

6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

6.1 Influence of the environment on moral virtues and values

Virtues are habits of character that predispose persons to meet their moral obligations; that is, to do what is right. Excellences are habits of character that predispose a person to do a particular job or task well. Virtues such as wisdom, honesty, and courage are habits or attributes of the morally good person. Excellences such as compassion, patience, and skill are habits of character of the morally good nurse. For the nurse, virtues and excellences are those habits that affirm and promote the values of human dignity, well-being, respect, health, independence, and other values central to nursing. Both virtues and excellences, as aspects of moral character, can be either nurtured by the environment in which the nurse practices or they can be diminished or thwarted. All nurses have a responsibility to create, maintain, and contribute to environments that support the growth of virtues and excellences and enable nurses to fulfill their ethical obligations.

6.2 Influence of the environment on ethical obligations

All nurses, regardless of role, have a responsibility to create, maintain, and contribute to environments of practice that support nurses in fulfilling their ethical obligations. Environments of practice include observable features, such as working conditions, and written policies and procedures setting out expectations for nurses, as well as less tangible characteristics such as informal peer norms. Organizational structures, role descriptions, health and safety initiatives, grievance mechanisms, ethics committees, compensation systems, and disciplinary procedures all contribute to environments that can either present barriers or foster ethical practice and professional fulfillment. Environments in which employees are provided fair hearing of grievances, are supported in practicing according to standards of care, and are justly treated allow for

the realization of the values of the profession and are consistent with sound nursing practice.

6.3 Responsibility for the healthcare environment

The nurse is responsible for contributing to a moral environment that encourages respectful interactions with colleagues, support of peers, and identification of issues that need to be addressed. Nurse administrators have a particular responsibility to assure that employees are treated fairly and that nurses are involved in decisions related to their practice and working conditions. Acquiescing and accepting unsafe or inappropriate practices, even if the individual does not participate in the specific practice, is equivalent to condoning unsafe practice. Nurses should not remain employed in facilities that routinely violate patient rights or require nurses to severely and repeatedly compromise standards of practice or personal morality.

As with concerns about patient care, nurses should address concerns about the health care environment through appropriate channels. Organizational changes are difficult to accomplish and may require persistent efforts over time. Toward this end, nurses may participate in collective actions such as collective bargaining or workplace advocacy, preferably through a professional association such as the state nurses association, in order to address the terms and conditions of employment. Agreements reached through such action must be consistent with the profession's standards of practice, the state law regulating practice, and the Code of Ethics for Nursing. Conditions of employment must contribute to the moral environment, the provision of quality patient care, and the professional satisfaction for nurses.

The professional association also serves as an advocate for the nurse by seeking to secure just compensation and humane working conditions for nurses. To accomplish this, the professional association may engage in collective bargaining on behalf of nurses. While seeking to assure just economic and general welfare for nurses, collective bargaining, nonetheless, seeks to keep the interests of both nurses and patients in balance.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

7.1 Advancing the profession through active involvement in nursing and in health care policy

Nurses should advance their profession by contributing in some way to the leadership, activities, and the viability of their professional organizations. Nurses can also advance the profession by serving in leadership or mentorship roles or on committees within their places of employment. Nurses who are self-employed can advance the profession

by serving as role models for professional integrity. Nurses can also advance the profession through participation in civic activities related to health care or through local, state, national, or international initiatives. Nurse educators have a specific responsibility to enhance students' commitment to professional and civic values. Nurse administrators have a responsibility to foster an employment environment that facilitates nurses' ethical integrity and professionalism, and nurse researchers are responsible for active contribution to the body of knowledge supporting and advancing nursing practice.

7.2 Advancing the profession by developing, maintaining, and implementing professional standards in clinical, administrative, and educational practice

Standards and guidelines reflect the practice of nursing grounded in ethical commitments and a body of knowledge. Professional standards and guidelines for nurses must be developed by nurses and reflect nursing's responsibility to society. It is the responsibility of nurses to identify their own scope of practice as permitted by professional practice standards and guidelines, by state and federal laws, by relevant societal values, and by the Code of Ethics.

The nurse as administrator or manager must establish, maintain, and promote conditions of employment that enable nurses within that organization or community setting to practice in accord with accepted standards of nursing practice and provide a nursing and health care work environment that meets the standards and guidelines of nursing practice. Professional autonomy and self regulation in the control of conditions of practice are necessary for implementing nursing standards and guidelines and assuring quality care for those whom nursing serves.

The nurse educator is responsible for promoting and maintaining optimum standards of both nursing education and of nursing practice in any settings where planned learning activities occur. Nurse educators must also ensure that only those students who possess the knowledge, skills, and competencies that are essential to nursing graduate from their nursing programs.

7.3 Advancing the profession through knowledge development, dissemination, and application to practice

The nursing profession should engage in scholarly inquiry to identify, evaluate, refine, and expand the body of knowledge that forms the foundation of its discipline and practice. In addition, nursing knowledge is derived from the sciences and from the humanities. Ongoing scholarly activities are essential to fulfilling a profession's obligations to society. All nurses working alone or in collaboration with others can participate in the advancement of the profession through the development, evaluation,

dissemination, and application of knowledge in practice. However, an organizational climate and infrastructure conducive to scholarly inquiry must be valued and implemented for this to occur.

8. *The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.*

8.1 Health needs and concerns

The nursing profession is committed to promoting the health, welfare, and safety of all people. The nurse has a responsibility to be aware not only of specific health needs of individual patients but also of broader health concerns such as world hunger, environmental pollution, lack of access to health care, violation of human rights, and inequitable distribution of nursing and health care resources. The availability and accessibility of high quality health services to all people require both interdisciplinary planning and collaborative partnerships among health professionals and others at the community, national and international levels.

8.2 Responsibilities to the public

Nurses, individually and collectively, have a responsibility to be knowledgeable about the health status of the community and existing threats to health and safety. Through support of and participation in community organizations and groups, the nurse assists in efforts to educate the public, facilitates informed choice, identifies conditions and circumstances that contribute to illness, injury and disease, fosters healthy life styles, and participates in institutional and legislative efforts to promote health and meet national health objectives. In addition, the nurse supports initiatives to address barriers to health, such as poverty, homelessness, unsafe living conditions, abuse and violence, and lack of access to health services.

The nurse also recognizes that health care is provided to culturally diverse populations in this country and in all parts of the world. In providing care, the nurse should avoid imposition of the nurse's own cultural values upon others. The nurse should affirm human dignity and show respect for the values and practices associated with different cultures and use approaches to care that reflect awareness and sensitivity.

9. *The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.*

9.1 Assertion of values

It is the responsibility of a professional association to communicate and affirm the values of the profession to its members. It is essential that the professional

organization encourages discourse that supports critical self-reflection and evaluation within the profession. The organization also communicates to the public the values that nursing considers central to social change that will enhance health.

9.2 The profession carries out its collective responsibility through professional associations

The nursing profession continues to develop ways to clarify nursing's accountability to society. The contract between the profession and society is made explicit through such mechanisms as (a) the Code of Ethics for Nurses, (b) the standards of nursing practice, (c) the ongoing development of nursing knowledge derived from nursing theory, scholarship, and research in order to guide nursing actions, (d) educational requirements for practice, (e) certification, and (f) mechanisms for evaluating the effectiveness of professional nursing actions.

9.3 Intraprofessional integrity

A professional association is responsible for expressing the values and ethics of the profession and also for encouraging the professional organization and its members to function in accord with those values and ethics. Thus, one of its fundamental responsibilities is to promote awareness of and adherence to the Code of Ethics and to critique the activities and ends of the professional association itself. Values and ethics influence the power structures of the association in guiding, correcting, and directing its activities. Legitimate concerns for the self-interest of the association and the profession are balanced by a commitment to the social goods that are sought. Through critical self-reflection and self-evaluation, associations must foster change within themselves, seeking to move the professional community toward its stated ideals.

9.4 Social reform

Nurses can work individually as citizens or collectively through political action to bring about social change. It is the responsibility of a professional nursing association to speak for nurses collectively in shaping and reshaping health care within our nation, specifically in areas of health care policy and legislation that affect accessibility, quality, and the cost of health care. Here, the professional association maintains vigilance and takes action to influence legislators, reimbursement agencies, nursing organizations, and other health professions. In these activities, health is understood as being broader than delivery and reimbursements systems, but extending to health-related sociocultural issues such as violation of human rights, homelessness, hunger, violence, and the stigma of illness.

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NATIONAL STUDENT NURSES' ASSOCIATION, INC.

CODE OF ACADEMIC AND CLINICAL CONDUCT

Preamble

Students of nursing have a responsibility to society in learning the academic theory and clinical skills needed to provide nursing care. The clinical setting presents unique challenges and responsibilities while caring for human beings in a variety of health care environments.

The Code of Academic and Clinical Conduct is based on an understanding that to practice nursing as a student is an agreement to uphold the trust with which society has placed in us. The statements of the Code provide guidance for the nursing student in the personal development of an ethical foundation and need not be limited strictly to the academic or clinical environment but can assist in the holistic development of the person.

A Code for Nursing Students

As students are involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore within these environments we:

1. Advocate for the rights of all clients.
2. Maintain client confidentiality.
3. Take appropriate action to ensure the safety of clients, self, and others.
4. Provide care for the client in a timely, compassionate and professional manner.
5. Communicate client care in a truthful, timely and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
7. Promote excellence in nursing by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality care.
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
11. Encourage faculty, clinical staff, and peers to mentor nursing students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical

- setting that creates unnecessary risk of injury to the client, self, or others.
14. Assist the staff nurse or preceptor in ensuring that there is full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.
 15. Abstain from the use of alcoholic beverages or any substance in the academic and clinical setting that impair judgment.
 16. Strive to achieve and maintain an optimal level of personal health.
 17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.
 18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

Adopted by the NSNA House of Delegates, Nashville, TN, on April 6, 2001.

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JACKSON CAMPUS - White Hall

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Full-Time Faculty	Home Phone Office Phone	E-Mail address	Office #
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Brown, Sandra MSN, RN Associate Professor	731-661-5315	sbrown@uu.edu	248
Cressman, Elsie Coordinator of Nurse Anesthesia Track	731-661-5124	ecressma@uu.edu	235
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Harden, Kelly DNSc, FNP Nurse Practitioner Track Director and Assistant Professor	731-661-5946	kharden@uu.edu	239
Harris, Charlotte Administrative Assistant to the Dean	731-661-5029	cpharris@uu.edu	220B

Karnes, Paula Coordinator of BSN Program	731-661-5125	pkarnes@uu.edu	255
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McLaughlin, Rosemary PhD, MSN, RNC Assistant Professor	731-661-5155	rmclaugh@uu.edu	246
Medlin, Lisa MSN, FNP, RN Assistant Professor	731-661-5154	lmedlin@uu.edu	242
O'Connor, Kathy MSN, FNP, MBA, RN Associate Dean and Assistant Professor	731-661-5452	koconnor@uu.edu	223
Sanderson, Carla PhD, RN Provost and Professor	731-661-5203	csanders@uu.edu	F-6 PAC
Sanchez, Zoila PhD, RN Associate Professor	731661-5905	zsanchez@uu.edu	233
Smith, Tim PhD, APN, CRNA Dean and Professor	731-661-5200	tsmith@uu.edu	221
Suiter, Jessica MSN, RN Instructor	731-661-1818	jsuiter@uu.edu	241
Sykes, Carol MSN, RN Chair Undergraduate Program and Instructor	731-661-5902	csykes@uu.edu	222

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Wilhite, LeeAnne MSN, ACNP, RN Assistant Professor	731-661-6569	tsaddler@uu.edu	253
Wright, Molly MS, APN, CRNA Assistant Professor	731-661-5347	mwright@uu.edu	234

GERMANTOWN CAMPUS

FAX - 901-759-5874

Blackard, Glynis MSN, RN Assistant Professor	901-759-0029, Ext. 112	gblackar@uu.edu	219D
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Tate, Lois EdD, RN Professor	901-759-0029, Ext. 135	ltate@uu.edu	214H
Thornton-Orr, Denise DNSc, RN Chair Undergraduate Program and Assistant Professor	901-759-0029, Ext. 124	dthornton@uu.edu	214C
Watters-Burke, Valerie DNSc, RN-CS, FNP, PNP Associate Professor	901-759-0029, Ext. 139	vwburke@uu.edu	214G

CAMPUS INFORMATION
JACKSON CAMPUS
Fall/Spring Semesters

Library Hours (661-5418) <http://www.uu.edu/library/>

Monday—Thursday	7:00 a.m. - 12:30 a.m.
Friday	7:00 a.m. - 6:00 p.m.
Saturday	11:00 a.m. - 6:00 p.m.
Sunday	1:00 p.m. - 5:00 p.m.; 8:00 p.m. - 12:30 a.m.

(Closed during Required Chapels, other exceptions as Posted)
*Winter & Summer hours may be different – see website

Computing Services Hours (661-5400) <http://www.uu.edu/computing/>

Labs C-1, C-2, C-3

Monday—Thursdays	7:00 a.m. - 12:30 a.m.
Friday	7:00 a.m. - 5:00 p.m.
Saturday	9:00 a.m. - 6:00 p.m.
Sunday	2:00 p.m. - 5:00 p.m.; 8:00 p.m. - 12:30 a.m.

BAC-45

Tuesday-Thursday Check posted lab schedule. Times vary

BAC-45

Monday—Thursday Check posted lab schedule. Times vary

Please note reserved signs. Labs will close for required chapels and school holidays.

Lifeway Christian Bookstore Hours (668-9492)

Monday—Saturday	9:30 a.m. - 9:00 p.m.
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Activities Center (661-5150)

Monday, Tuesday, Thursday	6:00 a.m. - 10:00 p.m.
Wednesday	6:00 a.m. - 10:00 a.m.; 11:00 a.m. - 10:00 p.m.
Friday	6:00 a.m. - 10:00 a.m.; 11:00 a.m. - 8:00 p.m.
Saturday	8:00 a.m. - 8:00 p.m.
Sunday	2:00 p.m. - 4:00 p.m.

Aquatic Center Hours (661-5150)

Monday thru Friday	6:00 a.m. – 8:00 a.m.; 7:00 p.m. - 9:00 p.m.
Saturday	3:00 p.m. - 6:00 p.m.
Sunday	2:00 p.m. - 4:00 p.m.

*Winter, Summer hours may be different – see website

Wellness Center Hours (661-5447)

Monday, Tuesday, Thursday	6:00 a.m. - 10:00 p.m.
Wednesday	6:00 a.m. – 10:00 a.m; 11:00 a.m – 10:00 p.m.
Friday	6:00 a.m. – 10:00 a.m; 11:00 a.m – 8:00 p.m.
Saturday	8:00 a.m. - 2:00 p.m.
Sunday	2:00 p.m. – 4:00 p.m.

GERMANTOWN CAMPUS**Library Hours (901- 759-0029, Ext. 104)**

Monday—Thursday	8:00 a.m. - 9:30 p.m.
Friday	8:00 a.m. - 4 p.m.
Saturday**	7:30 a.m. - 3:30 p.m.

** Saturday is pending classes are going on and the campus is not closed

Librarian: Mrs. Shirley Harris

Computing Services Hours

Room 209

Monday—Thursdays	*8:00 a.m. - 10:00 pm.
Friday	8:00 a.m. - 4:00 p.m.
Saturday	8:00 a.m. - 3:00 p.m.

Technology Support Coordinator: Tabitha Washburn @ 759-0029 ext. 126.

*If classes end before 10:00pm, lab will close when class is over.

Bookstore – Lifeway Christian Online

<http://www.bkstr.com/webapp/wcs/stores/servlet/StoreCatalogDisplay?langId=-1&storeId=44904&demoKey=d&catalogId=10001>

Student Canteen

This is located on the ground floor across from the bookstore. Students will find drink and snack machines as well as a refrigerator and microwave. It is the responsibility of all who use this room to help keep it clean. There is a bulletin board in the student canteen where messages may be posted.

UNION UNIVERSITY
SCHOOL OF NURSING
Bachelor of Science in Nursing
Traditional BSN Track
CURRICULUM MODEL

FRESHMAN YEAR

Fall Semester	Winter Term	Spring Semester
BIO 221 <i>Anatomy & Physiology I</i>4	<i>Optional Term – May be used to reduce Fall / Spring courseload.</i>	BIO 222 <i>Anatomy & Physiology II</i> ...4
CHR 111 <i>Old Testament</i>3		CHR 112 <i>New Testament</i>3
UNI 196 <i>Christian Learning</i>2		ENG 112 <i>Written Composition II</i>3
ENG 111 <i>Written Composition I</i>3		PSY 219 <i>Developmental Psych</i> 3
PEWS 100** <i>Fitness for Health</i>1		SOC 211 <i>Prin. of Sociology</i>3
PSY 213 <i>Intro. to Psychology</i> 3		

Total Credits: 16

Total Credits: 16

SOPHOMORE YEAR

Fall Semester	Winter Term	Spring Semester
ART 210 <i>Arts in Western Civ</i>3	<i>Optional Term – May be used to reduce Fall / Spring courseload.</i>	BIO 201 <i>Microbiology</i> 4
CHEM 105/111 <i>Chemistry</i> 4		BIO 300 <i>Pathophysiology</i> 3
ENG 201 <i>World Literature I</i>3		ENG 202 <i>World Literature II</i>3
HIS 101 <i>World Civilization I</i> 3		HIS 102 <i>World Civilization II</i> 3
MATH 114 <i>Intro to Statistics</i> 3		PEWS Activity**..... 1
		Lower Level Elective 3

Total Credits: 16

Total Credits: 17

JUNIOR YEAR

Fall Semester	Winter Term	Spring Semester
NUR 302 <i>Found. of Pharmacology</i>1	<i>Optional Term – May be used to reduce Fall / Spring courseload.</i>	NUR 306 <i>Scientific Writing</i>1
NUR 308 <i>Foundations of Nsg</i>6		NUR 318 <i>Childbearing (OB)</i>5
NUR 309 <i>Skills Practicum</i>3		NUR 409 <i>Pharmacology II</i>2
NUR 310 <i>Health Assessment</i> 3		NUR 423 <i>Psych/Mental Health</i> 5
NUR 408 <i>Pharmacology I</i>2		Upper Level Elective.....3

Total Credits: 15

Total Credits: 16

SENIOR YEAR

Fall Semester	Winter Term	Spring Semester
NUR 330 <i>Nursing Research</i> 3	<i>Optional Term – May be used to reduce Fall / Spring courseload.</i>	NUR 425 <i>Adult Health II</i>6
NUR 418 <i>Childrearing (Pediatrics)</i> ... 5		NUR 430 <i>Leadership/Mgmt</i> 4
NUR 419 <i>Issues in Prof. Nursing</i>3		NUR 440 <i>Community Health Nsg</i>5
NUR 421 <i>Adult Health I</i>6		NUR 499 <i>Senior Seminar</i>1

Total Credits: 17

Total Credits: 16

Progressions criteria for students enrolled in Union University prior to entering nursing curriculum

- ACT of 20 or greater
- Cumulative GPA of at least 2.8 for all courses taken at Union University and other universities
- Cumulative Science GPA of at least 2.8 in select science courses
- Submission of progressions form to School of Nursing by March 1 of each year

Application process for transfer students applying to SON (Transfer student defined as one enrolling at Union University with 24 or more transfer credit hours)

- ACT of 20 or greater
- Cumulative GPA of at least 2.8 for all courses taken at Union University and other universities
- Cumulative Science GPA of at least 2.8 in select science courses
- Submission of application to Union University for Traditional BSN Program

PRE-REQUISITES:

- BIO 201 has a pre-requisite of CHE 105/111
- BIO 300 has a pre-requisite of BIO 221 & 222; BIO 201 or 211
- NUR 330 has a pre-requisite of MATH 114
- NUR 430 has a pre-requisite of NUR 330
- NUR 421 has a pre-requisite of BIO 300
- PSY 219 has a pre-requisite of PSY 213
- Co-requisite NUR courses are grouped accordingly, and cannot be separated.

NOTES & ADDITIONAL PROGRAM INFORMATION:

** PEWS (physical education) courses are not required for students beyond traditional college age (25 or older).

- UNI 196 is required of all full-time freshmen. This course was formerly CLU111/112 in the Undergraduate Catalogue.
- CHR courses may be deferred to a later semester, or to Winter Term, with the Dean's permission.
- An applicant with Anatomy & Physiology (BIO 221 & 222) course credit that is more than 5 years old must either retake the 2 courses for credit, or take an NLN A&P Achievement Test and achieve a set passing score.
- Negative urine drug screen and criminal background check
- Documentation of AHA CPR certification, physical exam, and immunizations

**UNION UNIVERSITY
SCHOOL OF NURSING
Bachelor of Science in Nursing
Accelerated BSN Track**

CURRICULUM MODEL

Session #1 (January Term: 5 weeks)

NUR 302	Foundations of Pharmacology	1
NUR 309	Skills Practicum	3*
NUR 310	Health Assessment w/Lab	3
NUR 408	Pharmacology I	2

Session #2 (Spring I: 8 weeks)

NUR 306	Scientific Writing	1
NUR 307	Accelerated Foundations w/Lab	5
NUR 409	Pharmacology II	2

Session #3 (Spring II: 7 weeks)

NUR 418	Pediatrics w/Lab	5
NUR 423	Psych/Mental Health w/Lab	5

Session #4 (Summer I: 6 weeks)

NUR 318	Childbearing (OB) w/Lab	5
NUR 420	Issues	3

Session #5 (Summer II: 6 weeks)

NUR 330	Research	3
NUR 421	Adult I w/Lab	6

Session #6 (Fall Semester: 16 weeks)

NUR 425	Adult II w/Lab	6
NUR 430	Leadership/Management w/Lab	4
NUR 440	Community w/Lab	5
NUR 499	Senior Seminar	<u>1</u>
	Total Hours	60

**This course extends over 2 sessions*

Required prerequisites for applicants with an earned bachelor degree in another field are:

BIO 221 & 222	Anatomy & Physiology I & II (must be taken within 5 yrs of beginning nursing cohort)	4 hours each
BIO 201	Microbiology	4 hours
BIO 300	Pathophysiology	3 hours
PSY 213	General Psychology	3 hours
PSY 219	Developmental Psychology	3 hours
MAT 114	Elementary Statistics & Probability	3 hours

**A minimum of five courses should be completed by the application deadline*

Required prerequisites for applicants without an earned bachelor degree are:

Christian Studies		6 hours
English Composition		6 hours
Humanities		9 hours
	3 hours must be Literature	
Mathematics		3 hours
	Statistics	
Computer Science		2 hours
Laboratory Sciences		14/15 hours
	Microbiology	
	Anatomy & Physiology I & II (within 5 yrs of the nursing cohort)	
	Pathophysiology	
Social Sciences		9 hours
	3 hours must be History	
	3 hours must be General Psychology	
	3 hours must be Developmental Psychology	
Electives		19/20 hours
	6 hours must be level 300-400 courses	

Admission Criteria:

- Cumulative GPA of 2.8 and Science GPA of 2.8 with an earned bachelor degree
- Age 24 or older, ACT of 20, Cumulative GPA of 2.8 and Science GPA of 2.8 without an earned bachelor degree
- Union University School of Nursing application with application fee
- Official transcripts from all post-secondary institutions
- Grades of “C” or higher are required for all Natural Science, Social Science, Math and English courses
- Completion of TEAS exam during interview process
- Upon acceptance into the program, the following items must be completed:
 - Documentation of AHA CPR Certification, physical exam form & immunizations
 - Negative urine drug screen and criminal background check

**UNION UNIVERSITY
SCHOOL OF NURSING
Bachelor of Science in Nursing
RN-BSN Track**

CURRICULUM MODEL

**Pick your pace to complete your BSN!
General Education courses may be taken with nursing courses as
needed!**

Campus-Based Courses *Rolling Admission	E-Campus online 18 Months *Begin in the Fall or Spring
<u>Fall</u> NUR 306 Scientific Writing (1 hr) NUR 333 Concepts of Prof. Nursing (3 hrs) NUR 410 Pharmacology (3 hrs) NUR 330 Research (3 hrs) NUR 440 Community (5 hrs) NUR 419 Issues (3 hrs)	<u>Fall</u> NUR 306 Scientific Writing (1 hr) NUR 333 Concepts of Professional Nursing (3 hrs) NUR 410 Pharmacology (3 hrs)
<u>Winter</u> Electives *Recommend 3-6 hrs	<u>Winter</u> Electives *Recommend 3-6 hrs
<u>Spring</u> NUR 310 Health Assessment (3 hrs) NUR 430 Leadership & Management (4 hrs) NUR 440 Community (5 hrs) NUR 333 Concepts (3 hrs) NUR 419 Issues (3 hrs)	<u>Spring</u> NUR 310 Health Assessment (3 hrs) NUR 330 Research (3 hrs)
<u>Summer</u> NUR 419 Issues (3 hrs)	<u>Summer</u> NUR 430 Leadership & Management (4 hrs) NUR 419 Issues (3 hrs)
	<u>Fall</u> NUR 440 Community (5 hrs)
	<u>Spring</u> NUR 306 Scientific Writing (1 hr) NUR 310 Health Assessment (3 hrs) NUR 330 Research (3 hrs) NUR 333 Concepts of Professional Nursing (3 hrs)
	<u>Summer</u> NUR 419 Issues (3 hrs) NUR 430 Leadership & Management (4 hrs)
	<u>Fall</u> NUR 410 Pharmacology (3 hrs) NUR 440 Community (5 hrs)
	<u>Winter</u> Electives *Recommend 3-6 hrs

*Orientation for online classes in August and January	
General Education Requirements (61 hours)	Credit hours
Christian Studies ⁺⁺	6
English Composition	6
Laboratory Sciences	14/15
Microbiology	
Anatomy & Physiology I & II	
Pathophysiology	
Mathematics (Statistics)	3
Social Sciences (2 hours must be History)	9
Humanities (3 hours must be Literature)	9
Electives (6 hours must be upper level courses)	14
6 hours must be upper level courses	
⁺⁺ Online course	
Nursing Requirements	31
Credit from prior Nursing Program after completion of NUR 333	37
TOTAL CREDIT HOURS	129

Admission Criteria:

- .. Cumulative GPA 2.8
- .. Union University School of Nursing application with application fee
- .. Official transcripts from all post-secondary institutions
- .. Current licensure as a Registered Nurse in the State of Tennessee
- .. Upon acceptance into the program, the following items must be completed:
 - Current AHA CPR certification
 - Physical examination form & Immunization record
 - Clear urine drug screen
 - Clear criminal background check

Notes & Additional Information:

- **Physical Education 100; Sociology 211; Biology 211, 221, 222
- **P.E. Activity is not required of those students beyond traditional college age (≥ 25 yrs)
- Validated Credits: Nursing 302, 303, 308, 318, 418, 421, 423, 425, 499 (37 hours after successful completion of NUR 333)
- BIO 300 (Pathophysiology 300) has a prerequisite of BIO 221 & 222; BIO 201 or 211
- NUR 330 has a prerequisite of MAT 114
- NUR 430 has a prerequisite of NUR 330
- NUR 440 has a pre or corequisite of all required nursing courses and BIO 300
- Nursing courses may be grouped differently according to the needs of the student with the exception of NUR 330 being a prerequisite of NUR 430 and NUR 440
- In the case of transfer hours, consider the level on which it was earned -- not the level of the Union parallel.
- Four upper level electives or 11 credit hours are required. Two of these MUST BE nursing electives.

UNION UNIVERSITY
SCHOOL OF NURSING
Bachelor of Science in Nursing
LPN – BSN Track
CURRICULUM MODEL

GENERAL EDUCATION REQUIREMENTS

BIO 221	Anatomy & Physiology	4	BIO 222	Anatomy & Physiology	4
CHR 111	Old Testament	3	CHR 112	New Testament	3
ENG 111	Written Composition I	3	ENG 112	Written Composition II	3
PEWS 100	Fitness for Health	1	PSY 219	Developmental Psychology	3
PSY 213	Intro to Psychology	3	SOC 211	Principles of Sociology	3
ART 210	Arts in Western Civ.	3	BIO 201	Survey of Microbiology	4
CHE 201	Chemistry	4	BIO 300	Pathophysiology	3
ENG 201	World Literature I	3	ENG 202	World Literature II	3
HIS 101	World Civilization I	3	HIS 102	World Civilization II	3
MAT 114	Intro to Statistics	3	PEWS	Activity	1
				<i>Lower Level Elective</i>	3

JUNIOR YEAR

Fall Semester	Winter Term	Spring Semester
NUR 302* <i>Found. of Pharmacology</i>1	NUR 322 <i>LPN Transition Course</i>	NUR 306 <i>Scientific Writing</i>1
NUR 308* <i>Foundations of Nursing</i> 6		NUR 318* <i>Childbearing (OB)</i> 5
NUR 309* <i>Skills Practicum</i> 3		NUR 409 <i>Pharmacology II</i>2
NUR 310 <i>Health Assessment</i> 3		NUR 423 <i>Psych/Mental Health</i> 5
NUR 408 <i>Pharmacology I</i>2		Upper Level Elective..... 3

Total Credits: 15

Total Credits: 16

SENIOR YEAR

Fall Semester	Winter Term	Spring Semester
NUR 330 <i>Nursing Research</i> 3	Optional Term – May <i>be used to reduce Fall / Spring course load.</i>	NUR 425 <i>Adult Health II</i>6
NUR 418* <i>Childrearing (Pediatrics)</i> .. 5		NUR 430 <i>Leadership/Mgmt</i> 4
NUR 419 <i>Issues in Prof. Nursing</i>3		NUR 440 <i>Community Health Nsg</i>5
NUR 421 <i>Adult Health I</i>6		NUR 499 <i>Senior Seminar</i>1

Total Credits: 17

Total Credits: 16

Total Credit Hours 132

rev. 6/09

Program Information

Progressions criteria for students enrolled in Union University prior to entering nursing curriculum

- Cumulative GPA of at least 2.8 for all courses taken at Union University and other universities
- Cumulative Science GPA of at least 2.8 in select science courses
- Submission of progressions form to School of Nursing by March 1 of each year

Application process for transfer students applying to SON (Transfer student defined as one enrolling at Union University with 24 or more transfer credit hours)

- ACT of 20 or greater
- Cumulative GPA of at least 2.8 for all courses taken at Union University and other universities
- Cumulative Science GPA of at least 2.8 in select science courses
- Submission of application to Union University for Traditional BSN Program

PRE-REQUISITES:

- BIO 201 has a pre-requisite of CHE 105/111
- BIO 300 has a pre-requisite of BIO 221 & 222; BIO 201 or 211
- NUR 330 has a pre-requisite of MATH 114
- NUR 430 has a pre-requisite of NUR 330
- NUR 421 has a pre-requisite of BIO 300
- PSY 219 has a pre-requisite of PSY 213
- Co-requisite NUR courses are grouped accordingly, and cannot be separated.

NOTES & ADDITIONAL PROGRAM INFORMATION:

* These courses may be challenged via NLN Achievement Tests (NUR 308, 318 & 418), teacher-prepared exam (NUR 302), or faculty-supervised validation of skills in the campus lab (NUR 309).

** PEWS (physical education) courses are not required for students beyond traditional college age (25 or older).

- UNI 196 is required of all full-time Freshmen. This course was formerly CLU111/112 in the Undergraduate Catalogue.
- CHR courses may be deferred to a later semester, or to Winter Term, with the Dean's permission.
- An applicant with Anatomy & Physiology (BIO 221 & 222) course credit that is more than 5 years old must either retake the 2 courses for credit, or take an NLN A&P Achievement Test and achieve a set passing score.
- The Nursing Licensure Exam (NCLEX) Application – which is completed prior to graduation – asks the question “*Have you ever been convicted for a violation of the law other than a minor traffic violation?*” A reported conviction (and/or license revocation) does not necessarily mean that you would be denied licensure. Any nursing school applicant who would be affected by this disclosure requirement should schedule an appointment with the Dean of the School of Nursing for a confidential discussion of the specific situation or concern.

COURSE DESCRIPTIONS

For a full listing of University and School of Nursing specific course descriptions, please visit <http://www.uu.edu/catalogue/>.

ORIENTATION TIDBITS

ALL BSN STUDENTS:

1. **DEADLINE FOR APPLICATION FOR FINANCIAL AID FOR ENROLLED STUDENTS IS JULY 15TH OF EACH YEAR. THE STUDENT IS RESPONSIBLE FOR OBTAINING ADEQUATE FUNDS. FUNDS MAY BE OBTAINED IN THE FORM OF A STAFFORD LOAN OR ALTERNATIVE LOAN. SEE OFFICE OF FINANCIAL AID FOR DETAILS.**
2. The School of Nursing **highly recommends** that each student have access to a personal computer and printer outside of the university. It is not the university’s responsibility to print or copy documents that the faculty may send to you via email attachments or use in the classroom. It is the student’s responsibility to be able to send/receive emails with attachments and operate basic computer software such as Word, Excel, and PowerPoint. The university will provide you an email account free of charge. **All computers must have an up-to-date active antivirus program in place to prevent sending viruses.**

The recommended minimum computer specs are:

Recommended Minimum Computer Specs			
Windows		Mac	
Desktop	Laptop	Desktop	Laptop
Pentium 4 2.4 GHz or Equivalent	Pentium M 1.6 GHz or Equivalent	PowerPC G4 1.2 GHz	PowerPC G4 1.2 GHz
512 MB RAM	512 MB RAM	512 MB RAM	512 MB RAM
40 GB Hard Drive	40 GB Hard Drive	40 GB Hard Drive	40 GB Hard Drive
CD-RW / DVD-ROM Combo Drive	CD-RW / DVD-ROM Combo Drive	CD-RW / DVD-ROM Combo Drive	CD-RW / DVD-ROM Combo Drive
100 Mbps Network Card	100 Mbps Network Card And 802.11G Wireless Card	100 Mbps Network Card	100 Mbps Network Card And 802.11G Wireless Card
15” LCD Flat Panel or 17” CRT Monitor	14” Display	15” LCD Flat Panel or 17” CRT Monitor	14” Display
Windows XP Home or Professional	Windows XP Home or Professional	MacOS 10.3	MacOS 10.3

<http://www.uu.edu/computing/New%20Student%20Information%20January%202006.pdf>

3. Please use your faculty as resource persons. Ask for help whenever you don’t understand your reading, returned written work, lecture, etc. We want to help you but it is the ultimate responsibility of the student to contact the faculty member for any issues the student may be facing.

4. A study schedule is suggested to allow adequate time for study. Nursing courses are time consuming and require reading and study.
5. Clinical nursing courses include classroom and clinical time. Classroom time is calculated at 15 contact hours per semester per 1 credit hour. Clinical time is calculated at 40 contact hours per semester per 1 credit hour. The actual time required for clinical courses ranges from 6-12 hours per week.
6. Know your UU email address. Union uses your email account to communicate with you about financial, registration, and academic matters. The school of nursing faculty use email to communicate regularly with students about assignments, changes, and as a means to provide class material.
7. The student is responsible for transportation to and from clinical sites. Car pooling will be facilitated upon request.
8. Nurses' liability insurance is required of all students. Students will automatically be billed by the Business Office for coverage under Union's group plan unless evidence of personal malpractice insurance is provided by the first day of class each term. The amount of personal liability insurance coverage must be at least \$1,000,000/\$3,000,000 coverage.
9. Problems or concerns regarding the course should first be registered with the course faculty member. If the student feels the issues are not resolved satisfactorily, the matter may then be taken to the Chair, the Associate Dean and finally the Dean of the School of Nursing. The University's Grievance policy is stated in the *Union University Campus Life Handbook*.
<http://www.uu.edu/student-services/handbook/>
10. NUR 440 *Community Health Nursing* is considered the capstone course and the culminating nursing clinical experience. It must be taken by all students in residence at Union University.
11. Graduating seniors are expected to attend the Graduation Exercises. You must notify the Provost's office if you will be absent.

Traditional and Accelerated BSN Students Only:

1. The bulletin board in the Student Nursing Lounge on the Jackson Campus and main Nursing hallway on the Germantown Campus will provide you with important information. The faculty frequently has to change plans and schedules. Important notices will be placed on the student bulletin board or communicated via Novell or Blackboard email and/or announcements.
2. Each nursing course provides the foundation for all others. The faculty frequently refers students to previous content for review. It will be to your advantage to organize note taking so that previous lectures can be easily retrieved.
3. Reading assignments are important! Students are expected to be prepared for class by reading prior to class. Students are also expected to be prepared for clinical. **If the student is unprepared for lecture or clinical, the faculty member has the right to dismiss the student from the setting. Being dismissed from the classroom or clinical setting, the student will be responsible for the didactic content discussed in the classroom and making up the experience(s) missed in the clinical setting. The required responsibilities will be provided by the faculty member.**
4. Course tests are patterned after the licensure examination (NCLEX) which is taken after graduation. Most tests include multiple choice questions and alternate item questions. If you have concerns regarding objective-type tests, talk with your instructor.
5. Assessment Technologies Institute (ATI) tests are used throughout the program as a means of evaluation. ATI provides standardized specialty exams as well as a comprehensive ATI Predictor exam which measures NCLEX readiness. The ATI specialty exams (fundamentals, maternity, psych/mental health, pharmacology, and pediatrics) will be given at the end of corresponding courses and will count as a predetermined percentage of the student's test grade as noted in the class syllabi. In addition, students who fail to achieve the minimum national recommended ATI proficiency level will be expected to do remedial work in that specialty area and retested.
6. As part of NUR 499 *Senior Seminar*, students will take the RN Comprehensive ATI Predictor Exam. This is a test that evaluates readiness to take the NCLEX (licensure) exam. Students will be required to make a minimum ATI score, as determined by the scoring standards of ATI, to successfully complete the course. Students who are unsuccessful will have an opportunity to remediate and retest a second time. If a student is unsuccessful a 2nd time **the student will receive an "F" in the course and be required to repeat the course in the following semester. If the student has a previous "D" or "F" being transferred into the nursing program or made a second "D" or "F" while in the nursing program, making a**

"F" in NUR499 will constitute the second 'F' and the student will be dismissed from the nursing program (current policy - see SON progressions requirements)

7. Graduating seniors are expected to attend the BSN Recognition Ceremony and graduation exercises. As part of this ceremony the student receives the Union University School of Nursing pin and makes a public pledge to the profession of nursing. Students will be pinned by the Dean of the School of Nursing or the Dean's designee only.
8. Membership in the Tennessee Association of Student Nurses is strongly encouraged. Students will receive more information about the Association during the first two weeks of school and on the TASN Bulletin Board located in the Student Nursing Lounge area.
9. The Licensure Application, which is completed prior to graduation, contains the statement *"A person who has ever been convicted of any crime other than a minor traffic violation should report this."* A reported conviction and/or any license revocation do not necessarily mean that the graduate will be denied licensure. Any nursing school applicant who would be affected by this disclosure requirement is recommended to schedule an appointment with the Dean of the School of Nursing for a confidential discussion of the specific situation and concern. See below:

Tennessee Board of Nursing Legal Limitations of Licensure

A graduate of a state-approved nursing program who has been convicted of a violation of the law other than a minor traffic violation may be denied licensure. A graduate's eligibility for licensure is determined on an individual basis by the Board of Nursing for each state. Tennessee Board of Nursing applicant's should be aware that conviction of the following crimes would make you ineligible for Registered Nurse Licensure in the State of Tennessee: Aggravated Assault, as in T.C.A. 39-13-102; First Degree Murder, as in T.C.A. 39-13-202; Second Degree Murder, as in T.C.A. 39-13-207; voluntary Manslaughter, as in T.C.A. 39-13-211; False Imprisonment, as in T.C.A. 39-13-302; Kidnapping, as in T.C.A. 39-13-303; Aggravated Kidnapping, as in T.C.A. 39-13-305; Robbery, as in T.C.A. 39-13-403; Aggravated Rape, as in T.C.A. 39-13-502; Rape, as in T.C.A. 39-13-503; Aggravated Sexual Battery, as in T.C.A. 39-13-504; Sexual Battery, as in T.C.A. 39-13-505; Statutory Rape, as in T.C.A. 39-15-506; Theft of Property, as in T.C.A. 39-14-103; Theft of Services, as in T.C.A. 39-14-104; Forgery, as in T.C.A. 39-14-114; Falsifying of Educational and Academic Records, as in T.C.A. 39-14-136; Arson, as in T.C.A. 39-14-301; Aggravated Arson, as in T.C.A. 39-14-302; Burglary, as in T.C.A. 39-14-402; Aggravated Burglary, as in T.C.A. 39-14-404; Incest, as in T.C.A. 39-15-302; Aggravated Child Abuse, as in T.C.A. 39-15-402; Sexual Exploitation of a Minor, as in T.C.A. 39-17-1003; Aggravated Sexual Exploitation of a Minor, as in T.C.A. 39-17-1004; Especially Aggravated Sexual Exploitation of a Minor, as in T.C.A. 39-17-1005; Assisted Suicide, as in T.C.A. 39-13-216; Rape of a Child, as in T.C.A. 39-13-522. Any nursing school applicant who would be affected by this disclosure requirement should schedule an appointment with the Dean of the School of Nursing for a confidential discussion of the specific situation or concern.

Assessment Technologies Institute (ATI) Testing

The School of Nursing began using ATI as the standardized testing company January 1, 2007. The specific requirements of ATI include:

- You will be required to take ATI specialty exams in five areas. These include NUR308 Foundations of Nursing, NUR410 Pharmacology, NUR318 Childbearing, NUR418 Childrearing, and NUR423 Psych/mental Health.
 - If you fail one of these specialty exams, you will be required to complete a remediation process and retake the specialty exam **at your own expense**.
 - The specialty exam will count for 10% of your course grade.
- NUR499 Senior Seminar Nursing
 - **The student must meet all requirements of this course and achieve the minimum recommended ATI Comprehensive predictability score to successfully pass this course.**
 - See course syllabus for specific details.

ORGANIZATIONS AND AWARDS

SCHOOL OF NURSING SPONSORED ORGANIZATIONS

Membership in the **Alpha Chi Honor Society** is open to approximately the top ranking ten percent of the Union University junior and senior classes. School of Nursing faculty supports the active membership of qualified nursing students. Arrangements for attendance at required meetings which fall on clinical experience days must be made between the faculty member and each individual student.

The National Student Nurses Association (NSNA) is the largest health professional student organization in the United States and the only one for nursing students. It is open to all BSN students. The organization provides opportunity for contributing to nursing education, to provide programs of professional interest and to aid in the development of the whole person, thereby providing for the highest quality health care. The chapter meets monthly; members may also attend state and national meetings.

Membership in **Sigma Theta Tau International** is an honor conferred on baccalaureate students as well as community leaders who have demonstrated excellence in nursing. Its purposes are to recognize superior achievement, recognize the development of leadership qualities, foster high professional standards, encourage creative work, and strengthen commitment to the ideals and purposes of the profession. Chapters exist in colleges and universities which grant baccalaureate or higher degrees in nursing. **Sigma Theta Tau** was chartered in 1922 at the Indiana Training School for Nurses and is a member of the Association of College Honor Societies.

The installation of **Nu Lambda Chapter of Sigma Theta Tau** was in May, 1992 as an outgrowth of the Union University's School of Nursing Honor Society. Baccalaureate students must be invited to become members and must have completed one-half of the upper division nursing curriculum, achieved a 3.0 GPA, and rank in the highest 35 percent of their class. After graduation students continue their membership in the society as alumni.

Established in 1995, **The Baptist Student Nursing Fellowship** is open to all nursing and pre-nursing students. It provides Christian fellowship, professional educational programs, and service activities; it encourages nursing practice evolving from a personal commitment to Jesus Christ. Meetings are monthly.

SCHOOL OF NURSING AWARDS

The Academic Excellence Medal. A medal is given for each degree offered by the School of Nursing. This award is given to the outstanding graduating senior in nursing, provided the average grade in the discipline is not less than 3.5 and the student has completed, before Awards Day, a minimum of 15 credit hours in the major discipline at Union University in courses for which precise grades are computed (as distinguished from courses graded pass or fail) (Basic and Accelerated BSN). Eligibility for this award requires the individual to be present at the award ceremony, pinning ceremony, and graduation.

The Emily Saffel Nursing Award is established in memory of Emily Saffel. Emily was born with a congenital heart defect that was resistant to treatment. She only survived 2 1/2 weeks. Her only contact with God's world was in the caring voices and touch of her parents, grandparents, doctors and nurses. This award is to recognize characteristics of the kind of nursing that her family hoped she received during her brief life.

The Fannie J. Watt, R.N. Professional Nursing Award is presented annually to the graduating BSN student who has shown sensitivity to the psycho-social needs of patients and has shown potential for making a serious contribution to the field of nursing (Basic BSN).

The Fannie J. Watt, R.N. Award in Psychiatric Nursing is presented to the RN-BSN student who has demonstrated the greatest potential for effective practice in a psychiatric setting.

The Georgia Wilson Award was established by Miss Georgia Wilson to be presented to the member of the Bachelor of Science in Nursing graduating class who is deemed by the nursing faculty to have been the most outstanding in clinical nursing (Basic BSN).

The Nursing Faculty Award is presented to the outstanding graduating Bachelor of Science in Nursing student who has demonstrated an above average level of theoretical knowledge in the classroom and a high degree of skill in the clinical setting. This student shows promise of achievement in the field of nursing (Basic and Accelerated BSN).

The Sigma Theta Tau International Nu Lambda Chapter Leadership Award

is presented annually to a graduating senior who is a member of the Nu Lambda Chapter and demonstrates the greatest potential for leadership in professional nursing.

The Terry Robinson Award is given in honor of a graduating student in the BSN class who has demonstrated the greatest sense of perseverance and determination in meeting his or her career goal. This student is recognized by the nursing faculty for having defied the odds and accomplished this goal in an exemplary and honorable manner (Basic BSN).

GENERAL GUIDELINES FOR WRITING PAPERS

These guidelines have been developed to help students organize and write papers. Evaluation of student papers will be based upon this material.

Use of this Guide

This guide is intended to provide general guidelines for writing papers. Only the basic elements of writing papers are addressed. For more comprehensive direction in writing papers, the student is referred to the Publication Manual of the American Psychological Association, 5th ed. (APA) which may be found in the library and the bookstore. **(The faculty has adopted the APA format for writing formal papers.)**

Purpose of Writing a Paper

Written papers serve a variety of purposes in the educational setting. Some of the purposes of writing a paper are to develop the student's skill in:

1. communicating clearly and effectively in written form;
2. using grammatically correct forms of written communication;
3. communicating concisely.

As a student progresses through the nursing curriculum, some courses may require a student to write a formal paper. Some of the purposes for writing a formal paper include helping the student to:

1. Become knowledgeable of various references on a given topic;
2. Learn topic material in depth; and
3. Organize and synthesize material from different sources into one paper.

Organizing the Paper

Choosing how to approach the topic will require a plan. Usually a paper is developed around a single main idea but it is seldom developed sequentially at first. Some people divide a paper into subtopics and do outlines and then a draft. Some people organize bibliography references logically and write until all the references have been used or the paper is the correct length. Others write in widely spaced intervals and cut, paste, and shuffle material. Regardless of the method, the final draft must read smoothly from beginning to end. The reader should not have to make assumptions or fill in "holes."

Format

Formal papers require a title page that includes the author (student), the title, and the

school. A page header (nine letter abbreviated title) will be used on the top upper right margin of each page including the title page. The APA manual gives more specific information related to margins, spacing and citations.

Every paper has three parts: introduction, body and the conclusion or summary. The introduction outlines what the paper will cover. The body thoroughly covers what has been outlined and the conclusion briefly summarizes the paper.

The student should read the objectives for the paper. The objectives form the basic content areas of the paper. Look for key words in the objectives, i.e., compare, contrast, define, etc. If the objectives have not been clearly addressed, the grade will be affected. The reader should be able to easily find where each objective is addressed. When the reader (teacher) has to search for the material, the grade may be affected. All of the content related to a specific objective should be placed together so that the paper flows.

Length

Frequently an instructor will suggest the length of the paper. It is important to be brief and concise. Faulty organization or repetition often results in an overly long paper.

Quality and Style of Writing

Good writing presents material clearly and concisely so that it is easily understood. Sentence lengths should be kept within bounds. Errors of grammar, punctuation, spelling, and manuscript form weaken a paper and lower the grade. Aim for simple, unpretentious sentence construction.

Common Errors

The following are common errors that should be avoided:

1. Incomplete sentences—long prepositional phrases without a noun or verb;
2. Short, choppy sentences;
3. Long, awkward sentences which are difficult to read and understand (Dividing the material into two sentences is usually best.);
4. The indefinite reference, which uses the words “this” and “which” without clearly tying them to an antecedent;
5. Faulty words; (Try to use a word which carries the meaning you want to convey. Use a dictionary or thesaurus freely. Avoid long words as they are usually no more precise than short ones, i.e., “utilize” for “use,” “facilitate” for “help.” Also avoid gross errors such as “there” for “their”, “principle” for “principal”, etc.)

6. Nouns and pronouns or subjects and verbs that do not agree, i.e., “the nurse reveals her or his (not their) feelings;” “ nurses reveal their feelings.”

Critical Review and Assistance

A student can correct many flaws in a paper by reading the draft critically. Classmates or friends may read the paper and offer suggestions. Also, your instructor may be willing to read an early draft and offer suggestions.

Citing Sources for References and Quotations

References should be given appropriate credit. Use of over three words directly from another source must be within quotation marks. Additionally, paraphrased sentences must be given appropriate credit. In short, any thought that is not your own must be credited. APA style should be used to reference material in the body of the paper.

A quotation of less than 40 words should be written exactly as it appears in the source. Any material inserted by the student is enclosed in brackets []. If words are omitted, three periods (...) are inserted and the quote can continue.

For longer quotations (more than 40 words) use a comma or colon; double space; then indent five spaces and double-space the quote. Quotation marks are unnecessary for an indented, double-spaced quotation. The student should avoid copying over three paragraphs directly.

A paragraph in the text that is paraphrased from a source can be given credit at the end of the last sentence in the paragraph. It is not necessary to cite every sentence to the same source.

When writing a paper use recent articles as references. A general guideline is that a journal article or book which is referenced should have been written within the past five years. Exceptions may be articles or books which are recognized as “classics” or of historical significance in relation to a particular subject. The student should check with the instructor before using references that are more than five years old.

Electronic Sources

There are several basic “pieces” of information which should be included anytime an electronic source is cited. These include author (if named), title of page or article, and the URL (address). Web sites which may be helpful as you cite from online journals, homepages, and personal e-mail include:

List of Several Sites for Citing Information in a Variety of Formats

<http://www.nlc-bnc.ca/ifla/l/training/citation/citing.htm>

Bibliographic Formats for Citing Electronic Information

<http://www.uvm.edu/~ncrane/estyles>

this includes both APA and MLA style

[this is also available in Summar Library in paper format, in the reference collection under the call number PN 171 .F56 L5 1996]

The APA handbook also includes several pages on citing from electronic sources. Some faculty requires students to turn in photocopies of the Net sites they cite with their papers. Anyone can post anything on the Internet. There is no regulation, nor is there likely to be in the near future. It is important that students use judgment when surfing the Net. A variety of questions listed below can help you determine the usefulness of what you find on the Internet:

What is the site's purpose? Will its information be unbiased?

Who sponsors the site? What are the organization's values or goals? Can you contact the sponsors should questions arise?

What are the author's credentials? Is the author cited frequently in other sources?

Is the information well-documented? Does it provide citations to sources used in obtaining the information? Are individual articles signed or attributed?

Is the site stable? Are links to other sites provided, and if so, are they good links?

When was it published? Is the date of the last revision posted somewhere on the page? This is especially important if the information is time-sensitive.

Lastly, how does the value of the web-based information you have found compare with other available resources, either print or electronic?

This material has been adapted from "Check Out Site's Credibility Before Citing It" by David Boraks of the Knight-Ridder News Service.

OFF-CAMPUS ACCESS TO UNION LIBRARY DATABASES

<http://www.uu.edu/library/>

CINAHL & ATLAS (Nursing and Religion Journal Databases, available via Ebsco)

Go to <http://search.epnet.com>

- for UserID, put in union
- for Password, put in ebsco

Ebsco (Full Text Journal Database, with: *Business Source Premier, AcademicSearch Premier, Psychology and Behavioral Sciences Collection, Religion & Philosophy Collection*)

Go to <http://search.epnet.com>

- for UserID, put in union
- for Password, put in ebsco

Tennessee Electronic Library (Full Text Journal Database, with: *Expanded Academic ASAP, Business and Company ASAP, Health Reference Center Academic*)

Go to http://www.infotrac.galegroup.com/itweb/tel_a_unionu

- for Password, put in elvis

WilsonWeb (Full text journal database with articles from 1,300+ journals)

Go to <http://hwwilsonweb.com> and:

- for User Name, put in VUJASUAU
- for Password, put in UNTN66905

The Wall Street Journal Online (1984-Present Full-Text)

Go to <http://www.il.proquest.com/proquest> and:

- for User ID, put in FDRNC6PJN3
- for Password, put in WELCOME

ERIC (Citation only database for education articles and documents)

Go to: <http://www.askeric.org/Eric> (No Password Required)

EDRS (Full text of *ERIC Documents*, 1997-Present)

Go to <http://edrs.com>

Click on "Access E-Subscribe."

- for Username, put in Union
- for Password put in 7935uu

NetLibrary (Collection of over 15,000 Full-Text Books)

Go to: <http://www.netlibrary.com>

- as Username, put in composer

- as Password, put in sebastian

Union University Nursing Journal Titles

To check the Union database for the current listing of all nursing journal titles available, please use the following directions.

1. On the Union webpage click library services under administrative units.
2. On the library page under the resources sidebar click "subject research guidelines."
3. On that page click "nursing."

This will bring up a current list of titles available through Union and in what form you can find the journal.

STANDARDS FOR ADMISSION TO THE NURSING PROGRAM

The nursing program at Union University is a rigorous mental and physical program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings. These employment settings require a broad spectrum of mental and physical demands on the nurse. The following “Core Performance Standards for Admission and Progression of Nursing Students” must be met by all students admitted to the nursing program.

The stated mission of the undergraduate program in nursing at Union University is to educate and prepare entry-level nurses who can safely perform the full scope of clinical practice nursing in a variety of health care settings. Potential nurses are expected to complete all the academic and clinical requirements of the baccalaureate program in nursing before they are eligible to take the National Council Licensure Examination (NCLEX) for certification as a registered nurse. The purpose of this document is to define the cognitive, affective and psychomotor skills that are essential to the completion of this program and to safely perform as a competent generalist nurse.

If a student cannot demonstrate the following skills and abilities, it is the responsibility of the student to request appropriate accommodation. Union University will provide reasonable accommodation as long as it does not fundamentally alter the nature of the program. ***In the event a student is unable to fulfill these admission and progression standards, with or without reasonable accommodation, the student will not be admitted into, or allowed to progress through the program.***

Americans with Disabilities Act (“ADA”) Guidelines

Definitions

Title III of the Americans with Disabilities Act provides comprehensive civil rights protections for “qualified individuals with disabilities.” An “individual with a disability” is a person who:

- has a physical or mental impairment that substantially limits a “major life activity,” or
- has a record of such an impairment, or
- is regarded as having such an impairment.

Federal regulations state that physical or mental impairments include, **but are not limited to** “such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.”

“Major life activities” include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, eating, standing, lifting/bending, thinking, concentrating, reading, communicating, sleeping, and working. “Major life activities” also include “major bodily functions” which include, without limitation functions of the immune system; digestive, bladder and bowel functions; respiratory and circulatory functions; reproductive functions; cell growth; neurological and brain functions; and endocrine functions. Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of the recurrent illegal use of drugs.

“Qualified” individuals are defined as follows:

- A “qualified” individual with a disability is one who meets the essential eligibility requirements of the program or activity offered.
- The “essential eligibility requirements” will depend on the type of service or activity involved.

Core Performance Standards for Admission and Progression of Nursing Students

Cognitive Learning Skills

The student must demonstrate the ability to:

1. Receive and interpret information in the cognitive, psychomotor, and affective domains of learning. This means that the student must be able to remember information, reproduce it, and use it to solve problems, evaluate work, and generate new ways of processing and categorizing information as listed in course objectives.
2. Perform physical assessments of clients and make sound, responsible, evidence-based decisions regarding nursing action/treatment within given time restraints.
3. Appropriately synthesize data from the client, charts, verbal reports and medical history and observe the physical status of the client to purposefully recommend or maintain treatment.
4. Resolve practical problems and deal with a variety of variables in conditions where only limited standardization exists.
5. Accurately assess clients using complex monitors and equipment such as cardiac monitors, electronic infusion devices, glucometers and suction devices.
6. Differentiate and prioritize nursing care among multiple client situations simultaneously.
7. Interpret a variety of instructions furnished in written, oral or diagram form and intervene appropriately.
8. Record examination and diagnostic results clearly, accurately, and efficiently and communicate them effectively to the client and other health care providers.
9. Apply methods of measurement, including calculation, analysis, reasoning and synthesis.

10. Learn large volumes of complex, technically detailed information to perform clinical problem solving.
11. Use critical reasoning and apply independent decision making skills in a timely manner.

Psychomotor Skills

The student must demonstrate the ability to:

1. Sit: Maintain upright posture.
2. Stand: Maintain upright posture.
3. Locomotion: Ability to:
 - a. Get to lecture, lab and clinical locations, and move within rooms as needed for group rotations, work stations and partners, and performing assigned tasks.
 - b. Physically maneuver in clinical settings and rapidly get to locations within the health care facility for emergency calls such as “code blue” situations.
4. Manual tasks:
 - a. Maneuver an individual’s body parts or clinical equipment from all directions: side to side, forward and backward, or from a lower to higher position.
 - b. Maintain an object in a steady position for an extended period of time.
 - c. Competently perform cardiopulmonary resuscitation (C.P.R.) using guidelines issued by the American Heart Association or the American Red Cross.
 - d. Pushing/pulling/rolling efforts to exert force against small or large objects to move them closer or further away.
5. Reaching:
 - a. Capable of extending arm(s) over and under individuals and equipment as required by the task.
6. Small motor/hand skills:
 - a. Legibly record assessments, nursing notes, referrals, etc. in standard medical charts in clinical settings in a timely manner and consistent with the acceptable norms of the clinical setting.
 - b. Legibly record ideas and thoughts for written assignments and tests.
 - c. Record communications in written form in charts, reports, and correspondence.
 - d. Secure a firm grasp as required by the task.
 - e. Operate a push-button telephone and a computer keyboard.
 - f. Perform precision movements (i.e., catheterization, venipuncture, IV fluid administration, parenteral injections and medication administration), which may also include invasive procedures into the central circulation or specific body cavities.

- g. Obtain data from clients via palpation, auscultation, and percussion.
 - h. Manipulate a stethoscope, blood pressure cuff, thermometer (digital, tympanic or glass); insert urethral catheters, IV catheters, nasogastric tubes; perform injections; adjust IV infusions or other equipment as required.
7. Visual acuity to:
- a. Legibly record/document assessments, nursing notes and referrals in standard medical charts in health care settings in a timely manner and consistent with the acceptable norms of clinical settings.
 - b. Perform precise movements.
 - c. Identify small markings and inscriptions, i.e., on syringes, thermometers, IV bags and sphygmomanometers.
 - d. Identify color changes and coding systems per protocols.
8. Hearing or ability to receive and:
- a. Effectively respond to verbal requests from clients and health team members, especially in noisy environments.
 - b. Interpret verbal communication used in lectures, instructions, concepts, narratives, questions and answers.
 - c. Auscultate and percuss for body sounds, e.g., heart, bowel, lungs.
 - d. Respond in a timely manner to a variety of machine alarms and sounds.
9. Communication ability:
- a. Effectively communicate with team members verbally and in written format.
 - b. Communicate spontaneously with other students, faculty, clients, and health care personnel to ask questions, explain conditions and procedures, and teach safety within a reasonable time frame.
 - c. Perceive non-verbal communication and describe pertinent changes in the client/situation.
10. Self care ability to:
- a. Maintain general good health and self-care to foster the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
 - b. Coordinate transportation and living accommodations for off-campus clinical assignments to ensure timely reporting to the clinical areas and classroom.

Affective Learning Skills

The student must be able to:

1. Demonstrate composure of affective behaviors (verbal, physical, and emotional) to ensure the emotional, physical, mental and behavioral safety of the client in compliance with ethical standards of the American Nurse's Association.
2. Tolerate physically and intellectually demanding academic and clinical workloads in nursing within set time constraints which often are concurrent.
3. Adapt to constantly changing environments, display flexibility, and function in situations of uncertainty.
4. Acknowledge and respect individual values and opinions to foster congruous working relationships with faculty, peers, clients, and the health care team.

Document adapted with permission from Samuel Merritt College's BSN Technical Standards (<http://www.samuelmerritt.edu>) July 2008

These are not all inclusive. *

Applicants to the nursing program will be required to verify they understand and meet these admission standards or, with reasonable accommodation, they can meet the admission standards. The institution's disabilities department at Union University will evaluate any student who states he/she requires accommodation to meet the program's admission standards and then will confirm that the stated condition qualifies as a disability under applicable laws.

If an applicant states he/she can meet the admission standards/requirements with accommodation, then the University will determine whether it agrees that the student can meet the admission standards with reasonable accommodation. This includes a review to determine whether the accommodation would jeopardize institutional requirements or clinician/client safety, as well as the educational process of the student, including all course work and clinical experiences essential to graduation.

UNIFORM CODE

Students should be aware of their high visibility as a Union University student and should act accordingly. Wearing the uniform is a form of commitment to certain personal and professional principles.

All nursing students are expected to conform to the following Uniform Code. Students are to wear uniform/dress with the nursing patch, hosiery, shoes and name pin in clinical

areas. All articles of personal attire should be scrupulously clean, i.e., freshly washed and wrinkle-free; non-canvas shoes in good condition are required. Knee-length hosiery/socks may be worn with pant uniforms. The uniform and shoes will vary according to the clinical setting and the purpose of the activity. The nursing patch which reads “Union University” and displays the University logo is to be worn on the left sleeve of the uniform/lab coat.

The name pin identifies the student with Union University School of Nursing. The name pin for generic baccalaureate students has the “first and last name” on one line and “Student Nurse-Union University” on the second line. Whereas, the name pin for RN baccalaureate students reads “first and last name, R.N.” on one line and “Union University Student” on the second line.

A watch with a second hand, a wedding and/or engagement ring and one pair of plain metal post-type pierced earrings are the only items of jewelry that may be worn with the uniform. Telephones and/or pagers are not appropriate for students in any of the clinical settings.

Hospital or Clinic Settings

When clinical experience occurs in hospital or clinic settings, students will wear a white uniform (or lab coat, if designated), white non-canvas shoes and white hosiery or appropriate uniform as designated by the clinical site. The Union University School of Nursing BSN identifying name pin and nursing patch are also required. When a lab coat is worn, it is to be white and full or fingertip length.

Female students will wear a standard white dress or pant uniform, within a range of 2 or 3 choices. Male students will wear a white tunic, from available choices, with white trousers. The name of a uniform shop carrying the approved uniform/tunic choices is available from the School of Nursing.

Registered nurses who are candidates for the baccalaureate degree will wear standard white nurse uniforms, the Union University School of Nursing BSN identifying name pin, shoes and hosiery or appropriate uniform as designated by the clinical site. Wearing the pin of the basic school of nursing is optional. The nursing patch is optional.

In-Home and Community-Based Clinical Experiences

For in-home and community-centered clinical experiences, or wherever a white uniform/lab coat is not appropriate, specified street dress is to be worn with hosiery; low-

heel, close-toed shoes, and name pin.

Other Experiences

When a uniform is not worn, a full/fingertip length white lab coat with the identifying nursing patch and name pin may be worn over appropriate street clothes. (If a lab coat is not worn, school name pin should be worn on street clothes except when anonymity is needed such as in certain mental health agencies.) Jeans are not to be worn in any setting. Low to mid-heel, close-toed shoes with hosiery completes the professional attire.

Guide to Good Grooming

The close physical contact of nurse to patient requires consideration of every factor that could cause offense. Frequent bathing, dental hygiene and use of deodorants are basic considerations. Scented after-shave lotions, perfumes and cosmetics should not be used. Chewing gum is not acceptable, even as a breath freshener.

Hair must be well groomed and of natural color as determined by faculty, with no artificial attachments/adornments such as hair extensions, dread-locks, beads, ribbons, headbands, etc. For females, if longer than collar length, it must be worn up or secured at the nape of the neck. For male students hair should be no longer than the nape of the neck and face should be clean shaven or with neatly trimmed beards or moustaches.

Fingernails should be clean, short, rounded, smooth and unpolished. **Artificial nails are not permitted. Tattoos and piercings (with the exception of one set of post earrings for females) should not be visible (this includes oral piercings) to the patient, nursing staff, or Instructor. If you have a tattoo, it is your responsibility to wear adequate clothing to cover up the tattoo(s) while providing care in the clinical setting.**

There may be additional grooming and uniform restrictions based on individual institutional policies.

EXAMINATION INFORMATION

<http://www.uu.edu/academics/testing/>

CREDIT BY EXAMINATION

CLEP EXAMS

CLEP Exams may be used to satisfy certain core or elective requirements in the BSN program (see attached sheet). A passing score on all CLEP Exams is the minimum score recommended by the College Board and the American Council on Education. A Clep exam requires 90 minutes to complete. **A student must wait six months before retaking a CLEP Exam.**

Clep Exams Accepted by Union University

Note: Please check with testing administrator (Jackson--Cindy Shirley, 661-5309; Germantown-Dana Wilkinson 901-759-0029, ext 101) for exam costs.

<u>CLEP Exam</u>	<u>Equivalent Union Course</u>
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CORE REQUIREMENTS

General Chemistry	CHE 111-112
Analysis and Interpretation of Literature	ENG 201 or 202
American Literature	ENG 202
English Literature	ENG 202
Western Civilization I: To 1648	HIS 101
Western Civilization II: 1648 to Present	HIS 102
American History I: To 1877	HIS 211
American History II: 1865 to Present	HIS 212
General Psychology	PSY 213
Human Growth and Development	**PSY 324
Introductory Sociology	SOC 211

**To satisfy the course content required by the School of Nursing, Psychology 220, Adult Psychology, must also be completed.

LOWER-LEVEL ELECTIVES

Introductory Accounting	ACC 111-112
General Biology	BIO 112
Computers and Data Processing	CSC 105
Introductory Macroeconomics	ECF 211
Introductory Microeconomics	ECF 212
College French - Levels 1 and 2	FRE 111-112
College German - Levels 1 and 2	GRE 111-112
American Government	PSC 211

College Algebra	MAT 111
College Algebra - Trigonometry	MAT 111
Trigonometry	MAT 112
Calculus with Elementary Functions	MAT 211-112
College Spanish - Levels 1 and 2	SPA 111-112

UPPER-LEVEL ELECTIVES

Educational Psychology	PSY 318
Introduction to Management	MMK 318
Introductory Business Law	MMK 321
Introductory Marketing	MMK 328

DANTES Subject Standardized Tests

Credit will be awarded to students earning a minimum passing score as defined by ACE for the following tests:

DANTES Test	Union Parallel/Substitute	Credit
Anthropology, General	SOC Elective	(3)
Art of the Western World	ART Elective	(3)
Astronomy	*PHY Elective	(3)
Business, Introduction	##MGT 113	(3)
Business Law II	MGT 322	(3)
Business Mathematics	Elective	(3)
Civil War & Reconstruction	HIS 332	(3)
College Algebra, Fundamentals	MAT 111	(3)
Computer with Programming in BASIC... ..	CSC Elective	(3)
Counseling Fundamentals	PSY Elective	(3)
Criminal Justice	SOC Elective	(3)
Drug & Alcohol Abuse	PEWS 301	(3)
Environment & Humanity	PHY 310	(3)
Ethics in America	PHL 243	(3)
Financial Accounting	ACC 211	(3)
Finance, Principles	ECF 323	(3)
Foundations of Education	**EDU 150	(2)
Health, Here's to your	PEWS 324	(3)
Human/Cultural Geography	GEO Elective	(3)
Law Enforcement, Introduction	PSC Elective	(3)
Life Span Development Psychology	PSY 219	(3)
Management Information Systems	#MGT 310	(3)
Middle East, Introduction to Modern	HIS Elective	(3)
Money & Banking	ECF Elective	(3)
Organizational Behavior	#MGT 348	(3)
Personal Finance	@@ECF 415	(3)
Personnel/Human Resource Management	@@@MGT 432	(3)
Physical Geology	*PHY Elective	(3)
Physical Science, Principles	@PHY 111	(3)
Public Speaking, Principles	COM Elective	(3)

Soviet Union, Rise & Fall	HIS 420	(3)
Statistics, Principles	MAT 114	(3)
Supervision, Principles	###MGT 318	(3)
Technical Writing	Elective	(3)
Vietnam War, History	HIS Elective	(3)
Western Europe, Contemporary 1946-1990	HIS 322	(3)
World Religions, Introduction.....	PHL/CHR 349.....	(3)

* Together the two tests parallel Union's PHY 112.

** See the Director of Teacher Education regarding the field experience requirement.

May not be taken after BSOL 418.

May not be taken after earning credit in MGT 318, MKT 328, BSOL 402, or BSOL 421.

May not be taken after BSOL 435.

@ May not be taken after earning credit in CHE or PHY.

@@ May not be taken after BSOL 350.

@@@ May not be taken after BSOL 435

CHALLENGE EXAMINATIONS

RN TO BSN TRACK ONLY

Criteria for Challenging NUR 310—Health Assessment

1. The student should have in-depth knowledge of health assessment.
2. The student must be admitted to the BSN Program.
3. A fee of \$330.00 must be paid to Union University before the examination is given.
4. The Challenge examination will be offered on the date(s) scheduled by the university. The exam will consist of theory and clinical components. A passing score of 75% is required on each component.
 - a. Theory component - A comprehensive written test must be successfully completed prior to the clinical component. At successful completion, the student will be given a form for practice. A different form without prompters will be used for testing.
 - b. Clinical component - The clinical component will consist of the performance and written documentation of a complete history and physical examination on an adult client. Forms for the written documentation and nursing care plan will be provided. The student will take the history and will perform the physical exam in the presence of the instructor. Both are to be completed in less than 90 minutes. One hour will be allowed for the student to document the physical exam. The written health history can be turned in within 48 hours.
5. Upon successful completion of the Challenge Exam, 3 credit hours will be awarded.
6. A student may attempt both components of the Challenge Examination once. If unsuccessful, the student must enroll in and successfully complete Nursing 310.

Criteria for Challenging NUR 410—Pharmacology

1. The RN-BSN student must be admitted to the BSN program.

2. Fee of \$110.00 must be paid to Union University before the exam is given.
3. Evidence of a previous pharmacology course or in-depth knowledge of drug therapy is advised.
4. The Challenge Exam will be offered on the dates selected by the School.
5. A passing score is 75 percent.
6. A student may attempt the Challenge Exam one time only. If unsuccessful, the student must enroll in and successfully complete NUR 410 *Pharmacology*.
7. Three credit hours will be awarded if the Challenge Exam is successfully completed.
8. The Pharmacology Challenge Exam is an NLN examination with about 125 questions. The content includes all general drug information and dosage calculation; labor and delivery drugs; maternity and pediatric medications; geriatric and psychiatric drugs; immunizations; respiratory, urinary and gastrointestinal drugs; cancer drugs; antibiotics and diuretics; etc. Drugs are identified by generic names. Students are encouraged to review any good current pharmacology textbook.

MAJOR EXPENSES

In addition to tuition, books, etc., graduating students will have some additional expenses. Listed below are some of these expenses with anticipated approximate costs.

	Approx.	Dates
Graduation Photographs	\$25.00 JX/\$40 GT+	Feb/Sept
Cap & Gown Fees	\$20.00+	Mar/Oct/August
Nursing School Pin	\$50.00+	Feb/Sept/August
Graduation Invitations	(Optional)	

BSN Students Only:

NCLEX Application Fee	\$200.00	Apr/Nov
TBN Licensure Fee	\$100.00+	Apr/Nov
Tennessee Applicant Background Check	\$ 48.00	Apr/Nov
Course Evaluations	\$ 50.00 per academic year	
ATI	\$360.00 (divided payments throughout semesters)	
Simulation Lab Fee	\$1500.00 (divided payments throughout semesters)	

- **Clinical lab fees:** Lab fees are assessed to each student for all clinical courses. These fees are for associated lab supplies and expenses incurred in maintaining small faculty to student ratios in the clinical area. This is not part of the simulation fees.

- **Seminars and Conferences:** From time to time opportunities arise that may be of value to the BSN student. Classroom and/or clinical credit may be given for **conferences, seminars or workshops** upon faculty approval. Examples include Sigma Theta Tau's Research Day and Tennessee Nurses' Association's Nurses' Day on Capitol Hill. Registration expenses are the responsibility of the student.
- **Transportation:** Transportation to clinical sites is the responsibility of the student. Students may be required to make home visits to clients in the community setting. Clinical experiences may be scheduled outside the immediate Jackson area. For example, pediatric experiences may be scheduled at St. Jude Children's Research Hospital or Lebonheur Children's Hospital in Memphis, Tennessee.
- **Organizations:** In addition, students are frequently involved in **School of Nursing sponsored organizations**. Membership fees and travel expenses to state and national meetings are the responsibility of the student.

SCHOLARSHIPS

There are a limited number of scholarships available to basic track BSN students in the School of Nursing. Students interested in applying should complete a Union University School of Nursing Scholarship Application by April 15. Applications should be submitted to Mrs. Paula Karnes, Coordinator of the BSN Program.

POLICIES

ATTENDANCE POLICY

Classroom Attendance

Regular and punctual attendance is expected for each class meeting and following each break. Tardiness or early exit is disruptive to the class and is highly discouraged and may lead to being asked to leave the classroom.

Absence may require additional work in order to validate the student's understanding of the missed content. The student is responsible for any missed content and keeping up with assignments. **There may be a penalty for class absences (this includes online class attendance).** Union University School of Nursing has adopted the following excused absence policy: These include a 1) work-sanctioned event (RN-BSN students only), 2) university excused absence, 3) illness that requires visitation of a health care facility (a note documenting your visit is required from the healthcare worker), and 4) documented death of an immediate family member. Extreme emergencies (hospitalization, death of a close family member, or temporary emotional or physical

impairment) will be considered on an individual basis.

Once approved by the instructor or professor of the course, you have five (5) school days to make up the exam after returning to campus. Each course syllabus will specify class participation guidelines.

Clinical/Simulation Attendance

Clinical experiences are carefully planned to assist students in integrating theoretical content with clinical practice. The experiences provide a means for supervised practice of selected skills. This “hands on” experience is essential for evaluation. Students are required to make up clinical/simulation absences. Faculty will designate the clinical make up experience. **(More than one clinical/simulation absence may necessitate a course failure.)** The outcome of absences in excess of one will be decided by the faculty teaching the course.

Clinical Failure Policy

The student is required to perform at a satisfactory level in the clinical/Simulation area. Satisfactory performance is defined as 75% in each behavior included on the Clinical Evaluation Tool (CET). Clinical evaluation is an ongoing process that is expressed through the student's CET, informal conversations with the student, and comments on the returned care plans. *The CET can stand alone as the sole evaluation tool in the event of a discrepancy between a student and the faculty member.* A final clinical evaluation is completed on each student at the end of the clinical rotation utilizing the CET.

Clinical evaluation is based on the student’s preparedness for clinical/simulation experience as well as performance in the clinical/simulation area. To be considered “prepared for clinical lab in the agency setting, the student will be able to:

- a) Discuss the assigned client’s medical diagnosis, the pathophysiology involved, anticipated signs and symptoms, and the significance of laboratory and diagnostic test data
- b) Discuss the drugs in relationship to the assigned client including classification, desired therapeutic effects, possible side effects and nursing implications
- c) Discuss the special diet and why it is used for the assigned client
- d) Discuss the independent therapeutic nursing interventions and interdependent/collaborative nursing interventions specific to the clients

Students are expected to display a professional attitude in all clinical sites. If a faculty

member determines that a student is not prepared to provide safe care or that the student acts in an unprofessional manner, the student may be dismissed from the clinical area. The faculty member will document unsatisfactory outcomes on all areas of the CET. A make-up day will not be allowed for any clinical day in which a student is dismissed for such behavior.

Deficiencies in the clinical/simulation experience will be identified by the clinical faculty and documented on the CET. **It is the responsibility of the student to obtain an appointment with the clinical faculty to discuss any issues related to the student's performance. The clinical faculty strongly encourages any student that receives an "NI" or "U" to schedule an appointment with the clinical faculty to discuss the concern(s). The failure of the student to schedule an appointment with the faculty member does not demonstrate a breach of responsibilities on the part of the faculty member. During the scheduled meeting (that was scheduled by the student), the faculty member will discuss the deficiencies and provide suggestions to enhance the student's clinical performance. These suggestions will be noted on the Student's Advising Sheet. It is the student's responsibility to embrace these recommended changes in their clinical practice.**

The student is responsible for keeping an accurate account of their academic performance in the didactic courses. A student may obtain their current academic status (i.e. grades) by speaking with the professor of the course. It is the responsibility of the student to schedule an appointment with the didactic instructor concerning any issues involving the course, such as a poor performance in the course. The failure of the student to schedule an appointment with the faculty member does not demonstrate a breach of responsibilities on the part of the faculty member.

At any time the student demonstrates unsafe practice that may potentially damage the patient mentally, physically, or socially, the student will be immediately removed from the clinical setting. The decision to return to the clinical setting and progress through the curriculum will be made by the Dean in collaboration with the faculty.

Chapel Policy—Jackson Campus

Chapel programs are offered (most) every Wednesday and every Friday throughout each semester. Students are encouraged to attend chapel on a regular basis. To encourage such attendance the student lounge in the school of Nursing will be closed from 9:55 a.m.—11:00 a.m. each Wednesday. In accordance with the University's policy, full time

traditional students (normally considered as 18-23 years old taking 12 hours or more per semester) are required to attend chapel. Juniors and seniors who have clinical assignments off campus are required to notify the Office of Student Services. Chapel requirements for nursing students who are involved with off campus assignments will be 50% (7) of the number required for other full time traditional students.

Union University School of Nursing Grading Scale

The grading scale for the School of Nursing is:

A = 93-100

B = 83-92

C = 75-82

D = 65-74

F = 0 - 64

Union University School of Nursing Test Policy

Union University School of Nursing has adopted a **“make up” test policy** based on four excused absences. These include a 1) work-sanctioned event (RN-BSN students only), 2) university excused absence, 3) illness that requires visitation of a health care facility (a note documenting your visit is required from the healthcare worker), and 4) documented death of a family member. Once approved by the instructor or professor of the course, you have five (5) school days to make up the exam after returning to campus. If the student is unable to meet this requirement, the percentage weight of the examination will be added to the final exam.

For any excused or unexcused absences on testing dates, the instructor or professor of the course must be informed of the reason for missing the exam **PRIOR** to the exam being delivered to the other students. For excused absences, you are responsible for making arrangements with the instructor or professor of the course. The faculty member has the option of providing a make-up exam with a different format (e.g. essay questions) from the test initially administered to the class. For unexcused absences that have been reported, the weight of the exam will be noted on the final exam. If you fail to notify the instructor or professor of the course of your absence prior to the time of the testing, you will receive a “zero” for the exam grade that can't be made up.

If you arrive late for an exam, you will be permitted to enter the classroom to take the exam, but you will not receive additional time to complete the exam.

The student must also have an average of 75% on all tests in order to successfully complete the course. Papers, projects, etc. may not be used to pass the course. Test grades will be averaged first and then other grades are added provided the student has a 75% average. See individual course syllabus for specific guidelines.

Final Examination Grades

At the end of each semester, final examination grades and final course grades will not be posted until all final examinations are completed. Final course grades will not be released until all appropriate course and clinical evaluations have been completed. Failure to complete the evaluations will result in an "I" and potentially turn to an "F" and/or delayed graduation.

Late Assignments

Late work is strongly discouraged. Course grades on assignments turned in after the pre-assigned deadline may be adversely affected. See course syllabi for details.

LICENSURE EXAMINATION AND EMPLOYMENT POLICY

Union University School of Nursing offers a rigorous nursing curriculum that includes academic and clinical performance requirements. To be awarded a bachelor's degree in nursing, the student must successfully complete both elements of the program. Students who receive a nursing degree from Union University will have been exposed to the skills and knowledge necessary to pass the licensure examination and to perform the clinical tasks normally expected of entry level registered nurses. Union University School of Nursing does not guarantee that each person admitted to the nursing program will pass all elements of the program or that those graduated from the program will pass the licensure examination and/or secure employment as a nurse. Attaining these goals depends on the degree to which the student diligently applies him or herself to his or her studies and on the economic forces influencing the health care industry. Neither of these factors is within the control of Union University School of Nursing.

STUDENTS CHANGING BSN EDUCATIONAL TRACKS

Students in the BSNA Degree Completion track are not allowed to transfer to the Traditional track unless approved by dean. Circumstances approved by the dean include:

- Medical illness that leads to a significant amount of time missed from didactic

instruction or clinical area.

- Unfortunate life event such as a death in the immediate family that requires an extended absence from the SON
- Students desiring to move to the Traditional BSN track to proceed at a slower pace (Student must be in good academic standing to gain this approval) will be reviewed by the Dean on an individual basis.

The failure of a course does not constitute the transferring from the BSNA track to the Traditional track or vice versa. Traditional students must wait to reapply for the course until the course is taught in their particular educational track. This usually constitutes a one-year delay in returning to the SON and continuing to progress through the curriculum. As previously stated BSNA students who fail are not allowed to return to the Accelerated Track and must receive permission from the Dean to apply for the Traditional Track.

Students may be required to complete ATI proficiency testing to assess retained knowledge of previous course work prior to reacceptance. If the student scores below the proficiency level benchmark for that content they may be required to audit that course. Once the audited and repeated courses have been successfully completed, the student can then continue to progress through the curriculum.

FACULTY POLICY STATEMENT REGARDING HONESTY

The faculty of the BSN program at Union affirms the highest standards of honesty and will penalize students who are found to be dishonest.

Students should avoid plagiarism of materials, refrain from the use of unauthorized aids on tests and examinations, and refuse to give or receive information on tests and examinations, and turn in only those assignments which are the result of their own efforts and research. Obtaining information from another student in preparing for your course or a test in the course is a form of cheating. All work should be the result of one's own work and effort.

DEFINITIONS

Cheating

Webster's dictionary defines **cheating** as "to deprive of something valuable for the use of

deceit or fraud...to get something by dishonesty or deception.” (Webster 229)

Cheating is a form of theft or stealing something from someone else. Cheating can be passing off the work of another as one’s own. Examples include cheating on a test, assignment or formal paper.

Copy

The word **copy** means “to imitate, transcript or reproduce...something so that it resembles the original.” (Webster, 289)

Copying assignments or the work of another is dishonest. The student’s work should be his own.

Plagiarism

Webster defines **plagiarize** as follows:

1. To steal and pass off (the ideas or words of another) as one’s own.
 2. To use (a created production) without crediting the source.
 3. To commit literary theft.
 4. To present as new and original an idea or product derived from an existing source.
- (Webster, 898)

Plagiarism is a form of dishonesty and cheating. Any thought that is not your own must be given appropriate credit. Identifying the reference alone is not appropriate credit. Direct quotes must be put in quotation marks and given appropriate credit. Paraphrased ideas must also be given appropriate credit. Use of over three words without paraphrasing necessitates the use of the quotation marks. Please refer to the APA manual for further information.

The University *Catalogue*, page 22, supports disciplinary action by the instructor for any student found to be cheating. The instructor will also “file a report of the incident (as well as any action taken) with the office of the Provost.”

Confidentiality

The student must complete HIPPA compliance requirements upon enrolling in the School of Nursing. Confidentiality is a professional responsibility for nurses that helps protect clients’ rights to privacy. Information about clients and their illnesses and treatments must not be shared with anyone who is not involved with the specific nurse-client relationship. Information should not be shared with classmates, faculty or others who are not involved with the client’s care. A breach of confidentiality is considered a serious offense and may lead to dismissal from the clinical area, nursing course or the nursing program. Clients must be able to trust nurses and other healthcare professionals to not reveal information inappropriately, but only communicate essential information to appropriate persons to facilitate effective health care. Full names of clients should not be

used in student papers and reports. Clients' initials or fictitious names should be used instead of full names. Additionally, information shared in class or clinical conference regarding clients and healthcare facilities must remain confidential. *Examples of breach of confidentiality include making copies of the patient's chart, taking photographs in a clinical setting, or discussing a patient outside of an appropriate arena.*

A BREACH IN ANY OF THE ABOVE AREAS MAY RESULT IN AUTOMATIC DISMISSAL FROM THE NURSING PROGRAM.

POLICY REGARDING LOSS AND/OR DESTRUCTION OF PROPERTY

In the event that a student when performing an activity as a part of nursing course requirements is responsible for the loss and/or destruction of personal property of an individual with whom the student is interacting, the replacement or repair of such property is the responsibility of the student. The student should report the loss to the instructor and agency personnel should be made aware of the incident. When a financial obligation is involved, the responsibility for necessary money to fulfill the obligation remains with the student. It is expected that the student will exercise caution to prevent loss as much as is possible.

MANDATORY DRUG TESTING AND SCREENING POLICY

In order to ensure the safety and the physical and mental well-being of patients, many clinical agencies now require that all students having clinical experiences in their clinical facility must provide evidence of a clean urine drug screen prior to beginning clinical. Union University has made arrangements for drug testing upon admission to the program. The cost of the drug testing will be the responsibility of the student. Any student exhibiting behavior which in the judgment of a faculty member indicates impairment related to drugs and/or alcohol abuse may be subject to mandatory drug testing and screening in accordance with the written policies of Union University's School of Nursing. By enrolling in and participating in Union University's School of Nursing, all students consent to be subject to such testing. In the event that such testing is positive for drug abuse, students may be required to participate in therapy and/or withdraw from the School of Nursing.

CRIMINAL BACKGROUND CHECK POLICY

In order to ensure the safety and the physical and mental wellbeing of patients as well as to protect themselves, many clinical agencies now require that students have a negative criminal background check before they are allowed to participate in clinical experiences at the facility. Cost of the criminal background check will be the responsibility of the

student. Students who are not cleared will not be able to participate in clinical and will not be able to continue in the nursing program. *The School of Nursing is no way liable for a student's inability to obtain RN Licensure or to complete required clinical hours secondary to a positive criminal background or drug screen.*

STUDENT HEALTH INSURANCE

It is the responsibility of the student to provide evidence at the beginning of each semester that he/she has health insurance. Evidence of such insurance should be provided to the coordinators of the respective programs on each campus. Failure to demonstrate evidence of active health insurance will prevent the student from attending clinical. Inability to fulfill the clinical course responsibilities due to a lack of student health insurance can lead to the failure of the clinical course.

NEEDLE-STICK POLICY

Any student or faculty who experiences a needle-stick injury in a clinical agency should go to his/her own physician, local health department or medical facility of their choice to have a blood panel drawn for a needle-stick. The individual's own insurance will be responsible for any cost incurred. The patient involved should also have a blood panel drawn (most facilities have a routine panel for needle-sticks). Both lab results should be sent to the Risk Management office of the facility where the needle-stick occurred. A copy of the results should also be obtained and kept on file in the School of Nursing.

INFECTIOUS DISEASE

Student Immunization Requirements

Before attending each clinical experience, each student must have documentation of current immunizations on file in the Nursing Office. Current immunization must be maintained while in clinical courses. This must include diphtheria, tetanus (booster in last 10 years), measles, mumps, rubella (booster if initial after 1965), hepatitis B, and varicella (chickenpox) immunization or titer. Waiver for any immunization will be allowed by practitioner signature only. Documentation of a negative screen for tuberculosis, skin test within the past 12 months or a chest x-ray within the past 5 years, or compliance with CDC guidelines is also required. Students must also maintain current documentation of cardiopulmonary resuscitation, either The American Heart Association (Level C) in order to meet agency requirements for participation in clinical experiences. Students who fail to have current documentation of health status and CPR requirements will not be able to complete clinical requirements for the course. This could lead to clinical failure of the course.

SPECIAL NEEDS

Union University and the School of Nursing support the 1990 Americans with Disabilities Act and the Vocational Rehabilitation Act of 1973 [See Union University *Catalogue* (inside cover)]. Any student who needs special classroom accommodation must meet with the Director of Counseling for evaluation. Please consult the Counseling Services website for more information at <http://www.uu.edu/student-services/counseling/>. The Director's office is located in the Student Union Building. The Director of Counseling will determine what accommodations are needed. Students requiring special needs should inform the course coordinator **the first week** of the semester.

INFORMED CONSENT POLICY

The Union University School of Nursing provides an academic program of study for students. Such study includes on-campus laboratory experiences with models and simulations. Technical skills are demonstrated, practiced and evaluated. Upon development of beginning competency, these skills are applied in other settings, such as hospitals, nursing homes, clinics, and community health centers. All study in these settings is conducted under the supervision of nursing faculty and/or licensed health care professionals at the facilities. In accordance with the Occupational Safety and Health Administration (OSHA), the University will give instruction to each student in Universal Precautions according to recommendations from the Centers for Disease Control and Prevention. The documentation of such instruction will be contained in each student's folder housed in the School of Nursing office.

STATEMENT OF INFORMED CONSENT

I hereby agree to follow Universal Precautions while I am a student in the School of Nursing. I understand that these procedures protect me, my clients, my family members and other health care workers from infections and/or communicable diseases.

I understand that nursing involves the study and care of people throughout the life span and that these people may be well or ill. By participating in caregiving activities with ill people, I may be exposed to infectious diseases, such as Hepatitis B, Acquired Immunodeficiency Syndrome, and other infectious and/or communicable diseases. It is understood that testing, diagnosis and treatment of any infectious and/or communicable disease, including those contracted while acting as a caregiver in my clinical experience with the University, will be paid at my own expense.

I understand that the School of Nursing requires that the physical examination form be completed before attending a clinical experience. Current immunization must also be maintained while attending any clinical courses.

In the event that I should be involved with a needle stick or other incident while caring for a client, I agree to follow the most current protocol recommended by the Centers for Disease Control and Prevention. Records of the occurrence will be maintained in the School of Nursing office and will be considered privileged and confidential within the limits of the law.

If I am uncomfortable with the idea of caring for clients with infectious and/or communicable diseases, I will discuss my concerns with nursing faculty and obtain information about relative risks.

I agree to inform the School of Nursing regarding changes in my health status, such as pregnancy or contraction of a communicable and/or infectious disease. I have been informed and understand that an altered state of my health may increase my health risk in relation to caregiving activities for clients with bacterial and viral diseases. I have also been informed that some vaccinations are contraindicated or have decreased effectiveness in immunosuppressed conditions. Therefore, I agree to seek sound medical advice for changes in my health status.

UNION UNIVERSITY EDUCATION VERIFICATION FORM FOR OSHA'S FINAL RULE: OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS

My signature below verifies that I understand the expectations relative to the OSHA standard requirements as they relate to occupational exposure to bloodborne pathogens. The training I received included:

- a general explanation of the epidemiology, modes transmission any symptoms of bloodborne diseases;
- an explanation of the Exposure Control Plan and means by which I may obtain a copy of it as well as the standard;
- an explanation of methods for recognizing tasks which may include exposure to blood, and ways to reduce/prevent exposure through employment of engineering

- controls, work practices, and personal protective equipment;
- information on the types, proper use, location, removal, handling decontamination, and proper disposal of personal protective equipment;
 - information on the hepatitis B vaccine, including information on its efficacy, safety, method administration, the benefits of being vaccinated, and the vaccine is available;
 - an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident;
 - information on the post-exposure evaluation and medical follow-up that is provided following an exposure incident;
 - an explanation of signs/labels and color-coding.

DOCUMENTATION OF INFORMED CONSENT AND UNDERSTANDING OF STUDENT HANDBOOK

My signature below verifies that I have read the above information in its entirety and have a full understanding of the opportunities and regulations as noted in this Handbook. In signing below, I agree to abide by the explained policies or face the consequences as noted in this Handbook, Undergraduate Catalogue, or Campus Life Handbook. In signing below, I have been given an opportunity to ask questions about any area I do not understand. Any questions I might have had regarding any of these areas have been answered to my satisfaction.

Signature

Date

VALIDATION OF STANDARDS FOR ADMISSION TO THE NURSING PROGRAM

I have read the Standards for Admission to the Nursing Program and hereby validate that I am capable of meeting the full scope of academic and clinical requirements as stated in this document.

Signature

Date

PRIVACY ACT RELEASE FORM & SIGNATURE STATEMENT

During the academic year at Union University School of Nursing, it may be appropriate for School of Nursing faculty to return graded work in a public manner, for example, outside a faculty office, classroom, or laboratory. Because Union University does not wish to violate your privacy rights under the Family Education Rights & Privacy Act, your signature is required (below) if you are willing to waive these rights under this Act for specific, above-stated purpose. You are **not required** to sign this waiver/release form. **If you do not sign**, it will be the faculty's responsibility to return your graded work directly (i.e., privately) to you.

I certify that I have read the above statement and I waive my privacy right under the Family Education Rights & Privacy Act.

Signature

Date

A COPY IS TO BE RETAINED BY THE STUDENT