

***Union University***  
***School of Nursing***

**Bachelor of Science in Nursing Program**



**2006-2007 Student Handbook**

**REVISED**

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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 to examine 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 are 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 have 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 selected 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 a 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. The School Nursing (SON) is the largest undergraduate major of the University.

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 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 a 14-Month BSN Degree 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* (1996), serves as the guide for curriculum design and development.

### **Union University School of Nursing Deans**

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

The goals of the baccalaureate program in nursing 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

## **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** consists 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 judgements 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: **October 29, 1999**

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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<b>Latham, Donna</b> MSN, RN Assistant Professor	731-661-4238	dlatham@uu.edu	C-30

<b>Matthews, Melanie</b> MSN, RN Associate Professor	731-661-5348	mmatthew@uu.edu	C-28B
<b>McCartney, Gwen</b> MSN, RN Instructor	731-661-5156	gmccartn@uu.edu	D-37
<b>McLaughlin, Rosemary</b> MSN, RNC Assistant Professor	731-661-5155	rmclaugh@uu.edu	C-26
<b>Medlin, Lisa</b> MSN, FNP, RN Assistant Professor	731-661-5154	lmedlin@uu.edu	D-39
<b>O'Connor, Kathy</b> MSN, FNP, MBA, RN Assistant Professor Chair of Undergraduate Program	731-661-5452	koconnor@uu.edu	D-38
<b>Patterson, Julie</b> Assistant to the Dean	731-661-5029	jfpatter@uu.edu	C-34
<b>Pawley, Christie</b> MSN, RN Instructor	731-661-5539	cmpawley@uu.edu	C-28
<b>Saddler, Tracy</b> MSN, RN Instructor	731-661-5347	tsaddler@uu.edu	D-40
<b>Sanderson, Carla</b> PhD, RN Provost and Professor	731-661-5203	csanders@uu.edu	F-6

<b>Smith, Tim</b> PhD, CRNA, APN Dean and Professor	731-661-5200	tsmith@uu.edu	C-36
<b>Webb, Jill</b> PhD, RN Associate Professor	731-661-5235	jwebb@uu.edu	C-29
<b>Webb, Nelda</b> MSN, RN Assistant Professor	731-661-5112	nwebb@uu.edu	D-10
<b>Wright, Molly</b> MS, CRNA Assistant Professor	731-661-5347	mwright@uu.edu	D-41

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**GERMANTOWN CAMPUS—Area Code (901)—FAX 901-759-1197**

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<b>Cooper, Kathryn</b> MSN, FNP, RN Assistant Professor	901-759-0029, Ext. 151	kcooper@uu.edu	219E
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<b>Dayton, Nancy</b> EdD, RN Professor	901-759-0029, Ext. 105	ndayton@uu.edu	225
<b>Hickey, Sherry</b> EdD, RN Professor	901-759-0029, Ext. 106	shickey@uu.edu	214T

<b>Keene, Pat</b> MSN, RN, CS Associate Professor	901-759-0029, Ext 134	pkeene@uu.edu	219C
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<b>Tate, Lois</b> EdD, RN Professor	901-759-0029, Ext. 135		214H
<b>Tidwell, Jerithea</b> PhDc, RN Assistant Professor	901-759-0029, Ext.107	jtidwell@uu.edu	214D
<b>Watters-Burke, Valerie</b> DNSc, RN-CS, FNP, PNP Assistant Professor Chair of Graduate Nursing Program	901-759-0029, Ext. 139	vwburke@uu.edu	214G
<b>Wilkinson, Dana</b> Coordinator of Nursing Programs	901-759-0029, Ext. 101	dwilkins@uu.edu	215

# CAMPUS INFORMATION

## JACKSON CAMPUS Fall/Spring Semesters

### Library Hours (661-5418)

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

(Closed during Required Chapels, other exceptions as Posted)

### Computing Services Hours (661-5400)

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

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

#### BAC-45 (August 29 - October 17)

Tuesday-Thursday Check posted lab schedule. Times vary

#### BAC-45 (October 18 - December 5)

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)

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

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Monday, Tuesday, Thursday—Friday	11:00 a.m. - 10:00 p.m.
Wednesday	10:00 a.m. - 5:00 p.m.; 8:00 p.m. - 10:00 p.m.
Saturday	12:00 p.m. - 9:00 p.m.
Sunday	12:00 p.m. - 4:00 p.m.

### Aquatic Center Hours (661-5150)

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Monday	1:00 p.m. - 9:00 p.m.
Tuesday, Thursday	12:00 p.m. - 3:00 p.m.; 5:00 p.m. - 9:00 p.m.
Wednesday	1:00 p.m. - 5:00 p.m.
Friday	1:00 p.m. - 6:00 p.m.
Saturday	3:00 p.m. - 6:00 p.m.
Sunday	2:00 p.m. - 4:00 p.m.

(Schedule may vary due to available staffing)

### **Wellness Center Hours (661-5447)**

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Monday, Tuesday, Thursday	6:00 a.m. - 9:00 p.m.
Wednesday	6:00 a.m. - 5:00 p.m.
Friday	6:00 a.m. - 6:00 p.m.
Saturday	10:00 a.m. - 4:00 p.m.
Sunday	1:00 p.m. – 4:00 p.m.

### **GERMANTOWN CAMPUS**

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

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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**

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#### **Room 209**

Monday—Thursdays	*8:00 a.m. - 10:00pm.
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 Hours (901-795-0029, Ext. 138)**

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Monday, Wednesday, and Thursday	11 am - 6 pm
Tuesday	12 pm - 5 pm
Saturday	7:30 am - 1 pm

### **Student Canteen**

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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.

## **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 persons of all ages toward meeting basic needs in various settings.
3. Assimilate the professional nurses's 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.

Reapproved: **1999 by Faculty Committee**  
Reapproved August 2005

**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 &amp; Physiology I</i> .....4 CHR 111 <i>Old Testament</i> .....3 CLU 195 <i>Worldview &amp; God's Design</i> .2 ENG 111 <i>Written Composition I</i> .....3 PEWS 100** <i>Fitness for Health</i> .....1 PSY 213 <i>Intro. to Psychology</i> ..... 3	<i>Optional Term – May            be used to reduce Fall /            Spring courseload.</i>	BIO 222 <i>Anatomy &amp; Physiology II</i> ...4 CHR 112 <i>New Testament</i> .....3 ENG 112 <i>Written Composition II</i> .....3 PSY 219 <i>Developmental Psych</i> ..... 3 SOC 211 <i>Prin. of Sociology</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 CHEM 105/111 <i>Chemistry</i> ..... 4 ENG 201 <i>World Literature I</i> .....3 HIS 101 <i>World Civilization I</i> ..... 3 MATH 114 <i>Intro to Statistics</i> ..... .3	<i>Optional Term – May            be used to reduce Fall /            Spring courseload.</i>	BIO 211 <i>Microbiology</i> ..... . 4 BIO 300 <i>Pathophysiology</i> ..... 3 ENG 202 <i>World Literature II</i> .....3 HIS 102 <i>World Civilization II</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> ....2 NUR 303 <i>Intro to Prof. Nursing</i> .....3 NUR 308 <i>Foundations of Nsg.</i> .....6 NUR 310 <i>Health Assessment</i> ..... 3	<i>Optional Term – May            be used to reduce Fall /            Spring courseload.</i>	NUR 309 <i>Skills Practicum</i> .....1 NUR 318 <i>Childbearing (OB)</i> .....5 NUR 410 <i>Pharmacology</i> .....3 NUR 423 <i>Psych/Mental Health</i> ..... 5 Upper Level Elective.....3
Total Credits: 14		Total Credits: 17

**SENIOR YEAR**

Fall Semester	Winter Term	Spring Semester
NUR 330 <i>Nursing Research</i> ..... 3 NUR 418 <i>Childrearing (Pediatrics)</i> ... 5 NUR 419 <i>Issues in Prof. Nursing</i> .....3 NUR 421 <i>Adult Health I</i> .....6	<i>Optional Term – May            be used to reduce Fall /            Spring courseload.</i>	NUR 425 <i>Adult Health II</i> .....6 NUR 430 <i>Leadership/Mgmt</i> ..... 4 NUR 440 <i>Community Health Nsg</i> ....5 NUR 499 <i>Senior Seminar</i> .....1
Total Credits: 17		Total Credits: 16

**PROGRESSIONS CRITERIA INTO NURSING CURRICULUM: (effective fall 2007)**

- **Completion of TEAS entrance examination**
- **Cumulative GPA of at least 2.8**
- **Cumulative Science GPA of at least 2.8 in select science courses**

**PRE-REQUISITES:**

- BIO 211 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 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).

- CLU 195 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 of 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.

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

**CURRICULUM MODEL**

*Session #1 (January Term: 5 weeks)*

NUR 303	Intro to Prof. Nursing	3
NUR 304	Skills Practicum	2*
NUR 310	Health Assessment	3
NUR 310L	Health Assess. Lab	0

*Session #2 (Spring I: 8 weeks)*

NUR 307	Foundations	5
NUR 307L	Foundations Lab	0
NUR 410	Pharmacology	3

*Session #3 (Spring II: 7 weeks)*

NUR 418	Pediatrics	5
NUR 418L	Pediatrics Lab	0
NUR 423	Psych/Mental Health	5
NUR 423L	Psych/M.H. Lab	0

*Session #4 (Summer I: 6 weeks)*

NUR 318	Childbearing (OB)	5
NUR 318L	Childbearing (OB) Lab	0
NUR 420	Issues	3

*Session #5 (Summer II: 6 weeks)*

NUR 330	Research	3
NUR 421	Adult I	6
NUR 421L	Adult I Lab	0

*Session #6 (Fall Semester: 16 weeks)*

NUR 425	Adult II	6
NUR 425L	Adult II Lab	0
NUR 430	Leadership/Management	4
NUR 430L	Leadership/Mgmt. Lab	0
NUR 440	Community	5
NUR 440L	Community Lab	0
NUR 499	Senior Seminar	<u>1</u>

Total Hours	59
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\* This course extends over 2 sessions

Program Information:

- Degree option for applicants with previous earned Bachelors degree.
- **Must complete TEAS entrance examination for application process (effective for 1/08 class)**
- Students are required to have a cumulative GPA of 2.8
- Cumulative Science GPA of at least 2.8 in the following pre-requisite courses before beginning the program: Anatomy and Physiology (minimum of 6 credits); Microbiology (minimum of 3 credits); Pathophysiology, Statistics and 9 hours in the Social Sciences (with 6 required hours being in General Psychology and Growth & Development Psychology). Once accepted into the program, students must also successfully challenge a Dosage Calculations examination with a score of 75 or better. The required pre-requisites may have already been completed at an accredited community college or university. Students may apply while the pre-requisites are in progress. All required courses must be completed before entering the BSN program in January.

**UNION UNIVERSITY**  
**SCHOOL OF NURSING**  
**Bachelor of Science in Nursing**  
**14-Month BSN Degree Completion Track**

**CURRICULUM MODEL**

*Summer (Year 1; Semester 1)*

NUR303	Introduction to Professional Nsg.	3
NUR307	Foundation of Nsg.	5
NUR310	Health Assessment	3
NUR304	Skills Practicum	2

*Fall (Year 1; Semester 2)*

NUR318	Childbearing (OB)	5
NUR410	Pharmacology	3
NUR423	Psych/Mental Health	5
NUR330	Nursing Research	3

*Spring (Year 1; Semester 3)*

NUR418	Childrearing (peds)	5
NUR419	Issues in Professional Nsg.	3
NUR421	Adult Health I	6
NUR430	Leadership/Mgmt	4

*Summer (Year 2; Semester 4)*

NUR425	Adult Health II	6
NUR440	Community Health Nsg.	5
NUR499	Senior Seminar	1

**Total Credit Hours      59**

## Program Information

- Requirements for admission to this educational track follow the completion of the “Adult Studies Core Curriculum” as previously established by the university. This includes:
  - Core course requirements include:
    - Composition 6 credit hours
      - ENG111 & ENG112
    - Humanities 9 credit hours
      - ENG 201 or 202
      - Humanities Electives (English, Humanities, Philosophy, Language, Music, Arts, Theatre, Christian Studies)
    - Science 14/15 credit hours
      - BIO221 & 222
      - BIO295 (Bact) or 211
      - BIO300
    - Social Science 9 credit hours
      - HIS 101 or 102
      - PSY213
      - PSY 219
    - Mathematics 3 credit hours
      - MAT114
    - Christian Studies 6 credit hours
      - CHR111 and CHR112
    - Electives 19/20 credit hours
      - 6 hours must be 300-400 level
    - Computer Science 2 credit hours

*\*\* Nursing students would not be required to meet the speech requirement – This requirement was previously eliminated on nursing curriculums.*

- Total credits for graduation (core = 69 + nursing = 59) = 128 credit hours
- Grades of “C” or higher are required for all pre-requisite natural science, social science, math, and english courses being transferred for credit towards BSN degree.
- A minimum ACT of 20 or SAT of 1030 for transfer students that do not hold a baccalaureate degree.
- If you hold a 4-year degree, only the 7 science prereqs are required.
- A minimum GPA of 2.8 (on a 4.0 scale) in core requirement courses being transferred towards credit for a BSN. (effective 7/07)
- A minimum Science GPA of 2.8 (on a 4.0 scale). Courses include at least BIO221, BIO222, BIO295, BIO211, BIO300, MAT114, PSY213, and PSY219. Science GPA based on last of repeated courses. (effective 7/07)
- Clear criminal background record check and clear urine drug screen
- Documentation of CPR certification, physical exam, and immunizations
- Successful in passing the dosage calculation test after acceptance into the program but prior to enrollment.
- **Completion of TEAS entrance examination (effective 7/07)**
- Must be 24 years of age at the time of enrollment
  - Rationale for minimal age limit is due to the focus of the Germantown campus being adult learner oriented.

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

**CURRICULUM MODEL**

**JUNIOR YEAR**

<b><u>Fall Semester</u></b>			<b><u>Winter Term</u></b>			<b><u>Spring Semester</u></b>		
NUR333	Concepts of Prof Nsg.	3	Upper level elective*	3	BIO300	Pathophys.	3	
NUR 310	Health Assessment	3			NUR410	Pharmacology	3	
HIS101	History	3			HIS102	History	3	
MAT114	Math`	3			CHR112	Christian Stud.	<u>3</u>	
CHR111	Christian Stud.	<u>3</u>						
Total hours		15		3			12	

**SENIOR YEAR**

<b><u>Fall Semester</u></b>			<b><u>Winter Term</u></b>			<b><u>Spring Semester</u></b>		
NUR330	Research 330	3	Upper level elective*	3	NUR419	Issues 419	3	
ENG201	English	3			NUR430	Leadership	4	
ART210	Art	3			NUR440	Community	5	
PEW100	P.E. Activity**	1			ENG202	English	3	
Upper Level NUR Elective*		<u>3</u>			Upper Level Elective*		<u>3</u>	
Total Hours		13		3			18	

## Program Information

### Admission Requirements:

Graduation from a state-approved School of Nursing; Tennessee Registered Nurse Licensure; medical history and physical exam.

### Notes:

\*\*Physical Education 100; Sociology 211; Biology 211, 221, 222

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 430 has a prerequisite of NUR 333

NUR 440 has a pre or corequisite of all required nursing courses and BIO 300

\*\*P.E. Activity is not required of those students beyond traditional college age (25 or older).

Nursing courses may be grouped differently according to the needs of the student with the exception of NUR 333 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**

**FRESHMAN YEAR**

Fall Semester	Winter Term	Spring Semester
BIO 221 <i>Anatomy &amp; Physiology I</i> .... 4	<i>Optional Term – May be used to reduce Fall / Spring courseload.</i>	BIO 222 <i>Anatomy &amp; Physiology II</i> ...4
CHR 111 <i>Old Testament</i> .....3		CHR 112 <i>New Testament</i> .....3
ENG 111 <i>Written Composition I</i> .....3		ENG 112 <i>Written Composition II</i> .....3
PEWS 100** <i>Fitness for Health</i> .....1		PSY 219 <i>Developmental Psych</i> ..... 3
PSY 213 <i>Intro to Psychology</i> .....3		SOC 211 <i>Prin. of Sociology</i> .....3
Total Credits: 14		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 211 <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
Total Credits: 16		Total Credits: 17

**JUNIOR YEAR**

Fall Semester	Winter Term	Spring Semester
NUR 302* <i>Found. of Pharmacology</i> ....2	<i>NUR 322 LPN Transi- tion Course</i>	NUR 309* <i>Skills Practicum</i> ..... ..1
NUR 303 <i>Intro to Prof. Nursing</i> .....3		NUR 318* <i>Childbearing (OB)</i> ..... 5
NUR 308* <i>Foundations of Nursing</i> .... 6		NUR 410 <i>Pharmacology</i> .....3
NUR 310 <i>Health Assessment</i> ..... 3		NUR 423 <i>Psych/Mental Health</i> ..... 5
Total Credits: 14		Total Credits: 17

**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

## Program Information

### **PROGRESSIONS CRITERIA INTO NURSING CURRICULUM: (effective fall 2007)**

- **Completion of TEAS entrance examination**
- **Cumulative GPA of at least 2.8**
- **Cumulative Science GPA of at least 2.8 in select science courses**

### **PRE-REQUISITES:**

- BIO 211 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 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).
- CLU 195 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

### **200. Survey of Professional Nursing (3)**

An exploratory course for the student interested in the nursing profession. Students will be introduced to the broad scope of nursing roles, settings and specialties.

### **302. Foundations of Pharmacology (2)**

A study of arithmetic dosages and solutions and introduction to basic drug classifications and principles of pharmacology. Legal and ethical responsibilities of the professional nurse for the well or ill person are emphasized.

### **303. Introduction to Professional Nursing (3)**

Prerequisite: Admission to Basic BSN track.

Philosophy of nursing and the four main concepts of person, environment, health, and nursing; basic health promotion and maintenance are emphasized as are the concepts related to wholistic care of individuals and families in the community.

### **308. Foundations for Nursing Practice (6)**

Prerequisite: Admission to Traditional BSN track.

Nursing interventions and skills necessary for basic practice in the care of individuals of all age groups in diverse settings. Introduction of the nursing process provides a basis for development of decision-making and critical thinking skills in the formation of nursing diagnosis.

### **309. Skills Practicum (1)**

Prerequisite: Admission to the Traditional BSN track and NUR 308.

A practical hands-on experience in nursing skills. Students work with faculty to perform specific clinical skills using scientific principles basic to nursing knowledge and application.

### **310. Health Assessment (3)**

Prerequisite: Admission to the School of Nursing or by permission of the faculty. Use of the nursing model in developing skills and knowledge related to history taking, assessing health status, and recognizing deviations from the normal. Communication technique is further developed by emphasis on interviewing skills. Emphasis will be on functional health patterns throughout the life span.

### **318. Nursing Care of Childbearing Families (5)**

Prerequisites: 302, 303, 308, 310. Corequisite: 410, 423.

Promotive and preventive health care for members of childbearing families along the wellness-illness continuum. Emphasis is placed on the developmental aspect of families and on high-risk families.

### **322. LPN Transition Course (1)**

Prerequisite: Successful challenge of NUR 302 & 308.

Transitions the licensed practical nurse to the role of professional nurse and the nursing process and prepares students to meet program outcomes. Includes validation of nursing knowledge and skills.

### **330. Introduction to Research in Nursing (3)**

Prerequisite: MAT 114; Admission to the School of Nursing.

The role of the professional nurse in critiquing and in utilizing nursing research literature. Critical thinking skills and the steps of scientific inquiry are applied to develop a research project.

### **345. Case Management (3)**

Case management as a model for organizing health care for persons of all ages and cultures. Emphasis is placed on defining the changing role of the R.N. case manager. A nursing process approach is used to explore the skills of problem solving, interpersonal communication, critical thinking, organization, negotiation, networking and creativity.

**350. Philosophical and Ethical Foundations in Health Care (3)**

A study of the foundations of philosophy and ethics with emphasis on developing the student's ability to perform philosophical inquiry and generate philosophical arguments related to ethical issues and concerns in health care.

**353. Health Promotion (3)**

Focuses on in-depth, scientifically accurate information of wellness and helps students identify realistic options for a healthy lifestyle. The course utilizes the tools for integrating change into everyday lives and uses the nursing process as a guide for enabling persons to achieve and maintain optimal wellness.

**355. Spiritual Care in Nursing (3)**

An examination of Christian values as a basis for providing spiritual care to clients and exploration of the role of the professional nurse in its provision. Resources will include the Bible, nursing literature, clergy, community and personal spiritual resources.

**410. Pharmacotherapeutics in Nursing Practice (3)**

Prerequisite: NUR 302, 303, 310.

The biochemical and psychological effects of drugs on the wholistic person in a multicultural society. Nursing process with different classifications of drugs is emphasized. Historical, economic, legal, and ethical issues are identified.

**418. Nursing Care of Childrearing Families (5)**

Prerequisite: NUR 318, 410, 423.

Promotive and preventive health care for members of childrearing families along the wellness-illness continuum. Emphasis is placed on the developmental aspect of children from infancy to adolescence and on children with special problems.

**419. Issues in Professional Nursing (3)**

The nurses's role in change through evaluation of historical and current issues impacting the profession and health care delivery systems. Students explore the role of nursing theory in the continued development of professional nursing.

**421. Nursing Care of Adults in Health and Illness I (6)**

Prerequisites: NUR 318, 410, 423.

Professional nursing practice and further development in its application with adults from multicultural backgrounds along the wellness-illness continuum and emphasis on integration of pathophysiology and psychosocial dynamics with complex illnesses and human response patterns in the acute care setting. Use of critical thinking, decision making, and research will be incorporated into the teaching, caring, and collaborative role of the nurse.

**423. Mental Health-Psychiatric Nursing (5)**

Prerequisites: NUR 303/308, 310.

Considering individuals, families, and community groups at any position on the health continuum the student will utilize the nursing process in applying mental health concepts in a variety of settings. Intervention modes are observed or practiced in one-to-one, small group, family, and milieu settings. Emphasis is placed on use of therapeutic communication and the social, political, and economic context of practice is considered.

**425. Nursing Care of Adults in Health and Illness II (6)**

Prerequisites: NUR 419, 421; Prerequisite or Corequisite: NUR 430.

A continuation of NUR 421. There will be additional development of the role of the professional nurse as a health teacher and advocate.

#### **430. Leadership and Management in Nursing (4)**

Prerequisites: NUR 330, 418, 421.

Study of health care organizational structures and the professional nurse's role as a patient advocate, leader, manager, and change agent. Emphasis is on the application of the theories principles of leadership and management in the context of the health care delivery system. Use of the research process is identified as a management tool to test alternative solutions on which to base decision-making.

#### **440. Community Health Nursing (5)**

Pre/Corequisite: BIO 300 and all other nursing courses.

A culminating experience in population-focused health care in diverse settings. Health needs are addressed using nursing theory and research with knowledge from the humanities, biological and social sciences.

#### **452. Intercultural Issues (3)**

Study of culturally appropriate and wholistic professional nursing care of persons in our pluralistic global society. Emphasis on sensitivity to and respect for cultural diversity, communication, critical thinking, cultural assessment, and strategic planning for competent nursing care which will result in positive health care outcomes for intercultural populations.

#### **499. Senior Seminar (1)**

Prerequisite: NUR 419. Corequisites: NUR 425, 430, 440.

This course focuses on concept synthesis in order to prepare the new graduate for entry into the nursing profession. Emphasis is placed on critical thinking skills needed by the generalist to address health care dilemmas. **Must successfully meet minimal ATI predictor score on exit exam during course to pass course. See course syllabus for additional details (effective 1/07)**

All descriptions are found in the Traditional program except for the following tailored for the BSN-Accelerated and 14-Month BSN Degree Completion tracks:

#### **NUR 304. Accelerated Skills Practicum (2)**

Prerequisite: Admission to the 2nd Bachelors/Accelerated BSN Track

A practical hands-on experience designed to teach the nursing skills necessary for nursing practice in the care of individuals of all age groups in diverse settings. Student work with faculty to perform specific clinical skills using scientific principles basic to nursing knowledge and application.

#### **NUR 307. Accelerated Foundations for Nursing Practice (5)**

Prerequisite: Admission to 2nd Bachelors/Accelerated BSN Track

Focus on the nursing interventions and skills necessary for nursing practice in the care of individuals of all age groups in diverse settings. Introduction of the nursing process provides a basis for development of decision-making and critical thinking skills in the formation of nursing diagnosis.

**\*\* Didactic is 15 contact hours = 1 credit hour; Clinical is 40 contact hours = 1 credit hour**

## 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

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. Faculty office hours will be posted on office doors.
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, then with the course coordinator. If the student feels the issues are not resolved satisfactorily, the matter may then be taken to the chair, and finally the Dean of the School of Nursing. The University's Grievance policy is stated in the Union University Student 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, Accelerated, and 14-Month BSN Students Only:**

1. The bulletin board in the Nursing Lounge on the Jackson Campus is your best friend. Check it at least daily and maybe twice. The faculty frequently has to change plans and schedules. Important notices will be placed on the bulletin board.
2. Each nursing course provides the foundation for all others. The faculty frequently refers students to previous lectures to review previous content. 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 (handouts will be given on how to prepare) and whenever skills are performed for evaluation.
4. Course tests are patterned after the licensure examination (NCLEX) which is taken after graduation. Most tests include multiple choice questions. If you have concerns regarding objective-type tests, talk with your instructor.
5. ~~HESI~~ **ATI** tests are used throughout the program as a means of evaluation. ~~HESI~~ **ATI** provides standardized specialty exams as well as a comprehensive ~~HESI~~ **ATI predictor** exam which measures NCLEX readiness. The ~~HESI~~ **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 a ~~minimum 850~~ **the minimum national ATI** probability score will be expected to do some remedial work in that specialty area.

6. As part of NUR 499 *Senior Seminar*, students will take the ~~HESI-Exit~~ **ATI Predictor** Exam - a comprehensive Exam. This is a test that evaluates readiness to take the NCLEX (licensure) exam. Students will be required to ~~have at least an 850 probability~~ **make the minimum recommended ATI** score 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 be given an incomplete in the course. This will cause the student to have a delayed graduation. The student will be required to do remedial work, including taking a Nursing Review course at the student's expense. The student will then be allowed to test a 3rd time. Should the student be unsuccessful a 3rd time, the student will ~~be advised that he/she is at high risk of being unsuccessful on the NCLEX-RN exam.~~ **receive an "F" in the course and be required to repeat the course in the following semester (effective 1/07). 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. 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 does 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.
8. 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.
9. 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 Nursing Lounge area.

## 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.
  - There will also be practice tests for NUR430 Nursing Leadership and NUR440 Community Health Nursing. The professor of the course may use one of the practice tests as the final exam, but these two courses will not be considered as part of the five (5) ATI specialty exams.
  - The student is required to pass each of the five ATI specialty exams. **Failing any two exams will cause you to be dismissed from the BSN program.**
  - If you fail one of these specialty exams, you will be required to complete a remediation process and retake the specialty exam at your cost of \$30.
  - In each of the five courses, the ATI specialty exam will serve as the final exam. The specialty exam will count for 30% of your course grade. If you fail to meet the minimum recommended ATI score for the final exam, you will be required to complete the remediation process, but your final course grade can be no higher than a C (*see course syllabus*).
- NUR499 Senior Nursing Seminar
  - **The student must meet all requirements of this course and achieve the minimum recommended ATI score to successfully pass this course.**
  - See course description in handbook and course syllabus for specific details.
  - If a student is unsuccessful in achieving the minimal ATI exit predictor score, the failure of this course is not considered one of the two failures associated with the specialty exams. Requirements of this course are independent of the requirements of the specialty exams.

## 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 support 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 graduating major who has the highest academic average in the major of nursing, provided the average grade in the subject is not less than 3.5 and provided 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. If the individual is unable to be present the next graduate with the highest GPA will be awarded the medal (effective 1/07)**

**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 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://ww.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 judgement 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

**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](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. 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.

Issue	Standard	Examples*
Critical Thinking	Critical thinking sufficient for clinical judgment.	Competent assessment of patient in timely manner, correct interpretation of assessment, readily respond with appropriate interventions, treatment plans, ability to work alone and to make correct, independent decisions as needed.
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	Life and death situations, working with families stressed by the condition of a loved one, working with other health care providers in stressful situations.
Communication	Communication abilities sufficient for verbal and written interaction with others.	Can follow verbal and/or written instructions. Must communicate patient response to therapy to health care providers, documentation of therapeutic procedures performed on patient, consult with other health care providers in a professional manner.

Issue	Standard	Examples*
Mobility	Physical abilities sufficient to move from room to room, walk in hallways, maneuver in small spaces and includes the strength necessary to lift patients as needed.	Walking to and from departments to patient rooms via stairs and room to room to take care of all patients on a team, assisting in patient transport.
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care.	Perform vital signs, CPR, transporting patients, physical assessment, manipulating equipment.
Hearing	Auditory ability sufficient to monitor and assess health needs.	Auscultation of BP, breath sounds, heart sounds, bowel sounds, hearing alarms in unites, call bells, telephones, converse with patients, family and staff.
Visual	Visual ability sufficient for observation and assessment necessary in nursing care.	Reading patient charts/flow sheets/monitors, drawing up and administering medications, assessing patient skin color, reading thermometers.
Tactile	Tactile ability sufficient for physical assessment and to provide nursing intervention.	Perform palpation, give injections, start IVs, perform sterile and nonsterile dressing changes, urinary catheterization and assist patient with daily activities

\* 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 on the Jackson and Germantown campus 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 on the Jackson and Germantown campus will wear a white uniform (or lab coat, if designated), white non-canvas shoes and white hosiery. 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 on the Jackson campus will wear standard white nurse uniforms, the Union University School of Nursing BSN identifying name pin, shoes and hosiery. Wearing the pin of the basic school of nursing is optional. The nursing patch is optional. Registered nurses who are candidates for the

baccalaureate degree on the **Germantown Campus** will wear the appropriate uniform for the clinical site. Faculty in each clinical course will provide guidelines. The Union University School of Nursing BSN identifying name pin is required.

### **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 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 complete 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, if longer than collar length, it must be worn up or secured at the nape of the neck. Ribbons and headbands are not permitted. Male students should be clean shaven or wear neatly trimmed beards or moustaches.

Fingernails should be clean, short, rounded, smooth and unpolished.

**\*\* ALL SON POLICIES ARE IN ADDITION TO THE REQUIREMENTS OF THE UNION UNIVERSITY UNDERGRADUATE CATALOGUE AND CAMPUS LIFE HANDBOOK**

# EXAMINATION INFORMATION

## 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.

### CLEP Exam      Equivalent Union Course

#### 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 scores 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.

## **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.

	<b>Approx.</b>	<b>Dates</b>
Graduation Photographs	\$25.00+	Feb/Sept
Cap & Gown Fees	\$20.00	Mar/Oct/August
Nursing School Pin	\$35.00+	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 Processing System	\$ 56.00	Apr/Nov

**ATI** \$327.00 (divided payments) - Full rate effective with entering BSNA stds. 1/07

**Simulation Lab Fee** \$1500.00 (full rate effective with entering Jackson 14-Month stds. 7/07)

~~HESI Exit Exam~~ \$35.00 ~~Apr/Nov~~

### ~~HESI Specialty Exams~~

<del>Fundamentals</del>	<del>\$20.00</del>
<del>Maternity</del>	<del>\$20.00</del>
<del>Pediatric</del>	<del>\$20.00</del>
<del>Psych/Mental Health</del>	<del>\$20.00</del>
<del>Pharmacology</del>	<del>\$20.00</del>

### RN-BSN Students:

NLN Baccalaureate Exam \$30.00 Apr/Nov

- **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.
- **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 Paula Karnes, Coordinator of the BSN Program, D-10.

## 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.

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. Each course syllabus will specify class participation guidelines.

Extreme emergencies (hospitalization, death of a close family member, or temporary emotional or physical impairment) will be considered on an individual basis.

The faculty will counsel with any student whenever absences are affecting the course grade. The Director of Student Academic Services and Dean of the School of Nursing will be advised of the situation.

#### Clinical 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 absences. Faculty will designate the clinical make up experience. (More than one clinical 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 area. Satisfactory performance is defined as 75% in each behavior included on the Clinical Evaluation Tool (CET). Clinical evaluation is ongoing by both the individual student and the faculty member. A final clinical evaluation is completed on each student at the end of the clinical rotation utilizing the CET. Outcome decisions by performance, and student documentation and self-evaluation. Clinical evaluation is based on the student's preparedness for clinical experience as well as performance in the clinical 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 this behavior.

Deficiencies in the clinical experience will be identified, discussed with the student by the clinical faculty member and documented on the CET. The student will be counseled regarding the deficiencies and redirected back to the requisite foundational knowledge or skill. A plan for correcting the deficiency will be written on the Student Advising Sheet. The plan will include:

- a) clinical deficiencies (skill, problem solving, or areas where the student's practice is unsafe) and identification of strategies to bring the student to the required level of performance
- b) a statement that the remedial work required by the plan does not supplant the student's satisfactory completion of the actual clinical course objectives by the end of the semester

During subsequent clinical days, the faculty member will have feedback sessions with the student. Faculty will document factual and objective data of the student's performance. Both the student and the faculty member will sign and date the document.

If satisfactory performance is still not achieved, the student may request a meeting with the course coordinator or Chair of the School of Nursing. The faculty member may or may not be present, but no decision regarding the student's clinical standing will be made unless the faculty member is present.

The course coordinator or faculty member may suggest that a second faculty member observe the student for one or two days in the clinical area. The second faculty member should have taught in the course. The student will clearly understand that a decision regarding the student's retention in the course or clinical failure will be made by the course coordinator after the

second faculty documentation has been reviewed.

At the time the student—if the documentation shows continued unsafe practice—can be required to withdraw from the course. When the action of the student is such that it seriously jeopardizes a client’s physical or emotional well being, the student may be required to withdraw immediately from the School of Nursing.

### **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) 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. 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 not be made up.

**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.**

### **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 (effective 1/07)**

### **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.

### **FACULTY POLICY STATEMENT REGARDING HONESTY**

The faculty of the BSN program at Union affirm 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, 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. Asking for information relating to nursing tests is a form of cheating. Students should refuse to give

other students information about tests. Students should not ask for information about tests. 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***

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.

**A BREACH IN ANY OF THE ABOVE AREAS MAY RESULT IN AUTOMATIC DISMISSAL FOR 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 precaution 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. Jackson facilities are requiring this beginning fall 2004. All clinical facilities will require this by 2005. Union University has made arrangements through Student Health Services with a laboratory for Jackson students to have the screening at the beginning of the fall semester. This test will be at the student's expense and will cost approximately \$15.00. 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 clear criminal background check before they are allowed to participate in clinical experiences at the facility. Students who are not cleared will not be able to participate in clinical and will not be able to continue in the nursing program. Cost of the criminal background check will be the

responsibility of the student

## **NEEDLESTICK POLICY**

Any student or faculty who experiences a needlestick injury in a clinical agency which has an employee health service should go to the employee health service and follow their policy for treatment. If a needlestick injury occurs in the Campus Lab at Union University, or at an agency which does not offer employee health services, the individual should go to the local health department for treatment. The individual will be responsible for any cost incurred.

## **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.

## **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. The Director's office is located in the Student Union Building. The Director of Counseling will determine what accommodations are needed. At the beginning of the semester students should notify pertinent faculty of any special needs.

## **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 myself, 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.

## **DOCUMENTATION OF INFORMED CONSENT**

My signature below verifies that I have read the above information regarding infectious diseases and have full understanding of the learning opportunities, risks and safeguards provided by Union University School of Nursing. I have been given an opportunity to ask questions about the admission requirements, conditions of progression and expected competencies. I understand that nursing involves cognitive learning, affective values, and clinical performance standards. Any questions I might have had regarding any of these areas have been answered to my satisfaction. I acknowledge that I have read this document in its entirety. I consent to follow policies and procedures as explained herein.

### **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.

I have been given the opportunity to ask questions and I understand that compliance with the requirements of the standard is mandatory and that failure on my part to comply will subject me to progressive disciplinary action.

## BSN STUDENT HANDBOOK SIGNATURE STATEMENT

I certify that I have read the **REVISED** BSN Student Handbook and attest to the fact that I understand all contents therein.

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Student

Date

last revision 1/06 tls

last revision 12/06 tls

last revision 1/07 tls (ATI testing section added)

### THIS COPY TO BE RETAINED BY THE STUDENT PRIVACY ACT RELEASE FORM

During the 2006-07 Union University School of Nursing academic year, 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.

## PRIVACY ACT SIGNATURE STATEMENT

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

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Signature

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Date

A COPY IS TO BE RETAINED BY THE STUDENT