Union University School of Nursing

Graduate Nursing Program
(excluding MSN - Nurse Anesthesia)

Master of Science in Nursing

Doctor of Nursing Practice

2009-2010 Student Handbook

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Welcome to the Graduate Nursing Program at Union University! I applaud your decision to advance your nursing education and trust that it will be an exciting as well as challenging experience. Our graduate nursing faculty is dedicated, caring professional nursing educators who have a steadfast commitment to preparing nursing leaders who will address the many opportunities facing nursing and health care today. Union University is guided by principles that ensure a learning environment that is excellence driven, Christ-centered, people focused and future directed. The goal of graduate faculty in the School of Nursing is to prepare nursing leaders who have advanced knowledge and skills in health care and are empowered to address the many ethical and bioethical dilemmas present in contemporary society. I wish you success in this academic endeavor and pray that you will develop meaningful personal and professional friendships that will be supportive to you for years to come.
Sincerely,

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 4,000 undergraduate and graduate students. There are approximately 3,100 undergraduate and graduate students on the Jackson main campus, and 900 students on the Germantown extension site.

Union University began an Associate Degree program in the early 1960's in response to community need and the support of leaders in the health care field. In 1977, the insistent demand by RNs and their employers for additional nursing educational opportunities led to a feasibility study and subsequent development of the RN-BSN program. In 1979, the Tennessee Board of Nursing granted initial approval for the RN to BSN program on the main campus in Jackson. The first RN to 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 in 1990's a local community college developed another Associate Degree program. At that time, Union University School of Nursing seized the opportunity to support professional nursing by focusing on baccalaureate education. In 1992, Union University School of Nursing admitted its first Traditional BSN class. Shortly thereafter, in 1995, the Associate degree program closed. In an effort to improve the mobility of licensed practical nurses, the School of Nursing began offering the LPN Bridge program.

The graduate program was initiated in 2000 with a program leading to a Master of Science in Nursing degree. The first cohort of 26 students was admitted in August 2000. Fifteen were admitted on the Jackson campus, and 11 were admitted on the Germantown campus. The MSN program of study is designed to build upon the generalist preparation of the first professional baccalaureate degree. The American Association of Colleges of Nursing (AACN) document, *The Essentials of Master's Education for Advanced Practice Nursing* (1996), serves as the guide for curriculum design and development. The specialty tracks offered are Nursing Administration, Nursing Education, Adult Nurse Practitioner, Pediatric Nurse Practitioner, Family Nurse Practitioner, and Nurse Anesthesia. In addition, Post-Master's Certificates are awarded in the areas of Nursing Education, Nursing Administration, Adult Nurse Practitioner, Pediatric Nurse Practitioner, and Family Nurse Practitioner. In fall 2009, the Doctor of Nursing Practice (DNP) began with about 12 students. The BSN and MSN Programs are accredited by the *Commission on Collegiate Nursing Education (CCNE)* and approved by the Tennessee Board of Nursing (TBN). The DNP program has gained

preliminary approval by CCNE and full approval by TBN. CCNE will perform an onsite visit in October 2010 for decision on full accreditation status.

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 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 Masters 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.

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 the following unifiers: **wholism, wellness-illness continuum, research, nursing process, theoretical and empirical knowledge, role development, legal and ethical issues,** and **communication**. All the faculty beliefs are permeated by the Christian worldview 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 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 a 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 of 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 the 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 furthermore called to practice nursing in a manner congruent with the beliefs and values of the JudeoChristian 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 **holistic** 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 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 of the lifecycle 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.; and (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 discernable 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 perceived 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 used 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. This 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 tracks educational tracks in the various graduate nursing specialties.

Role development empowers the nurse to meet emerging health needs in a changing and global society. **Role development** is enhanced by: (1) use of an ever-evolving body of knowledge from nursing and other related fields in making autonomous judgments regarding health interventions; (2) ability to focus on promoting and maintaining the desired optimal level of function on the **wellness-illness continuum** for individuals, families and groups in a variety of acute care and community based healthcare 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 specialty 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 healthcare 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 healthcare 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 healthcare context. Nursing **theory, research**, healthcare **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 in 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 A "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, well-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 with slight revisions 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 maintain 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 outlines 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 of 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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CAMPUS INFORMATION

JACKSON CAMPUS
Fall/Spring Semesters

Library Hours (731-661-5418)

Monday—Thursday	7:00 a.m. - 12:30 a.m.
Friday	7:00 a.m. - 6:00 p.m.
Saturday	11:00 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 (731-661-5400)

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

Tuesday-Thursday	Check posted lab schedule. Times vary

BAC-45

Monday—Thursday	Check posted lab schedule. Times vary

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

Lifeway Christian Bookstore Hours (731-668-9492)

Monday—Saturday	9:30 a.m. - 9:00 p.m.

Activities Center (731-661-5150)

Aquatic Center Hours (731-661-5150)

Wellness Center Hours (731-661-5447)

(Schedule may vary due to available staffing)

GERMANTOWN CAMPUS

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

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

** pending classes are occurring and campus is not closed
Librarian: Mrs. Shirley Harris

Computing Services Hours

Room 209
GERMANTOWN CAMPUS COMPUTER LAB HOURS

NOTICE: Schedule may change for inclement weather, school holidays, etc. Please plan accordingly. The campus is only open at night and on Saturdays if there are classes scheduled. In the event there are no classes, the building will be closed, therefore no access to the computer labs. Look for signs with building schedules on them around campus, or call during the week.

Day	Open	Close	Information
Monday	8:00 am	9:30 pm	If there are no night classes scheduled the building will close at 4:00 pm on Monday, Tuesday, Wednesday, and Thursday night.
Tuesday	8:00 am	9:30 pm	
Wednesday	8:00 am	9:30 pm	
Thursday	8:00 am	9:30 pm	
Friday	8:00 am	4:00 pm	
Saturday	8:00 am	3:00 pm	Usually open 3 out of 4 Saturdays each month
Sunday	Closed	Closed	

Technology Support Coordinators: Tabitha Washburn: twashburn@uu.edu or 901-759-0029 ext. 126 or Erica Cole: ecole@uu.edu or 901-759-0029 ext. 148.

Bookstore
There is no **bookstore** on the Germantown Campus. Textbook lists and links to online bookstores may be located at www.uu.edu/books/textbooks .
Student Canteen
This is located on the ground floor across from the bookstore. Students will find drink and snack machines as well as a refrigerator and microwave. It is the responsibility of all who use this room to help keep it clean.

MASTER OF SCIENCE IN NURSING PROGRAM

Program Description
The Master of Science in Nursing Program prepares students in advanced theory and practice in a specialized area of nursing. Graduate students are prepared to assume functional advanced practice roles in their specialty areas of nursing. The combination of theory, research, and professional development also prepares graduates for doctoral study nursing.

Our curriculum assists students in developing a conceptual frame of reference for analyzing nursing problems, utilizing theories related to nursing practice, and integrating principles of spiritual care and bio-ethics in their professional roles. They have the opportunity to practice in a variety of health-care settings.

Program Goals
- To provide masters nursing education that builds on the baccalaureate undergraduate foundation.
- To prepare the graduate for advanced professional nursing practice with specific functional and clinical abilities
- To prepare advanced practice nurses academically for doctoral study in nursing

Program Outcomes
The graduate of the master's nursing program will be able to:
- Incorporate theory and research in advanced practice nursing.
- Assume leadership roles in one's specialty area of nursing to promote health and well being of persons in an intercultural world.
- Integrate knowledge of healthcare economics and policy into the delivery of cost effective, ethically responsible nursing care.
- Manage information using technology to influence nursing practice.
- Demonstrate competency in the selected nursing practice.

MSN CURRICULUM MODEL
NURSING EDUCATION TRACT

Fall Semester		*Credit Hours*
NUR544	Adv. Health Assessment	3 (2-1)
NUR526	Adv. Theoretical/ Ethical Concepts in Nursing	2 (2-0)
BIO500	Advanced Pathophysiology	2 (2-0)
NUR511	Nursing Informatics/Statistics for the Health Sciences	3 (3-0)
NUR507	Curriculum Design	3 (3-0)

Winter (J-Term) Semester

NUR517	Educational Strategies in Advanced Practice Nursing	3 (3-0)

Spring Semester

NUR542	Adv. Health Promotion and Intercultural Concepts in Nursing	2 (2-0)
NUR533	Adv. Nursing Research/Evidence-Based Practice	3 (3-0)
NUR537	Nursing Education Practicum I	2 (0.5-1.5)
NUR622	Advanced Pharmacology	3 (3-0)
NUR___	Clinical Cognate (Select from approved list below)	5 (0-5)

Summer Semester

NUR607	Educational Assessment & Evaluation Processes	3 (3-0)
NUR641	Adv. Health Care Policy and Economic Concepts in Nursing	2 (2-0)
NUR637	Nursing Education Practicum II	3 (1-2)

TOTAL CREDIT HOURS = 39 credit hours with 340 clinical hours

Select one clinical cognate from the following approved clinical courses:

NUR626C	Advanced Practice of Children: Acute Mgmt.	5 (1-4)
NUR626A	Advanced Practice of Adults: Acute Mgmt.	5 (1-4)

MSN CURRICULUM MODEL
POST-MASTER'S NURSING EDUCATION TRACT

** Must demonstrate evidence of completing the MSN core curriculum requirements through an accredited MSN degree program.

Required Courses		*Credit Hours*
NUR507	Curriculum Design	3 (3-0)
NUR517	Educational Strategies in Adv. Practice Nursing	3 (3-0)
NUR607	Educational Assessment & Evaluation Processes	3 (3-0)
NUR537	Nursing Education Practicum I	2 (0.5-1.5)
NUR637	Nursing Education Practicum II	3 (1-2)

TOTAL CREDIT HOURS = 14 minimum residency hours with 140 clinical hours

MSN CURRICULUM MODEL
NURSING ADMINISTRATON TRACT

Fall Semester		*Credit Hours*
NUR526	Adv. Theoretical and Ethical Concepts in Nursing	2 (2-0)
NUR511	Nursing Informatics & Statistics for the Health Sciences	3 (3-0)
NUR594	Nursing Administration Practicum I	2 (.5-1.5)
NUR525	Introduction to Administrative Practice	3 (3-0)
NUR528	Nurse Administration and Law	3 (3-0)

Spring Semester		
NUR542	Adv. Health Promotion and Intercultural Concepts in Nursing	2 (2-0)
NUR533	Adv. Nursing Research & Evidence-Based Practice	3 (3-0)
NUR694	Nursing Administration Practicum II	3 (0.5-2.5)
NUR535	Nursing Quality Management	3 (3-0)
NUR548	Organizational Behavior & Leadership	3 (3-0)

Summer Semester		
NUR641	Adv. Health Care Policy and Economic Concepts In Nursing	2 (2-0)
NUR615	Nursing Resource Management	3 (3-0)
NUR577	Nursing Administration Residency	3 (0.5-2.5)

TOTAL CREDIT HOURS = 35 credit hours with 260 clinical hours

MSN CURRICULUM MODEL
POST-MASTER'S NURSE ADMINISTRATION TRACT

** Must demonstrate evidence of completing the MSN core curriculum requirements through an accredited MSN degree program.

Required Courses		*Credit Hours*
NUR528	Nurse Administration and Law	3 (3-0)
NUR525	Introduction to Administrative Practice	3 (3-0)
NUR594	Nursing Administration Practicum I	2 (.5-1.5)
NUR694	Nursing Administration Practicum II	3 (0.5-2.5)
NUR535	Nursing Quality Management	3 (3-0)
NUR548	Organizational Behavior & Leadership	3 (3-0)
NUR615	Nursing Resource Management	3 (3-0)
NUR577	Nursing Administration Residency	3 (0.5-2.5)

TOTAL CREDIT HOURS = 23 minimum residency with 260 clinical contact hours

MSN CURRICULUM MODEL
FAMILY NURSE PRACTITIONER TRACT

Fall Semester (Year 1)		*Credit Hours*
NUR544	Advanced Health Assessment	3 (2-1)
NUR526	Adv. Theoretical and Ethical Concepts in Nursing	2 (2-0)
BIO500	Advanced Pathophysiology	2 (2-0)
NUR511	Nursing Informatics/Statistics for the Health Sciences	3 (3-0)
NUR555	Advanced Practice Role Development	2 (2-0)

Spring Semester

NUR542	Adv. Health Promotion and Intercultural Concepts in Nursing	2 (2-0)
NUR622	Advanced Pharmacology	3 (3-0)
NUR533	Adv. Nursing Research & Evidence-Based Practice	3 (3-0)
NUR616	Primary Care of Family: Maternal/Child	5 (1-4)

Summer Semester

NUR641	Adv. Health Care Policy and Economic Concepts in Nursing	2 (2-0)
NUR600	Primary Care Provider Procedures	2 (2-0)
NUR546	Primary Care of Family: Health Promotion	5 (1-4)

Fall Semester (Year 2)

NUR650	Specialty Focus Practicum	2 (0-2)
NUR585	Transitions to Advanced Practice Nursing	2 (2-0)
NUR646	Primary Care of Family: Acute/Chronic	5 (1-4)
NUR696/697	Scholarly Project/Thesis	

        or

Select one cognate course from Nursing Administration curriculum,   3 (3-0)
Nursing Education curriculum, or missions course

TOTAL CREDIT HOURS = 46 credit hours with 500 clinical contact hours

MSN CURRICULUM MODEL
POST-MASTER'S FAMILY NURSE PRACTITIONER TRACT

** Must demonstrate evidence of completing the MSN core curriculum requirements through an accredited MSN degree program.

Required Courses		*Credit Hours*
NUR544	Advanced Health Assessment	3 (2-1)
NUR622	Advanced Pharmacology	3 (3-0)
BIO 500	Advanced Pathophysiology	2 (2-0)
NUR546	Primary Care of Family: Health Promotion	5(1-4)
NUR616	Primary Care of Family: Maternal/Child Mgmt.	5 (1-4)
NUR646	Primary Care of Family: Acute/Chronic Mgmt.	5 (1-4)
NUR 600	Primary Care Procedures	2 (2-0)
NUR650	Specialty Focus Practicum	2 (0-2)
NUR585	Transition to Advanced Practice Nursing	2 (2-0)

TOTAL CREDIT HOURS = 19 credit hours minimum residency with 500 clinical hours

MSN CURRICULUM MODEL
ADULT NURSE PRACTITIONER TRACT

Fall Semester (Year 1)		*Credit Hours*
NUR544	Advanced Health Assessment	3 (2-1)
NUR526	Adv. Theoretical and Ethical Concepts in Nursing	2 (2-0)
BIO500	Advanced Pathophysiology	2 (2-0)
NUR511	Nursing Informatics/Statistics for the Health Sciences	3 (3-0)
NUR555	Advanced Practice Role Development	2 (2-0)

Spring Semester

NUR542	Adv. Health Promotion and Intercultural Concepts in Nursing	2 (2-0)
NUR622	Advanced Pharmacology	3 (3-0)
NUR533	Adv. Nursing Research & Evidence-Based Practice	3 (3-0)
NUR626A	Advanced Practice of Adult: Acute Mgmt.	5 (1-4)

Summer Semester

NUR641	Adv. Health Care Policy and Economic Concepts in Nursing	2 (2-0)
NUR600	Primary Care Provider Procedures	2 (2-0)
NUR556A	Adv. Practice of Adults: Health Promotion and Disease Prevention	5 (1-4)

Fall Semester (Year 2)

NUR650	Specialty Focus Practicum	2 (0-2)
NUR585	Transitions to Advanced Practice Nursing	2 (2-0)
NUR636A	Advanced Practice of Adults: Chronic Mgmt.	5 (1-4)
NUR696/697	Scholarly Project/Thesis *OR*	
Select one cognate from Nurse Administration curriculum, Nurse Education curriculum, or missions course		3 (3-0)

TOTAL CREDIT HOURS = 46 credit hours with 500 clinical contact hours

MSN CURRICULUM MODEL
POST-MASTER'S ADULT NURSE PRACTITIONER TRACT

** Must demonstrate evidence of completing the MSN core curriculum requirements through an accredited MSN degree program.

Required Courses		*Credit Hours*
BIO500	Advanced Pathophysiology	2 (2-0)
NUR544	Advanced Health Assessment	3 (2-1)
NUR622	Advanced Pharmacology	3 (3-0)
NUR556A	Adv. Practice of Adults: Health Promotion	5 (1-4)
NUR626A	Adv. Practice of Adults: Acute Mgmt.	5 (1-4)
NUR636A	Adv. Practice of Adults: Chronic Mgmt.	5 (1-4)
NUR600	Primary Care Provider Procedures	2 (2-0)
NUR650	Specialty Focus Practicum	2 (0-2)
NUR585	Transitions to Advance Practice Nursing	2 (2-0)

TOTAL CREDIT HOURS = 19 credit hours minimum residency and 500 clinical hours

MSN CURRICULUM MODEL
PEDIATRIC NURSE PRACTITIONER TRACT

Fall Semester (Year 1)		*Credit Hours*
NUR544	Advanced Health Assessment	3 (2-1)
NUR526	Adv. Theoretical and Ethical Concepts in Nursing	2 (2-0)
BIO500	Advanced Pathophysiology	2 (2-0)
NUR511	Nursing Informatics/Statistics for the Health Sciences	3 (3-0)
NUR555	Advanced Practice Role Development	2 (2-0)

Spring Semester		
NUR542	Adv. Health Promotion and Intercultural Concepts in Nursing	2 (2-0)
NUR622	Advanced Pharmacology	3 (3-0)
NUR533	Adv. Nursing Research & Evidence-Based Practice	3 (3-0)
NUR626C	Advanced Practice of Children: Acute Mgmt.	5 (1-4)

Summer Semester		
NUR641	Adv. Health Care Policy and Economic Concepts in Nursing	2 (2-0)
NUR600	Primary Care Provider Procedures	2 (2-0)
NUR556C	Adv. Practice of Children: Health Promotion and Disease Prevention	5 (1-4)

Fall Semester (Year 2)		
NUR650	Specialty Focus Practicum	2 (0-2)
NUR585	Transitions to Advanced Practice Nursing	2 (2-0)
NUR636C	Advanced Practice of Children: Chronic Mgmt.	5 (1-4)
NUR696/697	Scholarly Project/Thesis *OR*	
Select one cognate from Nurse Administration curriculum or Nurse Education curriculum, or missions course		3 (3-0)

TOTAL CREDIT HOURS = 46 credit hours with 500 clinical contact hours

MSN CURRICULUM MODEL
POST-MASTER'S PEDIATRIC NURSE PRACTITIONER TRACT

** Must demonstrate evidence of completing the MSN core curriculum requirements through an accredited MSN degree

Required Courses		*Credit Hours*
BIO500	Advanced Pathophysiology	2 (2-0)
NUR544	Advanced Health Assessment	3 (2-1)
NUR622	Advanced Pharmacology	3 (3-0)
NUR556C	Adv. Practice of Children: Health Promotion	5 (1-4)
NUR626C	Adv. Practice of Children: Acute Mgmt.	5 (1-4)
NUR636C	Adv. Practice of Children: Chronic Mgmt.	5 (1-4)
NUR600	Primary Care Provider Procedures	2 (2-0)
NUR650	Specialty Focus Practicum	2 (0-2)
NUR585	Transitions to Advanced Practice Nursing	2 (2-0)

TOTAL CREDIT HOURS = 19 minimum residency and 500 clinical hours

DOCTOR OF NURSING PRACTICE

Program Description

The Doctor of Nursing Practice Program (DNP) prepares graduates for the specialty areas of executive leadership, nurse anesthesia, and nurse practitioner. The DNP Program provides the student with the opportunity to strengthen one's clinical skills by gaining intensive experiences in one's specialty area of practice, enhance the understanding of the theoretical underpinnings that supports one's specialty area of practice, and broaden one's perspective of healthcare systems and delivery models from a Christian worldview.

The DNP Program is designed as a full-time post-master's program that begins the fall of each year. Students are expected to be on campus for four 1-week sessions per year with an ongoing intensive online educational process through the use of Blackboard. The clinical fellowships are expected to be completed in the area in which you live with clinical agency support from the institution in completing your DNP Project.

Program Goals

- To provide doctoral nursing education that builds on the foundation of master's nursing education
- To prepare the graduate for enhanced knowledge and skills in a specialized area of practice
- To develop the graduate as a leader of one's specialty area of practice implementing the Christian worldview

Program Outcomes

The graduate of the DNP Program will be able to:

- Demonstrate expertise in an area of specialized advanced nursing practice
- Integrate biosciences, education, research, business, and technology into advanced nursing practice within the Christian worldview
- Formulate organizational and systems components for leadership and quality improvement to enhance patient outcomes
- Promote transformation of health care through interprofessional collaboration, policy development and technology utilization within an area of specialized advanced nursing practice
- Evaluate outcomes of evidence based research and design appropriate interventions for specialized area of advanced nursing practice to improve the health of individuals, aggregates, and populations

DNP CURRICULUM MODEL
<u>EXECUTIVE LEADERSHIP, NURSE PRACTITIONER, NURSE ANESTHESIA</u>

<u>Fall Semester (Year 1)</u>		*<u>Credit Hours</u>*
NUR720	Faith and Science	3 (3-0)
NUR705	Organizational Leadership & Management	3 (3-0)
NUR710	Methods for Evidence-Based Practice	3 (3-0)

<u>Spring Semester</u>

NUR715	Technological Transformation of Health Care	3 (3-0)
NUR725	Health Care Policy & Economics	3 (3-0)
NUR730	Epidemiology	3 (3-0)

<u>Summer Semester</u>

NUR735	Fellowship I (180 clinical hours)	3 (3-0)
NUR745	Leadership and Teaching Practice Strategies	3 (3-0)
NUR790	DNP Project Development	3 (3-0)

<u>Fall Semester (Year 2)</u>

NUR736	Fellowship II (240 clinical hours)	3 (3-0)
NUR750	Specialty Cognate– Elective	3 (3-0)
NUR791	DNP Project Implementation	3 (3-0)

<u>Spring Semester</u>

NUR737	Fellowship III (240 clinical hours)	3 (3-0)
NUR750	Specialty Cognate– Elective	3 (3-0)
NUR792	DNP Project Completion	3 (3-0)

TOTAL CREDIT HOURS = 40 credit hours with 600 clinical hours

GRADUATE COURSES

BIO500 Advanced Pathophysiology (2)
The advanced practice nurse will analyze the mechanisms and symptoms of illness and use this as a foundation for the nursing process. Building on a basic knowledge of pathophysiology this course is designed to provide advanced theoretical understanding of disease states and health problems as required for the expected student learning outcomes within the Nurse Educator and Nurse Administrator tracts for the MSN Department of Nursing.

NUR507 Curriculum Design (3)
This course will focus on the development of curricula using outcomes-based learning experiences. It addresses individual attitudes, knowledge and skills that are assessable, transferable and useful in a multicultural world.

NUR511 Nursing Informatics and Statistics for the Health Sciences (3)
This course will serve as an introduction to biostatistics and health care informatics. A review of descriptive statistics, probability and probability distribution; confidence intervals and classical hypothesis tests for one and two sample; analysis of variance; hypothesis tests for categorical variables; regression and correlation; and non parametric methods, all with an emphasis on applications in the health sciences. This course will also include a study of the use of informatics and various technological approaches as related to advanced nursing practice.

NUR514 Statistics for the Health Sciences (3)
This course serves as an introduction to biostatistics. Topics include a review of descriptive statistics, probability, and probability distributions; confidence intervals and classical hypothesis tests for one and two samples; analysis of variance; hypothesis tests for categorical data; regression and correlation; and nonparametric methods, all with an emphasis on applications in the health sciences. Appropriate statistical software will be utilized throughout the semester.
Prerequisite: MAT 114 (Introduction to Statistics and Probability) or its equivalent and admission to the MSN program.

NUR517 Educational Strategies in Advanced Practice Nursing (3)
The purpose of this course is to examine models and methods of teaching and learning. Bio-psychosocial, spiritual, cultural influences that affect learning will be incorporated. The nursing process will be used as a framework for an outcome based teaching-learning session.

NUR525 Introduction to Administration Practice (3)
This course will integrate information about delivery systems, organizational mission, structure, culture, personnel motivation, management and networking. The focus will be on exploring these concepts from a nursing perspective and a wholistic Christian worldview.

NUR526 Advanced Theoretical and Ethical Concepts in Nursing (2)
This course prepares the graduate student to critique, evaluate, develop and utilize appropriate theory in advanced nursing practice and examine health care ethics from a Christian perspective.

NUR528 Nurse Administration and the Law (3)
This course will provide a general background to the elements and characteristics of health, administrative, criminal, civil law and the implications for nurse practicing in an administration role. Emphasis is placed on health law and the nurse administrator's function within the scope of the legal environment. This course will look at malpractice, risk management, tort law and tort reform, OSHA regulations, construction, organizational charters, bylaws, rules and regulations, legal constraints on organizational management, laws affecting subsidiary corporations, tax law. Emphasis will be also placed on administration of human resources, including labor and legal issues, collective bargaining, labor laws, and the design of effective policies and procedures to reflect these laws.

NUR533 Advanced Nursing Research and Evidence-Based Practice (3)
Emphasis will be placed on ways of knowing and analysis of research, which prepares the student to utilize research findings or other rigorously generated information as a basis for clinical decision-making. Specific aspects of the research process from quantitative and qualitative perspectives will be studied.
Prerequisite/Co-requisite: NUR 514 Statistics for the Health Sciences.

NUR535 Quality Management (3)
This course examines the nursing quality of healthcare in relationship to nursing care delivery. It will include the concepts and information systems that are necessary in the identification, tracking, and evaluation of quality indicators. Emphasis is placed in terminology and information systems specific to nursing administration and quality.

NUR537 Nursing Education Practicum I (0.5 – 1.5)
This course is the clinical introduction to the nurse educator practical experience. It involves application of educational theories and wholistic nursing practice. Practice experiences are designed to synthesize knowledge and skills and to enable the advanced practice nurse to meet individual practice outcomes and career goals. Practice sites include schools/colleges of nursing and various health care delivery systems. This class consists of 3 lab hours per week.

NUR542 Advanced Health Promotion and Intercultural Concepts in Nursing (2)
This course explores the importance of wholistic health promotion, disease prevention, and health risk education in individuals, families and communities. The course also focuses on the study of culturally appropriate and wholistic professional nursing care of persons in this pluralistic global society. Emphasis is placed on sensitivity to and respect for cultural diversity, communication, critical thinking, research, and theories of intercultural nursing.

NUR544 Advanced Health Assessment (2-1)
This course will focus on the advanced application of the health assessment sills on the clients with alterations of health. History taking, record keeping and communication of abnormal finding will be the focus of this course.

NUR546 Primary Care of Family: Health Promotion and Disease Prevention (1-4)
The purpose of this course is to enhance knowledge and skill in diagnostic reasoning, advanced assessment, health promotion, health maintenance and disease prevention of with regards to the family. Students will explore family concepts and theories relevant to advanced nursing practice and research, Special emphasis will be place on meeting goals and objectives of Healthy People 2010. Clinical experiences will provide opportunities in the community for students to develop advanced practice interventions to promote health and disease prevention throughout the lifespan. For this seminar-based course, didactic class time will be thirty contact hours for one credit hour.
Prerequisite: Advanced Health Assessment
Pre/Co requisite: Advanced Path physiology & Advanced Pharmacology

NUR548 Organizational Behavior and Leadership (3)
This course provides an overview of organizational concepts, theories, perspectives, and research relevant to nursing administration, patient care delivery systems, and nursing practice organizations. Emphasis is on management principles and organizational processes applicable to quality work environments and the influence of the external and internal environment on these organizations, and the role and relationship of nurse leaders to the nursing practice environment and to the greater organization.

NUR555 Advanced Practice Role Development (2)
The purpose of this course is to enhance the student's knowledge on advanced roles for professional nursing practice. Emphasis is on philosophical inquiry, theory analysis, and the development of leadership skills for working with individuals and groups in advanced nursing practice. Major theoretical perspectives from a variety of disciplines are explored as foundation for advanced practice nursing.

NUR556A Advanced Practice Adults: Health Promotion and Disease Prevention (1-4)
The purpose of this course is to enhance knowledge and skill in diagnostic reasoning, advanced assessment, health promotion, health maintenance and disease prevention of adults with regards to the family environment. Special emphasis will be place on meeting goals and objectives of Healthy People 2010. Clinical experiences will provide opportunities in the community for students to develop advanced practice interventions to promote health and disease prevention. For this seminar-based course, didactic class time will be thirty contract hours for one credit hour.
Prerequisite: Advanced Health Assessment
Pre/Co-requisite: Advanced Path physiology & Advanced Pharmacology

NUR556C Adv. Practice of Children: Health Promotion & Disease Prevention (1-4)
The purpose of this course is to enhance knowledge and skill in diagnostic reasoning, advanced assessment, health promotion, health maintenance and disease prevention of children with regards to the family environment. Special emphasis will be place on meeting goals and objectives of Healthy People 2010. Clinical experiences will provide opportunities in the community for students to develop advanced practice interventions to promote health and disease prevention. For this seminar-based course, didactic class time will be thirty contact hours for one credit hour.
Prerequisite: Advanced Health Assessment
Pre/Co-requisite: Advanced Path physiology & Advanced Pharmacology

NUR577 Nursing Administration Residency (0-3)
A practicum experience designed for synthesis of theory and practice where students develop, implement, and evaluate advanced practice leadership strategies in a Health Care Systems area of focus. An understanding of systems structures, processes, and outcomes is gained through practical experiences, personal reflection, and seminar discussions.

NUR580 – Study Abroad (3)
This course affords the graduate nursing student the opportunity to be involved in the development and implementation of a short-term healthcare mission trip by serving in a transcultural healthcare setting. The educational service provided in the transcultural healthcare setting will be based on the student's nursing expertise and guided by the presence of a faculty member.

NUR585 – Transitions into Advanced Practice Nursing (2)
The purpose of this course is to provide the student to transition from the student role to the advanced practice nursing role. Emphasis will be placed on professional topics such as reimbursement, license, and credentialing, prescriptive privileges, interviewing for and securing employment, contract negotiation, and portfolio preparation. The course will also encompass legal issues pertinent to the advanced practice role.

NUR594 Nursing Admin Practicum I (0.5-1.5)
This course provides experiential application of the concepts examined in Nursing Administration I and II in a workplace setting with a preceptor in nursing management.

NUR600 Primary Care Provider Procedures (2)
The purpose of this course is to enhance advanced practice skills in performing procedures such as casting, splinting, suturing, dermatologic procedures, and basic surgery techniques. Clinical presentations will highlight pathophysiological processes and psychological needs of the adults and their families.

NUR607 Educational Assessment and Evaluation Processes (3)
This course focuses on the systematic processes of assessment of learners' needs and methods of evaluation of educational outcomes. Formative and summative methods of evaluation will be designed in relation to content as well as curricula of educational programs. In addition, methods of analysis and interpretation of data and uses of results are

explored. Each aspect of the assessment and evaluation processes is used to guide future actions.

NUR615 Resource Management (3)
This course examines the management of resources in the health care environment. Focus is managing the revenue and expense aspects of the budget and the management of personnel.

NUR616 Primary Care of Families: Maternal/Child Management (1-4)
The purpose of this course is to enhance knowledge and skills related to management of maternal child health care. Emphasis is placed on acute episodic and chronic conditions in the context of primary care. Management consists of identifying, monitoring, treating and maintaining health care problems of children and child-bearing women utilizing research and/or evidence based practice. Clinical experiences will provide opportunities in a variety of primary care settings. For this seminar-based course, didactic class time will be thirty contact hours for one credit hour.
Prerequisite: Advanced Health Assessment
Pre/Co requisite: Advanced Path physiology & Advanced Pharmacology

NUR 622 Advanced Pharmacology (3)
This course is designed to provide the advanced practice nurse with an advanced understanding of basic pharmacotherapeutics and pharmacokinetics of a broad category of pharmacologic agents. The purpose of the course is to provide the graduate with knowledge and skills needed to assess, diagnose, and manage a client's health problems in a safe, high quality, and cost-effective manner. Additional prescriptive and regulatory content pertinent to advanced practice will also be presented.

NUR626A Advanced Practice of Adults: Acute Management (1-4)
The purpose of this course is to enhance advance practice knowledge and skill in the accurate diagnosis and management of acute health care problems in adults with consideration to the family environment. Management consists of identifying, monitoring and treating acute adult health care problems utilizing research and/or evidence based practice. Clinical experiences will provide opportunities in acute and community based settings. For this seminar-based course, didactic class time will be thirty contact hours for one credit hour.
Pre requisite: Advanced Health Assessment,
Co-requisite: Advanced Pharmacology & Advanced Path physiology

NUR626C Advanced Practice of Children: Acute Management (1-4)
The purpose of this course is to enhance advance practice knowledge and skill in the accurate diagnosis and management of acute health care problems in children with consideration to the family environment. Management consists of identifying, monitoring and treating acute pediatric health care problems utilizing research and/or evidence based practice. Clinical experiences will provide opportunities in acute and community based settings. For this seminar-based course, didactic class time will be thirty contact hours for one credit hour.
Pre requisite: Advanced Health Assessment,
Co-requisite: Advanced Pharmacology & Advanced Path physiology

NUR636A Advanced Practice of Adults: Chronic Management (1-4)
The purpose of this course is to enhance knowledge and advance practice skills in the diagnosis and management of chronic health care problems in adults with consideration to the family environment. Management consists of identifying, monitoring, treating and maintaining chronic adult health care problems utilizing principles of research and/or evidence based practice. This course will also review theories and factors of chronic illness, content surrounding the process of referral and development of practice guidelines. Clinical experiences will provide opportunities in community and hospital based settings. For this seminar-based course, didactic class time will be thirty contact hours for one credit hour.
Pre requisite: Advanced Health Assessment,
Co-requisite: Advanced Pharmacology & Advanced Path physiology

NUR636C Advanced Practice of Children: Chronic Management (1-4)
The purpose of this course is to enhance advanced practice knowledge and skills in the diagnosis and management of chronic health care problems in children with consideration to the family environment. Management consists of identifying, monitoring, treating, and maintaining chronic pediatric health care problems utilizing principles of research and/or evidence based practice. This course will also review theories and factors of chronic illness, content surrounding the process of referral and development of practice guidelines. Clinical experiences will provide opportunities in community and hospital based settings. For this seminar-based course, didactic class time will be thirty contact hours for one credit hour.
Prerequisite: Advanced Health Assessment,
Co-requisite: Advanced Pharmacology & Advanced Path physiology

NUR 637 Nursing Education Practicum II (1-2)
This course is the clinical culmination of the nurse educator clinical experience. It involves application of educational theories and wholistic nursing practice. Practice experiences are designed to synthesize knowledge and skills and to enable the advanced practice nurse to meet individual practice outcomes and career goals. Practice sites include schools/colleges of nursing and various health care delivery systems.

NUR641 Advanced Health Care Policy and Economic Concepts in Nursing (2)
This course prepares the graduate student to understand and evaluate health care policy and the economics of health care systems as related to advanced nursing practice.   The student is prepared to assume a leadership role in health care systems which provide fiscally responsible and effective nursing care.

NUR646 Primary Care of Family: Acute and Chronic Management (1-4)
The purpose of this course is to enhance knowledge and advance practice skills in the diagnosis and management of chronic and acute health care problems in families. Management consist of identifying, monitoring, treating and maintaining acute and chronic family health care problems utilizing principles of research and/or evidence based practice. This course will also review theories and factors of chronic illness within the context of the family. The process of referral and development of practice guidelines will also be discussed. Clinical experiences will provide opportunities in community and hospital based settings. For this seminar-based course, didactic class time will be thirty contact hours for one credit hour.
Prerequisite: Advanced Health Assessment
Pre/Co requisite: Advanced Path physiology & Advanced Pharmacology

NUR650 Specialty Focused Practicum (0-2)
The purpose of this clinical course is to allow students to gain clinical experience in a specific population. The goal of this clinical course is for the student to synthesize knowledge and skills gained in core and previous specialty courses and apply knowledge in the clinical setting. Clinical experiences will be available in a wide variety of subspecialties such as neurology, nephrology, endocrinology, gastroenterology, cardiology, dermatology, oncology, pulmonary, orthopedics, and internal medicine.
Prerequisite: Advanced Health Assessment
Pre/Co requisite: Advanced Path physiology & Advanced Pharmacology
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NUR 694 Nursing Administration Practicum II (1-2)
This course will integrate didactic material from previous courses with administrative practice. The focus is the dynamic combination of administrative theory, quality management, health care economics and information systems through mentoring and field experience. Emphasis will be placed on developing practice and decision- making skills that are excellence drive, Christ-centered, people-focused, and future-directed.

NUR 696 Thesis (3)
This course enables the nurse educator/nurse administrator to implement the research proposal developed in the nursing research course. This project will focus on a problem in a school/college of nursing or health care delivery system. The subject of health care improvements is emphasized through nursing research utilization.

NUR 697 Scholarly Project (3)
This course enables the nurse educator/nurse administrator to complete a scholarly project. Through the scholarly project the student will identify, analyze, synthesize and utilize knowledge related to a healthcare issue in a school/college of nursing or health care delivery system. Application of critical thinking and nursing research utilization in this project will result in improved healthcare outcomes.

NUR705 Organizational Leadership and Management (3)
This course is designed to provide opportunities to examine the leadership and management

principles essential in providing a Christ-centered health care environment. The course will focus on operational principles, organizational theory, and principles of organizational behavior in establishing a Christ-centered health care organization and/or practice.

NUR710 Methods of Evidence-Based Practice (3)
This course is designed to provide the opportunity for synthesis and evaluation of evidence-based clinical practice and focuses on critique of literature, evaluation of clinical practice, and effective dissemination of evaluation findings. The student will use evidence-based heath care as the springboard for discussion of issues in contemporary research.

NUR715 Technological Transformation of Health Care (3)
This course is designed to prepare the student to evaluate current health care technology and its effect on health care outcomes. The student will analyze and apply today's information technology, clinical technology, and simulation technology within the health care environment. The student will address quality improvement evaluation to support changes in practice and administration; analysis of ethical-legal implications of digital record systems and distance health care.

NUR720 Faith and Science (3)
This course is designed to provide opportunities to examine the philosophical underpinnings of the Christian worldview as it applies to faith and science in the arena of health care. An understanding of faith as the basis for hope and humanity in delivering quality health care will be discussed while incorporating the quantitative analysis of scientific principles.

NUR725 Health Care Policy and Economics (3)
This course is designed to prepare the student to critically evaluate the relationship between problems in health care legislation and the development of economic, political, social, and/or ethical issues that impact nursing. Students will synthesize the components of the Christian worldview related to issues in health care legislation and apply this philosophy to the development of effective health care policies. Students will be prepared to enact fiscally responsible and effective changes in local, state, and national health care policies.

NUR730 Epidemiology (3)
This course is designed to prepare the student to employ evidence-based strategies to promote health, reduce risk, and prevent illness in individuals, aggregates, and populations from the Christian worldview approach. Emphasis will be placed on the objectives of *Healthy People 2020* and the analysis of epidemiological, biostatistical, occupational, and environmental data. Other integral topics include collaboration with other disciplines, cultural diversity and sensitivity, emergency and disaster preparedness, and infection control.

NUR735 Fellowship I (0-2)
This introductory course is designed to prepare the student to serve within their scope of practice at a high degree of complexity. The student will be supported with application, analysis, synthesis, and evaluation of knowledge gained through core DNP course work to improve clinical practice. Clinical hours are 90:1 ratio.

NUR736 Fellowship II (0-2)
This course is designed to further prepare the student to serve within their scope of practice at

a high degree of complexity. The student will be supported with application, analysis, synthesis, and evaluation of knowledge gained through core DNP course work to improve clinical practice. Clinical hours are 120:1 ratio.

NUR737 Fellowship III (0-2)
This course is designed to further prepare the student to serve within their scope of practice at a high degree of complexity. The student will be supported with application, analysis, synthesis, and evaluation of knowledge gained through core DNP course work to improve clinical practice. Clinical hours are 120:1 ratio.

NUR745 Leadership and Teaching Practice Strategies (3)
This course is designed to prepare the student for the leadership and instructional role and will focus on expectations of leaders and educators within academic, practice, and health care systems.

NUR750 Specialty Cognate (3)
This course is designed to broaden the student's knowledge and competence in a specialty area. Specific objectives and requirements are determined by contractual agreement prior to registration.

NUR790 DNP Project Development (2)
This course is designed as a faculty-guided scholarly experience to allow the student to develop a proposal for an evidence based practice project addressing a clinically relevant problem using a collaborative interdisciplinary design.

NUR791 DNP Project Implementation (3)   (Max of 8)
This course is designed as a faculty-guided scholarly experience to allow the student to implement an evidence based practice project addressing the clinically relevant problem.

NUR792 DNP Project Completion (2)
This course is designed as a faculty-guided scholarly experience to allow the student to evaluate and disseminate findings of the evidence based practice project addressing a clinically relevant problem.

** Didactic - 15 contact hours = 1 credit hour for MSN and DNP; Clinical - 40 contact hours = 1 credit hour for MSN; see DNP courses for specific hours

ORIENTATION AND POLICY INFORMATION

- 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.
- Prepare a schedule to allow yourself adequate time for reading, study, literature searches, and presentation and manuscript preparation.
- Submit written work on appropriate paper, on-time, and typed neatly in APA style unless otherwise specified.
- Become familiar with your student email address. We ask that you check for incoming messages <u>daily</u>. Home email addresses should be provided to the Graduate Program Director and course faculty.
- Forward your email sent to student email address to your home email address. Contact computing services for assistance.
- Notify the coordinator of the program and Union Station immediately, if your name, mailing address, or email address changes.
- Prior to or upon admission, each student will undergo a criminal background check. The student will be responsible for the cost of the criminal background check. If the student is found to have a felony or criminal history that prevents the student from gaining clinical experiences in the hospitals, the student will be immediately dismissed from the program.
- Upon admission to the program, each student is to demonstrate evidence of good health. Updated immunizations records, and current documentation of a TB skin test within the last 6 months.

Plagiarism

The University is concerned about the growing issue of plagiarism. Plagiarism may occur in many different ways and may present itself intentionally or unintentionally. To avoid plagiarism, please review the following website information. It is the student's responsibility to avoid plagiarism as this violation may lead to the receiving of an "F" for a course and/or being dismissed from the MSN Program.

http://web.library.emory.edu/services/ressvcs/citation/citationstyles.html

Also, Indiana University:
http://www.indiana.edu/~wts/pamphlets/plagiarism.shtml

For further review, there is an editorial about plagiarism by Diana J. Mason, PhD, RN, FAAN, AJN Editor-in-Chief in the American Journal of Nursing, July 2002, Vol. 102, No. 7

General Program Policies
- **POLICIES OF THIS HANDBOOK ARE IN ADDITION TO THE GOVERNING POLICIES AS NOTED IN THE GRADUATE ACADEMIC CATALOGUE http://www.uu.edu/catalogue/graduate/**
- Nurses liability insurance is required of all MSN students. You will receive a charge of $25 each fall semester for the mandatory professional malpractice insurance.
- All students must maintain current licensure, CPR certification and immunization status. All updated information should be submitted to the coordinator of the program.
- Problems regarding a course should first be registered with course faculty, then with the

Graduate Chair, and finally with the Dean of the School of Nursing. The University's appeal procedures are stated in the Union University Campus Life Handbook http://www.uu.edu/studentservices/handbook/.

- A student may not progress in the program if an incomplete or failing grade is given in a course that is prerequisite to another course.
- Regular and successive attendance is expected of all students enrolled in face-to-face classes. Each faculty member will decide how this policy will be administered in his or her classes. Due to the accelerated nature of almost all courses in the graduate programs, absence from class should be avoided whenever possible.
- Graduating students are expected to attend graduation activities and exercises.
- If a graduate student is unable to fulfill his/her clinical course obligation in a course due to conflicts in the clinical setting, inability to receive appropriate teaching and/or evaluations, or university faculty advisor deems the clinical experience inadequate, the student may be required to relocate to a facility as requested by the faculty advisor to complete the clinical obligation. The relocation will occur at the student's expense.
- Union University is not liable for the fulfilling of your degree requirements if for whatever reason the student is unable to obtain the required clinical experiences at the affiliated clinical sites.

DNP Clinical Fellowship Hours

At least ½ of the clinical fellowship hours in the DNP program must be completed outside of current practice environment. Determination of appropriate clinical experiences will be decided upon by the student's faculty advisor.

DNP Project

According to *The Essentials of Doctoral Education for Advanced Nursing Practice* (CCNE, 2006), "requiring a dissertation or other original research is contrary to the intent of the DNP. Therefore, other methods must be used to distinguish the achievement of this mastery." This can be demonstrated by numerous forms. Some of the forms noted by CCNE, but not an inclusive list, include:
- Practice portfolio that includes the impact or outcomes due to practice
- Practice change initiative that is demonstrated by a pilot study
- A practice program evaluation
- A quality improvement project
- Evaluation of a current practice model
- A consulting project
- An integrated critical literature review
- Manuscripts submitted for publication
- Systematic review
- Research utilization project
- Practice topic dissemination
- Substantive involvement in a larger endeavor

"The theme that links these forms of scholarly experiences is that use of evidence to improve either practice or patient outcomes. The final DNP product documents outcomes of the

student's educational experiences , providing a measurable medium for evaluation the immersion experience, and summarizes the student's growth in knowledge and expertise" (CCNE, 2006).

In supporting the educational standards as noted by CCNE, the approval process for a DNP project includes the following steps:

1) During NUR710 Methods of Evidence-Based Practice course (fall, year 1, semester 1), the student will be involved in scholarly activities that will allow him/her to develop a proposal.
2) The professor of NUR710 will submit the proposals to the DNP Review Subcommittee (late fall, year 1, semester 1). This committee consists of graduate faculty in the School of Nursing. The subcommittee will provide preliminary approval/disapproval of the proposal based on feasibility of completion and appropriateness of project based on guidelines noted above.
3) The student will be provided the rendered decision by the DNP Review Subcommittee. Upon the approval process, the student will be assigned a faculty advisor (late fall, year 1, semester 1)
4) The student and faculty advisor will meet (early spring, year 1, semester 2) to finalize all aspects of the DNP project.
5) The faculty advisor will resubmit the DNP project to the DNP Review Subcommittee (early spring, year 1, semester 2) for final approval.
6) The faculty advisor will then work closely with the student in developing the project in the DNP Project Development course. The same faculty advisor will support the student in developing clinical fellowships that support the DNP project and completion of the following DNP Project courses.

Academic Standards, Requirements for Progression, Probation, and Dismissal:

After completion of 9 graduate hours at Union University, a graduate student whose cumulative GPA from courses taken at Union University for graduate credit is below 3.0 will be placed on academic probation.   A student placed on academic probation has one semester to increase their cumulative GPA to 3.0 or greater to be removed from a probationary status.
If the student fails to increase their cumulative GPA to 3.0 or greater during the following semester, the student will be dismissed from the MSN or DNP Program. Students will also be dismissed if they:

   • *Receive an "F" (i.e., any grade below a "C") in any course*

Students must maintain an overall B average. The program faculty recognize that situations may arise which prevent students from successfully matriculating through the program. Students who are concerned about their academic standing should contact their advisor. If it appears the student may not be able to achieve a minimum passing grade in a course they may be encouraged by the Chair of graduate program to withdraw from the program. This can potentially prevent the student from acquiring an F on their Union University transcript if the dropped class occurs prior to the deadline listed on the academic calendar ("last day to drop a class"). All students who withdraw or who are academically dismissed from the program can reapply for admission. However, readmission is not guaranteed. In order to graduate with a MSN, students are required to have a minimum GPA

of 3.0 for all courses taken for graduate credit at Union University. (See *Union University Graduate Catalogue*.)

Criteria for Dismissal:
Any of the following conditions may result in immediate dismissal from the School of Nursing – Graduate Program. Behaviors identified as criteria for dismissal include but not limited to:
• Unsafe clinical practice that may impact patient safety.
• Any instance that warrants a second warning.
• Disrespect for a faculty member or clinical site representative.
• Academic dishonesty in any form (e.g., plagiarism, cheating, stealing).
• Misrepresentation or fabrication of events surrounding an incident involving professional practice.
• Misrepresentation or fabrication of data or clinical records.
• Breach of professional ethics (See ANA Code for Nurses).
• Behavior not commensurate with professional expectations.
• Positive drug test or criminal background check while enrolled in the program –A student can be asked to complete a drug test or criminal background check by the dean of the School of Nursing at any time while enrolled in the program. Failure to abide in completing the test or obtaining adequate documents will be automatic dismissal from the program. All expenses are the responsibility of the student.

** The student will not be eligible for readmission to the School of Nursing in any of the above cases.

The student in jeopardy of possible dismissal is counseled by the appropriate faculty advisor/chair who will inform the student of his/her deficiencies. The student may be issued a written warning statement at this time. A copy of this warning will be given to the student and placed in the student's file. Specific written guidelines for avoiding dismissal or consideration for re-admission will be established between student and instructor. Identified behaviors will be achieved within a specified time.

Student E-Mail
Union University provides an email account to support students in their graduate studies. Students are required to have an email address that ends with '@uu.edu'. All communication from the graduate nursing students will be sent to the uu.edu address. Students are expected to check their e-mail on a daily basis for updated communications.

Dress Code
In all settings the student is to wear a name badge that identifies the student with Union University School of Nursing. The Union University Name badge has the "first and last name, R.N., BSN or MSN" on the firsts line and "MSN or DNP Student Union University" on the second line.

Hospital or Clinical Settings:
Students are to wear a white finger tip lab coat with the Union University nursing patch. The

patch reads "Union University" and displays the University logo. It is to be worn on the left sleeve of the lab coat. The UU ID badge can, and should be visible. All articles of personal attire should be scrupulously clean, i.e., freshly washed, wrinkle-free and in good condition. A watch with a second hand, a wedding and/or engagement ring and one pair of plain metal post-type pierced earrings (NO LOOP EARRINGS ARE ALLOWED) are the only items of jewelry that may be worn.

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 direct care providers should have nails less than 1\4 inch long. Short nails and clear polish seem to have no affect on the microbial load. Long nail and artificial nails increase the microbial load. Long nails can injure the patient and cause gloves to tear, and are not permitted (AORN Standards, 2002)

Professional clothing (business casual) is appropriate for most agencies. Wear solid pants or skirts NO JEANS. Skirts should cover your knees when seated. Polo type shirts or button down shirts/blouses will show no exposed skin and completely cover midriff. Proper under garments must be worn. Closed-toed shoes and hosiery/socks are required. Low to mid-heel, close-toed shoes with hosiery completes the professional attire. Scrubs should only be worn in certain clinical settings i.e. ER, OR or ICU. You must have approval from preceptor and clinical instructor before these can be worn. Jeans, tee shirts, tee shirts with logos and tennis shoes are not to be worn in any setting

Grading Scale for Graduate Nursing Courses

A = 100-93
B = 92-85
C = 84-75
F = 74 or below

**There is no "D" assigned in a course. Above grading scale applies only to nursing courses.

Policies Regarding Scholarly Project and Thesis for MSN Degree

General Information

Understanding the role of the researcher and process of disseminating research findings to other healthcare providers and the community is critical in the development of the graduate prepared nurse. In developing an understanding of the role of the researcher and process of disseminating research findings, the MSN program offers three educational options. Each student must implement one of the three options in fulfilling the scholarly project (NUR697) or the thesis (NUR696) requirement.

Option 1 is the development and submission of a publishable article. With collaboration and direction from the chair, the graduate student will utilize the research process in the development and submission of an article based on the guidelines of the journal selected. *Three hours of credit will be awarded for NUR697 following the presentation of the article and submission of the article to the journal. Acceptance of the article for publication is not a requirement for the completion of NUR697.*

Option 2 is the dissemination of research findings based on the development and implementation of a scholarly research project. With the collaboration and direction from the Scholarly Project Committee, the graduate student will be able to apply the disciplinary knowledge in a specific setting with the intention of influencing measurable change. Specifics for the preparation of the Scholarly Project follow, but the submission of an article for publication is not required. *Three (3) hours of credit will be awarded for NUR697 following the presentation of the findings.*

Option 3 is the development and dissemination of research findings based on implementation of a quantitative or qualitative research process. With the collaboration and direction from the Thesis Committee, the graduate student will develop and implement an in-depth research process that allows for the duplication of a previous study or examination of a new area of clinical research. Specifics for the preparation of the thesis follow, but the submission of an article for publication is not required. *Three (3) hours of credit will be awarded for NUR696 following the presentation of the findings.*

General Policies

Students should make concerted efforts to communicate regularly with the chair and/or committee advisor. No activity related to a thesis or project should proceed without the knowledge and consent of the chair or advisor. For example, a student must submit institutional review board (IRB) applications to the chair or advisor before submitting to any IRB. Collection of data must not begin without IRB approval(s) from all appropriate institutions.

If a student or chair/advisor is dissatisfied with the progression of a thesis or project, the student and faculty member should first make every effort to work out differences or resolve difficulties. If resolution is not satisfactory, the student or faculty member should appeal to the MSN Program Director for assistance and possible resolution. The Dean of the School of Nursing should then be consulted if necessary to achieve resolution.

Group Projects

Group projects are allowed for option 2 or 3. The faculty must ensure equitable, comparable graduate-level contributions by all members of a group. Each student must

demonstrate comprehensive understanding of the total effort, and demonstrate high-level evaluation and synthesis. The group must guard against assigning rote or procedural tasks to some members while assigning synthesis to other members. Option 1 is not available as a group project.

Option 1 – Submission of a publishable article

Scholarly Project Chair Responsibilities - (PAC)

- Guide the student in the cognitive and written process of developing a publishable article based on the journal's author guidelines.
- Support the student through IRB submission if necessary.
- Ensure that the publishable article demonstrates critical thinking evaluation and synthesis that is based on the current body of literature.
- Serve as second author on the journal article while supporting the student as first author.
- Serve as a contact for the journal for any revisions towards publication.

Option 2 – Scholarly Research Project

Scholarly Project Chair Responsibilities - (SPC)

- Maximum of 2 students per project.
- Ensure that the MSN student engages in a project process consistent with high quality master's level work.
- Ensure that the student completes a scholarly project that reveals critical thinking, evaluation and synthesis, and appropriate professional format.
- Ensure that the student submits a completed project in a timely manner.
    - By the published project deadline.
    - Final product of the project will be decided upon by the Advisor in collaboration with the student
- Ensure that the student publicly presents the project in a professional and timely manner to an appropriate audience.
    - Collaborate with the student in arrangements for the presentation-location, room, and audiovisuals
- Review and provide timely feedback on documents submitted by the student.
- Advocate for the student when necessary, eg.:
    - Committee disagreements
    - Committee members are untimely or overly critical
- Make final decisions in cases of disagreement among committee members
- Collaborate with the student regarding committee composition (no more than 2)
- Guide student in agency collaboration(s)
- In cases where two students may be involved in a group project, the project advisor must ensure that each student participant:
    - Contributes equitably to the project
    - Develops global understanding of the project in its entirety
    - Explains and justifies the full nature of the project's process and outcomes
    - Engages in evaluation and synthesis processes

- Participates equitably in dissemination of project outcomes

Scholarly Project Faculty Consultant Responsibilities
- An additional faculty member consulted on a student's project, if desired by the Scholarly Project Advisor &/or MSN student
- Assist in ensuring that the MSN student engages in a project process consistent with high quality master's level work.
- Assist in ensuring that the student completes a scholarly project that reveals critical thinking, evaluation and synthesis, and appropriate professional format.
- Assist in ensuring that the student submits a completed project in a timely manner:
  - By the published project deadline in the graduate catalogue.
- Assist in ensuring that the student publically presents the project in a professional and timely manner to an appropriate audience.
- Review and provide timely feedback on documents submitted by the student.

Option 3 – Thesis
Thesis Chair Responsibilities - (TC)
- Ensure that the MSN student engages in a thesis process consistent with high quality master's level work.
- Ensure that the student submits a written document that reveals critical thinking, evaluation and synthesis, and appropriate professional format.
- Ensure that the student submits a completed thesis in a timely manner:
  - By the published thesis deadline.
  - Ensure that the student orally defends the thesis in a professional and timely manner.
- Review and provide timely feedback (maximum of 2 weeks turn-around time) on documents submitted by the student.
- Attend student thesis committee meetings
- Advocate for the student when necessary, eg.:
  - Committee disagreements
  - Committee members are untimely or overly critical
- Make final decisions in cases of disagreement among committee members
- Collaborate with the student regarding committee composition
- Guide student in IRB submission(s).
- Collaborate with the student in room and audiovisual arrangements for thesis defense.

Thesis Committee Member Responsibilities
- Assist in ensuring that the MSN student engages in a thesis process consistent with high quality master's level work.
- Assist in ensuring that the student submits a written document that reveals critical thinking, evaluation and synthesis, and appropriate professional format.
- Assist in ensuring that the student submits a completed thesis in a timely manner:
- Assist in ensuring that the student orally defends the thesis in a professional and timely manner.
- Review and provide timely feedback on documents submitted by the student.
- Attend student thesis committee meetings.
- Assist with other related activities as requested by the thesis chair.

PROCESS FOR SCHOLARLY PROJECT OR THESIS PROCESS
POLICIES AND PROCEDURES
THESIS AND SCHOLARLY PROJECT COMMITTEES

Option 1 – **Publishable Paper**
Publishable Article Chair (PAC) must be one of the graduate faculty at Union University.
√ Student will work individually with Chair.
√ No more than one student per publishable article.
√ Chair may request external reviewers of publishable paper.

Option 2 - **Scholarly Project**
Scholarly Project Chair (SPC) must be one of the graduate nursing faculty.
√ Per faculty limit on advising scholarly project as main SPA -4 (thesis or scholarly project)
√ 1-2 members total number on project advisory committee rests with the SPA.
  √ May be from other nursing graduate or undergraduate faculty
  √ May be from other university faculty
  √ Student is responsible for coordinating timing and location of meetings.
√ Consultants may be recruited at the student's discretion, but are not voting members of the project advisory committee and do not ordinarily attend meetings.

Option 3 - **Thesis process and committee**
√ Thesis Chair (TC) must be one of the nursing graduate faculty.
  √ Per faculty limit on chairing – 4 (thesis or scholarly project)
√ Three members total
√ Members (2)
  √ May be from outside agencies
    √ Should have masters preparation
    √ Must submit a vita of qualifications to Program Director
    √ Must be approved by Program Director.
    √ May be from other nursing graduate or undergraduate faculty at Union.
    √ May be from other university faculty at Union.
    √ Chairperson must approve final composition.
√ Student is responsible for coordinating timing and location of meetings in collaboration with Chair and members.
√ Consultants may be recruited at the student's discretion, but are not voting members of the thesis committee and do not ordinarily attend meetings.

MSN Student's Thesis or Scholarly Project Responsibilities
1. Constitute committee members in consultation with MSN Program Director and faculty.
   √ Select thesis/scholarly project Chair by March 1.
   √ Arrange first meeting with committee Chair to develop a time line and communicate expectations.
   √ Select committee members (Options 2 and 3 only).
   √ Complete the **Student Thesis/Scholarly Project Committee Composition** form and return to the committee Chair who will send original to Program Director.
   √ Arrange committee meetings in collaboration with Chair and committee members

(Options 2 and 3 only).
  √ Get copies of all IRB guidelines from Union University and all necessary institutions for thesis and from any appropriate regulating bodies for scholarly projects.
2. Submit documents that reveal critical thinking, evaluation and synthesis, and appropriate **professional format.**
  √ **Every** draft should be in **correct** APA format.
  √ There should be **no (or minimal)** spelling and grammatical errors in each draft.
3. Revise documents as directed by the Chair and committee members.
  √ Provide Chair and all committee members with all working copies of paper.
  √ If e-mailing paper and revisions make sure that the Chair and all committee members get copies of changes made by all members.
  √ Make sure the Chair has a copy of changes made by other committee members.
  √ Specific guidelines for formatting scholarly projects will be determined by the Chair in collaboration with student.
4. Submit in a timely manner proposals for thesis or scholarly project to appropriate regulating bodies: e.g., IRB(s), agency committees, officials.
  √ Make sure time line includes appropriate time for agency approvals.
  √ Know when IRB committees meet and how far in advance you need to submit proposal before the committee meets.
5. Complete thesis or scholarly project in a timely manner.
  √ Follow the time line established jointly with committee Chair.
  √ Complete thesis/project by published deadline in the graduate catalogue.
  √ Final product of the scholarly project will be decided upon by the Chair.
  √ Final product of the thesis is a bound manuscript.
6. Present or orally defend the thesis/scholarly project in a professional manner.
  √ Arrange meeting room and audiovisual equipment in collaboration with Chair.
  √ Committee members must attend the defense.
  √ Invite any desired guests in consultation with the Chair.
7. Other related activities as directed by Thesis or Scholarly Project Chair.

Option 1 – **Guidelines for preparing and submitting a Publishable Article**
General Instructions

    The student must first gain approval from the Chair concerning the topic being addressed and the journal of submission. The Chair has the privilege of requiring the student to gain an inquiry of publication from the journal's editor. Once the topic and journal is agreed upon between the Chair and student, the proposal manuscript will be developed according to the author's guidelines of the journal.

Option 2 - **Guidelines for preparing a Scholarly Project**
General Instructions

    The student must prepare the proposal manuscript consistent with the format of *Publication Manual of the American Psychological Association* (6th ed.), hereafter referred to as the APA manual. In general this means that the manuscript must have the components of a title page, abstract, table of contents, table of figures (if any), body with headings and subheadings, reference list, and Appendixes.
    "The font for the manuscript should be 12 point Times New Roman. The paper should

be double spaced. Margins on all pages should be as follows: right, top and bottom 1"; left 1.5". The extra margin on the left gives space for binding without interfering with the text's readability."

The student must adhere to standard rules of grammar and punctuation, most of which are given in the APA manual. Refer to a Standard English language text if necessary. Make full use of language tools available with most word processors (e.g., spell check, grammar check).

The APA manual contains a manuscript checklist in its Appendixes, which should be very helpful in complete preparation with APA format. All references must be cited in the manuscript. All citations in the text (with the exception of personal communications) must pair with a reference in the reference list.

Definition of a Scholarly Project

A scholarly project is the application of disciplinary knowledge in a specific setting with the intention of influencing measurable change. The target of change may be distinct groups of people or institutions. The target entity and methods of introducing change should be consistent with the functional role for which the student seeks advanced educational preparation.

For example, a student in the nursing administration track may undertake to implement an innovation in staffing methodology. In this case the target entity could be identified as a department of an institution. A student in the nursing education track may seek to implement instruction in a new nursing care technology. In this case the target entity could be identified as a group of nurses responsible for carrying out the new care technology. These examples are given for illustration and do not exhaust the multiple possibilities for a scholarly project focus.

Detailed Components of the Scholarly Project

Follow APA guidelines for determining proper manuscript structure. The APA manual provides explicit instructions for using and formatting headings.

Preliminary Pages

Signature Page (This page is not numbered)
The rest of the preliminary pages are numbered using small roman numerals (i, ii, etc.)
Title Page
The title page is different from that shown in the APA manual. The title page information is centered on the page. There are four spaces between the title and author information and between the author and affiliation/date information.

If the title is long, it can be balanced by breaking into two lines in a "V" fashion. The title should not exceed twelve words.
Everything else is double spaced.
Acknowledgements (Optional)
Table of Contents
List of Figures (if any)
List of Tables (if any)

Section One – Significance of Project

Introduction

Background Justification/Significance of the Scholarly Project
Purpose / focus of the Scholarly Project
Conceptual Framework-**Optional**
Projected Aims/Outcomes
Operational Definitions of Outcome Measures
Review of the Literature-discuss gaps in state of knowledge of project topic

Section Two – Project Description and Outcome
Methods
Detailed Description of the Scholarly Project
Setting of the Scholarly Project
Measurement of Projected Outcomes
Reliability and Validity of Measures
Evaluation Analysis Procedures and Rationale
Ethical Concerns and Institutional Agreement(s)

References
Appendixes

Copies of Application Instruments
Copies of Outcome Evaluation Instruments
Institutional Agreements (IRB)
Other Relevant Materials and Documents (Letters, Tables, etc.)

Option 3 - **Guidelines for Preparing a Thesis**
General Instructions
    The student must prepare the proposal manuscript consistent with the format of
Publication Manual of the American Psychological Association (6th ed.), hereafter referred to
as the APA manual. In general this means that the manuscript must have the components of a
title page, abstract, table of contents, table of figures (if any), body with headings and
subheadings, reference list, and Appendixes.

    "The font for the manuscript should be 12 point Times New Roman. The paper should
be double spaced. Margins on all pages should be as follows: right, top & bottom 1"; left
1.5". The extra margin on the left gives space for binding without interfering with the text's
readability."
    The student must adhere to standard rules of grammar and punctuation, most of which are
given in the APA manual. Refer to a Standard English language text if necessary. Make full
use of language tools available with most word processors (e.g., spell check, grammar
check).
    The APA manual contains a manuscript checklist in its Appendixes, which should be
very helpful in complete preparation with APA format. All references must be cited in the
manuscript. All citations in the text (with the exception of personal communications) must
pair with a reference in the reference list.

Detailed Components of the Thesis
    Follow APA guidelines for determining proper manuscript structure.

Preliminary Pages

Signature Page (This page is not numbered)

The rest of the preliminary pages are numbered using small roman numerals (i, ii, etc.)

Title Page

The title page is different from that shown in the APA format manual. The title page information is centered on the page. There are four spaces between the title and author information and between the author and affiliation/date information

If the title is long, it can be balanced by breaking into two lines in a "V" fashion. The title should not exceed twelve words.

Everything else is double spaced

Acknowledgements (Optional)

Abstract

The abstract should be less than 350 words

Table of Content

List of Figures (if any)

List of Tables (if any)

Chapter One – Introduction

Regular numbers for pagination begin with Chapter One and continue through the appendixes. Page numbers should be on the upper right hand corner. There is to be no running head.

Background Justification/Significance of the Proposed Study

Purpose of the Study

Conceptual framework

Hypotheses and or Research Questions

Operational definitions of Terms or variables

Summary

Chapter Two – Review of Literature

Introduction

Understanding of study variables

Discuss gaps in State of Knowledge of the thesis topic

Demonstrate how paper will build on other's work

Summary

Chapter Three – Methods

Introduction

Research Design and Limitations

Sampling Design, Selection of Sample, and Sample Size Determination

Chapter Four – Results

Introduction

Description of sample

Summarize data – including tables and figures

Summarize statistical analysis @ including table and figures

Hypothesis testing if applicable

Any additional exploratory analysis if needed

Chapter Five – Discussion
Introduction-summary of major findings
The general meaning of findings and relationship to previous work
Limitations of the generalizability of findings
Ways further research can overcome these findings
Implications for further research, practice and significance to nursing

References

Appendixes

Copies of Instruments
Human Subjects Consent Form
Institutional Agreements (IRB)
Other Relevant Materials and Documents (letters, tables, etc.)

Policies Regarding Seminar Practicum Preceptors and Sites for graduate students
√ Preceptors should be at least masters-prepared.
√ Union University must have a clinical contract with the agency where you precept.
  If a contract is not already in existence, Union will need to initiate.
√ Preceptors must be approved by the graduate nursing faculty.
√ Students may recruit preceptors and sites.
√ Students may seek assistance from nursing faculty in recruiting preceptors.
√ In cases of disagreement, faculty decisions are final.

Policies Regarding Scholarly Project for DNP Degree

All DNP students will complete a project that demonstrates a synthesis of the student's work and lays the foundation for future scholarship. The purpose of completing the DNP project is to produce a tangible and deliverable academic product that is derived from the practice immersion experience. Examples of appropriate DNP projects will be a practice change initiative that may be represented by a pilot study, a program evaluation, a quality improvement project, an evaluation of a new practice model, a consulting project, research utilization projects, practice topic dissemination, substantive involvement in a larger endeavor, or an integrated critical literature review. The theme that links these forms of scholarly experiences is the use of evidence to improve either practice or patient outcomes *(wording taken from The Essentials of Doctoral Education for Advanced Practice Nursing, American Association of Colleges of Nursing, October 2006, p.20)*

The determination as to which type of project to complete will be made within the first semester of the DNP program and in conjunction with the student's faculty advisor. The

student's faculty advisor will be assigned within the first semester of the program. Upon agreement of the project between student and faculty advisor, the proposed project will be submitted to a DNP Review Committee that will approve the completion of the project. Because the process will vary with the type of project, specific instructions about completing the project will be provided from your faculty advisor.

School of Nursing Sponsored Organizations

Nu Lambda is a chapter of **Sigma Theta Tau International,** the Nursing Honor Society. Its purposes are to recognize superior achievement, to develop leadership qualities, to foster high professional standards, to encourage creative work, and to strengthen commitment to the ideals and purposes of the profession. Membership is by invitation to undergraduate students, graduate students and community leaders. The criteria for induction of graduate students are completion of one-fourth of the required nursing curriculum and a GPA of 3.5 or greater. After graduation, students continue their membership in the society as alumni.

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 scheduled at random.

Graduate nursing students are strongly encouraged to hold membership in **the American Nurses Association** (ANA) **-Tennessee Nurses Association** (TNA) if they reside in Tennessee.

Off-Campus Access to Union Library Databases

1.**Silverplatter Databases** (*CINAHL, AND ATLA*)
  Can be accessed off-campus by going to this address:
  –for User Name, put in c3342
  –for Password, put in fnight8oka
  (note that the "o" after the "8" is a letter, not a number)

2.**Proquest Databases** (Full Text Journal Database: *Research II Periodicals*, *ABI Inform*,
  and the *Religious Collection*)
  Are also available from off-campus. To access them, go to this address:
  http://www.bellhowell.infolearning.com/proquest and then:
  –for Account Name, put in FDRNC6PJN
  –for Password, put in WELCOME
  This will bring you to the page where you choose among the *Proquest* databases.

3.**Gale Databases** (Full Text Journal Database, with: *Expanded Academic ASAP, Business
  and Company ASAP*, and *Health Reference Center Academic*)
  To access the Gale databases, go to
  http://www.infotrac.galegroup.com/itweb/tel_a_unionu . From off-campus you will be
  brought directly to the screen where you can select among the nine databases or you
  will be sent to a screen where you type in a Password:
  –for Password, put in elvis

4.**Wilson Web** (Full test journal articles from 1300+ journals)
  Go to http://hwwilsonweb.com and:
  –for User Name, put in VUJASUAU
  –for Password, put in UNTN66905

5.**Gale Literature Resource Center** (Full text excellent author, bibliography, and literature
  criticism site)
  Go to http://galenet.gale.com and:
  –for User ID, put in Jack78547
  –for Password, put in Jack78547

6.**Eric** (Citation only database for education articles and documents)
  Go to http://www.askeric.org/Eric (No Password Required)

7.**EDRS** (Full text of *ERIC Documents*, 1997-Present)
  To access this database of full-text ERIC Documents, go to http://edrs.com and at the
  next screen click on "Access E.Subscribe." This option is approximately halfway down
  the list of items located on the left side of the web page. This brings you to a page
  where you put in the Username and Password:
  –for Username, put in Union
  –for Password, put in 7935uu

8.**Value Line** (Stock and Mutual Fund Information-Updated Weekly)
Go to http://www.valueline.com and then click on the icon entitled "Access for PRINT SUBSCRIBER Services." Then, for Value Line Stock Information:
–for Username, put in 238668
–for Password, put in stocks
For Value Line Mutual Fund Information:
–as Username, put in 238667
–as Password, put in funds

Computer Requirements
*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 distribute in the classroom.* It is the student's responsibility in being able to send/receive emails with attachments and operate basic computer software such as Word, Excel, and Powerpoint. At times, the student will be required to watch videos that contain audio and video through Powerpoint, or a DVD. The student is responsible for sending or receiving information from a computer that has an active up-to-date antivirus program. The university will provide you an email account free of charge. *The student communicating from distant sites should communicate through high-speed Internet access.*

Policy Acknowledgement by the Student

POLICIES OF THIS HANDBOOK ARE IN ADDITION TO THE GOVERNING POLICIES AS NOTED IN THE GRADUATE ACADEMIC CATALOGUE http://www.uu.edu/catalogue/graduate/ AND THE CAMPUS LIFE HANDBOOK http://www.uu.edu/studentservices/handbook/

The signature of the graduate student below indicates they have read and understood the student handbook and agree to abide by the provisions within. This signed agreement will be placed in the student's file as a permanent record.

Graduate Student _____

Printed Name
Graduate Student _____   Date _____

Signature _____

PRIVACY ACT RELEASE FORM

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

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.

_____   _____
Signature   Date

A COPY IS TO BE RETAINED BY THE STUDENT
Revised 01.07.10