

Bachelor of Science in Nursing 2024-2025 Student Handbook

This handbook is intended to be used in conjunction with the Truett McConnell University Student Handbook and Catalog.

Faculty reserves the right to make changes to policy and procedures and subject to change at the discretion of RSSON faculty to accommodate program, instructional, and/or learner needs. Students will be notified in writing about any deviations or addendums to the BSN Handbook.





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Section I Introduction



Welcome Message from the Nursing Faculty

Dear Truett McConnell Nursing Student,

Welcome to the Truett McConnell University Rielin & Salmen School of Nursing!

You have been called to one of the most challenging and rewarding careers. You are about to begin an important journey as you prepare to become a nurse. Your journey will be exciting, intense, and rewarding. It will be filled with holy moments because nursing is a sacred profession. No other health care worker has the unique opportunity to minister to the physical, emotional, and spiritual needs of people who are suffering. Throughout this journey you will grow spiritually, professionally, and personally through interactions with faculty, your fellow students, staff in clinical practice sites, patients, and their families. There will be peaks and valleys of your journey that will season you, however, you will find your faith in the Lord strengthened and your calling worth the journey. "Now may the God of peace, who brought up our Lord Jesus, that great Shepherd of the sheep, through the blood of the everlasting covenant, make you complete in every good work to do His will, working in you what is pleasing in His sight, through Jesus Christ, to whom be glory forever and ever. Amen." Hebrews 13:20-21 (NKJV)

At Truett McConnell University (TMU), nursing is a ministry of compassionate care in which faith and learning are integrated. We challenge nursing students to become compassionate, patient centered nurse leaders who will impact their communities and transform nursing care. Consistent with the mission and purpose of the University, our mission is to prepare competent professional nurses to integrate Christian faith and values with compassionate care to fulfill the ministry of the Great Commission.

It is the desire of the nursing faculty to prepare you for a successful and rewarding career in nursing. From the very beginning, we will be full partners in your learning and will strive to help you reach your goals. This Bachelor of Science in Nursing (BSN) Handbook is provided to assist you as you progress through our degree program. It contains information you will need to be an informed, engaged nursing student. You will need to refer to the TMU RSSON BSN Student Handbook in order to become familiar with policies, procedures, and guidelines applicable for nursing students. The TMU RSSON BSN Student Handbook is also available on the Truett McConnell University website at www.truett.edu/nursing

We are honored that you have selected TMU to pursue your BSN degree and we are committed to your success. We are excited and blessed that you are here! It is our prayer that you will enjoy success in your academic endeavors, excel in compassionate care and moral leadership, grow in your knowledge of nursing as a ministry, and embrace the truth of Scripture as the foundation for those who are called to the nursing profession.

May you be richly blessed as you serve our Lord in this exceptional profession.

"The Spirit of the Lord GOD is upon Me[you], because the LORD has anointed Me [you] to bring good tidings to the poor (afflicted); He has sent Me [you] to heal the brokenhearted, To proclaim liberty to the captives, and the opening of the prison to those who are bound; To proclaim the acceptable year of the LORD, and the day of vengeance of our God; To comfort all who mourn, to console those who mourn in Zion, to give them beauty for ashes, the oil of joy for mourning, the garment of praise for the spirit of heaviness; that they may be called trees of righteousness, the planting of the LORD, that He may be glorified." Isaiah 61:1-3 (NKJV)

With Every Blessing,

The RSSON Faculty of Truett McConnell University

Overview of Truett McConnell University

Truett McConnell University (TMU) is a private Christian liberal arts and sciences university, operated under the auspices of the Georgia Baptist Mission Board. The mission of TMU is to equip students to fulfill the Great Commission by fostering a Christian worldview through a Biblically centered education. The University is a growing Christian community dedicated toward merging the finest traditions of a liberal arts education with the growing demands for Christian professionals embodied in a curriculum that is Biblically centered.

The Rielin & Salmen School of Nursing (RSSON) embraces the University's mission upholding the commitment to the integration of academic excellence and spiritual formation, with the professional values and competencies essential to the discipline of nursing. Nursing graduates of TMU will advance the profession of nursing and have a global impact on healthcare by modeling moral leadership and evidence-based practice, utilizing critical thinking and communication skills, and embodying the character and servanthood of Jesus Christ.



TMU & RSSON Academic Calendar 2024-2025

December 11

FALL SEMESTER 2024

| RSSON Admission Applications to eligible pre-nursing students | <mark>June – August</mark> |
|---|-------------------------------|
| Payment Deadline for Returning Students | July 1 |
| Move-in Day | August 17 |
| Classes begin On-Campus/Online Graduate Session A | August 21 |
| Classes begin/Mandatory Nursing Orientation - Wednesday | August 21 |
| Late registration and drop/add | August 21-27 |
| Convocation | August 27 |
| RSSON Admission Application Deadline | <mark>September 1</mark> |
| Labor Day Holiday (staff holiday – classes meet*) | September 2 |
| Spiritual Emphasis Week | September 3, 4, & 5 |
| Last day to drop with grade of W: Online Session A/Graduate Session A | September 17 |
| RSSON New Student interviews | <mark>September 17, 24</mark> |
| Constitution / Citizenship Day | September 17 |
| White Coat Ceremony-Nursing @ 6pm in Odell Hall | <mark>September 17</mark> |
| FALL BREAK | <mark>October 3-4</mark> |
| RSSON New Student interviews | October 1, 8 |
| Job Fair for Nursing students – SWC – 11:30 am – 1:30 pm | <mark>October 10</mark> |
| Last day to drop with grade of W: Graduate students (On Campus) | October 16 |
| Online A term/Graduate Session A classes end | <mark>October 13</mark> |
| Online B term/Graduate Session B begins | <mark>October 14</mark> |
| RSSON Acceptance Packet sent out | <mark>October 14</mark> |
| Job Fair for Nursing Students – SWC – 11:30 am – 1:30 pm | October 10 |
| Advising and registration for spring (current students only) | October 14 - November 11 |
| GALA (Black Tie Event in Atlanta) to benefit RSSON | <mark>October 26</mark> |
| North Georgia Trauma Symposium for Nursing Seniors | October 27 |
| Fall Enrollment Reporting Date | October 31 |
| RSSON Approval of Acceptance Form Due | November 1 |
| Last day to drop with grade of W: On Campus undergraduate | November 6 |
| students/Graduate Session B/Online Session B | November o |
| Global Missions & Health Conference, Louisville, KY | November 7, 8, 9 |
| Deadline for graduation application, Friday | November 15 |
| THANKSGIVING Break | November 25-29 |
| Last Day before Finals/Residential classes end - Tuesday | December 3 |
| Dead Day – Wednesday | December 4 |
| Final Exams | December 5, 6, 9, & 10 |
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WINTERIM SEMESTER 2024

Final submissions due/semester ends – Wednesday

Classes Begin - Wednesday December 11
Drop/Add ends December 11
Last day to drop with grade of W December 24

SPRING SEMESTER 2025

New student advising and registration January 13 Classes begin On Campus/Online/Graduate Session A Begins Wednesday January 15 Late registration and drop/add January 15-21 Martin Luther King, Jr. Holiday (staff holiday – classes meet*) January 20 Last day to drop with grade of W/Online session A/Graduate Session A February 11 Last day to drop with grade of W: Graduate students (On Campus) March 11 **SPRING BREAK** March 13-14 Online A term/Graduate Session A ends March 16 Online B term/Graduate Session B Begins March 17 Advising and registration for summer/fall (current students only) March 17 - April 16 Spring enrollment reporting date April 4 **Honors Chapel** April 8 Last drop day with grade of W: On Campus undergraduate students April 9 Last day to drop with grade of W: Graduate and Online Session B April 9 **EASTER WEEK (no classes except for Thursday only classes)** April 17-25 **GOOD FRIDAY (staff holiday)** April 18 Payment for Summer 2025 classes due May 1 Last day before Finals/Residential classes end - Tuesday May 6 Dead day - Wednesday May 7 Final exams - Thursday, Friday, Monday & Tuesday May 8, 9, 11, & 13 Online B Term/Graduate Session B ends **May 11 Graduation - Saturday May 17** Pinning Ceremony @ 5:30 pm **May 17** IE Day – Closing the Loop – Schools and Administrative Units - Wednesday **May 14** IE Day – Closing the Loop – Deans and VP's/AVP's - Thursday May 29

SUMMER TERM 2025

Session 1

| Memorial Day Holiday (staff holiday*) Monday | May 26 |
|---|------------|
| Advising and Registration - Friday | June 6 |
| Classes Begin - On Campus Session 1/Graduate Session A - Monday | June 6 |
| Late registration and drop/add: Session 1 | June 9, 10 |
| Last day to drop with grade of W: On-Campus/Online Session 1/Graduate | June 16 |
| Session A - Monday | Julie 10 |
| Session 1 ends - Friday | July 1 |

Session 2

| Advising and registration | June 20 |
|--|------------------|
| On-Campus Session 2/Graduate Session B begins | June 30 |
| Late registration and drop/add: Session 2/Graduate Session B | June 30 – July 1 |

Independence Day Holiday - Friday July 4 Last day to drop with grade of W: Session 2/Graduate Session B July 15 Session 2 ends August 3

Online Session

Online classes begin June 9 Last day to drop with grade of W: Online Session June 30 Online classes end/Final Exams August 3

Highlighted areas indicate School of Nursing dates

^{*} Professor's Discretion



Section II The Rielin & Salmen School of Nursing



Martha Rielin and Elizabeth Salmen

Among the Anabaptist women of the 16th century, many engaged societies in stark contrast from prior eras. Some Anabaptist women served as weavers, teachers, bakers, printers, and even, physicians. Particularly, the events of the time led to changes in the practice of midwifery and the standards concerning that act of service. Martha Rielin and Elizabeth Salmen were two Anabaptist women who ministered as nurse midwives.

Martha Rielin and Elizabeth Salmen were Anabaptists midwives in Germany, who believed in "believer's baptism" and did not perform infant baptism. Anabaptist mothers who also believed in "believer's baptism" did not want their infants baptized at birth even if they were sick or dying. Both of these women refused to participate in infant baptism even though they were threatened by summation to the governmental courts in Germany and were under extreme pressure from the Catholic Church. There are no records that indicate neither Martha Rielin nor Elizabeth Salmen ever acquiesced to the courts.

Anabaptist midwives may have considered the deeds of the Hebrew midwives, Shiphrah and Puah (Exodus 1:15-21) as justification for their own artfulness. They protected the wishes of Anabaptist mothers who did not want their infants baptized, and they represented a clear picture of dissent against a theological and governmental system that violated the biblical values of the Anabaptists. These women took the Scripture seriously and this influenced their decision making as they carried out the call God had placed on their lives.

The Rielin and Salmen School of Nursing has been named for these two steadfast women. As they ministered to the patients in their care, they were driven by God's Word in defending Biblical truths. Our nursing faculty and students at Truett McConnell University strive to care for people through the living and breathing Word of God. The call to "love God" and "loves our neighbor" is ever before us.

RSSON Mission Statement

The mission of TMU RSSON is to prepare competent professional nurses to integrate Christian faith and values with compassionate care to fulfill the ministry of the Great Commission.

RSSON Philosophy

Through the integration of faith and learning, the TMU RSSON Bachelor of Science in Nursing program adheres to the truth of the Bible as foundational. Biblical truth is the basis for those called to missions through the nursing profession and that truth grows in their knowledge of nursing as a ministry. The BSN program embraces TMU's mission to uphold the commitment to being Biblically centered and distinctively Baptist.

Person

The TMU nursing faculty believes that each person is created in God's image. Therefore, each person possesses full dignity and is worthy of respect and love. The nursing faculty further believes that each person, as a unique creation of God, has the capacity to live in harmony with God, others, self, and the environment. Each person is responsible for

God's gifts of health and the environment and is part of a larger group such as the family, the community, and the world.

The TMU nursing faculty believes that God has ordained the family as the foundational institution of human society. The faculty further believes that marriage is between a man and a woman united under God's law. A family is critical to the development of Biblical values such as ethical principles, moral standards, individual integrity, and human dignity. These Biblical values influence the attitude, social, cognitive, and spiritual development of each person.

Dignity is bestowed on each person by being created in the image of God. The TMU nursing faculty believes in the sanctity of life. Each person has value, immeasurable worth, and dignity that must be honored. The compassionate care and ministry that professional nurses provide each person confirms this value.

A community is designed by God for groups of persons who have shared characteristics related to geography, interests, culture, religious beliefs, and/or size. TMU nursing faculty believes that Christian professional nurses must be able to communicate effectively and partner with the person, family, and the community in order to empower them to achieve their health care goals and live healthy productive lives.

Environment

The TMU nursing faculty believes that God created the world thus HE created the natural environment in which each person lives. The internal and external factors of the environment have the ability to affect a person's behavior, perceptions, and health. In order to achieve the desired health outcomes, it is essential for the Christian professional nurse to have knowledge of cultures and resources which will enable interaction in an ever-changing global environment. Professional nurses must be prepared to meet the health care demands of several cultures at one time as the influx of people from around the world come together many times in only one area, i.e., the hospital.

Health

The TMU nursing faculty believes that health is a state-of-well-being as related to body, mind, and spirit. A state of optimum health was originally created by God. However, a person's perception of his/her own health to function optimally is based on a wellness-illness continuum. The Christian professional nurse guides a person to attain optimum health as identified from that person's perspective. Living a life of faith and devotion to God are significant components of health in which a person should strive.

Nursing

Nursing is a professional practice discipline that participates in the promotion of health, prevention of disease, management of care, empowerment of a healthy life style, and the facilitation of compassionate care. Nursing is a dynamic profession that incorporates holistic care for persons unable to provide the quality of self-care needed. Holistic care is caring for the whole person and involves the mind, body, and spirit of the person God created. A Christian professional nurse partners with the person to mutually discuss the plan of care in order to facilitate decision making for health care delivery. Nursing provides compassionate care for the entire person.

The TMU nursing faculty believes that Christian professional nurses use the Servant Leadership Model of Jesus in caring for each person. Professional nurses maintain a ministry of compassionate care, even when the nurse's personal beliefs do not coincide with those of the person needing care.

Nursing Education

The nursing profession requires the professional nurse to synthesize theoretical and experiential knowledge, and to apply social, cultural, technical, and interpersonal skills with the motivation to serve others with compassionate care. TMU nursing faculty adheres to nursing as a ministry. Thus, they profess that the nursing education received at TMU provides a higher purpose and meaning because it is built on the foundation of Biblical truths.

The TMU nursing faculty believes that nursing education is both an art and a science. Nursing education is provided through Biblical truths and a liberal arts education. Mutually effective working relationships between the faculty and the students make possible the integration of concepts into nursing practice. Nursing education prepares professional nurses to bring comfort to those who suffer, aide in healing the sick, and provide health care needs across the life span. The nursing curriculum is based on the knowledge, skills, and attitudes required for Christian professional nurses to effectively practice within the ever changing complex health care environment. The nursing faculty must model the role of the Christian professional nurse as well as be a mentor, counselor, advocate, and consultant to help facilitate a rich teaching/learning environment.

RSSON Core Values

In developing the TMU RSSON program, the nursing faculty formulated the following goals on which to build the organizational framework.

- Recruit and retain qualified students who have the desire to serve God through the ministry of nursing.
- Cultivate the integration of faith and values with compassionate care from the foundations of Biblical truth, liberal arts education, and nursing education.
- Educate competent BSN student nurses in the application of knowledge and skills to advance the practice of professional nursing.
- Foster a Christian environment where students from diverse cultures achieve an education that supports their uniqueness where their faith flourishes.
- Provide a Christian education environment that advances the ability to critically think, effectively communicate, and positively display professionalism.
- Motivate BSN student nurses to participate and excel in a variety of teaching/ learning activities to achieve competent clinical practice.
- Recruit qualified Christian nurse educators and professional staff committed to the mission and philosophy of TMU RSSON.

Organizational Framework for the BSN Curriculum

The **Organizational Framework** of the TMU RSSON is built upon a rich spiritual foundation that emphasizes a Christian worldview and a Biblically centered curriculum. The framework elaborates on the nursing faculty's beliefs about several

key concepts from the basic philosophy of person, environment, health, nursing, and nursing education. These key concepts are depicted on the Organizational Framework Model.

From a spiritual standpoint, the TMU nursing faculty believes that the cross represents the substitutionary death of Jesus Christ who rose again after three days, and made a provision for the redemption of each person from his/her sin. This is foundational for persons who believe in Jesus to be their Lord and Savior.

In the RSSON's **Organizational Framework**, the Faculty understands the foundation to be composed of three tiers: Biblical Truths, Liberal Arts Education, and Nursing Education. In the center of the foundation stands the vertical beam of the cross representing the ministry of the Great Commission. The horizontal beam of the cross represents the Integration of Faith and Values with Compassionate Care. The Rays of the cross identify the other key concepts that formulate the RSSON curriculum. The four key concepts on the left are Professionalism, Teaching/ Learning, Communication, and Critical Thinking. The four key concepts on the right are Evidence-Based Practice, Health Care Delivery, Environment, and Cultural Diversity.

Biblical Truths are the primary foundation for those called to missions. Through the nursing profession, Biblical truths expand the student's knowledge of nursing as a ministry. Since Biblical truths are authoritative, it is the benchmark for measuring every course in the curriculum. Upon the primary foundation of Biblical truths, the foundation is further supported by a thorough **Liberal Arts Education** and a solid **Nursing Education**.

As identified in the Bible, the **Great Commission** is a command to go and share about Jesus Christ. In Matthew 28:19-20 the Great Commission states, "Go therefore and make disciples of all the nations, baptizing them in the name of the Father and the Son and the Holy Spirit, teaching them to observe all that I commanded you; and lo, I am with you always, even to the end of the age." Thereby, the vertical beam represents the channel through which the TMU Christian professional nurse will be equipped to go and make disciples of all nations.

The TMU nursing faculty believes that the horizontal beam of the cross represents the Integration of Faith and Values with Compassionate Care. According to the Bible, faith means to trust and believe in God. Faith is the things hoped for and the confirmation of things not seen. Faith is the belief that nothing is impossible with God. Values are what each person holds to be true. Values may become commitments and are God-given beliefs for human existence. To integrate faith and values would be to strengthen a person's meaning and existence for life and health.

Compassionate Care is patient-centered care and values the patient as a full partner in achieving optimal health outcomes. Compassionate patient-centered care is based on the respect for patient's preferences, values, and needs. Compassionate patient-centered care stems from the Christian professional nurse's faith, defines and shapes nursing practice, and supports the understanding of the role of the professional nurse. Integrated with compassionate care is faith and values that in combination will provide excellent professional nursing care for each person.

The **Rays** of the cross on the left identify key concepts that continue to formulate the RSSON's Organizational Framework. These four key concepts are professionalism, teaching/learning, communication, and critical thinking.

Professionalism is defined as the consistent demonstration of leadership skills and core values, which include moral, ethical, and legal conduct. Professionalism is evidenced by inter-professional nursing practice in collaboration with education and practice disciplines to achieve optimal health and wellness for each person. Professionalism reflects the conduct, goals, qualities, behaviors, and/or characteristics of the Christian professional nurse. The professional nurse must practice within biblical, legal, ethical, and regulatory parameters as well as incorporate holistic care for all persons.

Teaching/Learning is a dynamic process involving active participation in an environment that is relevant, supportive, and engages a variety of learning styles. Teaching/learning opportunities include clinical experiences, simulation experiences, and classroom activities that are designed to develop, refine, and integrate knowledge and skills into professional nursing practice. Through the teaching/learning process the student will develop a knowledge base for compassionate care, gain insights based on Biblical truths and evidence-based practice, and develop skills in identifying new ways of thinking to achieve meaningful outcomes.

The nursing faculty is committed to excellence in teaching from a Biblical worldview. Faculty and students must share responsibility for the teaching/learning process. The faculty serves to facilitate learning by being a mentor, coach, consultant, counselor, advocate, and role model. The role of the BSN student is to successfully assimilate and apply all teaching criteria to achieve graduation. The BSN student is responsible for actively engaging in learning activities. The teaching/learning process is a collaborative effort in which both faculty and students are active participants. This relationship is built on mutual trust, respect, and accountability.

Communication is the interactive process within nursing and inter-professional teams that fosters teamwork, collaboration mutual respect, and shared decision making to achieve quality patient care. Essential communication skills include the use of critical listening, reading, technology, verbal, nonverbal, and written media. It is the Christian professional nurses' responsibility to collaborate and communicate with all other members of the health care team, and to focus on quality care for each person. Effective professional communication demonstrates compassionate care, cultural awareness, and is directed toward promoting positive outcomes which will establish trusting relationships. The Christian professional nurse utilizes therapeutic communication which involves active listening, verbal and nonverbal empathetic responses, assertiveness skills, and mutual goal setting.

Critical Thinking is a logical process that utilizes cognitive skills which guides nursing practice in the provision of patient-centered care. Critical thinking is a goal-directed process of questioning, analyzing, synthesizing, interpreting, making inference, inductive and deductive reasoning, and applying intuition and creativity. Critical thinking is also the mental process of actively and skillfully conceptualizing and evaluating information to reach an answer or conclusion. Critical thinking in nursing is supported by the principles of the nursing process, problem solving, and the scientific method which require decisions to be made from evidence-based practice based on Biblical truths.

The **Rays** of the cross on the right identify key concepts that continue to formulate the RSSON's Organizational Framework. These four key concepts are evidence-based practice, health care delivery, environment, and cultural diversity.

Evidence-Based Practice in nursing is a problem-solving approach to determine clinical decisions, use the best evidence available, and blend both the science and the art of nursing to achieve the ultimate outcome for each person. Evidence-based practice utilizes current nursing knowledge and research findings to guide the practice of nursing. Optimal safe nursing care is provided when the Christian professional nurse incorporates best practice measures to plan and guide the delivery of patient-centered health care, and maintain the cultural and personal values of each person. Employing best practice techniques include assessing and identifying the evidence, critically analyzing that evidence, designing practice changes, identifying and diffusing the barriers, implementing the changes, and evaluating the particular change for improved outcomes.

Health Care Delivery is a method by which healthcare is provided to include health promotion, disease and injury prevention across the life span that will assist the person toward optimal functioning. Informatics is incorporated to

communicate, manage knowledge, mitigate error, and support decision making in monitoring outcomes of care processes. In the delivery of health care, Christian professional nurses are grounded in a Biblical worldview, educated in the nursing process, and have the knowledge to treat human responses to actual and potential health problems. Health care delivery systems are designed to meet the needs of the person, the professional nurse, groups, and communities.

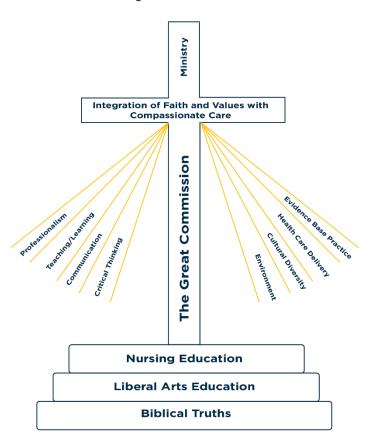
The **Environment** is viewed as the setting in which the person, family, group, and the community exist and interact. The environment can consist of internal and external surroundings, circumstances and influences, and persons. The nurse continually assesses the environment to initiate quality and safety improvement measures. The Christian professional nurse must become increasingly aware of a person's environment, and how it affects their health and level of wellness in order to provide the best delivery of health care.

Cultural Diversity is the range of human variation to include age, race, gender, disability, ethnicity, nationality, religious and spiritual beliefs, economic status, native language, and geographical background. Culture affects how a person views health, illness, treatment, death and dying, and maintaining optimal health. The Christian professional nurse must possess the knowledge and skills to understand cultural diversity, and to provide culturally sensitive competent care. The focal point of cultural diversity is the ability to provide compassionate patient-centered nursing care across cultural boundaries, considering where the person lives, along with the situations encountered from the person's health problems.



Truett McConnell University Rielin & Salmen School of Nursing Organizational Framework

Truett McConnell University School of Nursing Organizational Framework



Nursing Performance Competency Standards

Preparation for the professional practice of nursing requires that students demonstrate certain essential behaviors. The RSSON has designed Performance Competency Standards which support a lifestyle of disciplined scholarship, professional practice, and Christian discipleship. These Nursing Performance Competency Standards emphasize the concepts identified in the American Association of Colleges of Nursing, *The essentials of Baccalaureate education for professional nursing practice*, (2008) to include "patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, and practice across the lifespan in an ever-changing and complex healthcare environment".

The students at TMU RSSON are expected to exhibit behavior appropriate to the profession of nursing. They must assume personal responsibility for providing competent, compassionate, safe nursing care, and for the knowledge and skills necessary to give this care.

The Nursing Performance Competency Standards apply to all students enrolled in the RSSON, and include extracurricular activities, programs, events, and activities affiliated with, sponsored by, or sanctioned by the RSSON.

The RSSON has defined the following concepts and competency standards that must be achieved by all students before graduating.

| Nursing Performance Critical Competencies | | | |
|---|--|---|--|
| Concept | Level I Competency-Junior Nursing Student | Level II Competency-Senior Nursing Student | |
| Critical Thinking | Apply critical thinking concepts and skills in the provision of quality nursing care Demonstrates clinical reasoning in the delivery and management of patient-centered care | Engage in a purposeful, goal-directed process that employs logic, analysis, creativity, and intuition to make decisions that guide practice Utilize critical thinking to organize data and determine nursing interventions to achieve patient outcomes | |
| Professionalism | Promote the image of nursing by modeling the core values of practice excellence, communicating the knowledge, skills, and attitudes of the nursing profession Incorporate ethical principles and codes to protect the rights of patients and to effect quality patient care outcomes Discuss the leadership role of the professional nurse within the healthcare environment | Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development Analyze ethical and legal issues related to the health care for vulnerable patient populations Collaborates with multiple disciplines in coordinating patient care | |
| Communication | Apply basic principles of effective communication techniques to produce positive professional working relationships Initiates effective written and verbal communication with patient and health care team | Demonstrate open communication, mutual respect, and shared decision-making in nursing practice to achieve quality patient care Incorporate effective communication and collaborative strategies when working with interprofessional teams to deliver, compassionate patient-centered care | |
| Teaching/ | Participate in the teaching/learning process | Provide teaching and learning activities that | |
| Evidence Based Practice | with faculty, patients, and families Describe the general components of the research process and participate in data collection and other research activities | promote health progression and injury prevention Integrate research-based evidence, clinical judgment, and patient and family preferences in planning, implementing, and evaluating outcomes of care | |
| Health Care Delivery | Promote, maintain, and restore people's health and provide end-of-life care using evidence-based nursing knowledge Demonstrate effective use of information management tools to monitor outcomes of care processes | Discuss the implications of socio-cultural, economic, legal and political factors impacting healthcare delivery and practice Utilize informatics to communicate, manage knowledge, mitigate error, and support decision making | |
| Cultural Diversity | Discuss the influence of age, culture, social, and environmental variables on the patient's health and health care needs Provide patient-centered care with sensitivity and respect for the diversity of the human experience | Develop plan for care of culturally diverse vulnerable populations Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values | |
| Environment | Ensure a safe environment for patient, families and the health care team Seek information about quality improvement activities in the care setting Demonstrate effective use of standardized practices and technology that support safety and quality | Demonstrate effective use of technology and nursing practices that support safety & quality Participate in analyzing data to monitor the outcomes of care to improve the quality and safety of health care setting Utilize information technology to communicate the planning and provision of patient care | |
| Compassionate | Provide patient-centered compassionate care | Demonstrate the integration of compassionate | |
| Patient- Centered Care | based on respect for patient's preferences, values, and expressed needs | patient-centered care with faith and values utilizing the servant leadership model | |

Code of Ethical Conduct

As a Biblically-centered institution, TMU has established the rules and policies of student conduct based on Biblical truths, moral standards, and ethical principles. It is the responsibility of the individual student to maintain high professional and ethical principles.

The professional nurse is accountable for professional standards in the practice of nursing published in the *American Nurses' Association (ANA) Code of Ethics for Nurses with Interpretive Statements (2015).*

The ANA House of Delegates approved the following nine provisions of the new Code of Ethics for Nurses:

- 1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
- 2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
- 3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- 4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
- 5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- 6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- 7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
- 8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- 9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain integrity of the profession, and integrate principles of social justice into nursing and health policy.

The RSSON believes that ethical principles are a necessary guide to professional development. In addition to learning academic theory and clinical skills, nursing students have a responsibility to adhere to the statements within the Code of Ethics that provide guidance in the personal development of an ethical foundation while caring for patients in a variety of health care environments.

A breach of professional standards and/or ethical conduct will warrant dismissal from the course and/or the nursing program.

Nursing students are required to adhere to *the Standards of Student Conduct* in Section V of the *TMU Student Handbook*.

Board of Nursing Approval and Program Accreditation

Truett McConnell University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award baccalaureate and master's degrees. Truett McConnell University also may offer credentials such as certificates and diplomas at approved degree levels. Questions about the accreditation of Truett McConnell University may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

TMU RSSON BSN program received initial approval from the <u>Georgia Board of Nursing</u> on July 19, 2012, and currently has been granted full approval.

The baccalaureate degree in nursing program at Truett McConnell University is accredited by the Commission on Collegiate Nursing Education http://www.ccneaccreditation.org.

Georgia Board of Nursing Professional Licensing Boards Division 237 Coliseum Drive Macon, Georgia 31217

P: 478.207.2440 F: 877-571-3712

https://sos.ga.gov/georgia-board-nursing

Commission on Collegiate Nursing Education (CCNE) 655 K Street, Suite 750 Washington, DC 20001

P: 202.887.6791 F: 202.887.8476

http://www.aacnnursing.org/ccne-accreditation



Section III The Baccalaureate of Science in Nursing Program



Overview of the BSN Curriculum

The TMU RSSON BSN program provides a broad professional preparation in a liberal arts education based on the biological, physical and behavioral sciences, and the humanities with the integration of the Christian worldview. The nursing program requires the completion of prerequisites prior to courses within the nursing major. Graduates of the BSN Nursing Program receive a Bachelor of Science in Nursing degree. Graduates are qualified to take the state board licensure examination National Council Licensure Examination-RN (NCLEX-RN) to become a Registered Nurse.

BSN Program Outcomes

The Rielin & Salmen School of Nursing (RSSON) embraces the University's mission upholding the commitment to the integration of academic excellence and spiritual formation, with the professional values and competencies essential to the discipline of nursing. Nursing graduates of TMU will advance the profession of nursing and have a global impact on healthcare by modeling moral leadership and evidence-based practice, utilizing critical thinking and communication skills, and embodying the character and servanthood of Jesus Christ.

RSSON Mission Statement

The mission of TMU RSSON is to prepare competent professional nurses to integrate Christian faith and values with compassionate care to fulfill the ministry of the Great Commission.

The RSSON Baccalaureate of Science in Nursing program prepares the graduate to:

- Program Outcome 1: Provide ethical, culturally sensitive, compassionate, safe and holistic evidence based nursing care for individuals, families and communities throughout the life span based on a synthesis of knowledge from the humanities, and natural, behavioral and social sciences.
- **Program Outcome 2:** Apply knowledge of the health care system to improve nursing practice and health care delivery using analysis and application of clinical reasoning and current evidence based practice to enhance the provision of patient, family, and community-centered care.
- **Program Outcome 3:** Demonstrate advocacy through altruism, recognizing the patient or significant other as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs, leading to improved health services for clients and for society.
- **Program Outcome 4:** Engage in effective communication in personal, professional, and electronic interactions that supports decision-making, promotes collaboration, mitigates errors, and models the role of the professional Christian nurse while demonstrating respect for patient's preferences, values, and needs.
- **Program Outcome 5:** Demonstrate leadership of professional nursing with local, national, and global communities involving vulnerable populations from a biblical perspective.
- **Program Outcome 6:** Engage in a lifelong commitment to learning through a recognition and pursuit of spiritual, personal and professional goals and values within a Christian worldview.

Program Outcome 1: Provide ethical, culturally sensitive, compassionate, safe and holistic evidence-based nursing care for individuals, families and communities throughout the life span based on a synthesis of knowledge from the humanities, and natural, behavioral and social sciences. Ephesians 4:2-5 (ESV) With all humility and gentleness, with patience, bearing with one another in love, eager to maintain the unity of the Spirit in the bond of peace. There is one body and one Spirit—just as you were called to the one hope that belongs to your call—one Lord, one faith, one baptism...

| Junior | Year | Senior | Year |
|---------------------------------------|---|---|---|
| Semester I | Semester II | Semester III | Semester IV |
| The student will: | The student will: | The student will: | The student will: |
| | | | |
| Integrate theoretical and | Apply theoretical and | Analyzes theoretical and | Synthesize theoretical and |
| empirical knowledge from | empirical knowledge from | empirical knowledge from | empirical knowledge from |
| the humanities, and | the humanities, behavioral, | the humanities, behavioral | the humanities, behavioral, |
| natural, behavioral and | social sciences and nursing | and social sciences and | social and natural sciences |
| social sciences into nursing. | practice in the nursing care | nursing practice in | and nursing practice in |
| (PO1/S1/SLO1) | of adults with physiological | organizing, planning and | organizing, planning and |
| | and psychological changes. | providing nursing care. | providing nursing care. |
| Identify the roles of the | (PO1/S2/SLO1) | (PO1/S3/SLO1) | (PO1/S4/SLO1) |
| nurse including educator, | | | |
| clinician, leader, | Demonstrate the roles of | Integrates clinical | Analyze care of individuals |
| researcher, mentor, and | the nurse as an educator, | reasoning & judgment, | and groups with complex |
| advocate. (PO1/S1/SLO2) | clinician, mentor, and | decision-making, and | health care needs in the |
| | advocate in clinical setting | problem solving in | acute-care and community |
| Identify the historical | with adults, children and | providing nursing care to | setting while integrating |
| context of nursing. | families. (PO1/S2/SLO2) | adults & children, families | critical thinking skills. |
| (PO1/S1/SLO3) | | and communities. | (PO1/S4/SLO2) |
| | Apply clinical reasoning, | (PO1/S3/SLO2) | |
| Use clinical reasoning, | decision making and | | Synthesize nursing roles |
| decision-making, and | problem solving in | Demonstrates all nursing | into the care of individuals |
| problem solving in | providing holistic care to | roles within the context of | with complex health care |
| providing holistic care to | adults, children, families, | community health in | needs. (PO1/S4/SLO3) |
| well adults. (PO1/S1/SLO4) | and communities. | primary, secondary and | |
| | (PO1/S2/SLO3) | tertiary care settings. | Analyze solutions to |
| Define critical thinking and | | (PO1/S3/SLO3) | address individual needs |
| the essential relationship to | Investigate various | | identified in the clinical |
| nursing. (PO1/S1/SLO5) | alternatives to healthcare | Proposes creative solutions | environment in |
| | needs when addressing a | to health care needs of | collaboration with the |
| Identify more than one | patient concern, utilizing | populations and evaluates | nursing staff. |
| solution when solving a | therapeutic communication | the plan of care. | (PO1/S4/SLO4) |
| problem. (PO1/S1/SLO6) | practices. (PO1/S2/SLO4) | (PO1/S3/SLO4) | Analysis that issues at af |
| | Dome a patriota de viva | Dama an atreates and turned | Analyze the impact of |
| Identify objective and | Demonstrate caring | Demonstrates cultural | cultural awareness and |
| subjective data and | concepts and an awareness of cultural influences in | awareness and sensitivity | cultural sensitivity and barriers that exist in |
| understand differing interpretations. | | with inclusion practices when planning care for | providing nursing care with |
| (PO1/S1/SLO7) | nursing practice. (PO1/S2/SLO5) | individuals and groups with | the ability to implement |
| (FO1/31/3LO7) | (FO1/32/3LO3) | psychosocial, physical or | plans of care accordingly. |
| Relate self-awareness to | Apply the nursing process | mental health needs. | (PO1/S4/SLO5) |
| cultural influences on | to sick adults, children, and | (PO1/S3/SLO5) | (1 01/37/3103/ |
| assessment and health | families. (PO1/S2/SLO6) | (. 01/00/01/00/ | Synthesize the components |
| promotion. (PO1/S1/SLO8) | 13 | Integrates the nursing | of the nursing process with |
| p. 5.1101.011. (1. 01/31/31/31/01) | Demonstrate use of the | process when planning | individuals who have |
| Demonstrate assessment | nursing process in | care for children, adults, | complex health care needs. |
| knowledge and skills for | identifying all care | families, and groups in the | (PO1/S4/SLO6) |
| MIOWICASC ATIA SKIIIS TOI | Identifying all care | Tarrinics, and groups in the | (1. O±/ O=/ OLOO) |

| well adults and children in components. | community setting. | |
|---|----------------------------|------------------------------|
| the skills laboratory setting. (PO1/S2/SLO7) | (PO1/S3/SLO6) | Evaluate and revises |
| (PO1/S1/SLO9) | | nursing care plans utilizing |
| Demonstrate physiologic | Demonstrates physiologic | evidenced-based practice |
| Apply knowledge and skills and psychosocial | and psychosocial | models. (PO1/S4/SLO7) |
| of assessment with adults, components of nursing | components of nursing | |
| children, families, and practice with hospitalized | practice with well and | Analyze physiologic and |
| communities in a secondary adults, children, and | chronically ill adults, | psychosocial components |
| and tertiary setting. families. (PO1/S2/SLO8) | children, and families in | of nursing practice with |
| (PO1/S1/SLO10) | the acute-care and | well and chronically ill |
| Demonstrate skills in | community setting. | adults, children, and |
| Use the components of the collaboration with at least | (PO1/S3/SLO7) | families who have complex |
| nursing process in the care one other health care | | health care needs in the |
| of well adults. professional. | Demonstrates inter- | acute-care and community |
| (PO1/S1/SLO11) (PO1/S2/SLO9) | professional collaboration | setting. (PO1/S4/SLO8) |
| | with multiple health care | |
| Identify the components of | providers. (PO1/S3/SLO8) | Analyze the impact of |
| collaboration as critical to | | inter-professional |
| holistic care. | | collaboration with multiple |
| (PO1/S1/SLO12) | | health care providers on |
| | | the individual plan of care |
| Demonstrate cultural | | and expected outcomes. |
| awareness and sensitivity | | (PO1/S4/SLO9) |
| for the completion of the | | |
| health history, assessment, | | |
| and therapeutic | | |
| communication while | | |
| addressing psychosocial, | | |
| physical, and mental health | | |
| needs of individuals. | | |
| (PO1/S1/SLO13) | | |
| | | |

Program Outcome 2: Apply knowledge of the health care system to improve nursing practice and health care delivery using analysis and application of clinical reasoning and current evidence-based practice to enhance the provision of patient, family, and community-centered care. Proverbs 1:2-5 (ESV) To know wisdom and instruction, to understand words of insight, to receive instruction in wise dealing, in righteousness, justice, and equity; to give prudence to the simple, knowledge and discretion to the youth--Let the wise hear and increase in learning, and the one who understands obtain guidance..."

| Junior | Year | Senior | Year |
|--|--|---|--|
| Semester I | Semester II | Semester III | Semester IV |
| The student will: | The student will: | The student will: | The student will: |
| Identify the role of the nurse as an educator, clinician, leader, researcher, mentor, and advocate and the influence | Demonstrate the role of the nurse as an educator, clinician, and advocate in the health care system. (PO2/S2/SLO1) | Analyze research methodology to improve the health of individuals, families, groups and | Appraise research methodology to evaluate and improve the health of individuals, families, |

of the nurse's role within the health care system. (PO2/S1/SLO1)

Identify current and emerging trends in nursing and the historical context of these issues. (PO2/S1/SLO2)

Identify strategies for developing a culture of safety and competency while incorporating the nursing process, health assessment, documentation, and information technology. (PO2/S1/SLO3)

Identify the legal, ethical and practice standards for nursing. (PO2/S1/SLO4)

Identify factors that affect the health care delivery system. (PO2/S1/SLO5)

Use indicators of health and wellness in the care of well adults. (PO2/S1/SLO6)

Use evidence-based practice and research methodology to improve the health of well adults. (PO2/S1/SLO7)

Apply current and emerging trends in nursing and evidenced-based practice in the care of children, individuals, and families in the clinical practice setting.

(PO2/S2/SLO2)

Apply the integration of nursing science and information science in nursing informatics. (PO2/S2/SLO3)

Apply the principles of nursing informatics to identify needs of individuals in the health care system.

(PO2/S2/SLO4)

Demonstrate principles of healthcare information privacy with the integration of informatics, communication, and patient care support systems in the utilization of the electronic health record. (PO2/S2/SLO5)

Apply legal, ethical and practice standards for nursing care related to the clinical practice setting. (PO2/S2/SLO6)

Apply research methodology to improving the health of individuals, families or groups. (PO2/S2/SLO7)

communities. (PO2/S3/SLO1)

Analyze epidemiological techniques to evaluate the health of a community. (PO2/S3/SLO2)

Analyze health care models in the US and other countries and the impact on individual and systembased health care delivery. (PO2/S3/SLO3)

Analyze the health care needs of individuals, families, groups and communities.
(PO2/S3/SLO4)

Analyze legal, ethical, and practice standards for nursing care related to the clinical practice setting. (PO2/S3/SLO5)

Compares the health care delivery policies and their impact on access to health care and health outcomes. (PO2/S3/SLO6)

Propose interventions to address a health care need identified within the community. (PO2/S3/SLO7)

groups, and communities. (PO2/S4/SLO1)

Compare epidemiological techniques and data to evaluate health outcomes of individuals.
(PO2/S4/SLO2)

Evaluate health care needs of a community or clinical practice site. (PO2/S4/SLO3)

Appraise the art of caring and support patient-centered care in a technologically dependent healthcare system. (PO2/S5/SLO4)

Appraise health care systems to improve the delivery of health care to individuals, families, groups, and communities. (PO2/S6/SLO5)

Program Objective 3: Demonstrate advocacy through altruism, recognizing the patient or significant other as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs, leading to improved health services for clients and for society. Matthew 25:34-40 (ESV) Then the King will say to those on his right, 'Come, you who are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world. For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me.' Then the righteous will answer him, saying, 'Lord, when did we see you hungry and feed you, or thirsty and give you drink? And when did we see you a stranger and welcome you, or naked and clothed you? And when did we see you sick or in prison and visit you? And the King will answer them, 'Truly, I say to you, as you did it to one of the least of these my brothers, you did it to me.'

| Junior | Year | Senior | Year |
|--|---|--|---|
| Semester I | Semester II | Semester III | Semester IV |
| The student will: | The student will: | The student will: | The student will: |
| Recognize the concept of advocacy as part of the holistic approach to patient care with well adults. (PO3/S1/SLO1) Identify health care issues in current events and the importance of client advocacy. (PO3/S1/SLO2) Recognize the role of the nurse advocate and promotion of health care practice to improve health outcomes for individuals, families, and communities. (PO3, S1, SLO3) Recognize the importance of self-awareness and self-management in professional interactions while providing competent care. (PO3, S1, SLO4) | Demonstrate the role of advocate in care of family, children, groups, and communities in a variety of settings. (PO3/S2/SLO1) | Examine the role of the nurse advocate in the care of the individual, children, family, and community groups in a variety of settings. (PO3/S3/SLO1) Analyze nursing research to identify the factors that create barriers to overall health and wellness. (PO3/S3/SLO2) Propose and evaluate implementation of strategies to improve the health of adults, children, families, and communities. (PO3/S3/SLO3) | Participate in activities to improve health care services. (PO3/S4/SLO1) Analyze the role of the nurse in the development of health care policies leading to improved health care services for clients and society. (PO3/S4/SLO2) Appraise the role of the nurse advocate for policy changes that promote health for individuals, families and groups. (PO3, S4, SLO3) Assess health care policies and issues in practice and within the global community. (PO3/S4/SLO4) |

Program Objective 4: Engage in effective communication in personal, professional, and electronic interactions that supports decision-making, promotes collaboration, mitigates errors, and models the role of the professional Christian nurse while demonstrating respect for patient's preferences, values, and needs. *Psalm 19:14 "Let the words of my mouth and the meditation of my heart be acceptable in your sight, oh Lord, my rock and my Redeemer."*

| Junior | Year | Senior | Year |
|---|--|---|---|
| Semester I | Semester II | Semester III | Semester IV |
| The student will: | The student will: | The student will: | The student will: |
| Identify therapeutic communication skills in the patient interview, health history, and physical assessment. (PO4/S1/SLO1) Recognize effective communication with peers, faculty and small groups. (PO4/S1/SLO2) Identify a variety of written and verbal communication strategies to glean accurate information from patients/clients. (PO4/S1/SLO3) Identify the Christian worldview as it applies to interactions with patients, families, communities, and the health care team. (PO4/S1/SLO4) Discuss how personal faith and values are integrated in compassionate care for a nursing ministry. (PO4/S1/SLO5) | Apply effective communication practices with individuals, families and members of the interdisciplinary health care team. (PO4/S2/SLO1) Demonstrate therapeutic communication skills in case-based scenarios, simulation, and clinical experiences. (PO4/S2/SLO2) Use appropriate technology for obtaining and presenting health information with value of individual privacy. (PO4/S2/SLO3) Demonstrate appropriate communications skills during patient interactions in the acute care setting. (PO4/S2/SLO3) | Analyze therapeutic communication skills in practice with individuals, families, groups, and communities in a variety of clinical environments. (PO4/S3/SLO1) Differentiate therapeutic and non-therapeutic communication strategies individuals, families and members of the interdisciplinary health care team. (PO4/S3/SLO2) Constructs a research paper, which demonstrates use of competent writing skills utilizing the expected expectations and format. (PO4/S3/SLO3) Examine communications skills in the use of technology for improving patient care and presenting relevant information. (PO4/S3/SLO4) Appraise personal reflection of Christian faith and values while communicating with patients, families, and the interdisciplinary healthcare team in a supportive and holistic manner. (PO4/S3/SLO5) | Evaluates the use of therapeutic communication techniques that create positive outcomes for the nurse as a leader. (PO4/S4/SLO1) Analyze communication skills in the process of prioritization and delegation of nursing care. (PO4/S4/SLO2) Evaluate effective communication with individuals, families, groups, and communities in a variety of clinical environments. (PO4/S4/SLO3) Evaluate effective communication with members of the interdisciplinary health care team that promotes positive health outcomes. (PO4/S4/SLO4) Compose Capstone Project with the appropriate use of competent writing and communication skills, reflective practice, integration of compassionate care, and |

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| | utilizing the course expectations and format. (PO4/S4/SLO5) |
|--|--|
| | Synthesize a variety of technological methods for improving patient care and presenting relevant information. (PO4/S4/SLO6) |

Program Objective 5: Demonstrate leadership of professional nursing with local, national, and global communities involving vulnerable populations from a biblical perspective. Philippians 2:1-4 "Therefore if you have any encouragement from being united with Christ, if any comfort from his love, if any common sharing in the Spirit, if any tenderness and compassion then make my joy complete by being like-minded, having the same love, being one in spirit and of one mind. Do nothing out of selfish ambition or vain conceit. Rather, in humility value others above yourselves, not looking to your own interests but each of to the interests of others (NIV).

| Junior | Year | Senior | Year |
|---|---|---|--|
| Semester I | Semester II | Semester III | Semester IV |
| The student will: | The student will: | The student will: | The student will: |
| Describe basic concepts of leadership (delegation, priority setting, and problem solving) when caring for well adults. (PO5/S1/SLO1) Identify the leadership role of the nurse in advocacy and health care policy. (PO5/S1/SLO2) Identify the steps and methods of delegation consistent with the Standards of Practice and the Nurse Practice Act. (PO5/S1/SLO3) | Apply concepts of reflective practice and conflict resolution to the clinical practice arena. (PO5/S2/SLO1) Demonstrate the role of an effective team member of the interdisciplinary care team. (PO5/S2/SLO2) Identify the role of nursing within the local, national, and global community by participating in medical mission trips. (PO5/S2/SLO3) Identify the functions of the nurse leader in leadership and | Analyze therapeutic goals for providing quality care in collaboration with individuals, families and groups. (PO5/S3/SLO1) Analyze concepts of reflective practice and conflict resolution in various practice settings and with differing populations. (PO5/S3/SLO2) Examine the role of the nurse leader within the student group for selected projects or other guided situations. (PO5/S3/SLO3) Demonstrate effective priority setting and | Appraise the role of the nurse leader of nursing in the interdisciplinary team and perform a self-evaluation of preferred leadership styles. (PO5/S4/SLO1) Evaluate the role of the nurse leaders as a change agent within the health care environment. (PO5/S4/SLO2) Assess human, fiscal, and material resources required for the provision of care. (PO5/S4/SLO3) |

Identify nurse leaders in the local community, state and US. (PO5/S1/SLO4)

Identify the concept of accountability in patient care practice.
(PO5/S1/SLO5)

Describe steps in the change process. (PO5/S1/SLO6)

Identify the role of leadership in professional nursing practice by role modeling core values with integrity. (PO5/S1/SLO7) management within the health care setting. (PO5/S2/SLO4)

Apply factors that contribute to quality of care in an inpatient and outpatient setting. (PO5/S2/SLO5)

Demonstrate the role of accountability by accurately reporting information and preparing for clinical assignments.
(PO5/S2/SLO6)

delegation within the clinical arena. (PO5/S3/SLO4)

Differentiate the need for change through the use of research findings and application. (PO5/S3/SLO5)

Applies the principles of accountability in the care of families, groups and with the community. (PO5/S3/SLO6)

Analyze the factors that impact leadership, motivation, delegation, and prioritization within the health care team. (PO5/S4/SLO4)

Appraise the role of coaching, mentoring and staff development and the relationship to effective leadership. (PO5/S4/SLO5)

Evaluate leadership theories and concepts with the applicability to nursing practice. (PO5/S4/SLO6)

Construct a personal and professional leadership plan as a component of the Professional Portfolio to enhance professional practice. (PO5/S4/SLO7)

Analyze the nurse's role as a leader in community outreach in both the domestic and global community. (PO5/S4/SLO8)

Synthesize the concept of accountability into professional practice with groups of patients. (PO5/S4/SLO9)

Program Objective 6: Engage in a lifelong commitment to learning through a recognition and pursuit of spiritual, personal and professional goals and values within a Christian worldview. 2 Timothy 3:16-17 (HCSB) "All scripture is inspired by God and is profitable for teaching, for rebuking, for correcting, for training in righteousness, so that the man of God may be complete, equipped for every good work."

| Junior | Year | Senior | Year |
|---|---|---|---|
| Semester I | Semester II | Semester III | Semester IV |
| The student will: | The student will: | The student will: | The student will: |
| Identify personal strengths, limitations, and values consistent with lifelong learning and pursuit of spiritual, personal and professional growth. (PO6/S1/SLO1) Recognize the importance of self-reflection of spiritual, personal, and professional values through education and scholarship. (PO6/S1/SLO2) Identify a commitment to health promotion in the care of well adults in the health care setting. Identify the use of technology to enhance evidence-based nursing practices. (PO6/S1/SLO3) Identify the purpose and components of life-long learning in the profession of nursing. (PO6/S1/SLO4) | Demonstrate compassionate, evidence- based nursing care grounded in spiritual, personal, and professional values within the care of the individual, families, and groups. (PO6/S2/SLO1) Apply health promotion techniques in the care of vulnerable populations at the individual level. (PO6/S2/SLO2) Recognize the professional commitment to the pursuit of spiritual, personal and professional nursing practice and scholarship. (PO6/S2/SLO3) | Compare various methods for nursing research and scholarship to enhance professional and personal growth. (PO6/S3/SLO1) Analyze nursing research and compare to current nursing practice and healthcare trends. (PO6/S3/SLO2) Examine effective teaching strategies within the community health environment while respecting client and family preferences. (PO6/S3/SLO3) Appraise nursing research and current trends in emerging health care issues. (PO6/S3/SLO4) Examine principles of research and effective scholarship with research assignment. (PO6/S3/SLO5) | Evaluate effective teamwork, collaboration, leadership principles, delegation, and prioritization within a clinical setting. (PO6/S4/SLO1) Construct personal and professional goals related to life-long learning, incorporating the Christian worldview as a component of the Professional Portfolio. (PO6/S4/SLO2) Evaluate methods for effective teaching and learning within the clinical arena. (PO6/S4/SLO3) Assumes responsibility to maintain current knowledge in spiritual, personal, professional values by articulating a plan for lifelong learning. (PO6/S4/SLO4) |

1/23/2020 HCA; 7/2/2020 HCA; 8/2/2020 HCA

BSN Program of Study

| Freshmen Level Spring Semester | |
|---|-------------|
| NU 100 Nursing Discipleship I, 0 | 0 Hours |
| Sophomore Level Fall Semester | |
| NU 200 Nursing Discipleship II, 0 | 0 Hours |
| Sophomore Level Spring Semester | |
| NU 250 Introduction to Professional Nursing, 3 | 3 Hours |
| Junior Level Fall Semester | |
| NU 305, Health Assessment, 4 | |
| NU 310, Nursing Fundamentals** 5 | |
| NU 335, Pathophysiology & Pharmacology I, 4 | |
| NU 360, Mental Health Nursing** 4 | 17 hours |
| Junior Level Spring Semester | |
| NU 345, Pathophysiology & Pharmacology II, 4 | |
| NU 350, Maternal Health Nursing** 4 | |
| NU 370, Adult Health Nursing I** 6 | |
| NU 375, Nursing Informatics, 1 | 15 Hours |
| Senior Level Fall Semester | |
| NU 410, EBP & Nursing Research, 3 | |
| NU 452 Pediatric Health Nursing** 4 | |
| NU 470, Adult Health Nursing II** 6 | 13-15 Hours |
| NU 460 Gerontologic Nursing, 2 Elective | |
| Senior Level Spring Semester | |
| NU 430, Vulnerable Population & Global Health Nursing** 4 | |
| NU 440, Leadership in Nursing Practice** 5 | |
| NU 480, Senior Seminar and Nursing Capstone** 4 | 13-15 Hours |
| NU 490, Critical Care Nursing, 2 Elective | |

Total Nursing Hours 61-65 Total BSN Hours 123-130

<u>NOTE:</u> Nursing students may need greater than 4 semesters to complete pre-requisites prior to entering the Junior level nursing courses and the nursing program in the fall semester.

^{**} Denotes 144-180 Clinical, Lab, Simulation, and /or Practicum Hours each semester for a total of 648 clinical hours for the BSN Program.

BSN Course Descriptions

The course syllabus provides essential information about planning academic achievements and expectations for that course. The Nursing Fundamentals course is enhanced by teaching and evaluation sessions in the RSSON Simulation Education Center, where the student has the opportunity to safely master crucial competencies for clinical practice. Throughout the program, the didactic and clinical courses are interrelated and built upon each other. In addition, courses to advance knowledge critical to professional nursing are incorporated throughout the program. Ethical conduct, responsibility, and accountability are constant requirements throughout the program. As students progress through the program, their knowledge increases, skills become more complex, and practice expectations gradually increase in relation to competencies.

NU 100 NURSING DISCIPLESHIP I

Credit: 0 Semester hours

Prerequisite/Corequisite: TM 100; Pre-Nursing Major

The course will provide an introduction to Christian discipleship and professional mentorship at TMU for prenursing students while establishing supportive faculty and student collegial relationships. Emphasis will be placed upon spiritual growth and development as well as living out the Christian life in the university environment. Areas include financial stewardship, success strategies, orientation to campus life, and the utilization of physical resources at TMU. Additionally, the development of Christ-honoring study skills and time management will be introduced in this course. This course will incorporate aspects of living out your calling within the profession of nursing. This course is designed for freshmen level students and will augment the freshmen course, TM 100.

NU 200 NURSING DISCIPLESHIP II

Credit: 0 Semester hours

Prerequisite: TM 100 (can be taken concurrently) or NU 100; Pre-Nursing Major

The course will provide a sequential course for Christian discipleship and professional mentorship at TMU for prenursing students while establishing supportive faculty and student collegial relationships. Emphasis will be placed upon spiritual growth and development as well as living out the Christian life in the university environment. Pursuant of spiritual, personal, and professional calling will be sought through seeking Biblical truths, professional integrity, and the pursuit of God's standard of success. Additionally, further development of Christ-honoring study skills and time management skills will be continued in this course. This course will incorporate aspects of living out your calling within the profession of nursing while also participating with upper level nursing students in campus and community outreach. This course is designed for sophomore level students and will augment the introductory courses TM 100 and NU 100

NU 250 INTRODUCTION TO PROFESSIONAL NURSING

Credit: 3 Semester hours

Prerequisite: Pre-Nursing major with eligibility for enrollment/conditional admission into the Nursing Program.

Co-requisite: None

An introductory course to the foundations of professional nursing practice. Nursing students are introduced to concepts of professional nursing such as professionalism, critical thinking, ethics in healthcare, QSEN standards,

Scope of Practice, cultural diversity, nursing process, medical terminology, and medication math. Course includes an introduction to APA writing style and use of library resources for evidence-based research in healthcare. The student will begin to develop an understanding of the role of the professional nurse through a Christian worldview. This course will provide a foundation for future nursing courses. This is a required course for entry into the nursing program; however, students must also complete the pre-requisite core courses and meet all admission requirements for nursing in order to continue in the RSSON BSN Program. Prerequisite: Acceptance to the TMU RSSON BSN program.

NU 305 HEALTH ASSESSMENT

Credit: 4 Semester hours (3 didactic credit hours and 1 clinical credit hour, requires 36 clinical hours)
Prerequisites: Completion of All Liberal Arts Courses, NU 250 and admission into the Nursing Program

Co-requisites: NU 310, NU 335, and NU 360

This course emphasizes health assessment of the whole person's physical, psychological, social, and spiritual dimensions that stress nursing skills and the nursing process. This practicum course utilizes experiential learning to provide the student nurse with the knowledge and skills necessary to perform a comprehensive health assessment utilizing the skill of history taking, inspection, auscultation, percussion, and palpation. Normal assessment finding, frequent variations from normal, abnormal assessment findings will also be introduced. This course is designed to introduce the beginning nursing student to selected skills utilized in nursing practice and health assessment. The student will build on the basic knowledge of human anatomy and physiology. The course emphasizes the skills required for history taking, physical assessment, communication, documentation, and critical thinking to prioritize, plan, and guide care of the patient. Students will practice psychomotor, cognitive, and affective skills necessary to safely and effectively perform health assessments and implement nursing care. Application of clinical assessment and reasoning is assessed in the laboratory setting utilizing case studies and hands-on assessment skills. Both cultural and ethnic factors impacting health care beliefs and practices will be explored. Experiential learning and active participation in hands-on lab experiences will enhance the learning of this essential clinical skill. Requires a \$150.00 instructional technology fee and a \$50.00 practicum fee.

NU 306 HEALTH ASSESSMENT

Credit: 3 Semester hours (2 didactic credit hours and 1 clinical credit hour, requires 36 clinical hours)
Prerequisite: Completion of Application for Special Student Status at TMU and Georgia RN Licensure

This course emphasizes health assessment of the whole person's physical, psychological, social, and spiritual dimensions that stress nursing skills and the nursing process. This practicum course utilizes experiential learning to provide the student nurse with the knowledge and skills necessary to perform a comprehensive health assessment utilizing the skill of history taking, inspection, auscultation, percussion, and palpation. Normal assessment finding, frequent variations from normal, abnormal assessment findings will also be introduced. This course is designed to introduce the beginning nursing student to selected skills utilized in nursing practice and health assessment. The student will build on the basic knowledge of human anatomy and physiology. The course emphasizes the skills required for history taking, physical assessment, communication, documentation, and critical thinking to prioritize, plan, and guide care of the patient. Students will practice psychomotor, cognitive, and affective skills necessary to safely and effectively perform health assessments and implement nursing care.

Application of clinical assessment and reasoning is assessed in the laboratory setting utilizing case studies and hands-on assessment skills. Both cultural and ethnic factors impacting health care beliefs and practices will be explored. Experiential learning and active participation in hands-on lab experiences will enhance the learning of this essential clinical skill. Requires a \$50.00 practicum fee.

NU 310 NURSING FUNDAMENTALS

Credit: 5 Semester hours (3 didactic credit hours and 2 clinical credit hours, requires 72 clinical hours)
Prerequisites: Completion of ALL Liberal Arts Courses, NU 250 and admission into the Nursing Program

Co-requisites: NU 305, NU 335, and NU 360

Founded on biblical truths, this comprehensive course provides an introduction to theories, concepts, and values of the profession of nursing based on the integration of faith, values, and compassionate care and provides the foundation for clinical practice. Basic principles and nursing skills are introduced to enable students to recognize and begin to apply the nursing process, identify and encourage optimal health practices, and predict and provide appropriate nursing interventions in caring for the physical, psychological, social, and spiritual needs of all patient populations. Foundational in nursing practice is the introduction of basic principles promoting optimal health for the person, family, and community. Evidence based practice related to human response to illness will be explored as well as professional standards of nursing practice. Implementing holistic patient-centered care that reflects the integration of communication and collaboration skills, critical thinking, spirituality, cultural diversity, legal/ethical issues is further explored. The lab component of the course focuses on comprehension and beginning technical competency of nursing skills used to assess, implement, and evaluate nursing care. The clinical practicum experience provides students with an opportunity to implement holistic patient-centered care that reflects the integration of Biblical truths, compassion, communication, critical thinking, cultural sensitivity, and spirituality, all within the framework of the nursing process. This experience will occur in a long-term healthcare facility. Requires a \$150.00 instructional technology fee and a \$50.00 practicum fee.

NU 335 PATHOPHYSIOLOGY & PHARMACOLOGY I

Credit: Semester hours (4 didactic credit hours)

Prerequisites: Completion of All Liberal Arts Courses, NU250 and admission into the Nursing Program

Co-requisites: NU 305, NU 310, and NU 360

A combination course of the study of pathophysiology and pharmacology with emphasis on the nursing process, the first course in a two-sequence course preparation. This course includes the study of human diseases and the mechanisms that govern them, providing a comprehensive nursing approach to common alterations in body systems. Mechanisms and theories related to the development of disease and alterations in body function of individuals throughout the life span are presented. This course focuses on etiology, clinical presentation, implications, and appropriate treatment of the disease processes emphasizing nursing application. The course is organized with the inclusion of the nursing process, and consistently examines pathological conditions, and the rationale for nursing interventions within the framework of nursing practice. Including in this course, is a comprehensive focus on pathophysiology and the relationship of pharmacologic and non-pharmacologic regimens in patient care and nursing clinical practice. Focus of this course includes pharmacologic therapeutics used to treat the patient in a holistic manner. The course reviews general principles, theories, and facts about

medications and administration. Principles of pharmacologic mechanisms of action, indications, side effects, and patient education are utilized to facilitate the student's learning in the clinical environment. Information is presented by integrating pharmacology into the nursing process. Specific medication information is examined in relation to assessment, nursing diagnosis, planning process, patient monitoring, interventions, patient education and evaluation of safe and effective medication therapy. Dosage calculation instruction will be an essential element to assure safe administration of all medications in the clinical setting. Requires a \$150.00 instructional technology fee.

NU 345 PATHOPHYSIOLOGY & PHARMACOLOGY II

Credit: 4 Semester hours (4 didactic credit hours)

Prerequisites: NU 250, NU 305, NU 310, NU 335, NU 360

Co-requisite: NU 350, NU 370, and NU 375

A combination course of the study of pathophysiology and pharmacology with emphasis on the nursing process, the second course in a two-sequence course preparation. This course includes the study of human diseases and the mechanisms that govern them, providing a comprehensive nursing approach to common alterations in body systems. Mechanisms and theories related to the development of disease and alterations in body function of individuals throughout the life span are presented. This course focuses on etiology, clinical presentation, implications, and appropriate treatment of the disease processes emphasizing nursing application. The course is organized with the inclusion of the nursing process, and consistently examines pathological conditions, and the rationale for nursing interventions within the framework of nursing practice. Including in this course, is a comprehensive focus on pathophysiology and the relationship of pharmacologic and non-pharmacologic regimens in patient care and nursing clinical practice. Focus of this course includes pharmacologic therapeutics used to treat the patient in a holistic manner. The course reviews general principles, theories, and facts about medications and administration. Principles of pharmacologic mechanisms of action, indications, side effects, and patient education are utilized to facilitate the student's learning in the clinical environment. Information is presented by integrating pharmacology into the nursing process. Specific medication information is examined in relation to assessment, nursing diagnosis, planning process, patient monitoring, interventions, patient education and evaluation of safe and effective medication therapy. Dosage calculation instruction will be an essential element to assure safe administration of all medications in the clinical setting. Requires a \$150.00 instructional technology fee.

NU 350 MATERNAL HEALTH NURSING

Credit: 4 Semester hours (2 didactic credit hours and 2 clinical credit hours, requires 72 clinical hours)

Prerequisites: Successful completion of NU 250, NU 305, NU 310, NU 335, NU 360

Co-requisites: NU 345, NU 370, and NU 375

This course provides a comprehensive approach to the childbearing maternal client. The primary focus is on the holistic nursing care of culturally diverse childbearing families during prenatal, intrapartum, and postpartum periods. The effects of acute and chronic illness on human growth and development during pregnancy require the nursing student to be an effective communicator in educating the family on health promotion, disease and injury prevention, and safety issues. Current knowledge revealing how genetics and genomics play a key role in

human disease is explored. Utilization of the nursing process to identify and meet the needs of the childbearing family across the lifespan, the student will develop the skills required to deliver safe and quality health care and grow into the role of a Christian professional nurse. This course builds on the concepts of previous nursing courses with an emphasis on women's health including both maternity health and healthy newborn with common newborn issues. Students will explore the concepts of health promotion, disease prevention, and alterations in health related to women. Emphasis is on holistic care of childbearing families. Management and planning of the nursing process will include concepts from a variety of culturally diverse populations. The clinical experience occurs in various clinical settings which may include both inpatient and outpatient facilities. Requires a \$150.00 instructional technology fee and a \$50.00 practicum fee

NU 360 MENTAL HEALTH NURSING

Credit: 4 Semester hours (2 didactic credit hours and 2 clinical credit hours, requires 72 clinical hours)

Prerequisites: Successful completion of NU250 and admission into the Nursing Program

Co-requisites: NU 305, NU 310, and NU 335

This course examines the constructs of mental health and mental illness. Students will utilize physiology, pathophysiology, and pharmacology knowledge to promote health, prevent injury and illness, and manage acute and chronic conditions in mental health clients. Factors are analyzed that contribute to the development, expression, and course of mental illness, to include genetics, cognitive functioning and developmental level while evaluating spiritual, social, and physical environments. Integration of the Christian worldview, faith and values, professional standards, compassionate care, ethical and legal parameters, therapeutic communication skills, and critical thinking are utilized to enhance improved client outcomes as priorities. Emphasis is on promoting holistic care with a focus on the psychological, spiritual, cultural, and physical functioning of individuals, families, groups, and communities. The practicum provides nursing students the opportunity to conduct a comprehensive mental health assessment including, physical, psychosocial, spiritual, psychological factors that affect mental health. The student will utilize concepts of evidence-based prevention and intervention strategies, and evaluate patient outcomes for persons, families, and groups across the lifespan. Selected psychological, spiritual, cultural, health promotion, stress and coping, are applied to manage the mental health conditions of people from diverse backgrounds. Students will evaluate client and family data, personal health care records, laboratory and other healthcare components to build upon an evidence-based practice model and emphasize diagnostic reasoning, critical thinking, problem solving, and decision-making. This experience occurs in various clinical settings including inpatient and outpatient mental health facilities. Requires a \$150.00 instructional technology fee and a \$50.00 practicum fee.

NU 370 ADULT HEALTH NURSING I

Credit: 6 Semester hours (4 didactic credit hours and 2 clinical credit hours, requires 72 clinical hours)

Prerequisites: Successful completion of NU 250, NU 305, NU 310, NU 335, NU 360

Co-requisites: NU 345, NU 350, and NU 375

This course is the first of the two-sequence Adult Health didactic instruction courses, which will introduce the student to the professional foundations, and clinical principles of adult health nursing with a focus on medical-surgical nursing. Building upon prior knowledge and comprehension, this course focuses on the synthesis of

knowledge and the application of nursing skills in providing holistic care to the adult patient, and their families with common health conditions. An emphasis is placed on providing compassionate patient-centered care from a Christian worldview while applying professional standards of practice. Students utilize the nursing process with a focus on safe, evidence-based practice to promote high quality and culturally sensitive health care. This course addresses nursing care issues from a pathophysiologic, psychosocial, and spiritual context. The course integrates the nursing process with health promotion, disease and injury prevention, and illness and disease management of common acute and chronic illnesses. Students will be presented with current information, which will allow them to think critically, creatively, and compassionately. The student will apply previously learned psychomotor and cognitive nursing skills with the application of the nursing process in health promotion, disease prevention, and nursing care of the non-complex acute and chronically ill patients. The student will begin to develop a holistic, creative, compassionate, and culturally sensitive approach to patient care from a Christian worldview while maintaining evidenced-based professional standards of practice. The clinical experience occurs in various clinical settings which may include both inpatient and outpatient facilities. Requires a \$150.00 instructional technology fee and a \$50.00 practicum fee.

NU 375 NURSING INFORMATICS

Credit: 1 Semester Hour (1 didactic credit hour)

Prerequisites: Successful completion of NU 250, NU 305, NU 310, NU 335, NU 360

Co-requisites: NU 345, NU 350, and NU 370

This course will prepare the student to utilize informatics and health care technologies in the management of individuals, groups and organizations for the improvement of patient outcomes. Students will gain an appreciation of the competencies in the application of nursing informatics and apply the relevance of those competencies to their everyday practice as a nurse. Students will examine the issues related to the protection of the privacy, confidentiality, and security of health information and consider the potential wide array of social networking tools in communicating health related information. Requires a \$150 instructional technology fee.

NU 399 Special Topics in Nursing

Credit: 1 - 3 Semester Hours

Prerequisite: None

Corequisite: Varies dependent upon semester

This elective course allows nursing faculty to offer a special topic of interest to our nursing students, giving additional preparation to practice as professional nurses. Credit of 1 to 3 semester hours may vary with each semester offered.

NU 410 EVIDENCED-BASED PRACTICE & NURSING RESEARCH

Credit: 3 Semester hours (2 didactic credit hours and 1 credit hour of faculty-guided research)

Prerequisites: Successful completion of NU 300 level courses.

Co-requisites: NU 452, NU 470, and NU 460 (Elective)

The purpose of this course is to promote an evidence-based approach for safe and effective nursing practice. Students will use information literacy skills to access and evaluate the best available evidence in the areas of research methods, critical appraisal, and the utilization of research to guide nursing practice and synthesize research findings for the development of evidence-based implications of care. Analysis and critique of qualitative and quantitative research, including ethical implications, will be emphasized. This course prepares the student to understand how evidence-based practice improves patient outcomes, promotes patient safety, and demonstrates cost-effectiveness. Utilization of research databases and clinical technology will be integrated throughout the course. Theoretical and conceptual frameworks will be appraised and research ethics will be explored. Requires a \$200 instructional technology fee.

NU 430 VULNERABLE POPULATIONS & GLOBAL HEALTH NURSING

Credit: 4 Semester hours (2 didactic credit hours and 2 clinical credit hours, requires 72 clinical hours)

Prerequisite: Successful completion of NU 300 level courses, NU 410, NU 452, and NU 470.

Co-requisite: NU 440, NU 480, and NU 490 (Elective)

This course will focus on the care of populations and the provision of care for persons, groups, communities, and populations. Students apply their nursing education, skills, and knowledge from a Christian Worldview. It will provide the student with a broad introduction to programs, systems and policies affecting global health. Students will explore facets of the global health care delivery system, health care economics and the political process and its impact on the health of individuals and populations. A variety of clinical settings are utilized to allow students to apply the knowledge of the classroom to the community around them covering the life spans from children to older adults. Requires a \$200.00 instructional technology fee and a \$50.00 practicum fee.

NU 440 LEADERSHIP IN NURSING PRACTICE

Credit: 5 Semester hours (2 didactic credit hours and 3 clinical credit hours, requires 108 clinical hours)

Prerequisite: Successful completion of NU 300 level courses, NU 410, NU 452, and NU 470.

Co-requisite: NU 430, NU 480, and NU 490 (Elective)

This course focuses on appraisal of leadership roles and responsibilities, and leadership and management functions in the practice of quality nursing care. The course emphasizes organizational effectiveness, and patient safety while distinguishing roles and responsibilities in the practice of quality nursing care. Emphasis on the development of self-awareness, communication skills, leadership skills, and effective management principles of the professional nurse within the constructs of the transformational servant leadership with a Christian Worldview. Included in this course is the senior practicum clinical experience, which is designed to prepare the student for role transition, and is a mentored experience, planned collaboratively with the student, a faculty member, and a professional registered nurse. Emphasis during the practicum is on application of advanced nursing concepts and skills, leadership skills and management principles, and personal, professional, and spiritual growth. The practicum clinical experience occurs in various clinical settings which may include both inpatient and outpatient facilities. Requires a \$200.00 instructional technology fee and a \$50.00 practicum fee.

NU 452 PEDIATRIC HEALTH NURSING

Credit: 5 Semester Hours (2 didactic credit hours and 3 clinical credit hours, requires 72 clinical hours)

Prerequisite: Successful completion of NU 300 level courses.

Co-requisite: NU 410, NU 470, and NU 460 (Elective)

This course provides a comprehensive approach to the childrearing family. The primary focus is on the holistic nursing and culturally competent care of children and the family unit during the childrearing span with a focus on care of children from birth through adolescence. The effects of acute and chronic illness on growth and development require the nursing student to be an effective communicator in educating the family on health promotion, disease and injury prevention, and safety issues. In using the nursing process to identify and meet the needs of the childrearing family across the lifespan, the student will develop the skills required to deliver safe and effective quality health care and grow into the role of a Christian professional nurse. The clinical experience occurs in various clinical settings which may include both inpatient and outpatient facilities. Requires a \$200.00 instructional technology fee and a \$50.00 practicum fee.

NU 460 GERONTOLOGIC NURSING

Credit: 2 Semester Hours (2 didactic credit hours)

Prerequisite: Successful completion of NU 300 level courses and RSSON eligibility for Elective courses.

Co-requisite: NU 410, NU 452, and NU 470

The purpose of this course is to integrate and apply the student's knowledge and experiences in adult health to the specialized care of an older adult. Emphasis in this didactic course includes the understanding of the unique needs in the aging population, health promotion and self-care. Using the nursing process the student will identify responses of the older adult to pathological conditions while encouraging a level of function that promotes quality of life. The student will work within the framework of holistic patient-centered care that reflects the integration of Biblical truths, compassion, communication, cultural sensitivity, and a Biblical worldview. Requires a \$200.00 instructional technology fee.

NU 470 ADULT HEALTH NURSING II

Credit: 6 Semester hours (4 didactic credit hours and 2 clinical credit hours, requires 72 clinical hours)

Prerequisite: Successful completion of NU 300 level courses.

Co-requisite: NU 410, NU 452, and NU 460 (Elective)

Adult Health Nursing II is the second of the two-sequence Adult Health didactic instruction courses which will introduce the student to the professional foundations, and clinical principles of adult health nursing with a focus on medical-surgical nursing. Building upon prior knowledge and comprehension, this course focuses on the synthesis of knowledge and the application of nursing skills in providing holistic care to the adult patient, and their families with common health conditions. An emphasis is placed on providing compassionate patient-centered care from a Christian worldview while applying professional standards of practice. Students utilize the nursing process with a focus on safe, evidence-based practice to promote high quality and culturally sensitive health care. This course addresses nursing care issues from a pathophysiologic, psychosocial, and spiritual context. The course integrates the nursing process with health promotion, disease and injury prevention, and illness and disease management of common acute and chronic illnesses. Students will be presented with current information, which will allow them to think critically, creatively, and compassionately. The student will apply previously learned psychomotor and cognitive nursing skills with the application of the nursing process in health promotion, disease prevention, and nursing care of the non-complex acute and chronically ill patients. The

student will begin to develop a holistic, creative, compassionate, and culturally sensitive approach to patient care from a Christian worldview while maintaining evidenced-based professional standards of practice. The clinical experience occurs in various clinical settings which may include both inpatient and outpatient facilities. Requires a \$200.00 instructional technology fee and a \$50.00 practicum fee.

NU 480 SENIOR SEMINAR AND NURSING CAPSTONE

Credit: 4 Semester hours (3 didactic credit hours and 1 credit hour faculty-guided research and capstone project). Prerequisite: Successful completion of NU 300 level courses, NU 410, NU 452, and NU 470.

Co-requisite: NU 430, NU 440 and NU 490 (Elective)

A comprehensive capstone course designed to prepare senior level nursing students for graduation and to excel on their National Certification Licensing Exam (NCLEX) ®, and transition from a student to a professional graduate nurse. This course integrates previous learning experiences with biblical truths to critically examine current and emerging trends, and issues in nursing and health care. The course includes professional learning and networking hours that will prepare the students for the role of the professional nurse. The student will be expected to synthesize and apply theories, concepts, knowledge, skills, and abilities from previous didactic instruction and clinical experiences. NCLEX ® preparation will include strategies such as case studies, active learning experiences, critical thinking, clinical reasoning, decision-making, prioritization, and delegation in conjunction with clinical scenarios and NCLEX ® style questions. Preparation will include practice exams and exit exams with evaluation of the performance of the student to determine a remediation plan for success. This course will equip graduates to become Christian professional nurses to fulfill the Great Commission. The clinical experience will include various settings and will incorporate hours including but not limited to networking, continuing education hours, Capstone preparatory hours, and RSSON sponsored nursing/medical mission trips. Requires a \$500.00 instructional technology fee and a \$50.00 practicum fee.

NU 490 CRITICAL CARE NURSING (ELECTIVE)

Credit: 2 Semester Hours (2 didactic credit hours)

Prerequisite: Successful completion of NU 300 level courses and RSSON eligibility for Elective courses.

Co-requisite: NU 430, NU 440, and NU 480

This course synthesizes nursing knowledge and skills acquired in previous courses in the provision of nursing care to the critically ill patient with complex health care needs. The student will gain an overview of advanced monitoring and equipment used in the critical care setting, with an understanding of the basic and complex principles involved in the assessment, planning, and implementation of nursing interventions for patients with emergent conditions and those in critical care. Emphasis is on evidence-based, competent and compassionate, patient-centered care for critically ill patients and their families. Spiritual care, grief and bereavement, ethical, and legal issues encountered in the critical care setting are addressed. Requires a \$200.00 instructional technology fee.

TMU RSSON, BSN Student Handbook 2024-2025

Section IV BSN Degree Requirements and Graduation







Nursing Awards

During the pinning ceremony, nursing students who have demonstrated outstanding achievement within the nursing program will be honored with a distinguished award. Nursing faculty will nominate students who have demonstrated outstanding achievement and Christian leadership in the nursing program. The awards and an explanation of each are as follows:

Servant Leadership Award

This award is presented to a senior nursing student who exemplifies true Christian leadership. While leadership among the nursing profession is expected, true Christian leadership engages all and is representative of the One true leader, Jesus Christ. As Jesus Christ was an exemplar of true leadership by becoming the ultimate servant, His mission and vision of a leader is clear. Christian leaders are required to dedicate their lives to God's calling. Leaders are confirmed by a call on their life, a God-given talent, supernatural protection by God, a divine mission, and an ordainment from God to reflect His glory and proclaim the truth (Isaiah 49:1-3). God sees true leadership as a reflection of His Son Jesus and demands the proclamation of the good news of peace and salvation of Jesus Christ (Isaiah 52:7).

Nursing Student of the Year: Junior and Senior

This award is bestowed upon one junior and one senior nursing student. The candidate must give evidence of outstanding professional behavior, enhance the quality of life through compassionate care of patients, and display servant leadership toward patients, colleagues, and faculty. The selection is made by the entire nursing faculty. The student will have a minimum of a 3.5 cumulative GPA at the conclusion of the final semester.

Toni O. Barnett Nursing Leadership Award

This award is presented to the senior nursing student who excels in the nursing leadership role both in the clinical setting and the didactic classroom. The candidate will display leadership in community service, professional leadership within the college, and demonstrate potential to make a difference in the nursing profession.

Florence Nightingale Clinical Excellence Award

This award is presented to the senior nursing student who exercises appropriate clinical judgment, understands the reasoning behind specific nursing policies and standards of care, and accepts responsibility for continued development of the nursing profession while continuing their journey of Christian ministry. The student exemplifies excellence within the Nursing Major while meeting life and educational challenges with dignity, respect, and with a Christian worldview.

White Coat Ceremony

The White Coat Ceremony is held during the fall semester for students to publicly declare their intent to pursue the nursing profession. All junior nursing students enrolled in the first semester of the nursing course will be eligible to participate in the ceremony. All junior and senior nursing students are required to attend. RSSON Dress Code is required.

Pinning Ceremony

Pinning is a special nursing ceremony to give graduates their TMU RSSON pin and to recognize students who have achieved nursing awards. All senior students are required to participate in this ceremony. However, if a student is unable to attend due to an emergency, they may pick up their nursing pin from the Dean of Nursing. All junior and senior nursing students are required to attend. RSSON Dress Code is required.

Graduation Requirements

The commencement celebration is held at the end of the spring semester. Students will be given information regarding graduation during their senior year related to fees, ordering cap and gowns, RSSON graduation pins, invitations, and diplomas. In order to graduate TMU requires a graduation fee which must accompany the graduation application. The fee is non-refundable. Please refer to the TMU Student Handbook.

Application for Licensure

Successful completion of the Bachelor of Science in Nursing degree entitles the graduate to take the National Council Licensure Examination for RNs (NCLEX-RN), and with a successful score, become a registered nurse.

The student is referred to the Georgia Board of Nursing website: https://sos.ga.gov/georgia-board-nursing to complete the *Information Sheet for Licensure by Examination as a Registered Professional Nurse for Graduates of Georgia Board of Nursing Approved Nursing Programs and Traditional Nursing Education Program.* The NCLEX-RN application and registration must be completed according to the instructions outlined on the website. The student is responsible for ensuring that all information required to apply for licensure by examination is received by Georgia Board of Nursing.

The application procedures, materials, and related information about the requirements of the Georgia Board of Nursing will be discussed during the last semester of the nursing program. The student will submit required documents to the Georgia Board of Nursing after grades are posted for the final semester, and after the Dean of Nursing grants authorization that the student has met all course requirements to graduate with the BSN degree. Once the graduate's completed application materials have been examined and accepted, the graduate will receive authorization to schedule a time to take the NCLEX-RN examination. The student is strongly encouraged to take the NCLEX-RN as soon as possible after graduation. Postponement could jeopardize the student's score.

Nursing Faculty and Staff

| Faculty | | | |
|-------------------------------------|--|---------------------|---------------------------|
| Heather Ayers DNP, APRN, CPNP-PC | Chair of Nursing Associate Professor | 706.865.2134 x 6000 | hayers@truett.edu |
| Lisa LaPree DNP, MSN, RN | Associate Professor Simulation Lab Coordinator | 706.865.2134 x 6005 | <u>llapree@truett.edu</u> |
| Kelly Edwards MSN, RN | Associate Professor | 706.865.2134 x 6004 | kedwards@truett.edu |
| Patrice Parris MSN, RN | Associate Professor | 706.865.2134 x 6006 | pparris@truett.edu |
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TMU RSSON, BSN Student Handbook 2024-2025

Section V Academic Standards Policies & Procedures



TMU RSSON, BSN Student Handbook 2024-2025

RSSON Admission Criteria

The admission process requires an application to and acceptance from TMU prior to applying to the Rielin and Salmen School of Nursing (RSSON). Transfer students must meet the admission requirements of TMU and provide official transcripts from all previously attended institutions, including prior nursing education and other supporting documentation as requested.

Applicants who have attended another upper-level nursing education program are required to disclose on the nursing application, and to submit a letter of eligibility from the dean or director of the previous nursing program. Failure to disclose this information may lead to dismissal, even after enrollment, from the TMU BSN program. Transfer students who have been dismissed from another nursing education program are ineligible for admission to the BSN program.

Students must have a minimum overall GPA of 3.0, calculated by RSSON as indicated on the following conversion scale. Applicants must have a C- or better in all pre-requisite courses at the time of application.

| School of Nursing Grading Scale | | |
|---------------------------------|----------------------|--|
| Grade | Grading Scale | |
| Α | 4.0 | |
| В | 3.0 | |
| С | 2.0 | |
| D | 1.0 | |
| F | 0.0 | |

Applicants must meet the expected HESI A2 entrance cumulative score of 78 or above as an admission requirement for entry into the BSN program. Refer to the HESI A2 Admission Assessment Policy.

BSN Sophomore level nursing course, NU 250, Introduction to Nursing, is required Spring semester after provisional acceptance and prior to Fall entry. Successful completion of this course is required as part of the provisional acceptance with completion of all RSSON prerequisites for Fall entry into the BSN program but does not guarantee continued progression in the BSN program.

Specific health requirements outlined by the RSSON are required to meet the stipulations of the clinical site partnerships utilized in the BSN program.

Application Process:

If you are a current TMU student and wish to apply to the School of Nursing, follow the steps below.

STEP 1: Submit the following items to the TMU School of Nursing:

- A completed and signed School of Nursing Application form (download and print).
- A \$25 non-refundable application fee
- A two-page biographical sketch, which is a personal account discussing significant events and influences that have affected your life.

- A one-page typed paper explaining your answers to the following questions:
 - O Why do you want to be a registered nurse?
 - Why did you choose the BSN program at Truett McConnell University?
- Submit three BSN Program References

Applicants must submit three references from persons qualified to give pertinent information about you. Please do not include a relative. The reference must be someone who has known you for more than one year. References must be received prior to the posted deadline.

Submit in person or mail to: Truett McConnell University, Rielin & Salmen School of Nursing, 100 Alumni Drive Cleveland, GA 30528.

STEP 2: Complete the HESI A2 Admission Assessment Examination

- Refer to the HESI A2 Admission Assessment Policy at https://truett.edu/academics/schools/nursing/admissions-to-school-of-nursing/hesi-a2-admission-assessment-policy/
- Students will receive a score for each content exam as well as a composite score. Students must score a minimum of 78% on the composite score, including the math, reading comprehension, vocabulary and general knowledge, and science content examinations for consideration of admission into RSSON. Each exam requires a grade of 78% or better on each individual examination to receive priority admission.
- rubric
- HESI A2 examination dates will be offered yearly during the spring semester and at the discretion of the nursing faculty.
- Your completed application packet must be received in the RSSON office no later than September 1 of the previous anticipated entry year. RSSON is not responsible for delays with postal services. Late applications will not be accepted.

Submit in person or mail to: Truett McConnell University, Rielin & Salmen School of Nursing, 100 Alumni Drive Cleveland, GA 30528.

An interview will be conducted with each student after the application has been reviewed and considered complete. You will be contacted with a date and time for your interview. Applicants are encouraged to wear appropriate attire for an interview.

After you have been accepted into the nursing program and have received your Letter of Acceptance into the RSSON, the following must be completed prior to the beginning of classes and clinical:

- Clinical documentations
- CPR: Certification in Cardiopulmonary Resuscitation from the American Heart Association (AHA
- Health Examination Form with current immunization history
- Driver's license and proof of auto insurance
- Proof of health insurance
- Annual malpractice/liability insurance
- Background Check and Drug Screen

Disclaimers: According to our clinical site agreements with the hospitals and other sites, a background check and drug screening is required prior to your first clinical experience. Failure of either the background check or drug

screening may result in immediate dismissal from the nursing program. A minimum age of 18 years of age is required prior to beginning clinical experiences.

The policy for TMU and the RSSON in the admission of students, hiring of employees, or the operation of any program or activity, is not to discriminate basis of the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Acceptance in and/or Program completion of the Martha Rielin and Elizabeth Salmen School of Nursing does not guarantee licensure.

Academic Progression and Evaluation Standards

Preparation for the professional practice of nursing requires the acquisition and application of knowledge identified in the TMU RSSON Concepts, Goals, Objectives, Learning Outcomes and Performance Competency Standards. The RSSON faculty supports a learning-centered environment in the BSN Program to develop the ability for critical thinking and intellectual growth. The student is challenged to:

- Actively participate in class and practicum forums
- Work collaboratively with classmates, faculty, and clinical practice instructors
- Integrate theoretical knowledge to nursing practice experiences
- Develop a beginning personal vision of a professional nurse

The student must demonstrate progression by meeting the following criteria:

- Successful completion of required nursing courses as defined by a grade of 75 or better must be completed sequentially to satisfy pre-requisites for other nursing courses.
- An average of all exams must be equivalent to a grade of 75 or greater prior to adding additional course requirements for the overall course grade. Failure to do so will result in failure of the course.
- An average course grade must be equivalent to a grade of 75 or greater and failure to do so will result in failure of the course with a requirement to repeat for course credit.
- If a student fails more than 1 course, this will result in dismissal from the nursing program.
- Demonstrate appropriate communication with patients, peers, faculty, and other health care personnel
- Complete class and clinical requirements, including provision of safe nursing care in the clinical setting, and meet class and clinical attendance guidelines
- Display honesty and integrity in all academic and professional matters
- Demonstrate professional conduct and ethical behavior as stated in the Performance Standards

Evaluation strategies in theory and clinical courses are clearly articulated in the course syllabi. The strategies are diverse and may include: written mid-term and final examinations, quizzes, oral participation, a systematic literature search, case studies, nursing care plans, group presentations, concept mapping, process recordings, and written papers, etc.

The RSSON faculty is committed to helping the student achieve success in the nursing curriculum. The faculty monitors the academic progression of each student and informs students about strategies for success, college resources, and assistance. The faculty will notify students at risk for not successfully progressing through the program. The student is responsible for seeking assistance when experiencing academic difficulty. In an effort to improve performance, the student and faculty will initiate a classroom and clinical performance evaluation, and if needed a learning contract, which identifies specific learning outcomes that are not satisfactory.

Failure to meet course requirements will result in the student earning a grade of 'F' for the course. Failure of 2 or more courses within the nursing program will result in dismissal from the nursing program. A student may repeat one nursing course only **once.** If the student is not successful in any repeated nursing courses, the student will be dismissed without the option of seeking readmission to the TMU RSSON program.

Advanced Placement and Course Transfer

Advanced placement and course transfer are not an option in the TMU RSSON currently.

Student Recruitment

Recruitment of students for the RSSON at TMU will follow the TMU recruitment policy. Recruitment shall be by word of mouth, advertisements in the local papers, TMU website, brochures, career, and college fairs at local schools and homeschool events. Potential students will need to contact the Dean of Nursing or faculty to answer any questions they may have regarding the BSN program.

Extenuating Circumstances

Changes in personal circumstances or major health issues may prevent the student from progressing in the nursing program. The student is encouraged to seek advice and counsel from a TMU RSSON Faculty member to discuss a plan for program completion. Examples of extenuating circumstances may include, but not limited to, a documented sudden illness, death in family, hospitalization, or family emergency.

Independent Study

According to the TMU Catalog in the section, Academic Standards, students may receive credit for course work by studying independently under the close supervision of a regular faculty member through special circumstances (refer to the TMU Catalog Independent Study). Due to the nature of the nursing courses, it will be difficult for students to accomplish independent study in the nursing courses.

International Study

Nursing students are encouraged to explore other cultures, health care delivery systems, and most importantly experience nursing as a profession on a global basis. During the nursing program, the BSN student will have the opportunity to travel internationally to practice basic nursing skills overseas, in various venues.

International students interested in academic study at TMU must submit the documentation requirements outlined in the TMU Catalog, Section: International Students. A nursing student applicant who has graduated from an international nursing education program must be evaluated and comply with the requirements identified by the Georgia Board of Nursing.

RSSON Grading Criteria

The following grading rubric identifies the grading scale that is used to evaluate all nursing courses.

| School of Nursing Grading Scale | | |
|---------------------------------|---------------|--|
| Grade | Grading Scale | |
| Α | 93-100 | |
| A- | 90 – 92.99 | |
| B+ | 87 – 89.99 | |
| В | 83-86.99 | |
| B- | 80 - 82.99 | |
| C+ | 77 – 79.99 | |
| С | 75-76.99 | |
| D+ | 67 – 74.99 | |
| D | 60-66.99 | |
| F | 0-59.99 | |
| | | |

| TMU Grading Schedule | | |
|----------------------|---------------|--|
| Grade | Grading Scale | |
| Α | 93-100 | |
| A- | 90-92.99 | |
| B+ | 87-89.99 | |
| В | 83-86.99 | |
| B- | 80-82.99 | |
| C+ | 77-79.99 | |
| С | 73-76.99 | |
| C- | 70-72.99 | |
| D+ | 67-69.99 | |
| D | 60-66.99 | |
| F | 0-59.99 | |

Each nursing course syllabus includes grading practices and passing requirements that are reviewed at the beginning of every course. Program progression and advancement is based on academic grades in each course, and a 'satisfactory' standing is mandatory for the practice component of all clinical courses prior to progression to the next level. Students must achieve an average grade of 75 or higher on course exams in order to pass the course. If the exam average is 74.99 or lower, it will not be rounded to a 75. Grades from other assignments will only be added if the student has a quiz and exam average of 75 or greater. A course grade below 75 is unacceptable and will result in repeating the course, or dismissal from the nursing program. Students who do not receive a grade of 75 or above will fail the course, regardless of other assignment grades or clinical competency evaluation.

RSSON Clinical Grading Rubric

Clinical experience is graded as Proficient (4), Satisfactory (3), Needs Improvement (2), or Unsatisfactory (1).

Proficient = 4

A student who earns a grade of proficient (4):

 Demonstrates proficient competencies in the performance of standard nursing practice, education, research, health policy/public health above expectations when caring for individuals, families, local, regional, and global communities

- Consistently demonstrates accurate and appropriate knowledge of professional nursing practice and performance standards including behaviors, legal issues, ethics, values, accountability, and integrates them into practice.
- Independently functions using the nursing process with minimal guidance.
- Consistently applies critical thinking when developing a nursing care plan with minimal guidance.
- Consistently applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills or identifies errors.
- Continuously engages in self-direction to learning.
- Continuously demonstrates improvement in performance, skills, attitudes and self-directed learning.

Satisfactory = 3

A student who earns a grade of satisfactory = 3:

- Demonstrates satisfactory competence in the performance of standard nursing practice, education, research, health policy/public health above expectations when caring for individuals, families, local, regional, and global communities.
- Frequently demonstrates accurate and appropriate knowledge of professional nursing practice and performance standards including behaviors, legal issues, ethics, values, accountability, and integrates them into practice.
- Functions satisfactorily using the nursing process with minimal to moderate guidance.
- Frequently applies critical thinking when developing a nursing care plan with moderate guidance.
- Satisfactorily applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills or identifies errors.
- Occasionally engages in self-direction to learning and seek appropriate assistance.
- Demonstrates improvement in performance, skills, attitudes, and self-directed learning.

Needs Improvement = 2

A student who earns a grade of needs improvement = 2:

- Adequately demonstrates knowledge of professional nursing practice and requires moderate assistance in applying knowledge with skills.
- Safely functions using the nursing process with minimal to moderate guidance.
- Applies critical thinking when developing a nursing care plan with moderate to extensive guidance.
- Satisfactorily applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills with moderate to extensive assistance.
- Requires some direction in identifying and utilizing learning opportunities.

A student who earns a grade of unsatisfactory = 1:

- Requires extensive guidance for the performance of standard nursing practice, education, research, health policy/public health when caring for individuals, families, local, regional, and global communities.
- Persistently demonstrates gaps and deficiency in knowledge of professional nursing practice and requires constant supervision and assistance in applying knowledge and skills.
- Is frequently unprepared, unable to identify his or her own learning needs, and demonstrates no interest in learning.
- Persistently requires some direction to learning and seek appropriate assistance.

Students must earn a satisfactory or above in the practicum/clinical component of each course. The student who receives an unsatisfactory for the practicum/clinical, will receive a failing grade for the course. Practicum/Clinical grades are either pass or fail. Refer to the Junior and Senior Clinical Performance Evaluation.

Attendance Policy

Class attendance is vital to the success of the nursing student. The student is expected to attend all classes and to participate in class discussions. Punctual attendance is required for each class. Absences can negatively impact the grade in any nursing course or clinical/simulation experience. An absence from a class may require additional work in order to validate learning of the missed content. Students are responsible for content in the course syllabi and all policies related to attendance. Three tardies are equal to one **unexcused** absence. The student is responsible for notifying the course coordinator of tardies or absences from class by email 1 hour prior to the start of class. **Refer to Professionalism Rubric**.

A student is responsible for any missed content. Extreme emergencies of hospitalization, death of an immediate family member, or physical impairment, may be excused absences, and will be considered on an individual basis.

Excused and Unexcused Absences

Didactic (Class) Absence:

- Medical Related Illness/Sickness Absence with medical documentation, virtually present = present
- Medical Related Illness/Sickness Absence with medical documentation, not virtually present/absent = excused absence
- Medical Related Illness/Sickness Absence with no medical documentation, virtually present = unexcused absence with professionalism deduction
- Personal/Professional Related Absence, not medical related = unexcused absence with professionalism deduction
- TMU Related Absence (>50%) First 2 absences per course are considered = TMU excused absences, after 2nd absence, considered = unexcused absence with professionalism deduction
 - All attempts should be made to attend virtually if possible and will be considered present.
 (Maximum of 2 absences allowed).

Clinical/Lab/Simulation Absence:

- Medical Related Illness/Sickness Absence with medical documentation = excused absence, requiring clinical make-up at 1:1 ratio
- Medical without documentation and/or Personal clinical absence = unexcused absence, requiring clinical make-up at 2:1 ratio and professionalism deduction
 - 2 Unexcused clinical absences, related to personal and/or medical without documentation, result in clinical failure and course failure.
- Lack of clinical preparedness (clinical/lab/simulation) and not within RSSON clinical dress code will result in dismissal from clinical and an unexcused absence requiring clinical make-up at 2:1 ratio and Professionalism Grade deduction.
- TMU Related clinical absence = excused clinical absence requiring clinical make-up at 1:1 ratio for first 2 TMU related clinical absences, after 2nd clinical absence, TMU-related clinical absences will be considered excused requiring clinical make-up at 2:1 ratio

Class/Lab/Simulation Tardy:

- Any time after class/lab/simulation start time is considered tardy.
 - Notify professor of anticipated tardy.
 - Professionalism deduction
- 2 clinical tardies equals an unexcused absence for clinical course.

Clinical Tardy:

- Tardy (any time after start time as defined by clinical instructor) without notification to clinical instructor/course coordinator results in unexcused clinical absence.
- Students must be present by 6:45 am or start of shift report/unit huddle report.

Social Distancing Didactic Protocol

RSSON will adhere to institutional policy regarding social distancing for all faculty, staff, adjunct instructors, and students during didactic classroom work. All other institutional and school policies are additionally expected to be maintained, including but not limited to dress code, academic integrity policy, and professionalism if student is required to attend synchronous class meetings.

Professional Conduct and Civility Policy

Professional Conduct:

Professional conduct is expected at all times, including respectful communication, competent personal and professional development, compassionate practice, respect and dignity for all people, and adherence to *the Code*

for Ethics for Nurses with Interpretative Statements (ANA, 2015) which guides nursing practice and articulates the moral foundations of nursing. Incivility of any kind will not be tolerated. Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) states that nurses are required to "create an ethical environment and culture of civility and kindness, treating colleagues, co-workers, employees, students, and others with dignity and respect." Similarly, nurses must be afforded the same level of respect and dignity as others (ANA, 2015a). Thus, the nursing profession will no longer tolerate violence of any kind from any source. All registered nurses and employers in all settings, including practice, academia, and research must collaborate to create a culture of respect, free of incivility, bullying, and workplace violence. Best practice strategies based on evidence must be implemented to prevent and mitigate incivility, bullying, and workplace violence; to promote the health, safety, and wellness of registered nurses; and to ensure optimal outcomes across the health care continuum. This position statement, although written specifically for registered nurses and employers, is also relevant to other health care professionals and stakeholders who collaborate to create and sustain a safe and healthy interprofessional work environment. Stakeholders who have a relationship with the worksite have a responsibility to address incivility, bullying, and workplace violence.

Laptop computers may only be used for note-taking during class. If a student is caught using the internet, playing games, etc. he/she will be asked to leave the class at that time.

Covered drinks **only** are allowed in the classroom and lab. Please also discard liquids prior to trash disposal. Food items or snacks must not be distracting from the learning environment and must be discarded appropriately.

Professional etiquette in the nursing classroom is expected which includes but is not limited to:

- Students are expected to behave in a professional manner to all clients, staff, faculty, and other students. This behavior includes mutual courtesy, honesty, ethical actions, and responsible interpersonal communication skills. Behavior that interferes or inhibits learning will be addressed by the SON faculty.
- The faculty may remove a disruptive student at his or her discretion. A student is expected to be ready, responsible and responsive during the classroom experience. Any disruption or unprofessional behavior will be addressed by the SON faculty.
- Electronic devices (including cell phones) may only be used on silent mode, and should only be utilized during breaks, unless the instructor designates otherwise.
- Children or guests will not be allowed in the classroom except in extreme circumstances and with prior permission from the faculty.

RSSON Dress Code:

Appropriate street clothes may be worn for classroom experiences only:

- Modest attire is to be worn; tight fitting clothing or bare midriffs or backs, low necklines, strapless tops, thin-strap tops, and miniskirts are not permitted. <u>No shorts are permitted</u>. Skirts/dresses/capris are permitted if <u>at knee-length or below</u>.
- Any clothing which exposes a bare midriff, back, chest, or underwear are prohibited.
- Students are to be well groomed, with clean skin, hair, nails, and neat in appearance.

- Clothing should be clean, freshly laundered and with a pleasant odor.
- No pajamas or slippers are permitted.

Failure to comply with the above requirements may result in an unexcused absence and/or a professionalism grade deduction. Repeated violations to RSSON Dress Code may result in a change to dress code.

Students who must attend classroom experiences via online attendance for extenuating circumstances must adhere to RSSON dress code and present in a professional manner (sitting upright at a table and not lying in bed, etc.). Video camera is expected to be always visualized during lecture and discussion. Students may be required to mute microphone except to pose questions or concerns.

For special occasions (Pinning Ceremony and White Coat Ceremony, etc.), during presentations in class, and off-campus representing the SON, the following attire is required:

- Dresses/Skirts: Modest Dress which includes no bare midriff, back or plunging necklines or any clothing that exposes undergarments. Knee length or maximum 3" above knee. Sleeveless must be at least 3" in width. No spaghetti strap camisole without a cardigan or jacket is allowed.
- Bottoms/Pants: Dress slacks/capris. No denims are permitted.
- Tops/Shirts: At least 3" in shoulder length. No midriff showing.
- Shoes: Dress shoes. No tennis shoes, flip flops, Chaco-like shoes, or slippers are permitted.
- Faculty reserve the right to determine if attire is permissible for special occasions.

Communication Policy:

<u>Communication regarding academics, nursing classes, and/or clinical issues should be communicated via email only.</u> Any type of communication or correspondence between students and faculty should be professionally mannered and mutually respectful.

<u>Communication with Faculty Members:</u> Each faculty member will indicate in the syllabus, available office hours for opportunities to meet with faculty and times available for phone calls, text and/or email. When students communicate with faculty after 5 pm during the week and during weekend hours, faculty members may or may not respond until the next business day. Please reserve 'after hours' communication for emergent purposes only.

No taping of lectures or presentations is permitted without the instructor's consent. All personal electronic devices will be disabled/muted during class time. Personal usage of these devices is prohibited during classroom and clinical activities. The use of computers during class time will be exclusively utilized for appropriate course activities.

Faculty reserve the right to designate the classroom a "phone-free" zone which will require students to place phones and/or electronic devices in designated areas. Emergency situations should be directed to the faculty person in charge. During exams and after completion of "collab", all electronic devices will be turned off and placed in a designated area provided by the course coordinator. These include but are not limited to phones, tablets, watches, & any other electronic device. Students not in compliance may be dismissed and given an unexcused absence.

Civility Policy:

RSSON faculty uphold the professional nursing standards of the ANA Code of Ethics, moral rightness, and the accountability to the calling the Lord has placed on our lives, including honesty, integrity, and the ability and willingness to seek civility in all personal and professional interactions, within the classroom, the practice environment, and all interactions with students, staff, and other faculty. This standard is extended to all practice sites, community outreach, and any experience a student, a staff member, or a faculty member is involved. Any breeches of civility, among faculty, staff, and students, are considered unacceptable, unprofessional, and do not represent the calling upon our lives to serve others in the nursing profession and to love one another as Christ loves the church. Breeches of civility will be considered as failure to comply with policy and will be referred to RSSON faculty.

Assignments and Examinations

All assignments are expected on the designated due date. Extensions must be negotiated with the appropriate faculty member **prior to the scheduled date of submission.** Late submission of assignments will result in grade reduction.

Papers and Projects Assignments: Late submission of assignment will result in a 5-point deduction per day late up to 3 days after the due date. After the 3rd day, the student will receive a "0" on the assignment and an incomplete in the class if not submitted by the end of course.

EAQs: Completion due at the discretion of the faculty. If not completed, the grade will result in zero "0".

All Satisfactory/Unsatisfactory assignments must be completed. Any assignment not submitted will result in an incomplete for the course. Incomplete assignments must be completed prior to grade submission. If extenuating circumstances exist, the start of the following semester or it will result in dismissal from the nursing program.

Students are required to take all examinations on the date and time scheduled. If extenuating circumstances preclude a student from taking an exam, turning in an assignment, attending a class, or a clinical experience on the scheduled date, the <u>student must notify the faculty member responsible for the class or clinical, prior to the scheduled absence</u>, and provide a written explanation of the absence. The student is responsible for arranging any make-up assignment or examination time with the faculty member responsible for the class or clinical <u>prior to the absence</u>. Examinations must be completed within three (3) days of the absence at the discretion of the faculty.

Unexcused absences missed assignments and exams, without permission of the faculty, will result in a grade of '0' for the missed assignment or examination. The faculty reserves the right to determine if a student can reschedule the exam or quiz.

If a student is tardy to an examination, being greater than 15 minutes past the beginning of class or the exam has begun, the student may be required to reschedule the examination on an alternate date at the discretion of the faculty and will automatically forfeit 'Collab'.

Academic Integrity Policy

The TMU RSSON expects students to be honest in all their academic endeavors. The student is expected to adhere to the ANA Code of Ethics for nurses and the Standards of Practice for Professional Nurses. Cheating, plagiarism, forgery, fraudulent access and use of testing resources, or other unethical forms of academic misconduct are not tolerated. It is the responsibility of each student to ensure their academic pursuits are conducted with utmost integrity. Additionally, failure to report any known or suspected violation of academic integrity misconduct constitutes academic integrity misconduct and violation of the Academic Integrity Policy of RSSON.

Nonexclusive examples of academic integrity misconduct include:

- fraud, deceit, or dishonesty in an academic assignment, text, or examination
- use or consultation of unauthorized or inappropriate materials (e.g. notes, books, etc.) on assignments, tests, or examinations
- unauthorized discussion of a test or exam during or after administration
- copying content on an assignment, test or examination for another individual
- obtaining a test or examination or answers to a test or examination before administration of the test or examination
- studying from an old test or examination whose circulation is prohibited by the faculty member.
- use or consultation of unauthorized electronic devices or software (e.g., calculators, cellular phones, computers, tablets, smart watches, etc.) in connection with assignments or during tests or examinations.
- use of paper writing services or paper databases
- permitting another individual to contribute to or complete an assignment, or to contribute to or take a test or examination on the student's behalf
- unauthorized submission of the same or substantially similar work, assignment, test, or exam to fulfill the requirements of more than one course or different requirements within the same course.
- tampering with, disabling, or damaging equipment for testing or evaluation
- use of material produced by another person without acknowledging its source
- falsification or fabrication of data/information for an assignment, on a test or exam or in a clinical assignment
- request for special consideration from faculty members based upon false information or deception
- fabrication of a reason (e.g., medical emergency, etc.) for needing an extension on or for missing an assignment, test or examination
- intentionally or knowingly aiding another student to commit an academic ethics violation
- allowing another student to copy from one's own assignment, test, or examination
- making available copies of course materials whose circulation is prohibited (e.g., old assignments, tests, or examinations, etc.)
- sharing paper mill/answer bank websites or information with other students
- intentionally damaging the academic efforts of another student
- use of electronics in any way to gain an unfair advantage on an assignment, test, or examination

Academic Integrity of any kind will be handled directly by the faculty member and the Dean and will result in a grade of '0' or dismissal from the course with a grade of 'F'. If cases of academic integrity are referred to the Vice President of Academic Services, the student may be suspended or expelled from TMU. Any nursing student who copies or falsifies a report for <u>any</u> assignment, clinical project, term or research paper without doing the required work will result in a grade of '0'.

Students may be required to submit papers in the online classroom through 'Turnitin'. A 'similarity report' is generated through 'Turnitin.' Only papers with a similarity equal to or less than 25% will be accepted by the faculty. Any similarity greater than 25% will be accepted at the discretion of the faculty. Keep in mind it takes a minimum of 2 hours after submission to receive the 'similarity report.'

TMU Institutional Academic Misconduct Policy

Cheating (giving or receiving aid not approved by the instructor) will be handled directly by the faculty member concerned. However, if a student cheats or plagiarizes, the faculty member must report the incident to the Vice President for Academic Services. The minimal penalty for a first offense is to receive a "0" for the assignment/quiz/test; the minimal penalty for a second offense is failure of the course; the minimal penalty for a third offense is removal from school. The incidents will be cumulative from all courses and all previous semesters/years at TMU. The Office of Academic Services will keep records of all offenses. The following items have been identified as the more common forms of cheating and/or plagiarizing; however, other forms of cheating and/or plagiarizing may be identified by the individual instructors:

- Asking for information from another student during a test situation.
- •Copying answers from another's paper during a test situation.
- •Knowingly allowing someone to copy from one's paper during a test situation.
- •Using sources other than those permitted by the instructor in a test situation.
- •Copying material exactly or essentially or paraphrasing from outside sources and omitting appropriate documentation and punctuation (plagiarism).
- •The use of AI tools, software, or services for completing written and other assignments contrary to the extended policy found in the current course catalog and/or what might be specified by the professor in this syllabus.
- •Copying or falsifying a report for a laboratory, clinical project, or assignment without doing the required work.
- Changing answers on a returned, graded test or assignment in order to have the grade revised.
- •Obtaining in any manner a copy, in part or in whole, of a test which has not yet been released or given by an instructor. Not stopping as instructed in a timed test or writing situation.

•Submitting work actually prepared outside class as work required to be done during class time.

BSN Program Testing and Exam Policy

BSN Testing Policy

All BSN program exams are proctored by faculty and RSSON will utilize testing software to monitor examinations, including the ability to pause or cease the examination. All BSN program exams are proctored by faculty and RSSON will utilize testing software to monitor examinations, including the ability to pause or cease the examination. TMU RSSON may utilize recording of examinations and reserve the right to review recordings to ensure exam integrity is maintained. RSSON reserves the right to adjust the testing environment to ensure academic integrity.

The proctor will provide scratch paper and calculator. The student is expected to bring a writing instrument to the testing room only. No outside items are allowed in the testing room.

Students will be required to leave personal belongings in designated and locked areas. Students are not allowed to access any **prohibited personal items** at any time during the exam. Hats, scarves, gloves, blankets, sweatshirts (hoodies), and coats are not allowed in the testing room, however provision may be granted for specific religious/cultural apparel. Any large jewelry or other accessories (including watches) are to be removed prior to entering the testing room.

<u>Prohibited personal items</u> include but are not limited to:

- Any educational, test preparation or study materials
- Cell/mobile/smart phones, tablets, smart watches, MP3 players, fitness bands, jump drives, cameras, or any other electronic devices

During testing, all watches are to be removed and all phones (airplane mode or off) and belongings are to be placed in the designated area. Students may obtain belongings after completion of exam and collaborative testing. Bathroom privileges are encouraged prior to the exam and discouraged during an exam and while waiting for collaborative testing (if applicable). However, if bathroom privileges are necessary, the student will forfeit the ability to participate in collaborative testing.

Collab/Collaborative testing: The RSSON utilizes a collaborative testing option for both the ability to add extra credit and as an exam review. Collaborative testing is at the discretion of the faculty and may require additional classroom time to complete. Students are expected to adhere to the course schedule for alternate testing times to accommodate collaborative testing. Students are expected to adhere to the RSSON Academic Integrity Policy and to refrain from discussing the exam prior to completion of collaborative testing. Discussing an exam may result in the forfeit of the ability to participate in collaborative testing. Collab grading will be allotted as follows: A, 90-100: 3 points; B, 80-89: 2 points; C, 75-79: 1 point; C-, <75: 0 point. Collaborative testing is

scheduled per faculty discretion. Bathroom privileges are allowed prior to the exam and after completion of exam and highly discouraged during an exam. If bathroom privileges are necessary during the exam, the student will forfeit collaborative testing.

If faculty suspects academic misconduct (Please refer to RSSON Academic Integrity Policy in the BSN Student Handbook), the student will be asked to stop the exam and immediately schedule an appointment with the Dean and the faculty member. If this occurs, the student should leave quietly, and professional behavior is expected. Any student who has been determined by faculty to have a breach of academic integrity may be assigned a zero for the exam of reference. A second occurrence will result in dismissal from the nursing program. Please refer to the Academic Integrity section.

BSN Examination Policy

RSSON exams are scheduled according to faculty, course, and testing lab availability. Exams are administered as scheduled unless prior arrangements have been discussed with faculty and course coordinator. Exams will be administered primarily utilizing computer-based testing platform or software or printed examinations when deemed appropriate by faculty.

For each course, each course exam will consist of a minimum of 50 questions and final or cumulative exams will consist of a minimum of 100 questions. For each course examination, time will be allotted to 1 minute and 30 seconds per question. For example, a 50-question examination will be allotted 75 minutes and for a 100-question examination, then 150 minutes will be allotted. For each course examination, there will be a maximum of 5 drug calculation competency questions (excluding the Semester Drug Calculation and Medication Math Competency exams).

Of the course examinations, there will be a progression of learning utilizing Bloom's taxonomy over the program of study. There will also be a progression of mastery of select-all-that-apply (SATA) or multiple-response (MR) questions, and alternate -item question types. There will be no partial credit allotted for SATA questions. The progression of SATA questions assists in preparation of national licensure examination.

To fully prepare TMU graduates for the NCLEX-RN ®, RSSON students will have alternate-item questions in each course exam. The NCLEX-RN ® NGN format is expected to launch for national licensure in April 2023. These questions are best for preparation of students for clinical judgment questions that will be encountered on the national licensure exam. The following question types can be expected on exams: Multiple Response/SATA>7 options; Drag and Drop, Drop Down, Highlight, Matrix, Bow-Tie, Trend and Case Study Questions that will incorporate multiple choice and/or multiple response options.

The following adjustments have begun, effective January 2022, for implementation. These question types are incorporated in course exams to strengthen clinical judgment and prepare the RSSON graduate for national licensure.

Semester 1/Junior 1:

- 5-10% NGN questions
- Maximum of 10% SATA (<5)
- Maximum of 5 drug calculation questions

Semester 2/Junior 2:

- 10-15% NGN questions
- Maximum of 10% SATA (<5)
- Maximum of 5 drug calculation questions

Semester 3/Senior 1:

- 15-20% NGN questions
- Maximum of 10% SATA (<5)
- Maximum of 5 drug calculation questions

Semester 4/Senior 2:

- 20-25% NGN questions
- Maximum of 10% SATA (<5)
- Maximum of 5 drug calculation questions

RSSON HESI External Testing and Remediation Policy

RSSON has implemented an External Testing and Remediation Policy which consists of utilization of Health Education Systems, Inc. (HESI) standardized testing throughout the nursing program. These standardized external exams are administered during specific didactic or clinical related courses to assist students in identifying areas of "knowledge gaps" and provide a recommended plan for remediation to mitigate the "knowledge gap". During the final semester, HESI Exit Exams will be administered in NU 480, Senior Seminar. Costs for these exams are included in the nursing student fees. Utilization of adaptive quizzing and remediation of content will aid in preparation for the HESI Specialty and Exit exams.

HESI Specialty Exams:

All students are <u>required</u> to take proctored exams as specified in <u>Table I</u>. Exam administration schedules will be published in the course syllabi. <u>Students should strive to achieve the established benchmark score of 900 for each exam</u>. HESI Specialty exams will comprise <u>10% of course (exam) grade and the greater grade of the two scores will be allotted to each individual course grade.</u>

Table I.

| Course | HESI Exams |
|---|--|
| NU 310 Nursing Fundamentals | HESI Fundamentals Specialty Exam* |
| NU 305 Health Assessment | HESI Health Assessment Specialty Exam |
| NU 335 Pathophysiology/Pharmacology I | Customized HESI Exam |
| NU 345 Pathophysiology/Pharmacology II | Customized HESI Exam |
| NU 350 Maternal Health Nursing | HESI Maternity Nursing Specialty Exam |
| NU 360 Mental Health Nursing | HESI Psychiatric/Mental Health Specialty Exam |
| NU 370 Adult Health Nursing I | Customized HESI Exam* |
| NU 375 Nursing Informatics | None |
| NU 410 Nursing Research | HESI Research Specialty Exam (at discretion of faculty) |
| NU 430 Vulnerable Populations and Global Health | HESI Community Health Specialty Exam |
| Nursing | |
| NU 452 Pediatric Health Nursing | HESI Pediatric Nursing Specialty Exam |
| NU 440 Leadership in Nursing Practice | HESI Management Specialty Exam |
| NU 470 Adult Health Nursing III | HESI Customized Exam* |
| NU 480 Senior Seminar | HESI Critical Thinking Specialty Exam |
| | HESI CAT (Computer Adaptive Test) Exam |
| | HESI Exit Exams (minimum of 3) |
| | Additional Standardized Exams (at discretion of faculty) |

Failure to achieve the established benchmark score on the <u>FIRST</u> proctored exam demonstrates a knowledge gap that will require remediation. The student will initiate remediation immediately after the first proctored exam following the individualized remediation plan. <u>Completion of the remediation packet is due prior to second attempt of each exam or by designated due date per course coordinator</u>. If the student has not completed the remediation in its entirety, the student will not be eligible to test at the scheduled time and will be required to reschedule the repeat examination. A delay in completion of a scheduled HESI examination, due to incomplete remediation, will result in a reduction of the student's professionalism grade by 30%.

Remediation is <u>recommended</u> on all scores at 900 and above, however remediation and retake are not required. Remediation is <u>required</u> for all scores less than 900.

Refer to <u>Table II</u> for the requirements for remediation based on each exam score. The <u>SECOND</u> proctored retake exam will be scheduled with faculty. Failure to achieve the established benchmark score on the <u>SECOND</u> proctored exam demonstrates a continued or identified knowledge gap that will require remediation. The student will continue remediation immediately following the second proctored exam utilizing the individualized remediation plan. <u>Completion of the remediation packet is due prior to third attempt or by designated due date per course coordinator</u>. If the student has not completed the remediation in its entirety, the student will not be eligible to test at the scheduled time and will be required to reschedule the repeat examination. A delay in completion of a scheduled HESI examination, due to incomplete remediation, will result in a reduction of the student's professionalism grade by 30%.

If the student is unsuccessful in achieving the benchmark score of 900 after the third proctored exam, then the student will be recommended to complete additional remediation and will be required to retake until benchmark is achieved for designated course requirements.

The courses designated with an asterisk (*), NU 310, NU 370, and NU 470 have been identified as predictors for HESI Exit examination success. If the student does not meet the benchmark of 900 or greater at either attempt, remediation of HESI Specialty for NU 310, NU 370, and NU 470 must be completed prior to HESI Exit #1.

Standard HESI Exam Grade Conversion Score: HESI examination scores comprise 10% of course grades in the following courses: NU 305, NU 310, NU 335, NU 345, NU 350, NU 360, NU 370, NU 430, NU 440, NU 452, and NU 470. The allotted HESI grade is 10% of the overall HESI score. For example, a HESI score of 920 would allocate 92% for the HESI course grade which would comprise 10% in each assigned course.

NU 480 Senior Seminar & Nursing Capstone have additional requirements with HESI Exit Scores including the HESI course grade allocation for NU 480, which is a **30% course grade allocation**. The standard for this course is determined based on national licensure readiness predictors and the SON performance on the national licensure examination. Refer to NU 480 course requirements for further information.

Table II.

| HESI Proctored | Remediation Requirements After Proctored | HESI Proctored Retake | Remediation after Proctored | |
|-----------------------|---|-----------------------------------|---|--|
| <u>Exam #1</u> | <u>Exam #1</u> | <u>Requirement</u> | <u>Exam #2</u> | |
| 900 or above | A minimum of two (2) hours of HESI Remediation and two (2) hours Adaptive Testing (customized quizzing) each week are highly recommended but <i>not required with Mastery level of Proficient.</i> | No Retake Required | N/A | |
| 850-899 | A minimum of four (4) hours HESI Remediation and four (4) hours Adaptive Testing each week are highly recommended but two (2 hours) are required with Mastery level of Proficient. Student is required to complete all remediation requirements as assigned in the My Evolve account within the specified time and prior to the scheduled date of the second proctored exam. | Proctored Exam Retake Required | Recommendation of a minimum of two (2) hours of weekly remediation activities and <i>Mastery of Proficient</i> . | |
| 849 and below | A minimum of six (6) hours HESI Remediation and six (6) hours Adaptive Testing each week are highly recommended but four (4 hours) are required with Mastery level of Proficient. Student is required to complete all remediation requirements as assigned in the My Evolve account within the specified time and prior to the scheduled date of the second proctored exam. | Proctored Exam Retake Required | Recommendations of a minimum of four (4) to six (6) hours of weekly remediation activities and <i>Mastery of Proficient</i> . | |

HESI EXIT Examination and Remediation Requirements:

Students enrolled in NU 480, Senior Seminar & Nursing Capstone, will be required to complete the HESI Exit Examinations. In NU 480 Senior Seminar & Nursing Capstone, there is a minimum score for success in the course. The examination will be administered to <u>ALL</u> students at least three times during the course. The <u>FIRST</u> attempt will be given prior to the course or at the beginning of the course and the <u>SECOND</u> exam will be given by midterm. A <u>THIRD</u> attempt will be offered near the end of the semester. All exams will be used to guide remediation activities.

Every student, regardless of benchmark score, will be required to take all (3) scheduled HESI EXIT exams and complete remediation activities prior to taking a repeat HESI EXIT exam.

The student will be required to meet the course requirements in NU 480. Benchmark scores (900 or greater) must be met, or remediation completed for NU 310, NU 370 and NU 470 prior to HESI Exit #1. Students are recommended to complete all remediation in NU 310, NU 370 and NU 470 prior to HESI Exit#1 regardless of score.

NU 480 Senior Seminar & Nursing Capstone have additional requirements with HESI Exit Scores including the HESI course grade allocation for NU 480, which is a **30% course grade allocation**. The standard for this course is determined based on national licensure readiness predictors and the SON performance on the national licensure examination. Refer to NU 480 course requirements for further information.

• HESI Comprehensive EXIT Exams:

- o Required Target: Minimum score of 850 or greater on at least 2 of 3 HESI Exit Exams.
- o Required Target: Minimum score of 900 or greater on at least 1 of 3 HESI Exit Exams for course progression and completion.
- Preferred Target: Minimum score of 900 or greater on at least 2 of 3 HESI Exit Exams.
- Standardized Exam Grade Conversion for HESI examination: The higher grade of the completed attempts will be accepted as the grade
- The Standardized Exam Grade Conversion for HESI examination will be 10% of the HESI specialty score. Example: A HESI score of 848 = 84.8 or a score of 920 = 92.0. The HESI Course grade will comprise 30% of the final course grade in the NU 480 course. Refer to the Syllabus for the NU 480 course for further explanation.

Remediation is <u>required</u> on all HESI EXIT regardless of score attained. See <u>Tables</u> for further clarification regarding remediation requirements. The student is advised to follow individualized HESI remediation plan(s) for completion of remediation assignments. A delay in completion of a scheduled HESI examination, due to incomplete remediation, will result in a reduction of the student's professionalism grade by 30%.

Based on HESI Exit exam scores, the student will continue the remediation and retesting process until the benchmark scores are achieved.

All students are required to attend the HESI Review Course provided during NU 480, Senior Seminar & Nursing Capstone at the scheduled time. Additional NCLEX preparation may be scheduled, and student participation is required for course completion.

Table III.

| HESI Proctored | Remediation After HESI | HESI Proctored | Remediation after HESI | HESI Proctored | Remediation after HESI | HESI Poviow |
|-------------------|--------------------------------------|----------------|--|-------------------|---------------------------|----------------|
| Exam #1 | Exam #1 | <u>Exam #2</u> | Exam #2 | Exam #3 | Exam #3 | Review |
| EXAIII #1 | EXAIII #1 | | EXAIII #Z | EXAIII #5 | Exaili #3 | <u>Course</u> |
| | | | | | | |
| 900 or | Student is required | Proctored | Student is required to | Proctored | No additional | HESI |
| above | to complete all | Retake | complete all | Retake | remediation | Review |
| | remediation | Required | remediation | Required | required. | course |
| | requirements as | • | requirements as | - | · | required |
| | assigned in the My | | assigned in the My | | Recommended | |
| | Evolve account | | Evolve account within | | HESI | |
| | within the specified | | the specified time and | | Remediation as | |
| | time and prior to | | prior to the scheduled | | assigned in the | |
| | the scheduled date | | date of the third | | My Evolve | |
| | of the <u>second</u> | | proctored exam. | | account. | |
| | proctored exam. | | | | | |
| | | | A minimum of two (2) | | Individualized | |
| | A minimum of two | | hours of HESI | | NCLEX | |
| | (2) hours of HESI | | Remediation and two | | Remediation & | |
| | Remediation and | | (2) hours Adaptive | | Preparation | |
| | two (2) hours | | Testing each week <i>are</i> | | Plan | |
| | Adaptive Testing | | recommended with | | | |
| | each week are | | Mastery Level of | | | |
| | recommended | | Proficient. | | | |
| | with Mastery Level | | | | | |
| | of Proficient. | | | | | |
| 850-899 | Student is required | Proctored | Student is <u>required</u> to | Proctored | Required HESI | HESI |
| | to complete all | Exam Retake | complete all | Exam | Remediation as | Review |
| | remediation | Required | remediation | Retake | assigned in the | course |
| | requirements as | | requirements as | Required | My Evolve | required |
| | assigned in the My | | assigned in the My | | account. | • |
| | Evolve account | | Evolve account within | | | |
| | within the specified | | the specified time and prior to the scheduled | | Minimum of | |
| | time and prior to the scheduled date | | date of the third | | four (4) hours | |
| | of the second | | proctored exam. | | of HESI | |
| | proctored exam. | | proctored exam. | | Remediation | |
| | proctored exam. | | Minimum of four (4) | | and Adaptive | |
| | A minimum of four | | hours of HESI | | testing | |
| | (4) hours HESI | | Remediation and | | recommended | |
| | Remediation and | | Adaptive testing | | each week. | |
| | four (4) hours | | recommended each | | CGGII WCCK. | |
| | Adaptive Testing | | week. | | An | |
| | each week are | | | | individualized | |
| | recommended and | | | | remediation | |
| | | | | | plan will be | |

| | Mastery Level of | | | | provided to | |
|---------|----------------------------|-------------|---------------------------------|-----------|-----------------------|----------|
| | Proficient. | | | | each student. | |
| | i regionali | | | | | |
| 849 and | Student must | Proctored | Student must schedule | Proctored | Student must | HESI |
| below | schedule an | Exam Retake | an appointment with | Exam | schedule an | Review |
| 20.011 | appointment with | Required | faculty to discuss exam | Retake | appointment | course |
| | faculty to discuss | qu cu | analysis. | Required | with faculty to | required |
| | exam analysis. | | ariary 515. | Required | discuss exam | required |
| | exam analysisi | | Student is required to | | analysis. | |
| | Student is required | | complete all | | aa., 5.5. | |
| | to complete all | | remediation | | Student is | |
| | remediation | | requirements as | | required to | |
| | requirements as | | assigned in the My | | complete all | |
| | assigned in the My | | Evolve account within | | remediation | |
| | Evolve account | | the specified time and | | requirements | |
| | within the specified | | prior to the scheduled | | as assigned in | |
| | time and prior to | | date of the third | | the My Evolve | |
| | the scheduled date | | proctored exam. | | account within | |
| | of the second | | | | the specified | |
| | proctored exam. | | A minimum of six (6) | | time and prior | |
| | | | hours weekly | | to the | |
| | A minimum of | | remediation activities, | | scheduled date | |
| | eight (8) hours | | including Adaptive | | of the | |
| | weekly | | Testing and <i>Mastery</i> | | proctored | |
| | remediation | | Level of Proficiency are | | exam. | |
| | activities, including | | recommended. | | | |
| | Adaptive Testing | | | | | |
| | and <i>Mastery Level</i> | | | | A minimum of | |
| | of Proficiency are | | An individualized | | six (6) hours | |
| | recommended. | | remediation plan will | | weekly | |
| | | | be provided to each | | remediation | |
| | | | student. | | activities, | |
| | An individualized | | | | including | |
| | remediation plan | | | | Adaptive | |
| | will be provided to | | | | Testing and | |
| | each student. | | | | Mastery Level | |
| | | | | | of Proficiency | |
| | | | | | are | |
| | | | | | recommended. | |
| | | | | | An | |
| | | | | | individualized | |
| | | | | | remediation | |
| | | | | | plan will be | |
| | | | | | provided to | |
| | | | | | each student. | |
| | | | | | | |
| | | | | | | |
| | 1 | | i e | 1 | i | 1 |

Based on HESI Exit exam scores, the student will continue the remediation and retesting process until the benchmark scores are achieved. <u>Course Progression and completion requires at least 2 of 3 HESI Exit Scores at 850 or greater AND 1 of the 2 scores at 900 or greater.</u> Refer to NU 480 Course Requirements.

- Required Target: Minimum score of 850 or greater on at least 2 of 3 HESI Exit Exams for course progression.
- o Required Target: Minimum score of 900 or greater on at least 1 of 3 HESI Exit Exams for course progression and completion.
- Preferred Target: Minimum score of 900 or greater on at least 2 of 3 HESI Exit Exams.

Drug Calculation and Medication Math Competency

The ability to accurately perform calculations specific to the safe administration of medications is a necessary competency in nursing practice and is integrated in a continuous sequence throughout the BSN curriculum. The drug calculation competency quiz will be consistent in the testing of drug calculation skills and not pharmacology. Students may use the provided calculators while taking the quiz. Students who experience difficulty with drug calculations at any point in the nursing curriculum may be referred to assigned nursing faculty or the dean for remediation. Remediation may occur in various formats which may include, but is not limited to, practice quizzes provided by nursing faculty, practice with a medication calculation textbook, simulation exercises, and/or skills case studies.

Beginning in NU 250, Introduction to Professional Nursing, the sophomore level course, each student will complete introductory assignments for basic math, including fractions, decimals, percentages, ratios, and proportions, metric and household measurements, and conversions.

Upon full admission and entrance into the nursing cohort, and at the beginning of each semester, all students will take a drug calculation competency quiz and must achieve a 90% or above to pass the quiz. Students who fail the quiz after the first attempt are required to complete the Math remediation as scheduled by nursing faculty. The student will be allowed to take the drug calculation competency quiz additionally within the designated time period and must pass in order to progress in the course practicum and administer medications.

At the beginning of each semester, each student must pass the drug calculation competency quiz prior to clinical attendance, which includes off-site clinical locations and simulation clinical experiences on-campus. Upon the 2nd failure, the student will be required to meet with a nursing faculty member and will have an individualized remediation plan with a plan to retest for the 3rd attempt within 3 academic calendar days. The individualized remediation plan will include areas of concern, success strategies, and a scheduled follow-up quiz date. The plan will be signed by the student and the faculty member with notification to the dean. A copy of the remediation plan will be provided to the student and also maintained in the RSSON student file.

If failure of the drug calculation competency quiz results in two (2) clinical absences, whether off-campus, lab or simulation, this will result in a clinical failure of the course and student dismissal from the current course.

Writing Standards for the School of Nursing

The RSSON adheres to the American Psychological Association (APA) citation guidelines. A required resource for APA formatting and citation is the *Publication Manual of the American Psychological Association*, 7th edition, Washington, DC, by the American Psychological Association.

Correct citation of reference material is required; breaches may constitute plagiarism and are subject to academic discipline.

Academic Grievance and Grade Appeal Policy

Faculty members welcome the opportunity to work closely with students to facilitate active learning and support in meeting the course objectives. Students of the TMU RSSON must follow the procedures for resolving grievances of an academic nature in accordance with TMU Catalog on Academic Grievance Appeal and Academic Grade Appeal Instruction.

Disciplinary Policy

The standards of student conduct and the campus judicial system are in keeping with the regulations outlined in Section VI: Disciplinary Procedures of TMU Student Handbook. Students enrolled in the RSSON must adhere to the procedures outlined therein.

Dismissal Policy

Students who are unable to successfully complete program/course requirements will not be permitted to continue in the program. Students may be dismissed from the RSSON when any of the following occur:

- Inability to attain a grade of 75 in any required course in the Nursing major
- Withdrawal from, or earn a grade of incomplete, in any required course in the Nursing major
- A pattern below expectations and/or "unsatisfactory" performance in the clinical setting after completing remediation requirements or failure to adhere to remediation requirements set forth by faculty
- Engage in any act which is a violation of the Standards of Behavior identified in the TMU Student Handbook
- Engage in any act which is a direct or indirect violation of policy and procedures identified in the RSSON BSN Handbook
- Failure to exhibit professional and ethical performance standards
- Experience physical, behavioral, psychological or other difficulties which interfere with the ability to meet academic objectives and professional competency standards.

Faculty reserves the right to dismiss a student from clinical areas if the student is ill, unprepared, late, or deemed to be a risk to patient safety. Dismissal from a clinical experience, excluding an excused absence, is deemed an unexcused absence (See Clinical Attendance Policy).

Course and Clinical Failure Procedure

Students enrolled in the RSSON are accountable for professional standards in the practice of nursing published in the *American Nurses' Association Code of Ethics for Nurses* and/or the *Rules of the Georgia Board of Nursing*. Any deviations from these standards will constitute clinical failure.

An unsatisfactory rating as measured on the *Student Clinical Performance Evaluation* tool will denote clinical failure and subsequent course failure. For example, students must pass both class and clinical in order to progress in the nursing program. Students must achieve an average grade of 75 or higher on course quizzes and exams in order to pass the course. If the exam average is 74.99 or lower, it will not be rounded to a 75. Grades from other assignments will only be added if the student has a quiz and exam average of 75 or greater. For determination of final course grade, refer to the *Grading Scale*.

When a student's clinical performance endangers patients or is deemed unsafe, the student will be removed without prior warning from the clinical area, resulting in failure of the practicum and theory course. A meeting will be arranged with the student, clinical instructor, course coordinator and Dean of Nursing to determine if the student will be allowed to progress in the BSN program.

If a nursing course is not successfully completed, academic progression in the nursing program will be affected and the student may need to withdraw from the nursing program for an entire academic year based on the course offering schedule. It will be the student's responsibility to notify the dean in writing of their desire to reenter the nursing program. As part of their re-entry, they will be required to complete an updated application and health screen/background check.

Social Networks Policy

The TMU RSSON adheres to the *Principles for Social Networking* which is linked to the <u>ANA Code of Ethics for Nurses established by the American Nurses Association (2011).</u> Any nursing student found guilty of breaking one of these principles may be dismissed from the nursing program at TMU. These Principles are:

- 1. Nurses <u>must</u> not transmit or place online any identifiable patient information. Remember standards of professionalism are the same online as in any other circumstances. (Refer to the *ANA Code of Ethics*)
- 2. Nurses <u>must</u> observe ethically prescribed professional patient-nurse boundaries. <u>Do not</u> share or post information or photos gained through the nurse-patient relationship.
- 3. Nurses should understand that patients, families, colleagues, institutions, and employers may view postings. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
- 4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online. <u>Do not</u> make disparaging remarks about patients, family members, employers, faculty, peers, or co-workers, even if they're not identified.

- Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities. <u>Do not</u> take photos or videos of patients on personal devices, to include cell phones, and smart watches.
- 6. Nurses <u>should</u> participate in developing institutional policies governing online contact. Promptly report a breach of confidentiality or privacy

Computer Technology Requirements and Procedures

TMU's RSSON uses a variety of technologies to enhance and support student learning and assessment activities. All nursing students are required to have access to a laptop for class work and proctored assessments throughout their academic career.

Computer system requirements are based on technology used in the RSSON and minimum requirements are as follows:

Windows: Windows 10

Browsers: Google Chrome, Mozilla Firefox 14, & Safari (Internet Explorer is not supported)

Adobe Acrobat Reader X or higher

Adobe Flash Player 11 or higher

Google Chromebooks are currently not supportive of some of the instructional and educational applications utilized by RSSON.

Background Check and Drug Screening Policy and Procedure

The TMU Alcohol and Drug Policy (published in the TMU Student Handbook) prohibit the use, possession, or distribution of alcoholic beverages and/or other drugs on or off campus. The University reserves the right to use all legal means necessary to enforce its regulations and applicable laws. This may include breath tests, drug testing, and involving law enforcement in searches.

Clinical facilities require that all students who engage in clinical experiences complete a criminal background check and drug screening. Students are not permitted at any clinical facility without successfully completing the background check, and drug screening. The cost of the criminal background check and the drug screen will be the responsibility of the student with results that are acceptable to clinical agencies.

The background checks are to be conducted by InfoMart Advantage, a firm specializing in background checks for healthcare workers and students. Background checks must be completed within 45 days prior to the beginning of the first clinical rotation at the facility.

Substance Abuse Policy and Procedure

Policy

All students enrolled in the RSSON at TMU agree to abstain from the use, possession, or distribution of alcoholic beverages, illegal drugs, and all forms of tobacco or E-cigarettes as addressed in the *TMU Student Handbook, Sections III: TMU Policy, and V: Standards of Student Conduct.* The presence or use of drugs or alcohol, which interferes with the judgment or motor coordination of nursing students in a health care setting, poses an unacceptable risk for patients, colleagues, the RSSON, and affiliating clinical sites.

TMU is committed to maintaining a safe, healthy, lawful and productive working environment for all employees and students. The University's alcohol and drug prevention program and policy are intended to educate members of the University community about the health risks associated with the use and abuse of alcohol and other drugs, and about the resources available for counseling and therapy.

The RSSON endeavors to provide a safe academic environment for students. The RSSON cooperates with clinical sites to provide for the safe care of their patients during nursing students' experiences in their facilities, whether they are observing and/or practicing. The RSSON, in cooperation with affiliating clinical agencies, require nursing students to allow those agencies to drug test the student in accordance with their policies and to disclose any drug testing results to the Dean of Nursing.

Purpose

TMU and the RSSON prohibit the use, possession, or distribution of alcoholic beverages and/or drugs. The University reserves the right to use all legal means necessary to enforce its regulations and applicable laws. These may include breath tests, drug testing, and involving law enforcement in searches.

The purpose of this policy is to ensure a safe, healthy, academic environment. This policy is enacted In accordance with the Position Statement on the subject of *Substance Abuse in Nursing Education* published by the American Association of Colleges of Nursing, and, also, with the standards set forth in Georgia's Registered Professional Nurse Practice Act (Title 43. Chapter 26, Article 1).

Procedure

Through educational efforts, the RSSON provides students with information about the effects of alcohol and other drugs and provides information about counseling services. Students are educated in the identification of suspicious behavior and the symptoms of drug and alcohol abuse. The following shall serve as examples of behavior which can form reasonable suspicion: changes in attitude or performance level, disorientation, slurred speech, odor of alcohol/tobacco, excessive absences and/or tardiness, unexplained disappearances while on duty, mood swings, or imprudent judgment.

Students who participate in the clinical experience are subject to the rules and regulations of the Host Practice Facility. This may include drug and/or alcohol testing. If there is a reasonable suspicion that a student has used drugs or alcohol while engaged in clinical activities, such tests may be administered. A student who refuses to undergo testing shall be presumed to have violated this policy.

Nursing students are required to adhere to the procedures stated in this policy. Failure to comply with the stated procedures will result in dismissal from TMU and RSSON.

Title IX and Sexual Assault

Truett McConnell University does not discriminate on the basis of sex in its education programs and activities and prohibits such discrimination by students, faculty, and staff. Nondiscrimination on the basis of sex is mandated by Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681 et seq.), and the corresponding implementation regulations (34 C.F.R. Part 106). Title IX of the Education Amendments of 1972 was the first comprehensive federal law to prohibit sex discrimination against students and employees of educational institutions. Title IX prohibits sex discrimination in any federally funded education program or activity. Sexual misconduct includes sexual harassment and sexual violence, which constitutes sexual discrimination. Refer to https://truett.edu/about/title-ix/ for further information on Title IX.

It is the policy of the RSSON at TMU to comply with the policy set forth in the TMU Student Handbook under Sexual Assault Policy. The policy discusses: the definition, frequency and prevalence, emergency procedures and reporting options, jurisdiction, college hearing process and disciplinary sanctions, rights of the victim, education, prevention programs, and reports (refer to the <u>TMU Student Handbook</u>). The victim should immediately report any sexual assault to the authorities and go to an emergency room facility. The Rape Response 24-hour Crisis Intervention number is 770-503-7273. The Rape Response service is free and confidential and provides 24/7 crisis intervention, emergency room support, information and referral, court accompaniment, and medical aftercare.

Remember: Consent Matters - Don't Shower - Preserve Evidence - Get Information - Get Help!

Emergency Procedures

Nurses can assist individuals, families, communities, and populations in minimizing the health consequences of emergencies. If a disaster, mass casualty, or other emergency situation ensues, junior nursing students may provide basic nursing care to victims. Senior nursing students have sufficient skills and experience to provide valuable assistance at the scene of a mass casualty incident. Also, nursing students play a key role in assisting with maintenance of proper sanitation measures, controlling of infectious disease, and performing basic health care.

Nurses recognize the physical and the psychosocial impact of disasters on the well-being of individuals, families, and communities and will collaborate with other health care professionals to develop an intervention plan to meet the needs of a defined population. Nurses deal not only with the physical stresses of a disaster, but also the fear, dangers, stress, and uncertainties that result from a disaster. For additional information, please refer to the TMU Student Handbook, Section VII: Emergency Procedures.

TMU RSSON, BSN Student Handbook 2024-2025

Section VI Clinical Standards Policies & Procedures



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Functional Skills and Student Competencies

In addition to academic achievements, nursing students in the RSSON must possess certain functional abilities and skills to achieve the knowledge and levels of competency necessary for both nursing education and practice. These functional abilities include the following skills: observational, psychomotor, intellectual-conceptual, integrative and quantitative, behavioral and social requirements. These skills are required to effectively implement nursing care.

The clinical experience provides the student with opportunities for building clinical reasoning and to practice nursing competently and compassionately. The clinical experience is designed to build nursing knowledge, enhance nursing practice and patient safety, and improve the health outcomes of patients, families, and communities. The professional nurse possesses the skills to provide safe care that is age and culturally appropriate.

The student must assume personal responsibility for being in good physical and mental condition to provide safe nursing care and for the knowledge and skills necessary to give this care. Students will perform designated skills and achieve competencies prior to beginning their clinical experiences.

Students who are admitted into the nursing program are expected to meet the following essential qualities.

| Functional Skills | Student Competencies |
|---|---|
| Observational Skills Student must be able to observe and acquire information through visual, auditory, and somatic senses | Visualize information from written documents, oral presentations, demonstrations, and observation within a variety of settings Observe the physical status and patient's response to nursing interventions to determine condition and effect of therapy Respond effectively to verbal requests and needs of patient and health care team Perceive non-verbal communication indicators and describe pertinent data to health care team Possess visual acuity to identify markings and inscriptions on syringes, thermometers, etc. |
| Psychomotor Skills Student must be able to coordinate gross and fine motor movements and demonstrate the physical strength, and mobility to carry out nursing interventions | Perform assessment techniques and clinical procedures Execute motor movements required in providing quality care and upholding patient safety standards Maneuver a patient and/or clinical equipment as required Withstand physically taxing activities required to perform nursing care activities. Perform precision movements to carry out nursing interventions, e.g., catheterization, venipuncture, parenteral injections, medication administration |

| Functional Skills | Student Competencies |
|--|---|
| Intellectual-Conceptual, Integrative, and Quantitative Skills Student must be able to integrate didactic knowledge into clinical practice; effective problem solving requires each of the skills Listed | Assess patient accurately using complex monitors and equipment Synthesize information from the patient, medical record, and verbal reports to provide a comprehensive nursing care plan that meets the needs of the patient Utilize critical thinking skills in all problem-solving activities Measure, calculate, analyze, interpret, integrate, and evaluate a variety of data from patient, family, medical history, diagnostic testing in planning nursing interventions Analyze and evaluate relevant and information when making care planning and delivery decisions about patients with complex health problems |
| Behavior and Social Skills Student must possess the coping skills and intellectual abilities to: develop effective therapeutic relations, establish and maintain professional boundaries, exercise sound clinical judgment and demonstrate emotional stability | Adapt to ever-changing environments, display flexibility, and function effectively during stressful situations to meet the demands of the profession Develop therapeutic relationships with patients, families, and the health care team Complete all nursing responsibilities attendant to the care of the patient Adhere to professional behaviors of confidentiality, respect, patient's rights, valuing of people's differences Reflect on own practice and identify learning needs and goals to improve academic achievement Demonstrate openness to critical appraisal by peers, and faculty, utilizing the appraisal to improve performance Accountable and responsible for nursing actions and professional conduct |

Clinical Practice Guidelines

The TMU Nursing Students' Clinical Practice is based on the *American Association of Colleges of Nursing, The Essentials of Baccalaureate Education for Professional Nursing Practice,* and the *Georgia Board of Nursing Rules and Regulations.* Students are responsible for performing in accordance with these standards. Nursing students will demonstrate professional behavior during all clinical experiences in all settings.

Additional practice guidelines students are expected to be familiar with include:

- The American Nurses' Association Scope and Standards of Practice
- The American Nurses' Association Standards of Professional Nursing Practice and Performance
- The American Nurses' Association Code of Ethics for Nurses
- The Joint Commission National Patient Safety Goals
- National Student Nurses' Association Code of Ethics

- Georgia Board of Nursing, Georgia Registered Professional Nurse Practice Act
- Clinical setting policies and procedures
- Course specific clinical objectives and policies

Safe Practice Responsibilities

In compliance with the Nurse Practice Act, the student must demonstrate appropriate knowledge, skills, and ability to meet standards for safe clinical practice. It is within this context that students can be disciplined and/or dismissed from the nursing program for practice that threatens the safety of a patient, family member, or other health care provider or behavior that is unprofessional. The following are examples of safe practice measures:

- Students must attend the scheduled clinical facility orientation. Students who miss this scheduled orientation will not be permitted to attend the assigned clinical, which may result in a delay of the clinical experience until another clinical assignment becomes available.
- Students must adhere to all policies and procedures of the clinical setting.
- Students will notify the faculty of any condition(s) on the clinical unit that may adversely affect the student, or their performance.
- Students will report any changes in the patient's health status immediately to instructor and team leader.
- Students are accountable and responsible to report unsafe and/or unprofessional behavior of other students to the faculty.
- Clinical instructor supervision is required to administer all procedures, treatments, and medications.
- Students will remain at the clinical site during the assigned shift.
- Students will not take verbal orders from any health care personnel.

Unsatisfactory performance, unsafe practice, or unprofessional behaviors may result in removal of the student from the clinical setting, clinical warning, or failure based upon the professional judgment of the faculty.

RSSON Simulation Education Center

The RSSON Simulation Education Center (SEC) is a facilitative educational environment designed for the instruction and practice of new and/or complex clinical nursing skills. The lab provides equipment and supplies to achieve the objectives of the clinical courses. The skills sequence and curriculum have been developed by the course faculty to meet the objectives. The lab experiences are scheduled by the course faculty. The lab will be scheduled during office hours.

RSSON Simulation Education Center Policies and Procedures

Applicable to ALL Students Using the Lab

General Information

- 1. The lab activities focus on the application of scientific principles. The student must be prepared for the lab experience by reading, viewing, and completing all assigned activities specifically required for the skills module prior to attending the lab experience. The required assignments will be listed in the course syllabus.
- 2. The RSSON Simulation Education Center experiences will be an essential portion of the nursing courses. As such, attendance will be mandatory. If an emergency occurs and the student is unable to attend a laboratory, simulation or clinical experience, the student will have to follow specific guidelines given by the course coordinator and clinical instructor. Failure to follow the guidelines may result in an unsatisfactory evaluation for the day. Extenuating circumstances will be evaluated on a case-by-case basis at the discretion of the faculty.
- 3. The student is required to assume the role of the professional nurse and the ability to do so will impact individual performance evaluation.

Skills Evaluation Procedure

The student's skill competencies will be evaluated to ensure they meet the standards and criteria set by the course. Evaluation is on a pass/fail basis for skill competencies in the lab setting. The evaluation incorporates critical skills learned throughout the semester. The evaluation is performed by faculty and clinical adjuncts with the Skills checklist which provides instructions and criteria for grading. The Skills Checklist provided lists the critical elements based on the standards of care which must be performed for successful progression. Below is a list of some criteria:

- Group practice will be allowed and scheduled with the clinical instructor or course coordinator.
- Coaching or prompting is not allowed during the evaluation check-off.
- Skills should be performed within the suggested time period.
- Only people directly involved in the evaluation experience are allowed to be present during the evaluation.
- All check-offs are done individually unless there is a specified peer evaluation assigned.
- Students are evaluated based on the criteria set forth by the tool.
- Students must show up at their scheduled time for check-off or the student fails the specific evaluation.
- Students who are unsuccessful in passing the check-off will have to complete skills remediation prior to second attempt which must be scheduled with the course coordinator.
- A remediation and performance improvement plan will be developed by the course coordinator with the student prior to second attempt. It will be a signed document between the course coordinator and the student with a specific written plan and outcome. Follow up with the student will be scheduled and a copy maintained in the student record.

- The check-off must be completed within a timely manner following remediation and at the discretion of the course coordinator.
- If a student must repeat a skills procedure check-off, a different faculty or clinical adjunct with evaluate the student on the second attempt.
- In the event of a third attempt, two faculty members must be present for the evaluation process. The student is required again to complete remediation prior to a third attempt.
- An unsuccessful skills procedure check after the third attempt will result in course failure. However, if the skills procedure check-off is prior to Drop/Add period, the student may withdraw from the course.

Evaluation

The clinical instructor evaluates student proficiency in all required skills on a pass/fail basis. Clinical facilities expect students to maintain their proficiency in the clinical setting. The learner is ultimately responsible for attending to his/her own level of learning and safe clinical practice. The faculty will guide, teach, and counsel the students. Students who need additional assistance should schedule an appointment with the course coordinator or schedule practice time in the Open Lab. Open Lab times will be available to provide the students with adequate time for practice of specific skills.

Open Lab

RSSON Simulation Education Center Open Lab will be available by appointment only to practice clinical skills. Students are expected to arrive on time, adhering to dress code with their lab bags and supplies. Students may only practice the skills formerly taught in the Skills Lab. The students are not allowed to practice on each other for any invasive procedures, such as injections, intravenous techniques, catheter insertions, etc. No supplies are to be removed from the RSSON SEC Labs. See Section VII Policy & Procedure Manuals, under Nursing Labs section for additional information.

Clinical Preparation

Students are expected to perform designated skills and achieve competencies prior to beginning their clinical experiences. Students will be prepared for their clinical experience by demonstrating the ability to:

- Discuss assigned patient's medical diagnosis, pathophysiology involved, signs and symptoms, related pharmacology, significance of laboratory and diagnostic test data
- Describe nursing interventions with expected outcomes
- Evaluate nursing care
- Successful completion of skills checkoffs

Unprepared for a clinical includes inadequate preparation to discuss and deliver patient care, incomplete preclinical activities, and/or inappropriate dress. The student may be dismissed from the clinical experience if a faculty member determines the student is not prepared to provide safe care, or the student acts in an unprofessional manner. If dismissed from the clinical setting the student will receive an unexcused absence which may result in a clinical warning and/or clinical failure.

Clinical and Simulation Performance Progression and Evaluation

Clinical performance is an essential component of the educational process in nursing. Clinical objectives are defined for each nursing practicum course and are in the course syllabi. A student's clinical performance is evaluated by the clinical faculty in each course. Clinical evaluations with faculty and a student are conducted twice a semester, and/or as performance warrants.

Clinical evaluation is based on the student's preparedness and performance in the clinical/simulation experience. A variety of methods are used to evaluate students' clinical performances throughout the program. In the clinical practice courses, evaluative methods may include:

- Pre-conference dialogue between clinical instructors and students related to practice assignments
- Conversations and feedback between clinical instructors and students about how the student is progressing in providing nursing care
- Pre/Post conferences in which students and the clinical instructor meet to review practice challenges
- Clinical course papers addressing clinically related topics that are graded by clinical instructor
- Clinical log journals in which students reflect on their progress and share their self-evaluative reflection
- Any clinical documentation provided to the student by the course coordinator.

Throughout all courses, students and faculty are expected to assume an active role in evaluation. Faculty provides feedback to students on an ongoing basis. Students are expected to identify their own needs and to be self-directed in seeking help, and/or requesting additional experiences if needed. Students are encouraged to discuss their learning needs with nursing faculty as they progress from one course to the next and throughout each course.

This evaluation tool consists of nine concepts and critical competencies with specific performance criteria. The competencies were drawn from the BSN program outcomes, the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2022), and the Quality and Safety Education for Nursing (2020). The performance criteria for each competency include cognitive, affective, and psychomotor domains of learning and provide a complete evaluation of an individual students' clinical performance. The use of this clinical evaluation tool makes it possible to see the student's development over time as he or she progresses through the specific course, as well as through the nursing program. It also provides standard measures for student, course and program evaluation.

All students are evaluated on their clinical performance during each nursing clinical course by faculty. Students are required to adhere to Professional Behaviors throughout the nursing program by respecting the rights of others. Failure to meet the expected behaviors may result in a failing clinical grade or in appropriate cases, dismissal from the nursing program. Faculty will provide written documentation to the student during the week any unsatisfactory behavior occurs, with suggestions for improvement. The student may respond in writing within 48 hours to the faculty member and/or submit written documentation relevant to the behavior. Students must be satisfied with all objectives by the end of the semester in order to pass this course.

Evaluation Tool Guidelines

Each nursing course builds on prior knowledge, skills, and attitudes. The clinical evaluation tool is to be completed at midterm and at the final clinical day. Each student will identify 3 areas of growth at midterm to achieve by the final evaluation. The faculty/clinal adjunct instructor will objectively grade each category of performance using the following point scale:

Proficient = 4
Satisfactory = 3
*Needs Improvement = 2
*Unsatisfactory = 1

A grade of 1 or 2 requires comments by the clinical adjunct instructor. Each category is designated separately and the minimum expectation for meeting that category objectively is listed. It is expected that category specifications will guide student practice and be considered the minimum standards for competency. To complete the course successfully, each category must be at least "satisfactory" or "3" or above by the final evaluation. A passing grade will be assigned only if all the items are a "3" or above by the final evaluation. If a student has a score of "1" or "2" at midterm they should meet with the course coordinator to discuss a remediation plan.

Overall Grading Descriptions

Proficient = 4
Satisfactory = 3
*Needs Improvement = 2
*Unsatisfactory = 1

Proficient = 4

A student who earns a grade of proficient (4):

- Demonstrates proficient competencies in the performance of standard nursing practice, education, research, health policy/public health above expectations when caring for individuals, families, local, regional, and global communities
- Consistently demonstrates accurate and appropriate knowledge of professional nursing practice and performance standards including behaviors, legal issues, ethics, values, accountability, and integrates them into practice.
- Independently functions using the nursing process with minimal guidance.
- Consistently applies critical thinking when developing a nursing care plan with minimal guidance.
- Consistently applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills or identifies errors.
- Continuously engages in self-direction to learning.
- Continuously demonstrates improvement in performance, skills, attitudes and self-directed learning.

Satisfactory = 3

A student who earns a grade of satisfactory = 3:

- Demonstrates satisfactory competence in the performance of standard nursing practice, education, research, health policy/public health above expectations when caring for individuals, families, local, regional, and global communities
- Frequently demonstrates accurate and appropriate knowledge of professional nursing practice and performance standards including behaviors, legal issues, ethics, values, accountability, and integrates them into practice.
- Functions satisfactorily using the nursing process with minimal to moderate guidance.
- Frequently applies critical thinking when developing a nursing care plan with moderate guidance.
- Satisfactorily applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills or identifies errors.
- Occasionally engages in self-direction to learning and seek appropriate assistance.
- Demonstrates improvement in performance, skills, attitudes and self-directed learning.

Needs Improvement = 2

A student who earns a grade of needs improvement = 2:

- Adequately demonstrates knowledge of professional nursing practice and requires moderate assistance in applying knowledge with skills..
- Safely functions using the nursing process with minimal to moderate guidance.
- Applies critical thinking when developing a nursing care plan with moderate to extensive guidance.
- Satisfactorily applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills with moderate to extensive assistance.
- Requires some direction in identifying and utilizing learning opportunities.

Unsatisfactory = 1

A student who earns a grade of unsatisfactory = 1:

- Requires extensive guidance for the performance of standard nursing practice, education, research, health policy/public health when caring for individuals, families, local, regional, and global communities.
- Persistently demonstrates gaps and deficiency in knowledge of professional nursing practice and requires constant supervision and assistance in applying knowledge and skills.
- Is frequently unprepared, unable to identify his or her own learning needs, and demonstrates no interest in learning.
- Persistently requires some direction to learning and seeking appropriate assistance.

Clinical Locations

The RSSON continues to strengthen the practice partnerships in the region. Over the course of the BSN program, students will acquire a strong practice foundation, and will be sought after as new graduates by many of the practice facilities.

Clinical experiences for nursing students take place in a wide range of health care facilities. Clinical placements may include hospitals, public health departments, mental health agencies, counseling centers, long-term and rehabilitation facilities, rape response, hospice care, urgent care, physician offices, and others.

As a result of the various clinical course locations, nursing students will be required to travel to surrounding areas for clinical experiences. Students are responsible for their own transportation to clinical sites. Students are also required to provide their own automobile insurance.

Student Uniform and Dress Code

The RSSON has adopted the following dress code requirements for students engaged in clinical or simulation lab settings. Students must comply with approved clinical attire requirements as a part of safety and professional expectations.

- Nursing students are expected to wear student uniforms and/or lab coats when providing nursing care, unless a different dress code is specifically defined by a clinical unit.
- A lab coat over professional attire must be worn during visits to the clinical areas whenever care will not be given. Identification should always be visible. Lab coats must be worn upon entry and exit of clinical facilities.
- Additional requirements related to attire or behavior in the clinical setting may be made by any faculty member responsible for class or clinical instruction.
- Students will be asked to leave the clinical site if the faculty or facility determines the attire is not
 appropriate for the clinical setting. Failure to adhere to the following dress requirements will result in
 removal from the clinical site. Dress code violations will be reflected in the student's clinical evaluation.
- The following items are considered inappropriate attire and should not be worn to any clinical site: t-shirts, tank tops, shorts, skirt above the knee, jeans, tight fitting or suggestive clothing, flip flops, sneakers, sandals, athletic wear, leggings, bare midriffs or low-cut garments (low-cut necklines or low-rise pants).
- Undergarments are not to be displayed at any time.

Uniform and Dress Code Requirements for Clinical Placements

Uniform:

- Navy scrubs (matching top and bottom), without patterns or decorations (TMU uniform)
- Navy jacket (long-sleeved) (TMU uniform)
- White Lab coat (jacket length) (TMU uniform)
- Neutral (white, black, grey, cream, tan, brown, navy) colored shirts to wear under scrubs (optional), without patterns or decorations
- Neutral colored long sleeve T-shirts may be worn underneath scrub top.

Shoes:

- White; comfortable, with closed toe and closed, low-closed heel
- Shoes must be non-permeable

Hair:

- No unnatural hair colors
- Clean, <u>pulled back out of face</u>, <u>off of the collar</u>
- Male students should be clean shaven or have neatly trimmed beards or mustaches

Appearance:

- Jewelry is restricted to a watch (with a second hand), plain wedding band, and one small post in each ear
 - ♦ Smart watches are not allowed
- Visible tattoos and visible body piercing are not permitted and must be covered/removed
- Long or artificial nails, and dark colored nail polish are not permitted, nail length limited to ¼ inch
- Any nail polish light and neutral in color
- Make-up should be moderate; no fragrance is permitted
- Dangling earrings, bracelets, necklaces, large ornamental hair attachments are not permitted
- Chewing gum is not permitted

Nursing Identification:

- Students must wear the Truett McConnell RSSON identification badge at all times
- The Truett McConnell RSSON Patch must be sewn on the left sleeve of the lab coat.

Uniform and Dress Code Requirements for Alternate Clinical Sites

Professional Attire:

- Pants khaki in color, no jeans or shorts
- Solid navy polo Shirt
- Shoes comfortable with a low heel for walking and to allow for participation in a variety of activities with patients/clients
- All clothing should be clean and in good condition
- A lab coat is required over clothing in the clinical areas-unless facility requests otherwise
- Name badge with picture must be worn at all times-unless facility requests otherwise

Modifications or additions to the Uniform and Dress Code policy may be required by clinical instructors based on professional judgment and/or the requirements dictated by the clinical site.

Clinical Attendance

Attendance at clinical sites, simulation and learning labs is required. The hours committed to clinical practice are essential for preparation to practice as a professional nurse; therefore, absences are unacceptable. Clinical experiences are designed to integrate theoretical content with clinical practice. Clinical experiences provide a means of supervised practice of selected skills. This hands-on experience is invaluable. **Refer to Attendance Policy for further specifications.**

Absences are excused on an individual basis at the discretion of the **clinical and course coordinator**. It is the responsibility of the student to promptly call the clinical instructor and email the clinical and course coordinator in the event of an unavoidable absence at least one hour **prior** to the clinical experience.

A student who comes to the clinical site with deficiencies in understanding or knowledge which, in the judgment of the instructor, could jeopardize patient care will be removed from the clinical setting for that day and may be dismissed from the course.

Excused Absence

An excused clinical absence requires permission of the clinical coordinator for reasons such as extreme emergencies of hospitalization or death of immediate family members. Excused absences require appropriate documentation from the student. Absences are excused at the discretion of the course and clinical coordinator.

Unexcused Absence

An unexcused clinical absence is an absence from the scheduled clinical site without permission of the clinical coordinator and course faculty. Two unexcused clinical absences may result in student dismissal from the course. The outcome of absences will be determined by the course and clinical coordinator.

Clinical Tardiness

Tardiness is considered unprofessional behavior. Arriving <u>any time after the designated start time</u> is considered tardy and will result in an unexcused clinical absence and/or clinical warning. A nursing student considered tardy may be sent home at the discretion of the clinical instructor. **Tardiness will result in a deduction in course professionalism grade**. Any unexcused clinical absence will require make-up. **Refer to Attendance Policy for further specifications.**

A student is considered tardy if they fail to notify the instructor upon arrival at any alternate clinical site where the instructor is not readily available. If the instructor has to call to find the student, the student will be considered tardy. Two clinical tardies will count as an unexcused absence. Any unexcused clinical absence will require make-up.

Clinical Remediation

A 'Satisfactory' grade must be achieved in all components to pass the clinical practicum course. The Student Clinical Performance Evaluation tool is utilized to document clinical performance. Refer to this tool located in Appendix A.

If a student receives an 'Unsatisfactory' or 'Needs Improvement' in any component, the student, clinical instructor and/or faculty will develop a remediation plan based on the area of concern. The remediation plan is documented on the Performance Improvement Plan and Outcome tool located in Appendix B.

Clinical Practice Make-Up

Students will be required to make-up any excused (pre-planned) absence from clinical, laboratory, or simulation experience by fulfilling the required 1:1 ratio for missed clinical hours. Excused absences consist of pre-planned athletic events, illness with a medical excuse, and prior notification of urgent/emergent events. Unexcused absences consist of personal choices or unmet pre-laboratory assignments. For any <u>unexcused</u> absence from clinical, laboratory, or simulation experience, the student is required to make-up the clinical hours with a <u>2:1</u> <u>ratio</u>. Student athletes are expected to provide an athletic schedule to all appropriate faculty and staff at the beginning of each semester to best plan clinical requirements and potential schedule adjustments. All clinical, laboratory, and simulation experiences <u>must be completed</u> by the end of the semester as outlined in the plan of study for each individual course. Inability to make-up any missed clinical experiences will result in a failure to complete the course requirements and will result in a course failure.

Performance Challenges

If a clinical instructor observes that a student's clinical performance is not meeting professional practice requirements, and/or course outcomes, the student is immediately informed that their performance is not meeting the standard and a performance improvement plan will be initiated to address the issue. The plan is developed by the student and instructor which will include clear expectations for improved student performance within a specific timeframe. Outcomes will be documented on the "Performance Improvement Plan and Outcome" tool (refer to Appendix A: Clinical Forms).

When a student encounters a challenge in practice performance, the goal of the RSSON faculty is to work in partnership with the student and to put resources in place so that the student can meet the clinical competencies required in the course. As needed, students are referred to RSSON Simulation Education Center for additional practice. When the student has mastered a skill, faculty will inform the student when that skill may be performed independently. Supervision of all skills is required unless otherwise directed by the faculty; no skills are performed independent of faculty presence.

A student may be placed on clinical warning at the discretion of the instructor and course coordinator based upon unprofessional or unsafe clinical behavior(s) or deficiencies identified in the Clinical Performance Functional Abilities/Skills section. The unacceptable behavior(s) must be corrected before the end of the semester. Failure to do so will result in clinical failure.

Patient Confidentiality and Use of Medical Records

The TMU RSSON supports patients' rights to confidentiality and privacy, and therefore, adheres to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations. The nursing care delivered to the patients and all patient interactions are discussed with faculty, students, and health care personnel within the context of the clinical experience; and should always conform to strict confidentiality even after the relationship with the clinical setting has ended.

Patient information or clinical situations should never be discussed while communicating on social media platforms. Social networks are not considered professional. Professional contact with patients should be limited to the professional setting.

Students must follow agency policies regarding use of and access to electronic medical records. Unauthorized retrieval of medical records is prohibited.

Violations of patient confidentiality are considered a breach of the *American Nurses' Association Code of Ethics*, and the *National Student Nurses' Association Code of Ethics*. A breach of confidentiality is considered a major offense and will be referred to the Dean of Nursing for review and/or dismissal.

Occupational Safety and Health Administration (OSHA)

All BSN students are responsible for reviewing and maintaining clinical skills in accordance with the Centers for Disease Control. Each clinical facility requires different modules to be completed, some of those modules are Safety Orientation, Blood Borne Pathogens, Infection Control, Managing Healthcare Stress, and Hazardous Materials. Before beginning the clinical experience, students are expected to read the OSHA guidelines listed below:

- A general explanation of the epidemiology, modes of transmission, and any symptoms of blood- borne pathogens
- A general explanation of the Exposure Control Plan and means by which you may obtain a copy of the standards
- An explanation of the methods for recognizing tasks which may include exposure to blood, and ways to reduce/prevent exposure through employment of engineering controls, work practices, and personalized protective equipment (PPE)
- Information on the types, proper use, location, removal, handling decontamination, and proper disposal of PPE
- Explanation of the procedure to follow if any exposure incident occurs, including the method of reporting the incident
- Information on post-exposure evaluation and medical follow-up that is provided following an exposure incident
- An explanation of signs/labels and color-coding per facility.

Malpractice/Liability Insurance Policy

The RSSON carries a blanket policy through an independent carrier, and it is the responsibility of the student to pay the required premium fee **to the RSSON** each year **prior** to the first day of class. All clinical facilities require that students carry current malpractice/liability insurance.

- Failure to demonstrate evidence of active malpractice/liability insurance will prevent the student from attending the clinical experience. Inability to fulfill this clinical course responsibility may lead to failure of the clinical course.
- Malpractice/Liability insurance may be obtained through the RSSON Administrative Assistant.

Expanded Medical Policies for the School of Nursing

Infectious Disease Policy

- The clinical sites utilized by the RSSON for clinical practice experiences have a written policy or plan for infection control designed to minimize or eliminate exposure to infectious diseases.
- The clinical site will make the infection control plan available to the RSSON through ACEMAPP or a written plan for students to view prior to clinical.
- The clinical site's infection control plan will include:
 - ♦ Implementing the infection control plan.
 - Reviewing and updating the changes to the infection control policy and procedures.
 - ♦ Dealing with and documenting occupational exposure.

Standard Precautions and Isolation Practices

All students will follow standard precautions and isolation procedures as defined by the CDC and the clinical site policy and procedures to minimize exposure to infectious diseases. If a student has a productive cough or fever greater than 100.4 F, they will not be allowed at the clinical site or in the skills or simulation lab. Please see policy regarding absences. The students should adhere to all standard precautions and isolation procedures in the simulation lab and skills lab when caring for patients in the lab whether manikins or standardized patients.

Injury, Accidental Exposure, Post Exposure, and Follow-Up

Providing nursing care to patients with infectious disease remains one of the greatest challenges and concerns of the nursing profession. These diseases presently include, but are not limited to, COVID-19, human immunodeficiency virus (HIV), hepatitis B (HVB), methicillin resistant staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), and tuberculosis (TB). The TMU RSSON shares the concern for the safety of the student and the patient and as such has developed this policy for accidental exposure or injury. The student caring for a possible infectious disease patient is encouraged to address questions or concerns at any time to the clinical instructor or course coordinator.

The TMU RSSON is not responsible for any personal injury or exposure. Injuries or exposures and the resulting treatment are the direct responsibility of the student. Students are required to complete an Incident and/or Accidental Exposure Report (See Appendix B) within 24 hours of experiencing or observing an injury, or accidental exposure such as a finger stick, falls, back strain, splash of blood or body fluids, etc.

Clinical sites utilized by the RSSON for practice experiences will have written post-exposure plans
including follow-up of the exposed faculty, instructor, or student. Those plans may include, testing of the
source patient, anti-body or antigen testing, counseling, illness reporting, and safe and effective postexposure prophylaxis according to the CDC recommendations.

- In the event of a significant exposure to blood or body fluids according to the definition from the CDC, the student will:
 - ♦ Immediately and thoroughly wash or rinse the exposed area
 - ♦ Report the incident to the clinical instructor who will
 - Immediately report the incident to the appropriate representative within the clinical site
 - Assist with the facilitation of the steps for the follow-up as outlined in the policies and procedures for the clinical site.
 - Fill out facility incident report immediately and notify clinical and course coordinator.
 - ♦ Complete the documentation for exposure for the school

NOTE: All cost of testing and/or treatment after incident, injury, or exposure will be the student's responsibility or insurance carrier.

Post-Surgical Return to Clinical

If a student is enrolled in a practicum course and that student is required to have surgery, they must provide a verification form from their surgeon allowing them to return to clinical activities without restrictions. The return to the clinical site must not impact their recovery. In addition, students returning to clinical with a walking cast must adhere to the policies of the clinical site.

Student Pregnancy Policy

For the safety of the pregnant student, awareness of the potential risks related to specific learning experiences in the clinical settings should be discussed, such as, but not limited to, communicable diseases, exposure to radiation, strenuous activity, toxic substances, and the potential for bodily harm. The student should consult with the course coordinator prior to the beginning of the clinical experience for guidelines of the clinical site related to pregnant mothers. The student is responsible for presenting a statement of release allowing the expectant mother to continue in the program. Permission from their attending physician is required allowing participation in clinical following delivery of the newborn. Nursing mothers who return to the classroom and clinical site must discuss their needs with the course coordinator.

Inclement Weather Closure

In the event of inclement weather, University officials determine the closure of the campus. All clinical experiences are to be considered canceled in the event the university is closed. Clinical experiences may begin before the University authorities make decisions regarding class cancellation, or conditions affecting the University may not impact activity at the clinical site. If this happens, the Dean of Nursing will make the decision to cancel the clinical experience, if necessary. Students will receive notification from faculty and staff regarding clinical schedule. For additional information, refer to the TMU Student Handbook.

TMU RSSON, BSN Student Handbook 2024-2025

Section VII RSSON SEC Policies & Procedures



TMU RSSON, BSN Student Handbook 2024-2025

RSSON Simulation Education Center Policy and Procedure Manual

Philosophy

The goal of the RSSON Simulation Education Center is to provide a safe learning experience that promotes successful understanding in all aspects of nursing care. The RSSON faculty and administration are here to make the student's clinical experience educational and enlightening and to serve in the best interest of the student. The lab provides a realistic, simulated clinical environment to practice and demonstrate competency of select nursing skills. A skill bag will be given to each student at the beginning of class, it will contain items needed to learn and practice skills. These resources are used to create an atmosphere of care for patients in a safe environment that points to learning. All information related to lab performance, patient safety, and rationales are considered testable material as they apply to the theory and the holistic approach to patient care in a variety of patient care environments. Nursing labs are recognized as clinical areas.

Simulations and case scenarios are designed to help the student develop problem-solving and decision- making skills. The RSSON Simulation Education Center will attempt to include all environmental factors to make the students' learning experience realistic and authentic. For enhanced learning, all students are expected to come to the lab prepared for prebriefing activities. The faculty will provide students with positive feedback and debriefing of their performance, while students will self-analyze their performance and use critical thinking during the reflection process.

General Information

The RSSON Simulation Education Center is in Brown Hall. The Simulation Lab simulates a hospital setting that is fully equipped to practice all clinical skills. The center has high-fidelity manikins such as SimMan 3G, SimMom, one SimNewB, and one pediatric Hal. The RSSON Simulation Education Center contains some mid fidelity manikins including seven Susie's and one NurseAnne. Each manikin is equipped with a computer monitor to simulate a hospital monitor. The RSSON Simulation Education Center contains a crash cart with a defibrillator and suction machine as well as a medication administration cart located throughout the center. The RSSON SEC has purchased Simulation Carts from KB Port, which assist the students in documentation and medication administration. The RSSON SEC is now equipped with a state-of-the-art system in all our rooms and hallway with video equipment, where the simulations and lab sessions can be recorded. The students can view these sessions for debriefing and that allows for further learning and clinical decision-making. The RSSON SEC has purchased Avkin wearable equipment to be used by our standardized patients for the simulations. These wearables will assist our students by making a human connection to a real patient in the simulation environment.

The RSSON Simulation Education Center is open to students on open lab days if they sign up with the lab coordinator or the SimLab Coordinator for additional time. The RSSON Simulation Education Center is used as a clinical rotation site during each course as assigned by the Clinical Coordinator.

What is Simulation?

Simulation is an attempt at replicating reality. In healthcare education, simulation tries to replicate some or

nearly all the essential aspects of a clinical situation so that the situation may be more readily understood and managed when it occurs for real in clinical practice. The simulation lab environment allows students to participate in life-like situations. Simulation can also be used as a teaching method to help assess a student's skill acquisition. Simulating real-life experiences for students in a safe environment is conducive for developing critical thinking, clinical reasoning, and clinical judgment skills. Practicing in such an environment will increase the probability that those skills will be used in the real-world setting.

Simulation Scenarios

Simulating case scenarios in the RSSON Simulation Education Center involves active participation for all students. All students and faculty will adhere to the simulation center rules (see attached). Manikins are to be used with respect and treated as if they were live patients. The RSSON Simulation Education Center is a learning environment. Students involved in simulated scenarios should have everyone's respect and attention. Situations simulated in the lab are to be used as a learning tool and no discussion of the actions of fellow students should take place outside of the lab. A debriefing session will be provided for all simulation experiences. After the debriefing session, the student should fill out an evaluation form to give them the opportunity to reflect on the situation and to provide constructive criticism for further enhancement of the simulation.

What is Debriefing?

The debriefing session involves immediate feedback and a reflective critical thinking analysis and communication tool for participants of the simulation exercise. The purpose of the debriefing assessment is to provide an intense post conference and active evaluation process driven by instructors and peers. The focus of the debriefing should be on positive aspects and should allow the student to answer critical thinking questions.

Laboratory Guidelines for Professional Conduct

- 1. All users of the RSSON Simulation Education Center must act in a manner that does not disturb the academic activities occurring in the lab.
- 2. No lab user shall infringe upon the privacy, rights, privileges, health, or safety of other lab users.
- 3. All faculty, staff and students must complete the RSSON Simulation Education Center orientation prior to using the equipment.
- 4. No eating or drinking is allowed in the RSSON Simulation Education Center. No gum or candy either. Drinks are allowed in the debriefing room only. Individuals with identified medical conditions that required exceptions should discuss this with the SimLab Coordinator.
- 5. Use of the computers is restricted to assigned classroom work and not for personal use.
- 6. Do not use the equipment for any purpose other than specified; anyone who fails to comply with this request will be asked to leave the center.
- 7. Any equipment malfunction or abuse must be reported to the Simlab Coordinator immediately.
- 8. Adherence to the dress code is expected. You must be in uniform to participate in any activity in the RSSON Simulation Education Center.
- 9. All beds should be lowered to the ground with the bed rails down after each use. Linens should be properly placed back on the manikin after each use as if caring for a real patient. If linens are soiled, they should be removed and placed in a hamper for cleaning. Clean linens should be placed on the

- bed for the next simulation day. All other equipment, including chairs, should be returned to original location.
- 10. Do not remove the manikins from the bed unless instructed to do so by the instructor. Manikins should be treated like people. Do not misuse the manikins or leave the manikins exposed.
- 11. Smoking is prohibited in the RSSON Simulation Education Center.
- 12. All electronics including cell phones, cameras, camera phones, and video recorders are prohibited during simulations unless it is part of the scenario.
- 13. Use of the Lab Skills bag:
 - Practice and skills check off during the duration of your program
 - Keep supplies well maintained. They will be used for the entire length of your program. Do not throw the items away after a sign off.
 - Bring lab skills bag to every practice and sign off.
 - Write your name on the tag.
 - Do not open packages until instructed to do so in the lab.

Confidentiality

To preserve the realism of the scenarios used in the RSSON Simulation Education Center and to provide an equitable learning experience for each student, all persons using the RSSON Simulation Education Center will be required to sign a confidentiality agreement (see attached copy of confidentiality agreement). Because every simulation has the possibility of being recorded, manikin accessibility will be treated like a real patient. Students are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality. Students agree to report any violations to the faculty or instructor.

Dress Code

Students participating in the RSSON Simulation Education Center will adhere to the same clinical dress code as they would for the other facilities. Students performing mandatory clinical skills in the laboratory are expected to come prepared with proper clinical attire, stethoscope, and a watch with a second hand. Students without proper attire will be sent home and counted as absent for the clinical day. Students performing make-up work must also wear clinical attire.

Equipment Use

- 1. All students and faculty wanting to use the RSSON Simulation Education Center must have proper orientation to the equipment.
- 2. The doors of the lab will be always locked.
- 3. Any student wishing to use the lab must notify the SimLab Coordinator.
- 4. When working with the manikins, students must wash their hands and wear gloves.
- Supplies and equipment must not be taken out of the lab unless requested by an instructor.
 Under no circumstances may needles or syringes be removed from the RSSON Simulation Education Center.

- 6. Equipment should be disposed of appropriately. (sharp's containers, biohazard trash containers)
- 7. Computers and video equipment are for class purposes only.
- 8. Students will have proper orientation to the crash cart and the defibrillator.

Communication

All electronics are prohibited during any lab experiences. All classes, simulation, and clinical experiences in the RSSON Simulation Education Center will be scheduled with the SimLab Coordinator and clinical coordinator prior to the beginning of the semester.

Inventory & Supplies

Supplies needed for each simulation will be provided. Personal clinical supplies such as stethoscope, penlight, and calculator are the responsibility of the student and will not be provided. When supplies are running low, the RSSON Simulation Education Center faculty should be notified. All supplies should be returned to the same cabinet in which they were found. Unless soiled, all linens should be refolded and placed back in the cabinet. All soiled linens should be placed in the linen hamper for cleaning. Many supplies are reusable and should be restocked when not being used.

Needles/sharps are to never be reused under any circumstance and should be disposed of in the appropriate sharp containers. Many supplies will have expiration dates and are intended for practice, but all students should check for expiration dates on their supplies.

Clean-Up

The faculty will clean up after the use of the RSSON Simulation Education Center. The RSSON Simulation Education Center should be left in the way it was found, so that the following class may enjoy the lab experience. Beds should be remade and left in the lowest position with the bed rails down unless bed linens are soiled. Manikins are to be left in bed or on chairs unless working on a skills assignment (i.e., lifting, moving, etc.). Curtains should be placed back up against the wall and bedside tables are to be placed at the foot of the bed. Any bedpans, urinals, or basins need to be washed, dried, and placed in the bedside drawers. When leaving, the lab needs to be locked with the lights turned off.

The RSSON Simulation Education Center manikins are to be cleaned by the faculty per the manufacturer's directions. All injection pads should only be injected with air and no fluids. Any spray used for lubrication of the manikins needs to be used sparingly and the SimLab Coordinator will be monitoring any use of water to lubricate tubes. No IV Fluids will be administered to the manikins without the approval of the Simlab Coordinator. When using NG tubes with manikins, do not use any water down the tube or lubricate the tube for placement.

Media and Videos

The RSSON Simulation Education Center has the capability of displaying a variety of media. The RSSON Simulation Education Center has multiple cameras and microphones set up in the room, which can record any activity in the room. The recording equipment should not be used unless proper training has been provided. All

recordings will be saved to a backup hard drive. Recordings in the Simulation Lab are for educational purposes and debriefing opportunities with the appropriate faculty, staff and students. The confidentiality agreement signed by students protects privacy and discourages inappropriate discussion of video contents or student's performance in the simulation scenarios. *Any viewing or publication outside of the classroom, such as posting on any social media platform, is unacceptable and unethical and will result in disciplinary action from the RSSON.* Students and faculty should conduct themselves professionally as in the clinical setting since all interactions can be recorded. All recorded media will be kept on file in the RSSON Simulation Education Center.

SAFETY GUIDELINES

Infection Control

Participants in simulated scenarios need to be mindful of all standard precautions and transmission specific precautions (contact, droplet, airborne). Any piece of equipment that encounters simulated patient body fluids is considered contaminated and needs to be handled appropriately. Gloves will be worn with all manikin interaction and non-sterile gloves should be disposed of in non-biohazard trash cans. If a sharps container is full, please inform the Simlab coordinator so that it may be replaced.

Latex Warning

Students and faculty need to know that some of the equipment in the RSSON Simulation Education Center contains latex. Those with a known sensitivity/allergy to latex need to contact the SimLab coordinator. Every effort will be made to replace equipment with latex-free substitutions. All users who suffer from latex allergies should take precautions while using or handling the latex parts by wearing non-latex gloves. Please be sensitive to those with sensitivity or allergies when removing your gloves as well. If you do have an allergy, please keep medications with you for the allergy.

"Clean" Needle Stick Guidelines

In accordance with the Center for Disease Control (CDC) all sharps are to be handled safely and disposed of properly. Needles should not be recapped, removed from disposable syringes or manipulated by hand. The person using the sharps must dispose of them into the sharps box immediately after use and at the point of use, never leave the sharps protruding from the bin or box. Sharps containers should be securely sealed when they are ¾ full to prevent overfilling. Non-sharps should not be placed in the sharp's container. No attempt should be made to retrieve items from a sharps container or to press down on sharps to create more space in the container. Sharps containers should be assembled properly with the lid firmly locked onto the container. The sealed sharps containers are stored in a safe storage area pending final disposal.

Physical Safety

All students should be instructed on safe handling techniques prior to practice and demonstration. Any person should use caution when practicing lifting skills and should not lift a manikin or heavy object without assistance. The wheels of all equipment (beds, wheelchairs, stretchers, etc.) are to be locked during practice and after use.

There is a first aid kit located in the RSSON Simulation Education Center above the sink if needed. There should be no running in the halls, and any accident or injury needs to be reported immediately to faculty. The SimLab coordinator will complete all incident reports.

Nursing Lab Services

Appointments:

- Open Lab will be held by appointment only.
- o If you are unable to keep your open lab appointment, you will be required to email kedwards@truett.edu and <a href="mailto:msilon:msil
- If appointments are not cancelled, 24 hours prior to your scheduled time a deduction in your professionalism grade will result.

Referrals:

- 1. Students may receive a referral from a clinical or lab instructor.
- 2. The student makes an appointment for the following items:
 - Remediation of a check off skill
 - One on one lab time with an instructor
- 3. Appointments are made following the instructions listed above under "Appointments".
- 4. Referrals are not optional and can only be cancelled due to a life-threatening emergency. The same information applies as above. They should be cancelled by emailing the instructor, kedwards@truett.edu, and mslate@truet.edu at least 24 hours prior to your appointment.

References

Jeffries, P. R. (Ed.). 2007. Simulation in Nursing Education: From conceptualization to evaluation.

New York: National League for Nursing

Laerdal International/US. www.laerdal.com

Policy and Procedure Manual: Simulation Center for Interdisciplinary Clinical Education Missouri Southern State University. www.mssu.edu/academics/health-sciences/simulation-center/

Truett McConnell University Rielin & Salmen School of Nursing RSSON Simulation Education Center Confidentiality Agreement

As a patron of the RSSON Simulation Education Center, I understand the significance of confidentiality with respect to information concerning simulated patients and fellow students. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I agree to report any violations of confidentiality that I become aware of to my facilitator or instructor. I understand that my failure to comply with this agreement may result in my termination as a student in the TMU RSSON.

I agree to adhere to the following guidelines:

- All patient information is confidential, and any inappropriate viewing, discussion, or disclosure of this information is a violation of RSSON policy.
- This information is privileged and confidential regardless of format:electronic, written, overheard or observed.
- I may view, use, disclose, or copy information only as it relates to the performance of my educational duties. Any inappropriate viewing, discussion, or disclosure of this information is a violation of facility policy and may be a violation of HIPAA and other state and federal laws.
- The RSSON Simulation Education Center will utilize video/audio recording equipment to assist in the learning, debriefing, and critical thinking process.
- The RSSON Simulation Education Center is a learning environment. All scenarios, skills lab, or assessment labs, regardless of their outcome, should be treated in a professional manner. The professor in charge of the lab for the day should have everyone's respect and attention. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students. Student information should not be discussed outside of the simulation education center.
- The simulation manikins being utilized should be treated as if they are real patients.
 Standardized patients will be used and should be treated with respect and dignity.
- No Betadine, no ink pens (near the manikins), 22G IV or smaller for IV starts.

| Signature: | | |
|---------------|------------------|--|
| Printed Name: | Date: | |
| Instructor: | Course of Study: | |

Truett McConnell University Rielin & Salmen School of Nursing Injury/Incident Report Form

| Name of Student/Faculty | |
|---|--|
| Date of Incident/Exposure | Time of Incident/Exposure |
| Date Reporting Incident/Exposure | Time |
| Place of Incident/Exposure | - |
| Witness to Incident/Exposure (Include name a | nd any contact information you may have). |
| space is needed). | e specific and factual. Use the back of paper if additiona |
| Did the Student/Faculty Require Medical Care If Yes, Please Specify Where and the Extent of | ?Yes No Care |
| Did the Student/Faculty Require Missed Days 1 | from Class/Clinical/Work?YesNo |
| If Yes, please explain and include the date of re | eturn |
| Follow up Required | |
| Signature of Person Reporting Incident/Exposu | ure |
| Signature of Person Completing Report | |
| Date Completed | |

Truett McConnell University Rielin & Salmen School of Nursing RSSON Simulation Education Center Equipment Reservation Request Form

| Request Date | | | | | |
|---------------------------------------|--------------|--------|--------------|-------|--------|
| Personal Details | | | | | |
| Name | | | | | |
| Phone number | | | | | |
| Work (Ext) | | | | | |
| Email address | | | | | |
| Designation | | | | | |
| Department of the requester | | | | | |
| Purpose of Loan | | | | | |
| Expected number of users (max) | | | | | |
| Expected date of activity | | | | | |
| Expected time of activity | | | | | |
| Needs training for equipment usage? | ☐ Yes | | □ No | | |
| For Simulation Center Only: Equipment | Linformation | | | | |
| | | Course | Our matitude | Cana | lition |
| Item Name & Desc | rription | Number | Quantity | Conc | iltion |
| | | | | □Used | □New |
| | | | | □Used | □New |
| | | | | □Used | □New |
| | | | | □Used | □New |
| | | | | □Used | □New |
| | | | | | |

Truett McConnell University Rielin and Salmen School of Nursing RSSON Simulation Education Center Equipment Reservation Request Form

Equipment loaned to be used at TMU grounds only.

Terms of Equipment Loan

- Requester/borrower is solely responsible for equipment during loan period.
- Requester/borrower is not allowed to extend existing loan period.
- Another individual or department is not allowed to use equipment without permission from the Simulation Lab Coordinator.
- Equipment is to be returned in good operating condition.
- Equipment is to be returned within the specified loan period.
- If equipment is damaged, stolen or lost, the requestor/borrower may be responsible for the cost of repair or replacement.
- Expected replacement costs required during the loan period will be determined and scheduled beforehand.

| Loan information | | | |
|---|----|-------------------------------|--|
| I have read and understand the terms of this equipment loan | | | |
| Loan begin date | | | |
| Loan end date | | | |
| Equipment condition checked by simulation staff with Borrower | | | |
| Name of Borrower | | Name of simulation staff | |
| | | | |
| Signature of borrowe | er | Signature of simulation staff | |
| | | | |

Truett McConnell University Rielin and Salmen School of Nursing RSSON Simulation Education Center Equipment Reservation Request Form

| Equipment Return Information | | |
|--------------------------------------|------------------|------|
| Date returned | | |
| Time | | |
| Returned by | | |
| Received by | | |
| Equipment returned in original state | ☐ Yes | □ No |
| | If No, describe: | |
| | | |
| | | |



Section VIII Support Services



Support Services

To encourage academic success, TMU offers a variety of campus services to include academic and student services. The campus life program is an important part of the total educational experience of the student. TMU encourages professional and spiritual growth of the whole person. To that end, the college offers a variety of services to support student success, as well as programs designed to assist students in developing life skills, and service to God and to others.

Please refer to the TMU Student Handbook for specific information.

Academic Advisement

Upon enrollment, pre-nursing students are assigned to an academic advisor who assists them not only in their course of study and course progression, but also help students to utilize the resources available in the college. Each semester before registration, students will meet with their advisor to review progress, evaluate goals, plan future courses, and/or discuss career options.

As a nursing major, the BSN student will meet with their faculty advisor, who will be available by appointment throughout the year to assist with nursing curriculum advisement. Both the student and faculty advisor have a joint responsibility to ensure that a student's course of study and degree requirements are outlined and identified. The advisor guides the student through the BSN program curriculum, monitors course progress, and provides career assistance. The ultimate responsibility for academic progress belongs to the student who initiates contact and makes appointments to meet with nursing faculty and registers for required courses.

During the nursing program a student may have a concern or issue that may require assistance. This could be a concern about personal health, an assignment grade, a communication conflict, or some other personal challenge. Students are encouraged to deal with concerns/issues immediately with the assistance of a faculty person.

The TMU RSSON faculty maintains office hours each week that are available for students to provide counsel, direction, and advisement. Each faculty member has office hours posted on the outside of their office door for students to sign up for appointments. Students are encouraged to meet with faculty to discuss any issues or concerns they may have early in the course, and if indicated, to develop a plan for performance improvement.

Accommodations

The Office of Special Support Services at Truett-McConnell University provides reasonable accommodations to students identified as having a disability. The request for accommodations is provided upon receipt of appropriate documentation of disability. The Disclosure of Disability form is on the website at truett.edu. The Office of Special Support Services offers a variety of accommodations for students with disabilities. Accommodations for students with disabilities are determined on an individual basis. The Office of Special Support Services is located in Miller Hall, Suite 105. Ms. Nell Hoyle, Director, may be contacted by phone: 706-878-0787 or email: nhoyle@truett.edu. Mrs. Judy Gillentine,

Administrative Assistant, may be contacted by phone: 706-865-2134 x2142 or email: jgillentine@truett.edu. Please send all general questions and completed forms and documents to sas@truett.edu. Please schedule an appointment in advance in order to provide each student with individualized time to address all questions.

Counseling Services

Professional counseling services are provided for students who require assistance in addressing and overcoming personal and interpersonal difficulties that interfere with the pursuit of academic objectives. Students are encouraged to seek help from the faculty who will refer students to community resources for counseling and crisis intervention. TMU provides counseling services on-campus through the counseling center. Visit https://truett.edu/counseling-services/ for more information.

Financial Aid

The Office of Financial Aid offers assistance by helping students obtain funds for educational expenses by promoting grants, scholarships, loans, and employment opportunities for qualified deserving students who would normally be deprived of an education because of inadequate financial means. For eligibility and application requirements, please refer to the TMU Catalog or schedule a meeting with Financial Aid.

Section IX Student Professional Activities



Student Organizations

There are a variety of clubs and organizations on campus to which a student may belong. Students have opportunities to participate in, lead, and start new organizations to meet the needs of the student interest. Students may be involved in Student Government Association, Baptist Collegiate Ministries, and Campus Activities Board just to name a few. (See the TMU Student Catalog for further information about student organizations under Campus Life). Because the involvement in student organizations and activities contributes to the holistic development of the nursing student, the faculty and staff encourage and support the student's endeavors. Holding an office in an organization promotes the development of leadership skills and instills a responsibility to the college and community. It is the policy of the RSSON to be congruent with all policies of TMU as outlined in the student handbook (refer to the TMU Student Handbook Section III: Student Policy). There are some organizations and clubs which will be specific to the RSSON and are as follows:

National Student Nurses' Association (NSNA) and Georgia Association of Nursing Students (GANS)

NSNA is a professional organization for nursing students. Total school enrollment in NSNA provides every student membership at the national, state and local levels. GANS, the state level of membership, allows the students to participate in a professional organization and encourages leadership skills as well as socialization within the profession of nursing. There are certain codes of conduct both in the academic and clinical setting set forth by NSNA.

Baptist Nursing Fellowship (BNF)

The BNF organization encourages health professionals to serve on missions and Baptist Women Mission Union supports the ministry. Anyone in a health profession ministry may join. The National Baptist Nursing Fellowship (BNF) includes the state of Georgia organization. It is the desire of the RSSON faculty to initiate a BNF chapter on the TMU campus in the future. The website to join the GA BNF is: http://gabaptist.org/womensministry/ and the national BNF is:

http://www.wmu.com/?q=article/national-wmu/baptist-nursing-fellowship

Nurses Christian Fellowship (NCF)

The NCF provides a network to bring the message of Jesus Christ and the Christian worldview to the area of nursing education and practice. NCF has programs and resources available to equip nurses and students for ministry through nursing. Groups meet to encourage one another through bible studies, outreach, and prayer. Membership is open to nurses and nursing students in the U.S. who annually affirm the purposes and doctrinal basis of the NCF.

Standing Committees

Students from each class will select a representative to the RSSON Faculty Committee. The meetings are held throughout the academic year, and the student representatives will join faculty for a portion of the meeting to discuss the curriculum and evaluation, program and policies, progression, and retention, and the RSSON Simulation Education Center. Students will have the opportunity to serve on potential subcommittees within the nursing program regarding peer review, awards, hospitality, and planning for the graduation and the pinning ceremony. The students will be elected and/or assigned by the professors to each committee. Each student assigned to a committee will display exemplary communication and leadership skills as well as excellence in academic work. Student representatives may ask their classmates for information to bring to the meetings and students may convey information to RSSON faculty by contacting their student representative.

Appendix A Clinical Forms



Truett McConnell University

Martha Rielin & Elizabeth Salmen School of Nursing

Junior Student Clinical Performance Evaluation

| | Semester: | Course Number: | |
|----------------|-----------------|------------------------|--|
| Student Name | | | |
| Mid Semester E | valuation Date: | Final Evaluation Date: | |

This evaluation tool consists of nine concepts and critical competencies with specific performance criteria. The competencies were drawn from the BSN program outcomes, the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2022), and the Quality and Safety Education for Nursing (2020). The performance criteria for each competency include cognitive, affective, and psychomotor domains of learning and provide a complete evaluation of an individual students' clinical performance. The use of this clinical evaluation tool makes it possible to see the student's development over time as he or she progresses through the specific course, as well as through the nursing program. It also provides standard measures for student, course and program evaluation.

All students are evaluated on their clinical performance during each nursing clinical course by faculty. Students are required to adhere to Professional Behaviors throughout the nursing program by respecting the rights of others. Failure to meet the expected behaviors may result in a failing clinical grade or in appropriate cases, dismissal from the nursing program. Faculty will provide written documentation to the student during the week any unsatisfactory behavior occurs, with suggestions for improvement. The student may respond in writing within 48 hours to the faculty member and/or submit written documentation relevant to the behavior. Students must be satisfactory in all objectives by the endo of the semester in order to pass this course.

Evaluation Tool Guidelines

Each nursing course builds on prior knowledge, skills, and attitudes. The clinical evaluation tool is to be completed at midterm and at the final clinical day. Each student will identify 3 areas of growth at midterm to achieve by the final evaluation. The faculty/clinal adjunct instructor will objectively grade each category of performance using the following point scale:

Proficient = 4

Satisfactory = 3

*Needs Improvement = 2

*Unsatisfactory = 1

A grade of 1 or 2 requires comments by the clinical adjunct instructor. Each category is designated separately and the minimum expectation for meeting that category objectively is listed. It is expected that category specifications will guide student practice and be considered the minimum standards for competency. To complete the course successfully, each category must be at least "satisfactory" or "3" or above by the final evaluation. A passing grade will be assigned only if all the items are a "3" or above by the final evaluation. If a student has a score of "1" or "2" at midterm they should meet with the course coordinator to discuss a remediation plan.

Overall Grading Descriptions

Proficient = 4

Satisfactory = 3

*Needs Improvement = 2

*Unsatisfactory = 1

Proficient = 4

A student who earns a grade of proficient (4):

- Demonstrates proficient competencies in the performance of standard nursing practice, education, research, health policy/public health above expectations when caring for individuals, families, local, regional, and global communities
- Consistently demonstrates accurate and appropriate knowledge of professional nursing practice and performance standards including behaviors, legal issues, ethics, values, accountability, and integrates them into practice.
- Independently functions using the nursing process with minimal guidance.
- Consistently applies critical thinking when developing a nursing care plan with minimal guidance.
- Consistently applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills or identifies errors.
- Continuously engages in self-direction to learning.
- Continuously demonstrates improvement in performance, skills, attitudes and self-directed learning.

Satisfactory = 3

A student who earns a grade of satisfactory = 3:

 Demonstrates satisfactory competence in the performance of standard nursing practice, education, research, health policy/public health above expectations when caring for individuals, families, local, regional, and global communities

- Frequently demonstrates accurate and appropriate knowledge of professional nursing practice
 and performance standards including behaviors, legal issues, ethics, values, accountability, and
 integrates them into practice.
- Functions satisfactorily using the nursing process with minimal to moderate guidance.
- Frequently applies critical thinking when developing a nursing care plan with moderate guidance.
- Satisfactorily applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills or identifies errors.
- Occasionally engages in self-direction to learning and seek appropriate assistance.
- Demonstrates improvement in performance, skills, attitudes and self-directed learning.

Needs Improvement = 2

A student who earns a grade of needs improvement = 2:

- Adequately demonstrates knowledge of professional nursing practice and requires moderate assistance in applying knowledge with skills.
- Safely functions using the nursing process with minimal to moderate guidance.
- Applies critical thinking when developing a nursing care plan with moderate to extensive guidance.
- Satisfactorily applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills with moderate to extensive assistance.
- Requires some direction in identifying and utilizing learning opportunities.

Unsatisfactory = 1

A student who earns a grade of unsatisfactory = 1:

- Requires extensive guidance for the performance of standard nursing practice, education, research, health policy/public health when caring for individuals, families, local, regional, and global communities.
- Persistently demonstrates gaps and deficiency in knowledge of professional nursing practice and requires constant supervision and assistance in applying knowledge and skills.
- Is frequently unprepared, unable to identify his or her own learning needs, and demonstrates no interest in learning.
- Persistently requires some direction to learning and seeking appropriate assistance.

Junior Student Clinical Performance Evaluation

| Concept and Critical Competency | Mid Semester | Final | Comments |
|--|--------------|-------|----------|
| Critical Thinking - Level I | | | |
| Apply critical thinking concepts and skills in the | | | |
| provision of quality nursing care | | | |
| Demonstrates clinical reasoning in the delivery | | | |
| and management of patient-centered care | | | |
| Professionalism – Level I | | | |
| Promote the image of nursing by modeling the | | | |
| core values of practice excellence, | | | |
| communicating the knowledge, skills, and | | | |
| attitudes of the nursing profession | | | |
| Ethical/Legal - Incorporate ethical principles | | | |
| and codes to protect the rights of patients and to | | | |
| effect quality patient care outcomes | | | |
| Leadership - Discuss the leadership role of the | | | |
| professional nurse within the healthcare | | | |
| environment | | | |
| Communication – Level I | | | |
| Apply basic principles of effective | | | |
| communication techniques to produce positive | | | |
| professional working relationships | | | |
| Initiates effective written and verbal | | | |
| communication with patient and health care | | | |
| team | | | |
| Teaching/Learning – Level I | | | |

| Participate in the teaching/learning process | | | |
|--|--------------|-------|----------|
| with faculty, patients, and families | | | |
| | | | |
| Evidence Based Practice – Level I | | | |
| Describe the general components of the | | | |
| research process and participate in data | | | |
| collection and other research activities | | | |
| | | | |
| Health Care Delivery – Level I | | | |
| • Promote, maintain, and restore people's health | | | |
| and provide end-of-life care using evidence-based | | | |
| nursing knowledge | | | |
| Demonstrate effective use of information | | | |
| management tools to monitor outcomes of care | | | |
| processes | | | |
| | | | |
| Cultural Diversity – Level I | | | |
| • Discuss the influence of age, culture, social, and | | | |
| environmental variables on the patient's health | | | |
| and health care needs | | | |
| | | | |
| Provide patient-centered care with sensitivity | | | |
| and respect for the diversity of the human | | | |
| experience | | | |
| Environment – Level I | | | |
| Safety - Ensure a safe environment for patient, | | | |
| families and the health care team | | | |
| | | | |
| Concept and Critical Competency | Mid Semester | Final | Comments |
| Quality Improvement - Seek information about | | | |
| quality improvement activities in the care setting | | | |
| | | | |
| | | | |
| • Informatics - Demonstrate effective use of | | | |
| standardized practices and technology that | | | |
| support safety and quality | | | |
| Commencial and Deliver Construction | | | |
| Compassionate Patient-Centered Care – Level I | | | |

TMU RSSON, BSN Student Handbook 2024-2025

| | <u>, </u> | | |
|---|--|-----------------|---|
| Provide patient-centered compassionate care | | | |
| based on respect for patient's preferences, | | | |
| values, and expressed needs | | | |
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| Identify Your Streng | ths, Areas of Improve | ment, and Goals | |
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Midterm Evaluation

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Final Evaluation

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Truett McConnell University

Martha Rielin & Elizabeth Salmen School of Nursing

Senior Student Clinical Performance Evaluation

| Semester: | Course Number: |
|-------------------------------|------------------------|
| Student Name | |
| Mid Semester Evaluation Date: | Final Evaluation Date: |

This evaluation tool consists of nine concepts and critical competencies with specific performance criteria. The competencies were drawn from the BSN program outcomes, the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2022), and the Quality and Safety Education for Nursing (2020). The performance criteria for each competency include cognitive, affective, and psychomotor domains of learning and provide a complete evaluation of an individual students' clinical performance. The use of this clinical evaluation tool makes it possible to see the student's development over time as he or she progresses through the specific course, as well as through the nursing program. It also provides standard measures for student, course and program evaluation.

All students are evaluated on their clinical performance during each nursing clinical course by faculty. Students are required to adhere to Professional Behaviors throughout the nursing program by respecting the rights of others. Failure to meet the expected behaviors may result in a failing clinical grade or in appropriate cases, dismissal from the nursing program. Faculty will provide written documentation to the student during the week any unsatisfactory behavior occurs, with suggestions for improvement. The student may respond in writing within 48 hours to the faculty member and/or submit written documentation relevant to the behavior. Students must be satisfactory in all objectives by the endo of the semester in order to pass this course.

Evaluation Tool Guidelines

Each nursing course builds on prior knowledge, skills, and attitudes. The clinical evaluation tool is to be completed at midterm and at the final clinical day. Each student will identify 3 areas of growth at midterm to achieve by the final evaluation. The faculty/clinal adjunct instructor will objectively grade each category of performance using the following point scale:

Proficient = 4

Satisfactory = 3

*Needs Improvement = 2

*Unsatisfactory = 1

A grade of 1 or 2 requires comments by the clinical adjunct instructor. Each category is designated separately and the minimum expectation for meeting that category objectively is listed. It is expected that category specifications will guide student practice and be considered the minimum standards for competency. In order to complete the course successfully, each category must be at least "satisfactory" or "3" or above by the final evaluation. A passing grade will be assigned only if all the items are a "3" or above by the final evaluation. If a student has a score of "1" or "2" at midterm they should meet with the course coordinator to discuss a remediation plan.

Overall Grading Descriptions

Proficient = 4

Satisfactory = 3

*Needs Improvement = 2

*Unsatisfactory = 1

Proficient = 4

A student who earns a grade of proficient (4):

- Demonstrates proficient competencies in the performance of standard nursing practice, education, research, health policy/public health above expectations when caring for individuals, families, local, regional, and global communities
- Consistently demonstrates accurate and appropriate knowledge of professional nursing practice
 and performance standards including behaviors, legal issues, ethics, values, accountability, and
 integrates them into practice.
- Independently functions using the nursing process with minimal guidance.
- Consistently applies critical thinking when developing a nursing care plan with minimal guidance.
- Consistently applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills or identifies errors.
- Continuously engages in self-direction to learning.
- Continuously demonstrates improvement in performance, skills, attitudes and self-directed learning.

Satisfactory = 3

A student who earns a grade of satisfactory = 3:

 Demonstrates satisfactory competence in the performance of standard nursing practice, education, research, health policy/public health above expectations when caring for individuals, families, local, regional, and global communities

- Frequently demonstrates accurate and appropriate knowledge of professional nursing practice and performance standards including behaviors, legal issues, ethics, values, accountability, and integrates them into practice.
- Functions satisfactorily using the nursing process with minimal to moderate guidance.
- Frequently applies critical thinking when developing a nursing care plan with moderate guidance.
- Satisfactorily applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills or identifies errors.
- Occasionally engages in self-direction to learning and seek appropriate assistance.
- Demonstrates improvement in performance, skills, attitudes and self-directed learning.

Needs Improvement = 2

A student who earns a grade of needs improvement = 2:

- Adequately demonstrates knowledge of professional nursing practice and requires moderate assistance in applying knowledge with skills..
- Safely functions using the nursing process with minimal to moderate guidance.
- Applies critical thinking when developing a nursing care plan with moderate to extensive guidance.
- Satisfactorily applies theoretical knowledge, skills, attitudes, and communicates effectively with interdisciplinary team members.
- Safely performs effective, ethical psychomotor skills with moderate to extensive assistance.
- Requires some direction in identifying and utilizing learning opportunities.

Unsatisfactory = 1

A student who earns a grade of unsatisfactory = 1:

- Requires extensive guidance for the performance of standard nursing practice, education, research, health policy/public health when caring for individuals, families, local, regional, and global communities.
- Persistently demonstrates gaps and deficiency in knowledge of professional nursing practice and requires constant supervision and assistance in applying knowledge and skills.
- Is frequently unprepared, unable to identify his or her own learning needs, and demonstrates no interest in learning.
- Persistently requires some direction to learning and seeking appropriate assistance.

Senior Student Clinical Performance Evaluation Tool

| Concept and Critical Competency | Mid Semester | Final | Comments |
|---|--------------|-------|----------|
| Critical Thinking – Level II | | | |
| Utilize critical thinking to organize data and | | | |
| determine nursing interventions to achieve patient outcomes | | | |
| Engage in a purposeful, goal-directed process | | | |
| that employs logic, analysis, creativity, and | | | |
| intuition to make decisions that guide practice | | | |
| Professionalism – Level II | | | |
| Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development | | | |
| • Ethical/Legal - Analyze ethical and legal issues related to the health care for vulnerable patient populations | | | |
| Leadership –Collaborates with multiple | | | |
| disciplines in coordinating patient care | | | |
| Communication – Level II | | | |
| Demonstrate open communication, mutual respect, and shared decision-making in nursing practice to achieve quality patient care | | | |
| Incorporate effective communication and | | | |
| collaborative strategies when working with | | | |
| interprofessional teams to deliver, | | | |
| compassionate patient-centered care | | | |

| Teaching/Learning – Level II | | | |
|--|--------------|-------|----------|
| Provide teaching and learning activities that | | | |
| promote health progression and injury | | | |
| prevention | | | |
| Evidence Based Practice – Level II | | | |
| Integrate research-based evidence, clinical | | | |
| judgment, and patient and family preferences in | | | |
| planning, implementing, and evaluating | | | |
| outcomes of care | | | |
| Health Care Delivery – Level II | | | |
| Discuss the implications of socio-cultural, | | | |
| economic, legal and political factors impacting | | | |
| healthcare delivery and practice | | | |
| Utilize informatics to communicate, manage | | | |
| knowledge, mitigate error, and support decision | | | |
| making | | | |
| Cultural Diversity – Level II | | | |
| Develop plan for care of culturally diverse | | | |
| vulnerable populations | | | |
| Describe how diverse cultural, ethnic and social | | | |
| backgrounds function as sources of patient, | | | |
| family, and community values | | | |
| Concept and Critical Competency | Mid Semester | Final | Comments |
| Environment – Level II | | | |
| Safety - Demonstrate effective use of | | | |
| technology and nursing practices that support | | | |
| safety & quality | | | |
| Quality Improvement - Participate in analyzing | | | |
| data to monitor the outcomes of care to improve | | | |
| the quality and safety of health care setting | | | |

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TMU RSSON, BSN Student Handbook 2024-2025

| Midterm Evaluation | | | | |
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Final Evaluation

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Performance Improvement Plan and Outcome

| Course | |
|---|---|
| Areas of Concern | |
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| | |
| Performance Improvement Plan | |
| The skills, knowledge, and competencie | es that must be demonstrated to meet the course objectives: |
| | |
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| | |
| Recommendations and Timeframe - May include | e suggested resources and activities: |
| | |
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| | |
| Outcome (met/not met) | |
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| Instance of a Cinnature | |
| Instructor's Signature | |
| Student's Signature | |
| Date of Follow-up Conference | |
| | |
| Outcome | |
| Follow up conference. Please check one of the | following: |
| Has overcome concerns and now meets th | e objectives of the course |
| Has not overcome the concerns and does r | not meet the objectives of the course |
| Comments: | |
| | |
| | |
| | |
| Instructor's Signature | Date |
| Student's Signature | Date |

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| Copy | to | Stu | dent |

____ Copy to Student File

Truett McConnell University Rielin & Salmen School of Nursing Incident and/or Accidental Exposure Report

| Name of Student/Faculty | |
|---|---|
| Date of Incident/Exposure | Time of Incident/Exposure |
| Date Reporting Incident/Exposure | Time |
| Place of Incident/Exposure | |
| Witness to Incident/Exposure (Include nam | ne and any contact information you may have). |
| | se be specific and factual. Use back of paper if additional |
| Did the Student/Faculty Require Medical C Extent of Care. | are? Yes No If Yes Please Specify Where and the |
| Did the Student/Faculty Require Missed Da | ays from Class/Clinical/Work? Yes No If Yes Please |
| Follow up Required | |
| Signature of Person Reporting Incident/Exp | oosure |
| Signature of Person Completing Report | |
| Date Completed | |

NU 350 Labor Clinical Record

Truett McConnell University

Martha Rielin & Elizabeth Salmen School of Nursing

NU 350 Maternal Health Nursing Labor Record Profile

| Student | name: | | Date of care: | Roon | n # |
|------------|------------|--------------------|------------------------------|--------------|----------------------|
| Patient is | nitials | Physician | Date of care: Weeks gestati | | |
| G | P | EDD | Weeks gestati | on: | |
| Blood ty | pe: | Rubella: | GBS: | _ STI's | |
| Allergies | s: | | | | |
| Why is y | our patie | ent here? | | | |
| Significa | ant Past/P | resent Medical Hi | story: | | |
| Time | FHR | Accelerations | Decelerations | Variability | External or Internal |
| | | (Yes or no) | (early, late, | (minimum, | Fetal Monitor |
| | | (1 cs of no) | variable, or | moderate, or | |
| | | | ĺ | | |
| | | | none) | marked) | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| List any | interven | ntions that were p | rovided related to | FHR's | <u> </u> |

| Time | How far | Duration | Mild, | Dilatation | Effacement | Station | External |
|------|-----------|----------|------------|------------|------------|---------|----------|
| | apart are | of ctx | moderate, | | | | monitor |
| | ctx? | | or strong | | | | |
| | | | intensity? | | | | Or |

| | | | IUPC |
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List any interventions that were provided related to uterine activity

Vitals:

| Time | Т | P | R | B/P | Pain |
|------|---|---|---|-----|------|
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What measures is the patient using for pain control? Is it effective? How is the patient tolerating labor? Use subjective and objective data

Who is supporting the patient? How do those in the room interact towards the patient and among each other?

List any medications patient is receiving and why:

Referral/Community resources needs for discharge:

NU 350 Postpartum ISBAR Record Clinical Form

Truett McConnell University

Martha Rielin & Elizabeth Salmen School of Nursing

NU 350 Maternal Health Nursing

| Studen | t Name: Date: |
|--------|---|
| Mothe | Postpartum ISBAR |
| | |
| | Highlight results where applicable |
| ı | Yourself: |
| | Name |
| | Position |
| | Location |
| | Receiver confirm who you are talking to |
| | Patient: name, age, sex, location |
| _ | Patient Initials: |
| S | Age: |
| | Room #: |
| | Gravida: Para: AB: LC: |
| | EDD: |
| | Allergies: |
| | Admit Date: |
| | Physician: |
| | Admitting Dx: |
| | Date and time of delivery: |
| | |

| | Delivery type: Vag or C/S |
|---|---|
| | Episiotomy Y/N Laceration Y/N |
| | Delivery complications: |
| | |
| | Indication for C/S: |
| | |
| | |
| D | Blood type: |
| В | Need Rhogam Y/N |
| | Rubella immune/non |
| | GBS +/- treated Y/N # of doses: |
| | STI's: |
| | Smoking Y/N |
| | Past pregnancy complications: |
| | |
| | Past Medical hx: |
| | |
| | Drugs/Medication during pregnancy: |
| | |
| | Current pregnancy complications: |
| | |
| | Pain meds/anesthesia used during labor: |
| | |
| | Labor complications: |
| | |

| Time Temp HR R B/P Pulse Pain, Nursing interventions ar pain reevaluation OX OX | |
|---|---|
| pain reevaluation | |
| OX pain reevaluation | d |
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| Λ | Foley Y/N | IV/SL site: | | | | | |
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| А | Intake Output | Assessment: | | | | | |
| | Incision Y/N | Admission Hgb: | Hct: | Platelets: | | | |
| | Location: | Postpartum Hgb: | Hct: | | | | |
| | Dressing: | Other significant labs: | | | | | |
| | Assessment: | | | | | | |
| | | | | | | | |
| | | Lungs: Clear/Crackles/ | /Rhonchi/Whe | eezing | | | |
| | | Bowel sounds: Active | /Hypo/Hyper | | | | |
| | | Flatus: Y/N | | | | | |
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| | <u>Psychosocial</u> | |
| | Support person: | |
| | | |
| | Culture Considerations: | |
| | EPDS score: Referral needed | //N |
| | increma medica | 7,14 |
| | Bonding appropriately? Y/N Example t | to support: |
| | | |
| | Current stressors: | |
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| R | New orders for the day: | |
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| | Pending labs: | |
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| | Last pain med and time: | |
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| | Immunizations needed prior to discha | rge: |
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| | Community resources: | |
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| | Notes: | |
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Mother's Diagnostic Evaluation

Textbook Source (Include page numbers)

| | me of Test or | Norms | Patient's | Reason (from the text) | Nursing Implications |
|----|--|---------------------------|---------------------------------|------------------------|--|
| | rocedure and te Completed | Textbo ok/Hos pital | Results Highlight Abnorm. | Done for your patient | |
| 1. | Hgb | | | | Implication of Results Nursing Interventions |
| 2. | Blood type and Rh factor | | | | Implication of Results For Mother and Newborn Nursing Interventions |
| | | | | | |
| 3. | Group B Beta Streptococcus culture | | | | Implication of Results for Mother and Newborn |

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| | | Nursing Interventions |
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NU 452 Predict and Manage Potential Complications Form

Predict and Manage Potential Complications

Clinical Judgment Exercise for NU 452 Pediatric Health Nursing

What can go wrong? Linda Caputi ©

This tool has been adapted to be utilized as a clinical judgment exercise for clinical and simulation activities for NU 452. This tool will assist the student in recognizing and anticipating risks and predicting and managing potential complications that may occur when caring for newborn and pediatric patients with acute illness and complex medical/surgical conditions. This tool will also assist in prioritizing patient care activities. Utilize this tool to provide feedback on a clinical or simulation experience.

| Patient Age: | |
|---|--|
| Diagnosis: | |
| What assessments are essential for the | |
| client/patient during your time on the | |
| unit? Or during your assigned care? | |
| What assessments are essential for | |
| you to make on the child's parent or | |
| caretaker during your time on the | |
| unit? Or during your assigned care? | |
| What complications may occur for this | |
| child during the hospital stay? Or as a | |
| result of the diagnosis or illness? What | |
| could go wrong? | |
| What are the negative sequelae or | |
| worst things that could happen to this | |
| child during this hospital stay? Or | |
| during your assigned care? | |
| What interventions could prevent | |
| potential problems? | |
| What are the two most important | |
| developmental concerns for this child | |
| during this hospitalization or during | |
| your assigned care? How will you | |
| intervene during your time on the unit | |
| or during your assigned care? | |
| How will you prioritize implementation | |
| of nursing interventions? Explain. | |
| | |

8/2020 HCA

NU 452 Pediatric Physical Assessment Form

Rielin & Salmen School of Nursing Pediatric Physical Assessment

| Student Name: | | Date: | |
|---------------------------|------------|----------------------------|--|
| Pt. Initials: | Pt. Age: | Family Member/CG Present: | |
| Admission (or Current) | _ | | |
| Presenting Signs and Sy | | on or Visit: | |
| History of Present llness | | | |
| Past Medical History: (| | tory and hospitalizations) | |
| Family History: | | | |
| | | | |
| Immunizations: | | | |
| Allergies: | | | |
| Nutritional/Activity His | story: | | |
| Teaching Needs: | | | |
| Erikson's Stages of Dev | velopment: | | |

| Wt: Ht: | | RR: | BP: | Temp: | Allergies: |
|---------------------------------------|----------|---------------|--------------|----------------|------------------|
| Pain Scale: (0-10) | _ | | | | |
| | | _ 1 | | | , |
| Nutrition: | | | | | |
| Diet: | | | _ IV Fluids | s (type and ra | te): |
| Recent wt. loss/gain: | | <u> </u> | BW: | | Lips/Gums/Teeth: |
| | | | | | |
| Integumentary: | | | TD /r | . | |
| Skin Color: | | | _ Texture/ | l'urgor: | |
| Rashes: | | | _ IV Site: _ | | |
| Incisions/Wounds/Dra | ains/Tub | es: | | | |
| | | | | | |
| Neurological/Head: LOC/Mental Status: | | | | Facial symm | netry: |
| Locaviental Status. | | | | i aciai symm | iony. |
| Sensory Deficits/Aids | : | | | _ Reflexes: | |
| Fontanels: (anterior/p | osterior | size and appe | arance, if p | resent): | |
| Eves: Pupils: | | Discharge | e: | | _ Clarity: |
| | | | | | |
| Strabismus: | | Swelling | • | | 1 10818. |
| Ears: Shape: | | Symmetry: | : | Dis | scharge: |
| | | , | | | |
| | | | | | |
| Oxygenation: | | | | | |
| Oxygenation: Respirations (rate, rhy | thm, de | pth) | | | |
| | | | l Flaring: _ | | Grunting: |
| Respirations (rate, rhy | | | l Flaring: _ | | - Grunting: |
| Respirations (rate, rhy Retractions: | | Nasa | | O2 Saturation | |

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| Cough: | Sputum (descripti | on): |
|--|--------------------|--------------------------|
| Skin/Nail Bed Color: Mucous Membrane | | nes: |
| Respiratory Therapy Treatments (type | | |
| Cardiovascular: Apical HR: | Rhythm: | Murmur: |
| Capillary Refill: | Mottled Appearance | ce: |
| Peripheral Pulses/locations: | | |
| Skin Turgor: | Edema: | |
| Musculoskeletal: ROM: Activity Tolerance: | Symmetry: | |
| GI/GU/Abdomen: Appearance of Abdomen: | Bowel Sou | nds: |
| Last BM/Usual Pattern: | Ostomy: | |
| Labs: | | |
| Diagnostic Tests/Procedures: | | |
| Discharge Planning/Parent Teaching | <u>1g:</u> | |
| Problem: | <u>Nursing I</u> | Diagnosis(w/Rationales): |

| Pathophysiology of Disea | ise: | | |
|---|----------------|---------------------------|---------------------------|
| Medications (Only list massignment for completion | | l dosages. Complete M | ed Sheets and upload with |
| Developmental Implicati | ons (Real or P | otential) r/t Hospitaliza | ation or Illness: |
| Appropriate Therapeutic | c Play during | Hospitalization or Illne | <u>ss:</u> |
| Safety Considerations Ba | | | |
| Signature of Faculty:8/2020 HCA | | | Date: |
| | | | Medication Sheet |
| Student Name | Date | Course | Semester |
| Pharmacologic Class: | | Therapeutic Class: | |
| Generic Name: | | Trade Name | |

| Act | Action/Therapeutic Use: | | | | | |
|-----|---|--|------------------|---------------------------------|--|--|
| Ind | ndications (Reason client is receiving): | | | | | |
| Coi | mmon Side Effects: | | | | | |
| Nu | rsing Process | | | | | |
| Pı | e-Administration Assessment | Nursing Consider (Including Special such as pediatric and geriatrics) | l Populations | Post-Administration Evaluation: | | |
| Adı | ministration Considerations, Te | eaching, Other: | | | | |
| | | | | | | |
| | SO | OCK Method for Le | earning Medicati | on | | |
| S | Focus on life threatenin that effect major organ contradict therapy | ng side effects | | | | |

| 0 | Organ Systems/Pathophysiology Start with basic A & P and focus on meds, s/e and considerations that deal with major organ systems | |
|---|---|--|
| С | Consideration/Contraindications Focus on contraindications, nursing considerations that impact ABCs and pathophysiology, and contraindications of medications. | |
| K | Know. Must know! What is it you must know to give this med safely? (Medication administration rights, medication interactions, food interactions, and black box warnings, etc.) | |

| Clinical Judgment Form with ISE | al Judgment Form with ISBAR and Medication Administration Rec | | | |
|---------------------------------|---|--------|--|--|
| Student Name | Date | Course | | |

NOTICING - UTILIZING OBSERVATIONS TO RECOGNIZE PATTERNS, AND GATHER INFORMATION.

| RECOGNIZING CUES - The mental process involved in identifying relevant and important information | | | | | |
|--|--|--|--|--|--|
| | 60 second initial visual assessment | | | | |
| (Comple | (Completed while receiving report and prior to physically assessing patient) | | | | |
| What do you see? | | | | | |
| Visual cues such as | | | | | |
| room cleanliness, | | | | | |
| hygiene of patient, IV | | | | | |
| pump, O2, other lines, | | | | | |
| drains, tubes. | | | | | |
| | | | | | |
| | Focused Physical Assessment | | | | |
| Red | cognize abnormal vs. normal – Recognizing signs and symptoms | | | | |
| What is your client's | | | | | |
| admitting diagnosis? | | | | | |
| What will you focus on | | | | | |
| based on this | | | | | |
| information? Perform | | | | | |
| appropriate focused | | | | | |
| assessment. Include | | | | | |
| the findings of your | | | | | |
| focused assessment | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Include the pathophysiology of the client's admitting diagnosis, including the risk factors, signs/symptoms, diagnostics, prognosis, and treatments. You must include a resource for this information. | |
|--|---|
| | Identify History Of |
| Med | ical/Surgical/Home Medication/Social, Occupational History cues |
| | Recognize contributing past history |
| What is their pertinent medical/surgical | |
| history? What home meds do they take? | |
| Where do they work, live, socialize? | |
| | Vital Signs, Lab Values and Diagnostics |
| Recognize abno | rmal vs. normal as well as pertinent information related to patient diagnosis |
| Document the patient's vital signs. | |
| Include reasoning for any abnormal vital signs. | |

| Examine your patient's | Lab Value | Normal Range | Patient's Lab Value Result | Reason for Abnormal Value |
|--|-----------|--------------|-------------------------------|---------------------------|
| Electronic Medical Record. | | | | |
| What are the pertinent lab values given the admitting diagnosis and current condition of your patient? | | | | |
| What diagnostic tests has the client undergone? Include the results of the test. | | | | |

INTERPRETING – MAKING SENSE OF THE DATA AND PRIORITIZING INFORMATION UTILIZING YOUR REASONING ABILITIES TO INTERPRET THE FACTS AND FORSEE POSSIBLE INTERVENTIONS

ANALYZING CUES - clustering and linking related information to create groups of individual cues

PRIORITIZE HYPOTHESIS – Evaluate and rank potential causes or risk factors to address

Based on findings from 60 second initial visual assessment

| | Hypothesize regarding needed interventions | | | | |
|---|--|--|--|--|--|
| What will require action? | | | | | |
| Prioritizing action (i.e. bathe patient, tidy room, fluid replacement, adjust O2 etc) | | | | | |
| | Based on findings from Focused Physical Assessment | | | | |
| | Analyze and form hypothesis for future action | | | | |
| What assessment findings are most concerning? | | | | | |
| What makes you say that? | | | | | |
| Are there any findings that seems contradictory? (i.e. findings that may point to an alternative or additional concern) | | | | | |
| What findings are consistent with admitting diagnosis? | | | | | |

| | Based on Identifying History Of |
|--|---|
| Mad | ical/Surgical/Home Medication/Social, Occupational History cues |
| ivieu | |
| | Analyze and form hypothesis for future action |
| What findings did you expect based on the client's diagnosis/concern? | |
| What medications would you expect based on the client's diagnosis, concern, history? | |
| Are there any findings that seem contradictory? (i.e. meds expected but not present, meds present but not expected, assessment findings without interventions) | |

| What else could be going on? | |
|--|---|
| | Based on Vital Signs, Lab Values and Diagnostics |
| | Analyze and form hypothesis for future action |
| What will require action? (i.e. b/p requiring treating, increase or decrease O2, treat electrolyte imbalance, intervene regarding fluid volume status, etc.) | |
| GENERATE SOLUTION | NS – Generate a set of feasible solutions to handle emergent concerns based on prioritized hypothesis above |
| Things to address? | |
| Things to avoid? | |
| What interventions are indicated? | |

| Which hypothesis is the most important and should be managed first? | | | | |
|--|--|--|--|--|
| What makes you say this? | | | | |
| | | | | |
| <u>RESPONDING – U</u> | TILIZING YOUR CLINICAL JUDGMENT TO MAKE DECISIONS AND JUDGMENTS | | | |
| TAKE ACTION | ON – Implementation of the solutions based on generated hypothesis | | | |
| | | | | |
| Based on generated solutions | | | | |
| | | | | |
| What are the critical | | | | |
| safety issues and what | | | | |
| did you do to protect the client? | | | | |
| | | | | |
| What interventions are | | | | |
| needed immediately? How will you | | | | |
| implement them? | | | | |
| What interventions | | | | |
| can be delegated and to whom? | | | | |

| to patient, family and | What specific items will you teach the client? | | | | |
|------------------------|--|--|--|--|--|
| | How did you respond to patient, family and caregivers? | | | | |

EVALUATING OUTCOMES – Understanding signs of clinical improvement or decline and reflecting on the effective outcomes of interventions What follow-up data are needed? What findings show interventions have been effective? What interventions require formulating a new hypothesis? What values show a need for continued monitoring (i.e. labs,

| vital signs, | |
|-------------------------|--|
| interventions) | |
| | |
| | |
| What went well and | |
| what did not go well | |
| and why? | |
| | |
| | |
| What would you do | |
| differently? | |
| | |
| | |
| What priorities, skills | |
| do you think you need | |
| to improve in order to | |
| care for future | |
| patients? | |
| | |
| | |

For the problem statements, you need to ask, "What issue could harm this patient if not addressed"? The problem needs to be a current issue, not something that has already been addressed, like surgery. The interventions need to be **NURSING** interventions. Nurses cannot perform surgeries, order medications or labs, etc. Use your Conceptual Nursing Care Planning textbook for ideas on appropriate nursing interventions.

| | Problem Statement 1 | |
|----|--------------------------|--|
| 1. | | |
| | | |
| | | |
| | | |
| | | |
| | Intervention Statement 1 | |
| 1. | | |
| | | |

| Problem Statement 2 | |
|--------------------------|--|
| 2. | |
| | |
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| | |
| | |
| Intervention Statement 2 | |
| 2. | |
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| | |
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| | |
| | |
| Problem Statement 3 | |
| 3. | |
| 3. | |
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| | |
| Intervention Statement 3 | |
| | |
| 3. | |
| | |
| | |

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|--|---|
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| | |
| | |
| | |

| Student Name | Date | C | ourse |
|---------------------|------|---|-------|
| | | | |

| Situation | Patient's initials Age Admission diagnosis Most current issues | Sex | MD | | | |
|---|--|---|--|--|--------------------------|---|
| Pertinent PMH | DM / CHF / HTN / CAD / PVD / HLD / COPD / CKD / CVA / Psych / Dementia / Smoker / Drug Abuse | | | | | |
| Background | Admit date Allergy Code Status MRI / CXR / XRAY / CT / Echo / Endo / US / Cath PMH: | | | | | |
| Assessment Isolation: Contact: MRSA / C-Diff / ESBL / Flu / Droplet / Neutropenic | IV: # R / L Date Site: AC / FA / Hand / Wrist Central: IJ / PICC / Port Neuro: A & O X / Confused Activity: Up ad lib / 1 / 2 / Bedrest Walker / Cane Neuro Checks / Restraints / Bed alarge | | IV Rate: Drips: Hepar Pain: Level: Location: | | u/kg/hr | |
| Cultures Needed: Urine CS Resp CS Flu Swab MRSA Swab Daily Wt Strict I & O | Respiratory: D2 @L NC/ Room air / NRB / CPAP / BIPAP Breath Sounds: Clear / Diminished / Wheezing / Crackles/ Coarse Cardiovascular: BB / NSR / ST / A-Fib / A-Flutter / A-Paced / V-Paced / PACs / PVG AICD / Murmur Edema: None / Gen / Trace / 1+ / 2+ / 3+ Ditting / Non-pitting R / L / Bilateral Arms / Legs Pulses: Radial / Carotid / Femoral / Dorsalis Pedis | | | VS Trend: BP HR RR O2 Sat Temp O / R / T VTE: SCDs / Foot pumps Heparin / Lovenox Coumadin / Xarelto Eliquis / None needed | | |
| Falls Risk NPO @ MN Patient Education | GI: Diet: Reg / Clear / Full / AHA / ADA / Dysphagia: I II III / Soft / NPO Bowel Sounds: Hypo / Active / Hyper Nausea / Vomiting / Diarrhea G-tube: Gravity / LWS / Ostomy Last BM: | GU: Voiding / Foley / Incontinent / Anuria II III / Soft / NPO ds: Hypo / Active / Hyper miting / Diarrhea GU: Voiding / Foley / Incontinent / Anuria Clear / Cloudy / Yellow / Amber BR / Urinal / Bedside Commode / Bedpan Dialysis: M Tu W Th F Sa Su | | | | |
| | Musculoskeletal: Weakness: RUE / LUE / RLE / LLE Numbness: RUE / LUE / RLE / LLE | | Skin: Wounds: | | | _ |
| | BS AC AC B AC L Drains: Chest Tube (R/L) Level JP / Hemovac / Accordian / Wound V Serosanguinous / Sanguinous Amt | | K CKMB | Na | Hct Cr BNP PTXa | |
| Recommend | Scheduled Procedures: Cath / US / St Pending Labs: Consults: PT / OT / ST/ GI / Cardio / N | | | ch / Pulm / Surg | | |
| Plan of Care <u>Today</u> | New Orders: Changes in patient condition: Changes in laboratory results or diag | gnostic tests: | | | | |
| | | | | | | |
| | | | | | | |

Medication Administration Log

| Right Drug | Right Dose | Right Time | Right Route | Right Reason Include class, mechanism of action, and reason why patient is taking this medication | Common Side Effects List at least 5 | Nursing Considerations/ Patient Education List at least 3 |
|------------|------------|------------|----------------|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |



Complaint Form

This form will assist you in filing a complaint with the Truett McConnell University Rielin & Salmen School of Nursing. You are not required to use this form; a letter with the same information is sufficient. However, all information on this complaint form must be provided, whether or not the form is used.

| 1. | State you name and address: Name: Address: | | | | | | |
|-------------|---|---------------------------|-----------------------------------|--|--|--|--|
| | | | | | | | |
| | Telephone Number: Home | Work | Cell | | | | |
| 2. | Describe in detail your complaint below to include suspected cause and any person involved. | | | | | | |
| | Please use additional sheets if necess your situation. Date of Occurrence_ | | | | | | |
| 3. | Please list any witnesses to the incide | ent of your complaint tha | at we may contact for additional | | | | |
| | information to support or clarify you | • | , | | | | |
| | Name: | Name: | | | | | |
| | Address: | Address: | | | | | |
| | Telephone Number: Home | Telephone N | umber: Home | | | | |
| | Work | Work | | | | | |
| | Cell | Cell | | | | | |
| 4. | Do you have any other information the complaint? | nat you think is relevant | to our investigation of your | | | | |
| 5. | What do you see is the solution to yo take place? | ur complaint? How do y | ou propose this solution should | | | | |
| | | | | | | | |
| | sign and date this complaint form belonot been signed. | ow. We cannot acknowle | dge the receipt of a complaint if | | | | |
| Signatı | ure of Person Filling this Complaint | | Date | | | | |

Class Performance Improvement Plan and Outcome

| Course | |
|--|---|
| Areas of Concern Related to: | |
| Grades | |
| Absences | |
| Performance Improvement Plan | |
| The knowledge, and competencies that must be | e demonstrated to meet the course objectives: |
| | |
| | |
| Recommendations and Timeframe - May include sugges | sted resources and activities: |
| | |
| | |
| | |
| Outcome (met/not met) | |
| | |
| | |
| Landard Company | |
| Instructor's Signature Student's Signature | |
| Student's Signature Date of Follow-up Conference | |
| Date of Follow-up conference | |
| Out | |
| Outcome Follow up conference. Please check one of the following | ng: |
| Has overcome concerns and now meets the object | |
| Has overcome toncerns and now meets the object | |
| Comments: | t the objectives of the course |
| | |
| | |
| | |
| Instructor's Signature | Date |
| Student's Signature | Date |
| Copy to Student | Copy to Student File |

Clinical Performance Improvement Plan and Outcome

| Course | |
|---|--|
| Areas of Concern | |
| | |
| | |
| | |
| Performance Improvement Plan | |
| The skills, knowledge, and competencies that mu | ust be demonstrated to meet the course objectives: |
| | |
| | |
| Pagammandations and Timoframa. May include suggest | ad recourses and activities |
| Recommendations and Timeframe - May include suggest | eu resources and activities: |
| | |
| | |
| Outcome (met/not met) | |
| , , , | |
| | |
| | |
| Instructor's Signature | Date |
| Student's Signature | Date |
| Date of Follow-up Conference | |
| | |
| Outcome | |
| Follow up conference. Please check one of the following | g: |
| Has overcome concerns and now meets the objective | res of the course |
| Has not overcome the concerns and does not meet | the objectives of the course |
| Comments: | |
| | |
| | |
| Instructor's Signature | Date |
| Student's Signature | |
| Copy to Student | Copy to Student File |

Student Clinical Behavior/Performance Concern Form

| Student name: | _ |
|---|----------------|
| Clinical Instructor (if applicable): | |
| Professor name: | |
| Course: | - |
| Date: | - |
| Concern/issue: | |
| | |
| | |
| | |
| | |
| | |
| | |
| *By signing below, the student acknowledges this written warning for inadequal performance. The student is also aware that any further issues concerning this an additional meeting with the Dean of Nursing and further actions may be tak | will result in |
| Student signature: | |
| Professor signature: | |
| Dean of Nursing signature: | |

Student Clinical/Simulation Tardiness & Absence Form

| Student name: |
|---|
| Clinical Instructor name: |
| Clinical date: |
| Clinical site: |
| Time clinical instructor notified: |
| Time student arrived: |
| Time clinical coordinator notified: |
| Time course instructor notified: |
| Reason for tardiness/absence: |
| |
| |
| |
| *By signing below, student acknowledges the requirement to make-up missed clinical time at a ratio of 2:1 for unexcused absences/tardies. The student is also aware of the need to make up any missed hours before the end of the semester. |
| Student signature: |
| Clinical coordinator signature: |
| Course instructor signature: |
| Doan signaturo |

Professionalism Rubric

| Criteria | 20 pts | 15 pts | 10 pts | 5 pts |
|-----------------------------------|--|---|---|---|
| Uniteria | Attends all classroom | Misses 1 classroom lecture | Misses 2 classroom | Misses 3 or more |
| | lectures, clinical/sim | or | lectures or | classroom lectures and |
| | rotations, and has no | clinical/sim rotation. | clinical/sim rotations. | clinical/sim rotations or |
| Attendance* | tardiness. | Tardy to class 2 times or | Tardy to class 3 times or | Tardy to class or |
| Attendance | tarumess. | clinical/sim 2 times. | clinical/sim 3 times. | clinical/sim more than 3 |
| | | Cirricaly 3iiii 2 tiiries. | One unexcused clinical | times. |
| | | | absence. | times. |
| Class & Clinical Participation | Actively engaged during lecture, games, case studies, and presentations. | Is somewhat engaged and requires prompting from professor/instructor for participation. (i.e. lecture, games, case studies, presentations, & clinical experiences). | Occasional class/clinical engagement that requires repeated prompting from professor/instructor for participation. May be requested at discretion of nursing faculty/instructor to leave class and/or clinical which will result in an unexcused absence. | Not engaged during class and/or clinical experiences and requires professor or clinical instructor intervention. (Sleeping/absence, personal conversations, inappropriate use of electronic device (i.e. social media, internet browsing, reviewing other course materials, etc.) Will be requested to leave classroom and/or clinical and will result in an unexcused absence. |
| School of Nursing | No verbal or written | 1 verbal warning due to | >1 verbal warning or 1 | > 2 or more written |
| Dress Code | warnings due to non- | non-adherence of SON | written warning due to | documents about non- |
| | adherence of SON dress | dress code. | non-adherence of SON | adherence to SON dress |
| (Refer to BSN | code. | | dress code. | code. |
| Handbook for | | | | |
| further details) | | | | |
| | If remediation is needed, | If remediation is needed, | If remediation is needed, | If remediation is needed, |
| | the student notifies | the student notifies | the student notifies | the student does not |
| RSSON Remediation | professor by email within | professor by email within | professor by email > 72 | notify the professor by |
| Policy | 48 hours of exam grade | 72 hours of exam grade. | hours of exam grade. | email. |
| | | | | |
| | No remediation needed. | | | |
| | Always prepared for class, | 1 late assignment turned | Turns in >2 assignments | 3+ times turns in |
| | clinical and/or SIM/Lab. | in without instructor | late. | assignments late. |
| | This includes daily | notification and approval. | Unaropared for | 2) times somes to eliminal |
| | clinical/SIM/Lab | Door not complete | Unprepared for clinical/SIM/ Lab 2 or more | 3+ times comes to clinical |
| Preparation/ | documents. | Does not complete required clinical/SIM/Lab | times. This includes | unprepared. This includes daily clinical documents. |
| Communication** | Communicates in advance | documentation. | required documents. | daily cliffical documents. |
| Communication | any scheduling conflicts. | aocumentation. | required documents. | |
| | any seneduming commets. | *Incompletion or lack of | *Incompletion or lack of | *Incompletion or lack of |
| | | preparation for | preparation for | preparation for |
| | | clinical/SIM/Lab may | clinical/SIM/Lab may | clinical/SIM/Lab may |
| | | result in dismissal from | result in dismissal from | result in dismissal from |
| | | clinical/SIM/Lab for that | clinical/SIM/Lab for that | clinical/SIM/Lab for that |
| | | day | day | day |
| Total | | | | |
| | | | | Professionalism Grade = |
| | | | | |

^{*}TMU approved absences will be considered but must be discussed and planned for with your course coordinator prior to the absence.

Anything met on column 4 requires a meeting with the course coordinator.

^{**}This includes daily clinical documents, journals, notebooks, and other S/U requirements.

APA Paper Rubric

| thorough and easy to comprehend. Includes and discusses each required elements Integrates required element Includes and discusses each required elements Includes and discusses most of the required elements Includes and discusses most of the required elements Identifies and discusses nursing potential outcomes that are directly related to nursing practice effects outcomes Includes and a basic level. Includes and discusses nursing practice outcomes at a basic level. Includes and discusses nursing practice outcomes at a basic level. Includes and discusses nursing practice outcomes at a basic level. Includes and discusses nursing practice outcomes at a basic level. Includes and discusses nursing practice outcomes at a basic level. Includes not link those outcomes to nursing practices Information is random or simply a list of facts. No attempt at moving in a specific order to emphasize focus. Suggested but not clear, introduction not catchy. Need clearer transitions Includes and discussed, but were difficult to follow/comprehend during the presented and easy to comprehend. Includes and discussed, but were difficult to follow/comprehend during the presentation Includes and discussed nursing the presentation Includes and discussed, but were difficult to follow/comprehend during the presentation Includes and discussed nursing the presentation Includes and discussed, but were difficult to follow/comprehend during the presentation Includes and discussed nursing the presentation Includes and discussed nursing the presentation Includes and discussed nursing practice outcomes at a basic level. Includes and discussed nursing practice outcomes at a basic level. Includes and discussed nursing practice outcomes at a basic level. Includes and discussed nursing practice outcomes at a basic level. Includes and discussed nursing practice outcomes at a basic level. Includes and discussed nursing practice outcomes at a basic level. Includes and discussed nursing practice outcomes | The elements presented were incomplete and not related to topic. Presentation is difficult to follow/comprehend Does not discuss or identify any outcomes or the nursing practices that relate to them Information is random or simply a list of facts. No | |
|--|--|--|
| how nursing potential outcomes that are directly related to nursing practices Easy to follow, logical ordering of information. Clear thesis statement, transitions. Introduction catches attention Synthesis of content Proper and professional grammar & Spelling brown and spelling throughout And articulates potential outcomes that are directly related to nursing practice outcomes at a basic level. Some ideas may feel out of order, like they should be switched around. Could do more to make organization emphasize focus. suggested but not clear, introduction not catchy. Need clearer transitions Proper and professional grammar and spelling throughout Written review is discusses nursing practices those outcomes to nursing practices Information is random or simply a list of facts. No attempt at moving in a specific order to emphasize a point. Thesis is stated but not clear, introduction not catchy. Need clearer transitions More than 5 errors but less than 7 grammatical and spelling errors Written review is | identify any outcomes or the nursing practices that relate to them Information is random or simply a list of facts. No | |
| Synthesis of content Could do more to the sis statement, transitions. Introduction catches attention Clear, introduction not catchy. Need clearer transitions Clear the sis stated but not clear, introduction not catchy. Need clearer transitions Could do more to make organization emphasize focus. suggested but not clear, introduction not catchy. Need clearer transitions Could do more to make organization emphasize focus. suggested but not clear, introduction not catchy. Need clearer transitions Could do more to make organization emphasize a point. Thesis is stated but not clear, few transitions Clear, few transitions Could do more to make organization emphasize a point. Thesis is stated but not clear, few transitions Could do more to make organization emphasize a point. Thesis is stated but not clear, few transitions Could do more to make organization emphasize a point. Thesis is stated but not clear, few transitions Could do more to make organization emphasize a point. Thesis is stated but not clear, few transitions Could do more to make organization emphasize a point. Thesis is stated but not clear, few transitions Could do more to make organization emphasize a point. Thesis is stated but not clear, few transitions Could do more to make organization emphasize focus. Could do more to make org | random or simply a list of facts. No | |
| Grammar & professional grammatical and spelling errors grammatical and spelling errors Written review is Written review is Written review is | attempt at moving in a specific order to emphasize a point. No thesis, few transitions | |
| | More than 7 grammatical and spelling errors | |
| APA Format follows APA (7 th errors, but less than consistently demonstrate professional writing. Over 7 errors but less than consistently demonstrate professional writing. Over 7 errors but less than errors but less than consistently demonstrate professional writing. Over 7 errors but less than errors | Written review does not demonstrate professional writing. Greater than 10 errors in (7 th edition) format. Does not include relevant journal articles | |

*Late submission of assignment will result in a grade deduction of 5% per day (up to 3 days after the due date)
After 3rd day, student will receive a "0" on the assignment and meeting with course coordinator will result.

Project and Presentation Rubric

| Criteria | 20 pts | 15 pts | 10 pts | 5 pts | Std Grade | Grp Grade |
|---|---|--|---|--|--------------|--------------|
| Professional Appearance, Conduction of Presentation & Engagement of audience | Follows business casual dress code (as outlined in student handbook), confident, consistent eye contact with instructor and audience. Is able to answer questions from audience/instructor. | Follows business casual dress code (as outlined in student handbook), inconsistent eye contact with audience and instructor (looked at notes most of the time). Is able to answer most questions from audience/instructor. | Does not follow business casual dress code (as outlined in student handbook), inconsistent eye contact with audience or instructor only (looked at notes most of the time). Is able to answer only a few questions from audience/instructor. | Does not follow business casual dress code (as outlined in student handbook), nervous, no eye contact, unable to answer questions from audience. Is not able to answer any questions from audience/instructor. | 5.000 | |
| Effectiveness & knowledge of topic | Research discussed and utilized, logical explanation of approach and information, able to answer questions from audience, provides additional information consistently | Use of research apparent but not stated, logical, organized approach, additional information given occasionally | Use of opinions, but uses some science, Unstructured, no rationale for information, Much of the presentation out of logical order. | Use of opinions with no science to back up information. No logical order to presentation of information. Goes over time limit | | |
| Teamwork & Collaboration (if applicable) | Each group member participates and tasks divided equally. Each member can answer questions from audience/instructor | Each group member is knowledgeable and tasks divided equally. Most group members present during presentation | Tasks not equally divided. Not all group members participated/knowledge able of topic | Only one presenter for group. Unable to divide tasks and knowledge of topic is minimal | | |
| Integration of Required elements | All information was thorough and easy to comprehend. Includes and discusses each required element | Most of the information was presented and easy to comprehend. Includes and discusses most of the required elements | A few required elements were presented and discussed, but were difficult to follow/comprehend during the presentation | The elements presented were incomplete and not related to topic. Presentation is difficult to follow/comprehend | | |
| Utilization of presentations materials/meth ods | Engages audience to participate and ask questions, multiple media sources utilized, & identified target audience needs | Involves audience, utilized some media sources, & identified target audience needs | Presentation methods chosen were inadequate, not effective, or too small to see. | No presentation materials utilized | | |
| APA FORMAT & GRAMMAR | Presentation contains required number of sources. All sources are within last 5-8 years. Each source is cited correctly and appropriate for topic presented. No grammatical errors noted | Presentation contains required number of sources. Some sources are >8 years old. Each source is cited correctly and appropriate for topic presented. No grammatical errors noted | Presentation contains less than required number of sources. Minor errors found in bibliography or citation format. Sources not within last 8 years and may not be credible or appropriate for topic presented. Few grammatical errors noted (<8) | Sources lacking throughout and not applicable to topic being presented. Bibliography lacking and not formatted correctly. Gross grammatical and spelling errors (>5) | | |

^{*}Late submission of assignment will result in a grade deduction of 5% per day (up to 3 days after the due date) After 3rd day, student will receive a "0" on the assignment and meeting with course coordinator will result.

Rubric for Reflective Clinical Journal

| Criteria | Satisfactory | Student Grade |
|--|--|------------------|
| Retelling of Experience | □ Detailed explanation of experience utilizing appropriate topics □ Specific descriptors of observations during experience □ Writing is highly organized with logical sequence | s/u |
| Reflection on Experience, Observations, & Skills Performed | ☐ Reflects well on own work ☐ Provides many examples | s/u |
| Relevance to Classroom Concepts or Personal Experience | ☐ Relates observations to classroom concepts and/or personal experiences ☐ Demonstrates didactic and clinical knowledge about how this event impacts patient care | s/u |
| Analysis of Experience | □ Makes many inferences □ Comprehends deeper meanings □ High level of critical thinking expressed | s/u |
| Effort on Assignment | ☐ Obvious, detailed effort on the assignment | s/U |

Final Grade =

Guidelines

- Each journal entry will be a written record of experiences, observations, and patient care performed in the clinical setting. Topics are outlined for each course in the plan of study in Brightspace.
- The journal must use scholarly grammar, contain at least three paragraphs, express personal reflection on lessons learned, show insight into the activities of the day, and address 4 areas:
 - Retelling of the clinical experience
 - Reflection/personal response
 - Relevance to classroom concepts/personal experience
 - Analysis of experience
- Journal entries must be submitted via Dropbox by the times and dates designated on the plan of study.
- Entries will be graded as satisfactory or unsatisfactory.
 - An unsatisfactory entry will need to be turned in to the same Dropbox folder as the original journal entry, titled REDO JOURNAL, and resubmitted to the clinical instructor until a satisfactory grade is obtained.
 - Any assignment that remains unsatisfactory will result in an incomplete in the course.

Debate Presentation Rubric

| Criteria | 20 pts | 15 pts | 10 pts | 5 pts | Stud Grade | Grp Grade |
|--|---|---|--|--|---------------|--------------|
| Professional Appearance, Conduction of Presentation, & Engagement of Audience | Follows business casual dress code (as outlined in student handbook). Confident, consistent eye contact with instructor and audience. Can answer questions from audience/instructor. | Follows business casual dress code (as outlined in student handbook) Inconsistent eye contact with audience and instructor (looked at notes most of the time). Can answer most questions from audience/instructor . | Does not follow business casual dress code (as outlined in nursing student handbook). Inconsistent eye contact with audience or instructor only (looked at notes most of the time). Can only answer a few questions from audience/instructor. | Does not follow business casual dress code (as outlined in studenthandbook). Nervous, no eye contact, unable to answer questions from audience. Cannot answer and questions from audience/instructors. | / | |
| Effectiveness of presentation & Knowledge of topic, Integration of required elements | Research discussed and utilized, logical explanation of approach and information, able to answer questions from audience, provides additional information consistently. All information was thorough and discusses each required element. | Use of research apparent but not stated, logical, or organized, additional information given occasionally. | Use of opinions, but uses some science, Unstructured, no rationale for information, Much of the presentation out of logical order. | Use of opinions with no science to back up information. No logical order to presentation of information. Goes over time limit. | | |
| Teamwork & Collaboration (if applicable) | Each group member participates, and tasks divided equally. Each member can answer questions from audience/instructor | Each group member is knowledgeable, and tasks divided equally. Most group members present during presentation | Tasks not equally divided. Not all group members participated/knowledgeabl e of topic | Only one presente for group. Unable to divide tasks and knowledge of topic is minimal | | |
| Utilization of various presentations materials/meth ods | Engages audience to participate and ask questions, multiple media sources utilized, & identified target audience needs | Involves audience, utilized some media sources, & identified target audience needs. | Presentation methods chosen were inadequate, not effective, or too small to see. | No presentation materials utilized | | |
| APA FORMAT & GRAMMAR | Presentation contains 3 or more sources. All sources are within last 5-7 years. Each source is cited correctly and appropriate for topic presented. No grammatical errors noted | Presentation contains required number of sources. Some sources are >7 years old. Each source is cited correctly and appropriate for topic presented. No grammatical errors noted. | Presentation contains less than required number of sources. Minor errors found in bibliography or citation format. Sources not within last 7 years and may not be credible or appropriate for topic presented. Few grammatical errors noted (<5) | Sources lacking throughout and no applicable to topic being presented. Bibliography lackin and not formatted correctly. Gross grammatical and spelling errors (>5) | g | |
| | | | | Т | otal Points = | |

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*Submission: Late submission of assignment will result in a grade deduction of 5% per day late up to 3 days after the due date. After the 3rd day, the student will receive a "0" on the assignment and an incomplete in the class if not submitted.

| Group Members: | | |
|---------------------|-------|--|
| Student Name: | | |
| Presentation Topic: | | |
| Instructor: | Date: | |

Discussion Post Rubric

| Criteria | Excellent - 20 | Good - 15 | Acceptable - 10 | Unacceptable - 0 | Student Grade |
|-----------------------------|---|--|------------------------------|---|---------------|
| | Participation is | Participates 3-4 times | Participates 1-2 | Does not participate at all. | |
| Participation | consistent throughout | but postings not | times on the same | | |
| Participation | the week (3-4 times) | distributed throughout | day. | | |
| | | week. | | | |
| | Initial post is well | Posts well developed | Posts adequate | No initial post submitted | |
| | developed and fully | assignment that | assignment with | and/or no APA formatted | |
| | addresses and | addresses all aspects | superficial thought | citations referenced. | |
| | develops all aspects of | of the task; lacks full | and preparation; | | |
| Initial Posting | discussion topic. 3 APA formatted citations | development of | doesn't address all | | |
| | referenced. | discussion topic. 3 APA formatted citations | aspects of assignment topic. | | |
| | referenced. | referenced. | < 3 APA formatted | | |
| | | referenced. | citations | | |
| | | | referenced. | | |
| | | | | | |
| | Demonstrates analysis | Elaborates on an | Posts shallow | No response posts submitted | |
| | of others' posts; | existing posting with | contribution to | and/or no APA formatted citations referenced. | |
| | extends meaningful discussion by building | further comment or observation. 2 APA | discussion (e.g., agrees or | citations referenced. | |
| | on previous posts. 2 | formatted citations | disagrees); does | | |
| Responses | APA formatted | referenced. | not enrich | | |
| | citations referenced. | | discussion. < 2 | | |
| | | | APA formatted | | |
| | | | citations | | |
| | | | referenced. | | |
| | Proper and | Minor clarity and/or | Minor clarity | Posts are long and | |
| | professional grammar | grammatical errors. | and/or | unorganized. Grammatical | |
| | and spelling | Contributes valuable | grammatical | errors noted and content | |
| | throughout. Contributes to | information to discussion. | errors. Communicates in | may be inappropriate to assignment topic. | |
| Grammar & | discussion with clear | discussion. | a friendly, | assignment topic. | |
| Clarity | and concise | | complementary | | |
| | comments. | | manner that does | | |
| | | | not further | | |
| | | | contribute to | | |
| | | | discussion. | | |
| | Follows APA (7 th | Minor APA (7th | Minor APA (7th | Posts do not include | |
| | edition) format. 3 | edition) formatting | edition) | references or supporting | |
| | sources referenced. All | errors. 3 sources | formatting errors. | experiences/examples. | |
| | articles are within the | referenced. All articles are within the last 5 | < 3 sources referenced. All | Utilizes personal experiences | |
| APA Format | last 5 years and from scientific, peer- | years and from | articles are within | in leu of readings/research articles. | |
| (7 th Edition) & | reviewed sources | scientific, peer- | the last 5 years | articles. | |
| References | (unless otherwise | reviewed sources | and from | | |
| | approved by | (unless otherwise | scientific, peer- | | |
| | instructor) | approved by | reviewed sources | | |
| | | instructor) | (unless otherwise | | |
| | | | approved by | | |
| | | | instructor) | | |
| | | | | Total Points | |

*Submission: Late submission of assignment will result in a grade deduction of 5% per day late up to 7 days after the due date. After the 7th day, the student will receive a "0" on the assignment and an incomplete in the class if not submitted.

| not submitted. | vill receive a "U" on the assignment and an incomplete | in the class if |
|-------------------|--|-----------------|
| Student name: | | |
| Discussion topic: | | |
| Evaluator: | Date: | |

Lasater Clinical Judgment Rubric

Noticing and Interpreting:

| Effective NOTICING | Exemplary | Accomplished | Developing | Beginning |
|--|--|--|--|--|
| involves: | | | | |
| Focused Observation | Focuses observation | Regularly observes/monitors a | Attempts to monitor a variety of | Confused by the clinical |
| rocused Observation | appropriately; regularly observes | variety of data, including both | subjective and objective data, | situation and the amount/type of |
| | and monitors a wide variety of | subjective and objective; most | but is overwhelmed by the array | data; observation is not |
| | • | useful information is noticed, | of data; focuses on the most | , and the second |
| | objective and subjective data to | , | · · | organized and important data is missed, and/or assessment errors |
| | uncover any useful information | may miss the most subtle signs | obvious data, missing some | , |
| B B | D : 1.1 1 | D | important information | are made |
| Recognizing Deviations | Recognizes subtle patterns and | Recognizes most obvious | Identifies obvious patterns and | Focuses on one thing at a time |
| from Expected Patterns | deviations from expected | patterns and deviations in data | deviations, missing some | and misses most |
| | patterns in data and uses these to | and uses these to continually | important information; unsure | patterns/deviations from |
| | guide the assessment | assess | how to continue the assessment | expectations; misses |
| | | | | opportunities to refine the |
| | | | | assessment |
| Information Seeking | Assertively seeks information to | Actively seeks subjective | Makes limited efforts to seek | Is ineffective in seeking |
| | plan intervention: carefully | information about the client's | additional information from the | information; relies mostly on |
| | collects useful subjective data | situation from the client and | client/family; often seems not to | objective data; has difficulty |
| | from observing the client and | family to support planning | know what information to seek | interacting with the client and |
| | from interacting with the client | interventions; occasionally does | and/or pursues unrelated | family and fails to collect |
| | and family | not pursue important leads | information | important subjective data |
| Ties | | | | |
| Effective | Exemplary | Accomplished | Developing | Beginning |
| Effective INTERPRETING involves: | Exemplary | Accomplished | Developing | Beginning |
| INTERPRETING | Exemplary Focuses on the most relevant | Accomplished Generally focuses on the most | Developing Makes an effort to prioritize data | Beginning Has difficulty focusing and |
| INTERPRETING involves: | | · | . 0 | Ů Ů |
| INTERPRETING involves: | Focuses on the most relevant | Generally focuses on the most | Makes an effort to prioritize data | Has difficulty focusing and |
| INTERPRETING involves: | Focuses on the most relevant and important data useful for | Generally focuses on the most important data and seeks further | Makes an effort to prioritize data and focus on the most important, | Has difficulty focusing and appears not to know which data |
| INTERPRETING involves: | Focuses on the most relevant and important data useful for | Generally focuses on the most important data and seeks further relevant information, but also | Makes an effort to prioritize data and focus on the most important, but also attends to less | Has difficulty focusing and appears not to know which data are most important to the |
| INTERPRETING involves: | Focuses on the most relevant and important data useful for | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less | Makes an effort to prioritize data and focus on the most important, but also attends to less | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, conflicting or confusing data, is | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the client's data patterns and compares with known patterns | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar situations, is able to compare the client's data patterns with those | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of familiar/common situations has |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance of a specialist or more | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and in developing an |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, inappropriately requires advice | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be justified in terms of their | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance of a specialist or more | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and in developing an |
| INTERPRETING involves: Prioritizing Data | Focuses on the most relevant and important data useful for explaining the client's condition Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be | Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance of a specialist or more | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, inappropriately requires advice | Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and in developing an |

TMU RSSON, BSN Student Handbook 2024-2025

Responding and Reflecting:

| Effective RESPONDING | Exemplary | Accomplished | Developing | Beginning |
|--------------------------|------------------------------------|---------------------------------|------------------------------------|-----------------------------------|
| | Exemplary | recomplished | Developing | Deginning |
| involves: | A | Cller dileledki | Is tentative in the leader's role: | Encoding simple and proving |
| Calm, Confident Manner | Assumes responsibility: | Generally displays leadership | , | Except in simple and routine |
| | delegates team assignments, | and confidence, and is able to | reassures clients/families in | situations, is stressed and |
| | assess the client and reassures | control/calm most situations; | routine and relatively simple | disorganized, lacks control, |
| | them and their families | may show stress in particularly | situations, but becomes stressed | making clients and families |
| | | difficult or complex situations | and disorganized easily | anxious/less able to cooperate |
| Clear Communication | Communicates effectively; | Generally communicates well; | Shows some communication | Has difficulty communicating; |
| | explains interventions; | explains carefully to clients, | ability (e.g., giving directions); | explanations are confusing, |
| | calms/reassures clients and | gives clear directions to team; | communication with | directions are unclear or |
| | families; directs and involves | could be more effective in | clients/families/team members is | contradictory, and |
| | team members, explaining and | establishing rapport | only partly successful; displays | clients/families are made |
| | giving directions; checks for | | caring but not competence | confused/anxious, not reassured |
| | understanding | | | |
| Well-Planned | Interventions are tailored for the | Develops interventions based on | Develops interventions based on | Focuses on developing a single |
| Intervention/Flexibility | individual client; monitors client | relevant patient data; monitors | the most obvious data; monitors | intervention addressing a likely |
| • | progress closely and is able to | progress regularly but does not | progress, but is unable to make | solution, but it may be vague, |
| | adjust treatment as indicated by | expect to have to change | adjustments based on the patient | confusing, and/or incomplete; |
| | the client response | treatments | response | some monitoring may occur |
| Being Skillful | Shows mastery of necessary | Displays proficiency in the use | Is hesitant or ineffective in | Is unable to select and/or |
| | nursing skills | of most nursing skills; could | utilizing nursing skills | perform the nursing skills |
| | | improve speed or accuracy | | |
| Effective REFLECTING | Exemplary | Accomplished | Developing | Beginning |
| involves: | | | | |
| Evaluation/Self-Analysis | Independently evaluates/ | Evaluates/analyzes personal | Even when prompted, briefly | Even prompted evaluations are |
| | analyzes personal clinical | clinical performance with | verbalizes the most obvious | brief, cursory, and not used to |
| | performance, noting decision | minimal prompting, primarily | evaluations; has difficulty | improve performance; justifies |
| | points, elaborating alternatives | major events/decisions; key | imagining alternative choices; is | personal decisions/choices |
| | and accurately evaluating | decision points are identified | self-protective in evaluating | without evaluating them |
| | choices against alternatives | and alternatives are considered | personal choices | |
| Commitment to | Demonstrates commitment to | Demonstrates a desire to | Demonstrates awareness of the | Appears uninterested in |
| Improvement | ongoing improvement: reflects | improve nursing performance: | need for ongoing improvement | improving performance or |
| , | on and critically evaluates | reflects on and evaluates | and makes some effort to learn | unable to do so; rarely reflects; |
| | nursing experiences; accurately | experiences; identifies | from experience and improve | is uncritical of him/herself, or |
| | identifies strengths/weaknesses | strengths/weaknesses; could be | performance but tends to state | overly critical (given level of |
| | and develops specific plans to | more systematic in evaluating | the obvious, and needs external | development); is unable to see |
| | eliminate weaknesses | weaknesses | evaluation | flaws or need for improvement |

[©] Developed by Kathie Lasater, Ed.D. (2007). Clinical judgment development: Using simulation to create a rubric. *Journal of Nursing Education*, 46, 496-503.

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **OBSERVATION DATE/TIME:** SCENARIO #: **CLINICAL JUDGMENT OBSERVATION NOTES** COMPONENTS NOTICING: • Focused Observation: Ε В D Recognizing Deviations from Expected Patterns: Ε Α D В • Information Seeking: Ε Α D В INTERPRETING: • Prioritizing Data: D В Making Sense of Data: Ε Α D В RESPONDING: • Calm, Confident Manner: Ε D В • Clear Communication: D Ε В • Well-Planned Intervention/ Flexibility: Ε Α D В • Being Skillful: Ε Α D В REFLECTING: • Evaluation/Self-Analysis: В • Commitment to Improvement: E В **SUMMARY COMMENTS:**

References and Resources

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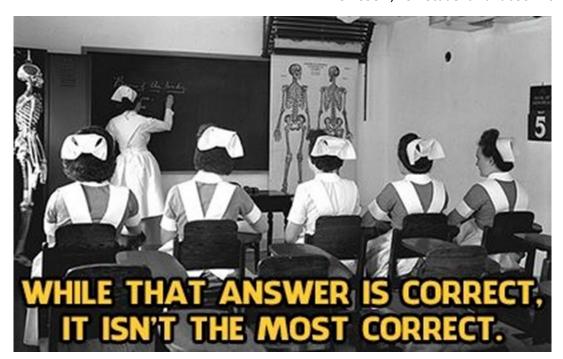
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United States Department of Labor, Occupational Safety and Health Administration. www.osha.gov





Validation of Standards and Informed Consent

I have read and consent to the Standards set forth by the Rielin & Salmen School of Nursing and hereby validate:

- I attest to my capability of meeting the full scope of academic and clinical requirements as stated in this handbook which includes the <u>Functional Skills and Student</u> Competencies.
- I consent to urine drug screen and background check with the understanding of compliance of the stated policy <u>Background Check and Drug Screen Policy</u>, and I understand I am subject to random drug screen when deemed necessary by RSSON.
- I consent to abstain from use of substances listed in the <u>Substance Abuse Policy</u> and will adhere to the procedures stated in the TMU BSN Handbook.
- I consent to adhere to the policy and procedures stated in the TMU BSN Handbook, including but not limited to, <u>Academic Integrity Policy</u> and <u>Professional Conduct and Civility Policy</u>.
- I hereby agree to follow Universal Precautions while I am a student at TMU RSSON. I understand these precautions protect me, my patients, my family members, and other health care professionals from infections and/or communicable diseases.
- If I should be involved with a needle stick or other incident while caring for a patient, I
 agree to follow the latest information from the Center for Disease Control and
 Prevention and immediately report incident to the clinical instructor and the course
 coordinator. Records of the occurrence will be maintained in the RSSON office and will
 be considered privileged and confidential.
- I understand the physical examination form required by the RSSON must be completed and/or updated before attending any clinical experiences. Current immunizations must be maintained throughout the course of my clinical experiences related to TMU RSSON.

• I understand nursing involves the study and care of patients across the life span and these patients will be ill or well. By participating in the care of these patients, I may be exposed to infectious and communicable diseases. I understand that should I be exposed to or develop an infectious or communicable disease while acting as a caregiver in my clinical experience, the testing, diagnosis, and treatment will be at my own expense. I agree to inform the RSSON of any changes in my health status, such as symptoms of a communicable and/or infectious disease, or pregnancy. I understand that a change in my health status may increase my health risk in relation to giving care for patients with bacterial and viral diseases. I agree to seek sound medical advice for changes in my health status.

| | Consent attests to adherence and compliance of ies and procedures stated. A signature copy is |
|---------------------------------|---|
| retained in the student's file. | |
| | |
| | _ |
| Print Name | |
| | |
| Signature | Date |
| | |
| | |
| RSSON | Date |
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| | Statement of Informed Consent |
| | |
| | |
| Signature | Date |