



HANDBOOK 2017-18

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## Christian Brothers University

### Registered Nurse to Bachelor of Science in Nursing (RN to BSN) Program

#### I. INTRODUCTION

##### The Christian Brothers

French priest John Baptist DeLaSalle in Rheims, France founded the Congregation of the Brothers of the Christian Schools, commonly referred to in the United States as the Christian Brothers, in 1681. DeLaSalle revolutionized the entire educational system of his time and began the system that we use today. He instituted several contemporary policies: grading students according to ability and achievement, simultaneously teaching many students and teaching in the student's native language, rather than the traditional Latin.

The Brothers are engaged in all phases of education throughout the world. They can be found in more than eighty countries conducting elementary and high schools, colleges and universities, teacher education schools, orphanages, reform schools, military institutes and institutions dedicated to the development of professional and technical services, especially for the poor. The Christian Brothers are the largest group of non-cleric, male religious in the Catholic Church today and number more than eight thousand worldwide. The Christian Brothers is a Roman Catholic religious congregation. They are laymen who do not aspire to become priests, but do take vows of poverty, chastity, obedience and service to the poor through education, and promise to live together in a community, F.S.C., the letters Brother places after his name, stands for Fratres Scholarum Christianarum which is Latin for the Order of the Brothers of Christian Schools, known as the De La Salle Christian Brothers.

##### The Brothers in Memphis

The De La Salle Christian Brothers arrived in Memphis in 1871 from Chicago, and immediately opened a Catholic school that, within a few years, contained elementary and secondary grades, college classes and granted graduate degrees. Christian Brothers College, as it was then, became the first Catholic college in West Tennessee. The First World War brought an end to the college program as men went off to war. The elementary school declined and closed in 1926, while the high school prevailed. The college came into existence once more in 1940, and moved to its current location on East Parkway South. In 1965, the high school program moved to its present location on Walnut Grove Road, and the College, later to become a university, stood alone on East Parkway. In 2000, the Brothers agreed to the request of the Diocese of Memphis to administer one of the Jubilee Schools, De La Salle Blessed Sacrament. The circle was once more complete, with the Christian Brothers offering elementary, secondary and college programs with graduate degrees, continuing the tradition of committed Catholic education throughout the city of Memphis for more than 140 years.

Welcome to Christian Brothers University (CBU) and to the Lasallian spirit expressed by the Brothers of the Christian Schools. That spirit is at the heart of our educational ministries and co-curricular programs. We hope this spirit can be in evidence throughout CBU and the other communities it touches. The special Lasallian association encourages active participation in this community of faith. As a member of this unique community, you have many rights, duties and responsibilities. Our primary concern is that each student be afforded the best possible environment wherein true Christian growth might be nurtured and brought to full fruition.

##### Our Identity

As stated above, Christian Brothers University is a Catholic University founded on the heritage of Lasallian education. While large enough to provide educational opportunities in the arts, business, education, engineering and sciences, the University is small enough to promote teaching as ministry and to provide challenging student-centered learning and personal growth. Students of diverse cultures and religious traditions are encouraged to

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grow in their faith. The University welcomes students into an educational community of faith and service, one that is committed to academic excellence, the betterment of society and the care of God's creation.

Mission Statement: Christian Brothers University:

Educating minds. CBU will provide resources and expertise required to nurture and sustain the intellectual and academic formation of its students. CBU will offer programs and resources to ensure that its students are prepared for a career.

Touching hearts. CBU will offer academic and enrichment experiences in support of students' ethical formation. CBU will provide opportunities for students to engage with the wider community.

Remembering the presence of God. CBU will provide academic opportunities to investigate matters of faith and religious experience and will provide experiences in support of students' spiritual formation. CBU will offer academic and enrichment experiences promoting its Catholic and Lasallian heritage.

## CBU Core Values

The University provides an inter-faith educational experience grounded in the highest ideals of private and personal virtue that form a foundation for ethical living.

*Faith:* Our belief in God permeates every facet of the University's life.

*Service:* We reach out to serve one another and those beyond our campus.

*Community:* We work to build better communities and a better society.

CBU was founded in the Lasallian tradition, which values individualized attention so that each student matures intellectually, morally, and spiritually. CBU upholds the Lasallian principles, which include:

- Respect for each individual as a unique person, including support for the needs, aspirations, and learning styles of a diverse student population;
- A Christian perspective;
- An excellent education that prepares graduates to excel in their careers or further studies;
- A spirit of community that extends beyond the student body;
- A life of service to society; and
- A quest for justice and peace.

## CBU Expected Student Outcomes:

CBU's expected student outcomes can be grouped into four major categories:

1. Critical thinking, quantitative reasoning, and effective communication
2. Knowledge of religion, culture, society, and self
3. Knowledge of the natural world, the scientific method, and its application
4. Moral, ethical, and aesthetic principles

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## History of the Nursing Program

The RN to BSN program, established in the fall of 2011, is designed to offer an option for registered nurses to complete a Bachelor of Science degree in Nursing in a user friendly hybrid teaching-learning format.

## RN to BSN Program Overview

The BSN degree for the registered nurse builds on the foundation of previous nursing education at the associate degree or diploma levels. Initial programs prepare graduates for RN licensure with courses in the biological and social sciences and nursing. The BSN degree for RNs expands knowledge in areas of research and evidence-based practice, nursing theory, leadership and management, global/community health concepts, healthcare policy, therapeutic interventions, patient – centered care, ethical decision making, quality and safety in the delivery of care and current trends in healthcare. Graduates are prepared to function in new roles as members of healthcare teams in numerous settings. Graduates are eligible for military, Public Health, and Veterans Administration (VA) appointments as well as roles in school health, community, occupational, and other non-acute care settings. BSN graduates are also prepared to enter Masters level and higher degree graduate programs. The format for the RNto BSN program is a blend of face-to-face and online instruction.

The Christian Brothers University RN to BSN program is developed according to The Essentials of Baccalaureate Education for Professional Nursing Practice from the American Association of Colleges of Nursing (2008) (Appendix A) and Quality and Safety Education for Nurses (QSEN) Core Competencies. (Appendix B) The focus is on a curriculum that reflects both the essential elements of nursing practice and the changing role of nurses in the future healthcare delivery system. <http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>

The curriculum emphasizes the core values of nursing. Included in these values is the nurse's relationship as a partner with individuals who are managing their healthcare journey, always respecting the diversity of beliefs and experience that shape the individual's response to care. In acknowledgement of the rapidly advancing technology and science of healthcare, students will learn to access and critically synthesize knowledge rather than simply committing it to memory. In addition, the program incorporates competencies and standards from other specialty organizations.

Consistent with the mission of Christian Brothers University of faith, service and community, the RN to BSN program allows cohorts of students to work together in a learner-centered environment and be mentored in their new role as professional nurses. Each cohort enhances their nursing knowledge and skills through the process of critical assessment, analysis, synthesis, and evaluation.

This handbook has been developed to provide the student with information concerning the nursing program at Christian Brothers University.

Included in this handbook is an overview of:

1. Conceptual and theoretical content of the RN to BSN program
2. Program information
3. Procedures and policies regarding the RN to BSN program

## **Nursing Program Accreditation**

The baccalaureate degree program in nursing at Christian Brothers University is accredited by the Commission on Collegiate Nursing Education (<http://www.ccnaccreditation.org>).

## University Accreditation

Christian Brothers University is fully accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS). SACS accreditation permits faculty to compete for federally funded research

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grants and for students to have access to federally subsidize financial aid. It also means that other institutions recognize CBU courses. <http://sacscoc.org/>

### CBU Nursing Program Mission Statement:

The mission of the Nursing Program at CBU is to prepare the student to meet the ever-changing needs of a global community.

This mission is congruent with that of the parent institution, as the nursing program relies on the concepts of teaching as ministry and providing challenging student-centered learning and personal growth. The nursing program welcomes students of diverse cultures and religious traditions into its educational community of faith and service. The program is committed to academic excellence that allows students the opportunity to perfect their skills for the betterment of society.

The mission of the Nursing Program is consistent with the values that epitomize the caring, professional nurse, as identified in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008, p. 27) and the competencies of the Quality and Safety Education for Nurses (QSEN).

### Philosophy of the CBU RN to BSN Nursing Program

The philosophy of the nursing program at Christian Brothers University is to provide pragmatic resources for advancing excellence in nursing, which honors the rich texture of diversity, fosters professionalism, and is grounded in the “essence of nursing’s metaparadigm and domains” as described in Benner’s Novice to Expert Theory. (Benner, 1984)

We believe that nurses guided by these values demonstrate ethical behavior in client care. Included in these values is the nurse’s relationship as a partner with individuals who are managing their healthcare journey, always respecting the diversity of beliefs and experience that shape the individual’s response to care. These professional values are listed in the Essentials document of the American Association of Colleges of Nursing (AACN).

- **Altruism** is a concern for the welfare and well being of others. In professional practice, altruism is reflected by the nurse’s concern and advocacy for the welfare of clients, other nurses, and other healthcare providers.
- **Autonomy** is the right to self-determination. Professional practice reflects autonomy when the nurse respects clients’ rights to make decisions about their health care.
- **Human Dignity** is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, concern for human dignity is reflected when the nurse values and respects all clients and colleagues.
- **Integrity** is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession.
- **Social Justice** is acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, and/or sexual orientation.

### RN to BSN Nursing Program Goals:

- To provide quality, efficient and flexible nursing education that prepares graduates for professional nursing practice
- To provide graduates with an appropriate base for master’s or doctorate-level study in nursing practice, education, administration, or research
- To provide graduates with a professional practice base that is responsive to the changing needs of society

The Nursing Program goals are consistent with The Essentials of Baccalaureate Education for Professional Nursing Practice, which require a high-quality liberal education that prepares students for professional practice or further study. Students in the CBU Nursing Program learn leadership and communication skills, evidence-based

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practice, and professional values. They will understand the potential impact of advances in information management, patient care technology, and preventive medicine, as well as changes in health care policies and regulations.

Nursing students are expected to gain the same broad-based liberal education as other CBU undergraduates. They will be prepared to apply critical thinking, quantitative reasoning, and the scientific method in their nursing practice. Their knowledge of cultural, societal, moral, and ethical principles will guide their understanding and decision-making.

### RN to BSN Nursing Program Outcomes:

The objectives of the Christian Brothers University RN to BSN program are to:

- Develop and implement a curriculum that meets the needs of both students and employers, as measured by their response to program evaluations.
- Graduate at least 75 percent of students in each cohort within three years of entry into the program.
- Have at least ten percent of graduates apply to graduate programs (masters or doctorate-level) within five years of graduation.
- Expand the program as a partner with healthcare facilities to meet the larger community of nurses.

### RN to BSN Nursing Program Student Outcomes:

The Christian Brothers University Bachelor of Science degree in Nursing prepares the graduate to:

1. Incorporate a solid base in liberal education as the cornerstone of professional practice and education.
2. Integrate current evidence into one's professional practice.
3. Synthesize healthcare policies as they influence the healthcare system and professional nursing practice.
4. Translate health promotion and disease prevention at the individual and population levels.
5. Apply professionalism, values of altruism, autonomy, human dignity, integrity and social justice to the discipline of nursing.
6. Perform as a nurse leader, who integrates the competencies of Quality and Safety Education for Nurses (QSEN) including informatics, quality, safety, and evidence-based practice in a patient-centered, and collaborative nursing practice (Cronenwett, et. al., 2007).

### RN to BSN Nursing Program Conceptual Framework

The Theoretical Framework for the program is organized around the Novice to Expert Theory (Benner, 1984; 2001) and the competencies of the Quality and Safety Education for Nurses (QSEN). (Appendix B) The domains of Novice to Expert Theory include:

Helping Role: Includes creating a climate for and establishing a commitment to healing; providing comfort measures, maintaining personhood in the face of pain and severe disability/illness; promoting client self-care and engagement in their own recovery; selecting appropriate management strategies, application of caring (i.e. through touch); providing physiological and psychological support to clients and families; and steering clients through change.

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Teaching- Coaching function: Includes appropriate application of timing to capture the client and/or family's willingness to learn; assisting clients to integrate the dimensions and consequences of illness and to optimize their potential for recovery; exploring and understanding the client's meaning of illness; and use of problem solving and critically thinking to explore interventions toward recovery.

Diagnostic and Patient Monitoring Function: Includes detection and documentation of significant changes in a client's health status; application of problem-solving and critical thinking in anticipating a client's change in needs or health status; awareness of a client's every changing need, and evaluating a client's potential for wellness.

Effective management of rapidly changing situation: Includes assessment of the client's life-threatening emergencies and acute changes in health status; appropriate management of identified emergencies through application of problem-solving and critical thinking; ongoing evaluation of nursing and medical interventions to optimize client wellness.

Administering and monitoring therapeutic interventions and regimes: Includes safe administration and monitoring of intravenous therapy, collaborative healthcare treatments and alternative therapies i.e. skin care and wound management, promoting client self-care measures through educational interventions.

Monitoring and ensuring the quality of healthcare practices:

Includes provisions for evaluating and ensuring an environment that promotes a client's physical safety and psychological well-being in all realms of nursing and medical care, as well as a collaborative- interdisciplinary care delivery system.

Organizational and work role competencies: Includes coordinating and facilitating the needs of multiple clients, i.e. prioritizing holistic needs; engaging in the creation and facilitation of a therapeutic client and co-hort milieu using management/leadership principles.

### Advising & Transfer of Courses

1. Each student admitted to the RN to BSN Program has an initial advising process completed by the RN to BSN department advisor during which time an advisory plan and form will be completed. Thereafter, a nursing faculty advisor will work with the assigned department advisor to counsel the student throughout the time they are enrolled in the Nursing Program. Advising consists of planning the academic program of study with the student. It is the student's responsibility to contact the advisor for an appointment before or during each registration period as needed and to be aware of university and program requirements. Prior to the appointment with the advisor, the student should review the requirements for the program, general education, and graduation so that the appointment is most productive.

#### 2. Transferability of Prior College Work

- a) In order to fulfill residency requirements, 35 of the last 70 credit hours and at least 25% of total hours applied toward a degree must be earned at Christian Brothers University.
- b) For optional minors, 50% of required courses must be taken at Christian Brothers University.
- c) Only courses with grades of "C" or better will be accepted for transfer from other accredited institutions.
- d) Only the hours of credit in accepted courses will be posted on the student's permanent record with no grade point average transferring from other institutions.
- e) Advising grants credits for lower-division nursing coursework. The Department Director and/or the Assistant Director evaluate upper-division courses on a case by case basis.
- f) Waivers to any these requirements must be made through the Vice President for Academics.

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## Curriculum Organization - Liberal Arts and Nursing Courses

### Timeframe:

The program offers a full-time option to be completed over eighteen months. New cohorts are admitted for start dates in August and January. Special Topics Nursing courses may be offered during all terms.

Required CBU Nursing Courses = 32 upper division nursing credit hours

3 hr.	Dimensions of Professional Nursing
4 hr.	Introduction to Professional Role Development
4 hr. (3-1)	Health Assessment for RNs
3 hr,	Professional Role Development II
6 hr.	Global Community Health Nursing
2 hr. (0-2)	Community Health Nursing Clinical *
3 hr.	Evidence-Based Nursing
5 hr.	Nursing Leadership
2 hr. (0-2)	Professional Practice and Leadership Clinical *

General Education Requirements	31
Upper Division Nursing	32
Lower Division Nursing (transfer or Block Credit)	30
Electives	29
	= 122 total

Note: Transfer students must also meet the residency requirements described under “Transfer of Credits from Other Institutions” in the Undergraduate Programs & Regulations section of the University Catalog.

### Semester One Nursing Courses:

NURS 300 Dimensions of Professional Nursing - 3 (3-0)  
NURS 302 Introduction to Professional Role Development – 4 (4-0)  
NURS 304 Health Assessment for RNs– 4 (3-1)  
Credit hours = 11 Nursing credits

### Semester Two Nursing Courses:

NURS 402 Professional Role Development II – 3 (3-0)  
NURS 405 Global Community Health Nursing – 6 (6-0)  
NURS 406 Community Health Nursing Clinical – 2 (0-2)  
Credit hours = 11 Nursing credits

### Semester Three Nursing Courses:

NURS 412 Nursing Leadership – 5 (5-0)  
NURS 413 Professional Practice and Leadership Clinical – 2 (0-2)  
NURS 416 Evidence-Based Nursing – 3 (3-0)  
Credit hours = 10 Nursing credits

Summer Semester for General Education courses/elective as needed.

General Education Requirements (GER) can be arranged around the student’s schedule to be taken with nursing courses or in the summer. The RN to BSN program advisor will offer a plan of study for the student to meet their general education and nursing requirements. Whenever possible the student will have the option to decide how to

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pursue the courses needed to meet the GER requirements. Please refer to the 2017 – 2018 CBU Academic Catalog, page 106, for details regarding the GERs and RN to BSN requirements.

## Clinical Education

The RN to BSN curriculum offers the student the opportunity to complete clinical immersion experiences in order to earn up to 42 clinical hours during a one-week period. If an International Service Learning experience (IIE) is available the student is responsible for all expenses incurred for the trip. There is no additional fee for those participating in the Memphis Immersion experience (MIE). CBU offers a special focus on caring for vulnerable under-resourced populations. Additional clinical opportunities are available throughout each semester and must be preapproved by clinical faculty. Clinical opportunities vary from one semester to the next due to varying community needs and available learning activities.

## COURSE DESCRIPTIONS:

Attendance is mandatory for all face-to-face nursing courses. Any student who fails to attend the first day of class may forfeit his/her place in the program.

### NURS 300. DIMENSIONS OF PROFESSIONAL NURSING

This is the first course in the RN to BSN program and is designed to introduce the student to professional nursing practice. An introductory discussion of the focus of the CBU Nursing program includes AACN Baccalaureate Essentials, historical development for professional nursing, Quality and Safety Education for Nurses (QSEN), American Nurses Association (ANA) Code of Ethics, Mindfulness, Benner Novice to Expert Theory, and APA style of writing. Students will assess and develop their nursing informatics competencies. Roles and responsibilities of a RN to BSN student at CBU are also included. Co-requisite: NURS 302 and NURS 304. *One semester; three credits.*

### NURS 302. INTRODUCTION TO PROFESSIONAL ROLE DEVELOPMENT

This course emphasizes the theoretical basis for nursing theory, professional development and socialization, scope of safe practice, the application of APA format in written assignments and effective communication. An integration of transcultural awareness will be made through patterns of knowing in critical thinking, creativity, empathy, and personal expression. Students will have an opportunity to explore the complexities of healthcare and interdisciplinary team concepts while providing optimal care with specific application to the professional role of nursing. Co-requisite: NURS 300 and NURS 304. *One semester; four credits*

### NURS 304. HEALTH ASSESSMENT FOR RNs

This course uses didactic and electronic clinical experiences to develop skill levels of the Registered Nurse to conduct a comprehensive health assessment with adults in various settings. The course emphasizes the integration of observations, systematic data collection, and effective communication in performing patient-centered health assessments that include risk assessment and risk reduction.

**Practicum:** Students will have the opportunity to use interview, observation, inspection, auscultation, palpation, and percussion in assessing clients across the life span in simulated and actual environments. Prerequisite: Admission to the RN to BSN program. *One semester; four credits*

### NURS 402. PROFESSIONAL ROLE DEVELOPMENT II

This course explores current issues and trends that impact the professional nursing role. The focus will be on global, legal and ethical principles that guide health care policies with specific application to nursing while developing a mindset that facilitates positive change and incorporates evidence based clinical practices into

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current health care strategies. Students will have an opportunity to explore current health care delivery systems with particular emphasis on high-risk groups and the underserved community.

Prerequisite: NURS 302. Co-requisite NURS 405 and NURS 406. *One semester; three credits*

### NURS 405. GLOBAL HEALTH NURSING

This course emphasizes the concept of the global community. The concept of the global community will be discussed in preparation for the student to meet the needs of client and client-centered systems through applications of Health Promotion-Disease Prevention embedded in the community/public health nursing setting. The course will explore the needs of the clients across the life span; discuss communicable disease and methods to create healthy communities. Issues of health disparity and access to care will be explored. Students will have an opportunity to explore current health care delivery systems with particular emphasis on high-risk groups and the underserved community. The student will demonstrate synthesis of course topics in the clinical setting.

Prerequisite: NURS 300, 302, 304. Co-requisite: NURS 402 and NURS 406.

*One semester; six credits*

### NURS 406. COMMUNITY HEALTH NURSING CLINICAL

This clinical course includes application of the concepts of the global community and client-centered care in multiple settings through service-based care delivery to underserved vulnerable populations locally, regionally and/or internationally. This may include participation in public health, occupational health, school health and/or a variety of service learning settings.

Co-requisite: NURS 405 and NURS 402. Pass/Fail grading.

One semester; two clinical credits.

### NURS 412. NURSING LEADERSHIP

This course emphasizes the principles of leadership and management to meet the needs of clients and client-centered systems/facilities for the delivery of cost-effective health care. An overview of leadership and management theories will enhance the student's knowledge of the legal and ethical implications of the professional nursing role including conflict management, group process, delegation, staffing, budgeting, quality improvement, effective communication, informatics, change processes, healthcare policy, organizational structure and other issues. Leadership and management concepts and skills are stressed to enhance student career development. Prerequisite: NURS 402 and 405. Co-requisite: NURS 413 and 416. *One semester, five credits*

### NURS 413. PROFESSIONAL PRACTICE AND LEADERSHIP CLINICAL

This clinical course includes application of the concepts and principles of leadership and management in multiple settings to promote individual and group satisfaction within the work environment through student/preceptor designed practicum. This course includes synthesis of didactic theory and content into the clinical setting including application of current issues and trends in nursing leadership and management and the interdisciplinary and intraprofessional role of the nurse in health-care delivery in the 21<sup>st</sup> century.

Co-requisite: NURS 412 and NURS 416. Pass/Fail grading. One semester; two clinical credits

### NURS 416. EVIDENCE -BASED NURSING

This course emphasizes the significance of integrating current evidence-based practice with clinical expertise, family and patient preferences and the delivery of optimal care. It introduces research methodology principles, analysis of research designs, ethical conduct in research and research dissemination. Synthesis is monitored through a literature review and written assignments. Prerequisite: NURS 402, NURS 405, and NURS 406. Co-requisite: NURS 412 and 413. *One semester; three credits*

### NURS 307. FAITH COMMUNITY NURSING

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This course is designed for registered nurses interested in exploring Faith Community Nursing. This course is based on the 2014 curriculum developed by the International Parish Nurse Resource Center (IPNRC). One semester; three credits.

## NURS 417. SPECIAL TOPICS IN NURSING

This course is designed to permit intensive study into topics of special interest and timeliness in the area of nursing with approval of the director. Prerequisite: permission of the Director. One semester; one to four credits.

## II. POLICIES AND PROCEDURES

### A. Admission, Progression, Withdrawal, Graduation, Readmission

#### 1. RN to BSN Admission Requirements:

For admission to the BSN completion program, the applicant must have:

- A minimum of 2.0 GPA.
- An active/unrestricted multistate license as a Registered Nurse (RN) allowing practice in the state of Tennessee OR successful completion of the NCLEX before the start of the semester. Prospective students may apply in the last semester of the associate degree program.
- Conditional acceptance is available.
- Official transcripts of previous technical school and academic credits from ALL of the colleges, technical schools or universities previously attended must be sent from the institution to CBU via Script Safe OR addressed as follows:  
CHRISTIAN BROTHERS UNIVERSITY  
NURSING PROGRAM  
650 EAST PARKWAY SOUTH, BOX 89  
MEMPHIS, TN 38104
- [Two letters of recommendation](#) from former college faculty or immediate supervisors qualified to attest to the applicant.
- [A completed application](#) form with [application fee](#).
- An electronically submitted personal statement indicating interest in the program, academic and job-related experience, and career goals.
- Proof of immunizations from vaccine preventable diseases.
- Proof of current TB surveillance and annual Influenza Vaccine.
- Current certification in cardio-pulmonary resuscitation (CPR).
- Be subject to any other requirements as set by the Director, Dean and/or Academic Vice President.

It is **strongly recommended** the student have a personal computer and high-speed Internet access, and have a high-level working knowledge of word.

#### 2. Satisfactory Academic Progresses and Continuous Enrollment

Academic Continuation - A student must:

- a) Maintain a 2.0 grade point average overall.
- b) Successfully complete clinical experiences and other assessments.
- c) Successfully meet all the requirements specified in course syllabi.
- d) Earn a grade of C or better in all nursing courses.
- e) Complete all requirements for the RN to BSN degree within five years from initial enrollment.

\*A total of two nursing courses may be repeated prior to being dropped from the program. A second grade of D or

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lower will result in an automatic dismissal from the program. RN to BSN students must maintain a 2.0 grade point average overall and earn a grade of C or better in all nursing courses. \*NOTE: A single course may be repeated only once.

### 3. Graduation

For Graduation with the BSN the student must:

- a). Complete a minimum of 122 credit hours as required for graduation at CBU including General Education requirements.
- b). For those students who graduated from a non-regionally accredited nursing program, a block credit of 35 upper-level nursing credit hours for proficiency validated by licensure will be awarded by the last semester of nursing courses. (Fee may be required)

### 4. Withdrawals

- a) A student who withdraws from the Nursing Program prior to the beginning of the semester shall communicate in writing with Director or Assistant Director. If a student fails to provide notification, reinstatement may be adversely affected.
- b) A student who has already registered and withdraws must go to the Registrar office and procure the proper form from the Registrar online and formally withdraw from the course(s) by the campus withdrawal deadline.
- c) The student must meet with the Director or Asst. Director for a formal exit interview. A withdrawal form (either the Registrar form or the Nursing Program internal form) must be signed by Director or Assistant Director.

### 5. Readmission

- a) The applicant who withdrew in good standing must reapply online.
- b) The applicant must complete a new Personal Statement.
- c) If courses have been taken elsewhere after withdrawal from CBU, transcripts must be submitted and reviewed by the academic advisor.
- d) The applicant must complete and update all initial application requirements include the TB skin test, CPR, influenza immunization, RN License. Any other pertinent documents must be submitted and on file prior to consideration for reinstatement.
- e) The applicant must complete a current/new Background Check and drug screen.
- f) The applicant must complete an interview with the Director or Assistant Director.
- g) As space in the cohort of interest is available, the Admissions Committee will review the completed application and reinstate a student in good standing.

B. Academic Integrity and Plagiarism, as it appears in the CBU Faculty and Student Handbooks, respectively).

#### Academic Integrity

Cheating is serious and will not be tolerated. Any type of unauthorized help on any assignment, examination, or quiz constitutes cheating. There are various forms of cheating. They include but are not limited to: plagiarism (see below); enlisting the assistance of another person, including a paid service; modifying academic records and documents; obtaining exam or quiz questions or any other academic material without the permission of the instructor and before such questions are officially revealed; sharing such questions and academic material with other students; and attaining help, without the instructor's permission, while taking an exam or quiz.

A faculty member will take disciplinary action when cheating is discerned. Disciplinary action may take the form of a warning or the assigning of a failing grade for the assignment, examination or entire course. The faculty member may recommend to the Vice President for Academics that the student be expelled from class.

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The following procedures will apply in cases of cheating:

1. After cheating is discerned, the faculty member should immediately inform the student of the alleged charge. Cheating must be discerned, not merely suspected. If at all possible, evidence should be available.
2. The faculty member must, prior to the next class meeting, inform in writing the student, the student's advisor, the faculty member's department chair, the Dean of the School and the Vice President for Academics, of the charges against the student and any disciplinary action taken against him or her.
3. If the student, who has been accused of cheating, wishes to appeal his or her final grade for the semester, that person shall follow the grade appeal process set forth in Section 3.10 of this Handbook.
4. Multiple infractions may result in permanent expulsion from the University by the Vice President for Academics. Any appeal of expulsion shall be made to the President of the University, but the review is limited to ensuring that fundamental fairness guidelines have been met. If fundamental fairness guidelines have not been met, the President can refer the case back to the Vice President for Academics to ensure that the guidelines are met.

Plagiarism is serious and will not be tolerated. Plagiarism is using the work of others and offering it as one's own. This includes the use of another's ideas or writings without proper acknowledgment, submitting a paper written by another, or submitting an examination or assignment containing work copied from someone else.

A faculty member will take disciplinary action when plagiarism is discerned. Disciplinary action may take the form of a warning or the assigning of a failing grade for the assignment, examination or entire course. The faculty member may recommend to the Vice President for Academics that the student be expelled from class.

The following procedures will be followed in cases of plagiarism:

1. After plagiarism is discerned, the faculty member should immediately inform the student of the alleged charge. Plagiarism must be discerned, not merely suspected. If at all possible, evidence should be available.
2. The faculty member must, prior to the next class meeting, inform in writing the student, the student's advisor, the faculty member's department chair, the Dean of the School and the Vice President for Academics of the charges against the student and any disciplinary action taken against him or her.
3. If the student who has been accused of plagiarism wishes to appeal his or her final grade for the semester, that person shall follow the grade appeal process set forth in Section 3.10 of this Handbook.
4. Multiple infractions may result in permanent expulsion from the University by the Vice President for Academics. Any appeal of expulsion shall be made to the President of the University, but the review is limited to ensuring that fundamental fairness guidelines have been met. If fundamental fairness guidelines have not been met, the President can refer the case back to the Vice President for Academics to ensure that the guidelines are met.

### C. American with Disabilities Act (ADA)

Because the RN to BSN program seeks to provide, in as much as possible, a safe environment for its nursing students and their patients, a student may be required, during the course of the program, to demonstrate physical and/or emotional fitness to meet the essential requirements of the program. Such essential requirements may include freedom from communicable diseases, the ability to perform certain physical tasks, and suitable emotional fitness. (Appendix G) Any appraisal measures used to determine such physical and/or emotional fitness will be in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, so as not to discriminate against any individual on the basis of handicap.

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Section 504 of the Americans with Disabilities Act (1990) states, "No qualified individuals with a disability shall, because of that disability, be excluded from services, programs, or activities of a public entity, or be subject to discrimination providing the individual is otherwise qualified."

In addition, nursing students must be, with reasonable accommodation, physically and mentally capable of performing the essential functions of the program. The Core Performance Standards of Admission and Progression developed by the Southern Council on Collegiate Education for Nursing and adopted by all nursing programs in the Tennessee Board of Regents system and other programs in the state of TN include:

1. Critical thinking ability sufficient for clinical judgment.
2. Interpersonal abilities sufficient to interact with individuals, families and groups.
3. Communication abilities sufficient for interaction with others in verbal and written form.
4. Physical abilities sufficient to move from room to room and maneuver in small spaces.
5. Gross and fine motor abilities sufficient to provide safe and effective nursing care.
6. Auditory abilities sufficient to monitor and assess health needs.
7. Visual abilities sufficient to monitor and assess health needs.
8. Tactile abilities sufficient for physical examination.

Students who have educational, psychological and/or physical disabilities may be eligible for accommodations that provide equal access to educational programs and activities in the college setting. The student should contact Disabilities Support Services office in order to discuss individual needs. The student must provide documentation of the disability to the nursing program director so that reasonable accommodations can be requested in a timely manner. All students are expected to fulfill essential course requirements in order to receive a passing grade in a nursing course, with or without reasonable accommodation.

It is the policy of Christian Brothers University to provide reasonable accommodations to qualified students with disabilities. Please see your instructor for proper procedures and arrangements. If you need course adaptations or accommodations because of a disability, if you have emergency medical information to share with the instructor, or if you need special arrangements in case the building must be evaluated, please make an appointment with the instructor as soon as possible. Student Disability Services is under the auspices of the Vice President of Academics and Student Life. The telephone number is (901) 321-3536. For more information on available services, go to <http://www2.cbu.edu/cbu/StudentLife/DisabilityServices/>

D. APA Format – APA Format is the writing style used by the CBU Nursing program. Please refer to the *Publication Manual of the American Psychological Association* (6<sup>th</sup> ed.) for details regarding this format. Information on tutorials and tools that is available for the students. The student is strongly encouraged to make use of the following tutorial available at: <http://www.apastyle.org/learn/tutorials/basics-tutorial.aspx>

### E. Block Credit

Block Credit, combined with transferred electives as available, is required for transfer of up to 30 hours of lower division course credit

### F. Code of Ethics

Student Code of Ethics –As reflected in our philosophy, the faculty and students of Christian Brothers University Nursing program ascribe to the “ANA Nursing Code of Ethics.” Developed by the American Nurses Association, the code consists of nine provisions, each with an interpretive statement. Every nurse has an obligation to be familiar with and to practice in accordance with the code and its provisions.

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

Provision II. The nurse’s primary commitment is to the patient, whether an individual, family, group or community.

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

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Provision IV. The nurse is responsible and accountable for individual nursing Practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

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

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

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

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

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

Reference: American Nurses Association. Code of Ethics for nurses with interpretive statements. [Ethics.aspxhttp://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.aspx](http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.aspx)

### G. Contact Information

Address, phone, email - At the time of registration and throughout a student's enrollment at CBU, it is the student's responsibility to keep the registrar and the nursing office informed of current contact information, in addition to filing a change of address form with local address, telephone numbers, home address, email address, and emergency contact information. This is essential in order that schedules, official correspondence, financial aid and emergency messages will not be delayed or lost. Students are held responsible for all communication from the school offices sent to them using the contact information provided by the student.

CBU email is **the primary email address used** by faculty and administration to communicate pertinent information. Students will be held responsible for information distributed through emails- Please check your CBU email daily. Your CBU address converts to a GMAIL account following graduation. For more information on this, ask IT at [help@cbu.edu](mailto:help@cbu.edu).

### H. Course Requirements

CBU requires a minimum of the last 35 semester hours must be completed at this institution. Additional courses may be taken prior to or during the completion of course work for the BSN degree. \* NOTE: Once a student has been admitted to CBU, he/she is prohibited from taking general education courses outside of CBU, unless the student receives approval from faculty advisor and program director.

### I. Precautions/Standards for Blood Borne Pathogen Exposure

The guidelines from the Centers for Disease Control and Prevention (CDC) focus on transmission mechanisms and the precautions needed to prevent the spread of infection. Students receive instruction on the use of these precautions and are expected to adhere to these Standard Precautions in the care of all patients. Students are required to follow the policies of each clinical facility regarding preventing transmission of infectious diseases. Any student who has an exposure of blood or body fluids to mucous membranes or broken skin shall follow the guidelines of the facility in which the incident occurs. It is the student's responsibility to report the occurrence to the appropriate clinical instructor and complete the Post Occurrence/Exposure Report Form (Appendix E). [http://www.cdc.gov/hicpac/2007IP/2007ip\\_part3.html](http://www.cdc.gov/hicpac/2007IP/2007ip_part3.html)

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## J. Physical Requirements

Essential Performance Standards are in Appendix E. This form must be reviewed and signed by the student. The form will be kept in the Nursing Program office in the student's file. The student must notify the Director as soon as possible if they experience any change in physical capabilities while enrolled in the CBU RN to BSN program.

## K. Uniform Policy

Personal appearance is valued as a part of the professional development for students in the RN to BSN program. The dress code is to be followed when the student is in any clinical setting. The student should appear as an excellent example of personal cleanliness and immaculate grooming when in uniform and/or when representing CBU. The official student uniform is applicable to male and female students.

Uniforms for the Clinical Setting: For a student in an acute, long-term care, service learning, rehabilitation or community/home health setting, the approved clinical uniform is black trousers and red CBU RN to BSN shirts with collars. Criteria for the International Immersion Experience may be different based upon the setting but no shorts, flip flops or beach attire is allowed.

Laboratory Coat: If required by the clinical setting, the student will wear a white lab coat with the CBU insignia on the RIGHT shoulder. The student may wear professional attire or approved scrub wear with a CBU laboratory coat and insignia for settings that require a lab coat. It is acceptable for a student to have their name, RN embroidered above the pocket. An exception to the standard dress code may be necessary or permitted for some clinical experiences with prior approval of the CBU faculty and clinical agency. The CBU emblem is required on all lab coats and can be purchased at Landau Uniforms. Landau will sew on the emblem for a nominal fee; alteration of sleeve length is also available.

### In clinical, the student is to wear/have:

1. CBU name badge above the waist at all times in the clinical setting.
2. CBU RN to BSN red polo shirt or CBU RN to BSN red oxford button down shirt.
3. Black scrub pants or black straight leg trousers or skirt. No crop pants.
4. Appropriate fitting undergarments that are not visible
5. Neutral nursing stockings/hose if wearing a skirt
6. Black socks or stockings with black trousers
7. White or black "nursing style shoes" or leather tennis style shoes without bright colors. Shoes are to be clean and polished and closed toe.
8. A clean and wrinkle-free uniform
9. CBU insignia/emblem on the right shoulder of white lab coats
10. Neatly fashioned hair which is clean and off the face
11. Neat, clean, and well-groomed beards and mustaches (for male students)
12. Unscented deodorant
13. No more than one small (1/2") hoop style or stud-style earring on each ear lobe
14. White lab coat. Sleeves come to the wrist bone and are not to be rolled.
15. Stethoscope, black pen and pen light

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The student is NOT to wear or have on their person:

1. Shorts, crops, leggings, form fitting/tight pants or Capri style pants
2. Jeans or denim trousers of any color
3. Sleeveless shirts/blouses or tank-style tops, or t-shirts of any kind including CBU t-shirts.
4. Excessive jewelry of any type on the fingers, wrist, ankle (one ring on each hand is appropriate) and/or around the neck
5. Facial/lip/or visible piercings other than earrings.
6. Chandelier or long dangling earrings
7. Artificial nails. Artificial nails are defined as substances or devices applied to augment or enhance the nails. This includes but is not limited to: bonding, tips, wrapping, or acrylic
8. Cell phones, I pads, and other electronic devices may not be used for social reasons while in the clinical setting, simulation labs, classrooms, or during exams.
9. "Keds", open toe shoes, flip-flops or crocs of any style
10. Visible tattoos are not permitted in any clinical setting.
11. Scented body lotions, perfumes or colognes or after shave during the clinical or lab session

### L. CBU INCLEMENT WEATHER/SCHOOL CLOSING POLICY:

#### TELEVISION/RADIO CHANNELS AND SOCIAL MEDIA

The Vice President for Academics and Student Life will make the decision concerning day classes and offices no later than 5:45 a.m. on the day of the closing. The Office of Communications and Marketing will notify television channels WREG-TV 3, WMC 5 -TV (includes WMC790 AM and 99.7 FM), EYEWITNESS NEWS ABC24/CW30, and WHBQ 13 so as to report the closing as soon as possible. When a decision to close day classes has been made, the Vice President for Academics will contact the President to determine if the offices will be closed; if so, such information will be included in the announcement. On days of questionable weather, a call to the stations to say that we are open should be made. The announcement should specify day and/or evening classes.

- a) In the absence of the Vice President for Academics, the Vice President for Administration and Finance will make the appropriate decisions.
- b) If day classes are cancelled, the following areas should be (if at all possible) opened to serve students:
  - \* Plough Library
  - \* Beringer Center for Computer Studies
  - \* De LaSalle Gymnasium
  - \* Alfonso Dining Hall
- c) The decision to cancel evening classes (undergraduate and graduate) is made by the Dean of the Adult Professional Studies **no later than 3:00 p.m.** on the day of the closing. The Office of Communications and Marketing will notify the stations listed above to report the closing.
- d) The Vice President for Academics will make the cancellation decision regarding weekend classes, following the procedure presented in #1.
- e) In notifying stations about CBU, the name Christian Brothers UNIVERSITY should be emphasized, so as to distinguish the University from the High School. Notices should also specify either day or evening classes.

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f) Whenever classes are cancelled, the campus community will be notified by announcements in the following media:

- The television and radio stations mentioned above
  - The CBU website
  - CBU's primary emergency mass notification system
  - CBU social media sites
- The mass notification system under Campus Police and Safety allows students, faculty and staff to receive emergency messages on multiple devices. Individuals may identify as many as three telephone numbers and one CBU email address (automatically) for receiving emergency notifications. Both voice and text messages can be sent to cell phones. To register or update your information, a valid CBU email account is required. Registration or updating your information is simple and straightforward. Simply go to the [Registration Page](#) and follow the instructions.

## M. INTERNATIONAL STUDENTS

Although students may have English as a second language, it is an expectation that the student is proficient in English to successfully complete the NCLEX exam, which is written only in English. Students who have English as a second language bring a unique and valuable insight into the class.

## N. UNIVERSITY ACADEMIC POLICIES AND PROCEDURES

Significant information is located in the CBU Student Handbook. The student is advised to access the following sections of the handbook online for review of the following information.

### CBU ACADEMIC POLICIES AND PROCEDURES

A. ACADEMIC MISCONDUCT

B. CHEATING

C. PLAGIARISM

D. GRADE APPEAL POLICY

E. SATISFACTORY ACADEMIC PROGRESS FOR TITLE IV AID

### STUDENT LIFE RESOURCES

A. CAMPUS POLICE/SAFETY AND EMERGENCY RESPONSE

B. COUNSELING AND SUICIDE INTERVENTION

C. MEDICAL WITHDRAWAL

D. COMMUTER STUDENT LIFE

E. INTERNATIONAL STUDENT LIFE

F. RESIDENCE LIFE

G. STUDENT DISABILITY SERVICES

H. STUDENT RIGHT TO KNOW (CLERY ACT)

### STUDENT CODE OF CONDUCT

A. THE CODE

B. PROHIBITED CONDUCT

C. JUDICIAL AUTHORITY

D. DISCIPLINARY PROCEDURES

E. FORMAL DISCIPLINARY HEARINGS

F. DISCIPLINARY APPEALS PROCEDURES

G. DISCIPLINARY SANCTIONS

H. ALCOHOL AND DRUG POLICY

I. ANTI-DISCRIMINATION/HARASSMENT POLICY

J. SEXUAL ASSAULT POLICY

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## K. GRIEVANCE POLICY AND PROCEDURE

### **INSTITUTIONAL POLICIES**

- A. CLASS WITHDRAWAL AND TUITION ADJUSTMENT POLICY
- B. CODE OF COMPUTER PRACTICES
- C. COMMUNICABLE DISEASES POLICY
- D. INFORMATION DISPLAY
- E. PARKING AND TRAFFIC REGULATIONS
- F. SCHOOL CLOSING POLICY
- G. SMOKING POLICY
- H. SPORTSMANSHIP AT ATHLETIC EVENTS
- I. STUDENT FREEDOMS
- J. USE AND CONTROL OF FACILITIES
- K. PATENT AND COPYRIGHT

## O. DISPUTES AND GRIEVANCES

### **Initial Action Procedure-**

Students should make every attempt to resolve any disputes regarding academic matters with the faculty involved. Students should follow the order of contact when disputes are not resolved at the level of the individual teacher:

- \* Make an appointment with the lead teacher. If not resolved;
- \* Make an appointment with the Course Director. If not resolved;
- \* Make an appointment with the Director.

Reasons for filing a grievance - In grievances relating to grades, it is important to remember that the Instructor has the responsibility for assignment of grades. Appeal of grades will not be considered at levels above the course instructor unless the student offers evidence of:

- \* Discrimination
- \* Differential treatment
- \* Procedural irregularities

A disagreement with the judgment made by the instructor is not a valid basis for an appeal. Appeals must be made through appropriate channels as described in the The Compass, Section 8,

### **Grievance Procedure for Appeals**

#### **GRADE APPEAL POLICY**

Student Grievances other than Grade Appeals must go through the Dean of Students following the guidelines under the Student

Code of Conduct in Section 8 of The Compass. Guidelines are also listed in The CBU Catalog.

A student who has evidence that he or she has been assigned a final grade in an arbitrary and capricious \*, or prejudicial manner may appeal the assigned grade by following the procedures listed below. These procedures must be initiated within two weeks after the beginning of the subsequent academic semester (or term). Before appealing to the Grade Appeals Committee and within four weeks from the beginning of that semester (or term), the student must complete a form obtained from the Academic Affairs Office with the signatures of all persons mentioned in Steps 1-4 of the Grade Appeals Policy to show that he or she followed the steps below:

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1. The student should first discuss the grade in question with the instructor involved. Although this first step is highly encouraged, if the student feels uncomfortable discussing the grade with their instructor, the student can initiate the grade appeal process with their advisor.
  2. If not satisfied, the undergraduate student should discuss the situation with his or her advisor, the graduate student with his or her graduate director. If the advisor/graduate director deems the appeal appropriate, he or she may discuss the matter with the instructor.
  3. If consulting the advisor or graduate director does not resolve the situation, the student should discuss the matter with the Department Chair, who, in turn, should discuss the matter with the instructor. (This step is not required for MEM students)
  4. If still not satisfied, the student should refer the matter to the Dean of the appropriate school, who may request a meeting of the student, instructor, Department Chair, and, at the discretion of the student, the student's advisor or graduate director.
  5. If the matter remains unresolved, the student may then appeal the case to the Grade Appeals Committee by written request to the Vice President for Academics. The committee includes five elected faculty members and the Dean of Academic Services who acts as a non-voting chairperson of the committee. Department chairs and school deans are not to serve on the committee. The faculty member and the student in question each may be represented by a nonvoting faculty member of their choosing.
  6. The prescribed procedures of the Grade Appeals Committee are on file in the Office of the Vice President for Academics. Before any hearing is undertaken, the Committee's chairperson will verify that the procedures described in 1-4 have been followed and that all parties involved understand the procedures that will be used during the hearing.
  7. The findings and judgments of the Grade Appeals Committee will be communicated to the instructor and the student involved. The Committee will inform the Vice President for Academics of the nature of the findings and judgments. The Vice President for Academics will, in turn, instruct the Office of the Registrar to make any necessary changes. Since the purpose of the Committee is to review charges of arbitrary and capricious \*, or prejudicial grading, and since such review is not an infringement on an instructor's academic freedom, the judgment of the Committee is final.
  8. The Chairperson of the Grade Appeals Committee will complete a form as a record of the following from the hearing: verification that proper procedures were followed, summary of committee findings, and vote count. The completed form is kept on file in the Office of the Vice President for Academics.
- \* A willful and unreasonable action without consideration or in disregard of facts or without determining principle. – Black's Law Dictionary
- ### 3.10.1 Grade Changes
- Grade changes for prior semesters submitted after the midpoint of the following regular semester will require the faculty member's signature as well as the signature of the Department Chair or Dean of the school before the grade change can be processed by the Registrar's Office.

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## II. Clinical and Classroom Expectations

### A. Attendance, Absenteeism, Tardiness

- a) Student ID – The CBU picture ID is to be worn in clear view when in uniform/lab coat. In some clinical settings, including immersion experiences, students may wear nametags created for that particular event.
- b) Clinical and campus laboratory attendance (including clinical orientation) is required. Students are expected to attend class and be on time. Roll may be taken. The student who is going to be late or absent from a clinical experience (clinical or campus laboratory) must notify the clinical supervisor/campus lab faculty at least one hour before the start of the assignment. The student must also notify the assigned clinical unit or location at least one hour before the start of a clinical experience if the student is going to be late or absent.
- c). Any student who misses a clinical day due to illness will need to bring a provider's statement of release before the student can return to clinical. Students should not attend clinical experiences if they are febrile or carrying any possibility of communicable disease. Students must contact their clinical faculty or lead teacher if they have any questions about whether they should attend clinical.
- d). Any student late from a clinical day on the first day will have this time to the next hour deducted from their required clinical hours and a verbal warning.
- e) Any student after two (2) clinical/campus lab absences (late, excused and/or unexcused) in one semester will have double the time to the next hour deducted from their required clinical hours and a written warning.
- f). Any student after three (3) clinical/campus lab absences (late, excused and/or unexcused) in one semester, will fail the clinical course.
- g). A tardy is defined as arriving at the clinical facility or campus classroom ANY time after the scheduled start time. If a student is more than 15 minutes late to a clinical area or campus classroom, the clinical supervisor/faculty has the right to inform the student to leave and the absence may be counted as an unexcused absence.
- h) Any make-up for a missed clinical or campus lab experience is at the discretion of the faculty. A make-up day and a written assignment may be required. Faculty in the course may assign either an evidenced-based paper or a case study supported by evidenced-based practice. Assignments are required to have documented references and follow APA format 6<sup>th</sup> ed., and include nursing care. Faculty will assign the due date. If the student does not turn in the assignment by the due date, the student will fail the clinical rotation or campus lab course.

### B. Late Paper/Assignment Policy:

A formal paper will be accepted for 48 hours past the specified due date. However, the paper grade will include a 5% deduction for each day late. For example, if the paper is submitted one day late with a grade of 95 – 5% = a grade of 90.25, two days late 95 – 10% = 85.5. A paper submitted more than 48 hours past due (late) will not be accepted. The student will receive a grade of zero (0) for the paper. Weekly assignments are not included in this policy. Late weekly/homework assignments will not be graded and will result in a ZERO.

C. Requesting a paper due date extension: At the discretion of course faculty, a student may request an extension of a paper or assignment no later than 72 hours (3 days) prior to the due date. The resubmission will be no more than seven days after the original due date or in extreme documented situations as evaluated by the faculty. The student is may request an extension one time for one paper during the semester.

\*Please note that a student may request an Incomplete for emergency medical/family issues only, not for extended time on incomplete assignments.

### D. Cell Phones/ Electronic Devices

The University strives to provide a positive learning environment for all students. Cell phones, text messages, emails, telephone calls and related activities disrupt classes and quiet places of study. Use of these items is rude and disruptive to the faculty and class.

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- a) Cell phones and electronic devices should be silenced in the classroom and clinical area.
- b) Remove phone conversations from quiet places (e.g. library, nursing and computer labs)
- c) NO TEXTING or use of electronic devices for social or recreational reasons while in class, lab or clinical.

### E. Policy on Children in Class, Lab or Clinical

It is not possible to provide an environment conducive to learning with children present in the classroom. Students are expected to make child care arrangements in advance.

### F. Permission to Tape/Record Lectures

Taping of lectures is a privilege, which may be granted by the individual faculty member, but it is up to students who wish to tape lectures to ask permission and not simply assume permission. Students should ask for permission at the beginning of the semester with each individual faculty member.

### G. Class Activity

At times, there may be an in-class face to face activity, such as a group case study or a “pop” quiz. The student who is more than 5 minutes late to class will not be offered the class activity once it has begun. An in-class activity may not be made up due to tardiness or absence. Any in class activity may not be announced.

### H. Problems Negatively Influencing Progress In the Program

Students exhibiting inappropriate behaviors that impede the performance of other students in the program or interfere with the functioning of the student will be removed from that setting by faculty or the preceptor. The Program Director may require the student to present documentation from a mutually agreed upon licensed healthcare provider as to the person’s fitness for continuation in the CBU Nursing Program.

### I. Professional Behaviors in Nursing Education Students

A key component to any health science program is the expectation of acceptable professional behaviors. The evaluation of these behaviors may have implications beyond institutional consequences, including penalties associated with violations of federal or state law. Nursing students are expected to adhere to Tennessee Board of Nursing (TBN) and CBU institution policies, program policies, federal and state laws, the Nurse Practice Act, and the Nurses Code of Ethics.

### J. Social Media

Resources are available to help guide nurses and students navigate through social media issues as they relate to health care, including the online Social Networking Principles Toolkit through the American Nurses Association at <http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/Social-Media/Social-Networking-Principles-Toolkit.aspx>.

The White Paper: A Nurse’s Guide to the Use of Social Media from the National Council of State Boards of Nursing should be referred to as well. ([https://www.ncsbn.org/Social\\_Media.pdf](https://www.ncsbn.org/Social_Media.pdf)).

Online social media is a venue in which students may communicate professionally or personally. Content that is contributed to such platforms is immediately searchable, may be immediately shared, and may be accessed and connected back to the individual after long periods of time. Examples include, but are not limited to:

- Facebook
- Twitter
- YouTube
- LinkedIn
- Blogs
- Instagram
- iTunes
- Other available online platforms with user-generated content

Guidelines/policies should reference any standing institutional policy regarding social media or internet usage or expectations. They should also include the expectation that the student follow institutional student conduct policies, HIPAA, conflict of interest policies, privacy or general civil behavior guidelines, and copyright regulations. Students are encouraged to:

- Be thoughtful regarding content that is posted;
- Make it clear in any online discussion or forum in which they may be identified with the school that their personal views and opinions are not necessarily the views or opinions of the school;
- Respect those associated with the school as well as the audience the online information may reach. There should be no insults, ethnic slurs, obscenity, pornographic images, or other objectionable material.
- Be aware of their presentation in online format. Students are representatives of the schools and nursing programs they attend and their words/actions may reflect on the school as well as faculty, other students, staff, donors, or other affiliates.

Educators and future employers may access online information; student social presence should be consistent with professional goals.

If any individual or group offers compensation to a student for participating in an online forum in the student role, this could constitute a conflict of interest and school policies/guidelines should apply. If someone from the media or press contacts a student about posts made in online forums that relates to the school, the student should immediately alert the program director and the school public relations/communications department before responding.

The student must be careful not to violate any laws or regulatory statutes such as HIPAA. Students may not:

- Post private or confidential information
- Post any information, including pictures, of patients or clinical experiences

## K. HIPAA (Health Insurance Portability and Accountability Act)

All information regarding clients at any health care setting is confidential. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 defines those who must comply with HIPAA law as all persons involved with access to client information and medical records. This includes nursing students and instructors. Each clinical agency will have policy and procedure regarding HIPAA regulations. Students may not, under any circumstances:

- photocopy and remove a client's records from the clinical facility;
- take pictures in the clinical environment with a personal phone, camera, or other recording device;
- divulge information about clients or their treatment modalities outside of HIPAA parameters; or
- destroy any portion of a client's medical record, which is a legal document.

These are ethical and legal violations and may be the cause for college disciplinary action.

HIPAA violations will result in disciplinary action according to the program's academic misconduct policy, up to and including dismissal from the program. In addition, because these breaches in confidentiality are violations of federal law, they may result in prosecution.

L. Disruptive behaviors and inappropriate student conduct that could result in disciplinary action include, but are not limited to:

- Disruptive classroom behavior (for example: repeated outbursts, offensive language or gestures, harassments of students or faculty/staff)
- Leaving the clinical facility without permission/abandonment of assigned clients
- HIPAA violations
- Unprofessional or unethical behaviors
- Being under the influence or in possession of alcohol or controlled substances on campus or in a clinical setting
- Threatening, bullying behaviors, and/or incivility
- Practicing outside of their scope; incompetence
- Irresponsible, inappropriate, or dangerous behaviors within the clinical setting
- Theft
- Interference with/obstruction of college or course activities
- Malicious damage of college or clinical facility property

While the faculty will maintain responsibility for classroom/clinical control and may order a student's temporary removal or exclusion from the activity/experience, permanent removal from the course or program will occur as outlined in the procedures of the school and nursing program. Documentation of a student conduct violation should be placed in the student's file. The student should be aware of the right to due process through institution and program policies, including steps related to an appeal.

#### M. Impaired Functioning/Suspicious Behaviors

The impairment of nurses as a result of alcohol and substance abuse has been recently recognized as a growing nationwide problem. Substance abuse is a disease process and treatment options are available. Of primary importance to the college is that a large percentage of impaired nurses are identified within the first five years of licensing.

All students will be responsible for compliance with:

- Drug-Free Campus/Workplace Policy Statement
- Rules of the Tennessee Board of Nursing, Chapter 1000-1-.13 Unprofessional Conduct and Negligence (<http://www.state.tn.us/sos/rules/1000/1000-01.pdf>)

#### **1. Impaired functioning:**

The presence or use of substances, lawful or otherwise, which interferes with the judgment or motor coordination of nursing students in this setting, poses an unacceptable risk for patients, colleagues, the institution, and the clinical affiliate. Therefore, the unlawful use, possession, distribution, sale or manufacture, of alcoholic beverages, any drug or controlled substance (including any stimulant, depressant, narcotic, or hallucinogenic, drug or substance, or marijuana), being under the influence of any drug or controlled substance, or the misuse of legally prescribed or "over the counter" drugs or public intoxication on property owned or controlled by the

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institution; at an institution-sponsored event; on property owned or controlled by an affiliated clinical site; or in violation of any term of the TN State School Drug-Free Campus/Workplace while engaged in any academic or clinical experience poses an unacceptable risk for patients, colleagues, the institution, and the clinical affiliate and is strictly prohibited.

If a student in the nursing program appears to be under the influence of alcohol or drugs, functioning in any impaired manner, exhibiting inappropriate behavior in the classroom or clinical, or demonstrating any unprofessional conduct or negligence, the faculty or clinical affiliate representative responsible for that student, using professional judgment, will remove the student, document the circumstances and report the alleged violation. Decisions regarding screening will be made after all documentation has been reviewed.

Should a student be dismissed from the program for violation of this policy, a plan will be devised by an identified entity to assist the student which may include mandatory counseling, periodic drug/alcohol screenings, and periodic reporting before a student would be considered for readmission into the program. The student must assume the responsibility for compliance with this plan before a request for readmission into the program is considered.

### 2. Suspicious Behaviors:

If a faculty member or member of staff at a clinical facility observes a student exhibiting suspicious behaviors indicative of drug or alcohol consumption which might impair his or her ability to perform in a safe manner in the classroom, lab, or clinical setting the following will occur:

The faculty or staff member, using professional judgment, will immediately remove the student from current environment and contact the Director or designee of Nursing.

The professional(s) observing the student's behavior must provide documentation including the following: Alleged observations or behaviors identifying impaired function, interaction with clients and or facility staff, conveying the specific nature of alleged involvement with drugs or controlled substances by the student, supportive facts: time, places, circumstances, witnesses or other persons who possess knowledge of the alleged student involvement. If the professional observing the student is not a School faculty member, the statement should also include information about the person's position at the facility. (In this situation, the signed statement will be given to the supervising faculty member.)

The Director or designee of Nursing must talk to the student, immediately after the occurrence, and make the student aware of the specific violation. The professional who determined reasonable suspicion must be present as well. The student will sign that he/she has read the documentation regarding his/her behavior. The documentation will become part of the student's record.

### 3. Procedure for Drug Testing

The Director or designee of Nursing will report the situation to the Vice President or his/her designee. If it is the Vice President or his/her designee's believes the student is in violation, the student will be required to submit to a drug test. The student will incur all costs of testing.

The student may be directed to contact a family member for transportation to a clinical site if drug testing is not available in the facility where the alleged violation has been observed. If necessary, the faculty member or clinical facility staff member may call the police to transport the student. The procedures of the hospital/agency, where the testing is conducted, will be implemented.

Refusal to submit to Drug and Alcohol Testing and/or a positive test will result in the student receiving an "F" in the clinical course in which the student is enrolled. The student will meet with the Director or designee of Nursing for an exit interview.

The student may be summarily suspended until the results of the drug or alcohol testing are received. The time required of the student to be away from the academic environment in order to undergo required drug/alcohol testing will be considered and evaluated on an individual basis. The attendance policy listed in the nursing student handbook will be followed.

The hospital/agency will submit the results to the Director or designee of nursing and to the student.

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## 4. Post Drug Test Procedure

The Director or designee of nursing will forward result to the Vice President or his/her designee. The Director or designee of nursing, the Vice President or his/her designee, and the student will meet to discuss review of test results.

If the results are negative, a meeting between the students, the faculty member, and if applicable, the hospital/agency staff member will be scheduled. The student will also return to class, lab, or clinical.

As students who hold an active RN license and who are found to be in violation of the Drug-Free Campus/Workplace Policy, you will be reported to the Tennessee Board of Nursing and TNPAP. Action taken against a license may prevent the student from completing the nursing program. Students who are licensed nurses through the Nurse Licensure Compact with privileges to practice in Tennessee will be reported to the professional/peer assistance program in their state of residence. Full reinstatement to the college and eligibility for readmission into the nursing program will be considered upon completion of a TNPAP approved rehabilitation program or the recommendation of the TNPAP, completion of a program approved by the professional/peer assistance program in the state of residence for students licensed through the Nurse Licensure Compact or the recommendation of that program, the recommendation of the Vice President and the recommendations of the Director or designee of Nursing.

## IV. MOODLE (Modular Object-Oriented Dynamic Learning Environment)

1. MOODLE is an online open source course management system and is considered an extension of the classroom, thus respect of peers and faculty is expected.

2. No use of profanity is allowed on MOODLE and will result in disciplinary action.

3. Political Messaging – No political messages of any kind can be posted on MOODLE.

### 4. Exam Administration - MOODLE or In Class Exam

a) All students are expected to take exams as scheduled. Students are required to notify the faculty by phone or email prior to the scheduled exam time if a student is not going to be present in class or available to take an exam online. Students are given faculty contact information in each nursing course syllabus and are expected to have it available at all times. If for any reason a student is unable to take an in class or online exam it is the student's responsibility to contact the faculty responsible for the course. Any student who does not notify the appropriate faculty will receive a grade of F for the examination.

b) The faculty will determine the date and time of any alternate make-up exam that may be offered in accordance with the syllabus. If the student does not make up the exam on the scheduled date and time, the student will get a grade of F on the exam.

c) Nursing faculty will review and score examinations during the week they are given. Individual student grades will be available and posted no later than one week after the exam has been given. Faculty will post exam grades on MOODLE.

d) Faculty reserves the right to correct any clerical error. This includes both increases and decreases to adjusted exam grades.

### e) Quizzes: MOODLE Quiz Format

The time for a MOODLE quiz will be posted in the course syllabus. If scheduled outside of class time, attendance at these reviews is strongly recommended. A student may review his/her test on an individual basis and by appointment with faculty. Previous tests must be reviewed one week before the final course examination; only one exam reviewed at a time.

APPENDIX A:

Executive Summary: **The Essentials of Baccalaureate Education for Professional Nursing Practice**

This Essentials document serves to transform baccalaureate-nursing education by providing the curricular elements and framework for building the baccalaureate-nursing curriculum for the 21st century. These Essentials address the key stakeholders' recommendations and landmark documents such as the IOM's recommendations for the core knowledge required of all healthcare professionals. This document emphasizes such concepts as 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.

Essentials I-IX delineates the outcomes expected of graduates of baccalaureate nursing programs. Achievement of these outcomes will enable graduates to practice within complex healthcare systems and assume the roles: provider of care; designer/manager/coordinator of care; and member of a profession. Essential IX describes generalist-nursing practice at the completion of baccalaureate nursing education. This Essential includes practice--focused outcomes that integrate the knowledge, skills, and attitudes delineated in Essentials I – VIII. The time needed to accomplish each Essential will vary, and each Essential does not require a separate course for achievement of the outcomes. The Essentials of Baccalaureate Education for Professional Nursing Practice from the American Association of Colleges of Nursing (2008), pages 4-5.

<http://www.aacn.nche.edu/Education/essentials.htm>

The nine Essentials are:

Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice

- A solid base in liberal education provides the cornerstone for practice and education of nurses.

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety

- Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.

Essential III: Scholarship for Evidence Based Practice

- Professional nursing practice is grounded in the translation of current evidence into one's practice.

Essential IV: Information Management and Application of Patient Care Technology

- Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.

Essential V: Health Care Policy, Finance, and Regulatory Environments

- Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.

Essentials VI: Interpersonal Communication and Collaboration for Improving Patient Health Outcomes

- Communication and collaboration among healthcare professional are critical to delivering high quality and safe patient care.

Essential VII: Clinical Prevention and Population Health

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- Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.

### Essential VIII: Professionalism and Professional Values

- Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.

### Essential IX: Baccalaureate Generalist Nursing Practice

- The baccalaureate-graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments. The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.

## Appendix B: QSEN Competencies

### Competency KSAs (Pre-Licensure)

#### Overview

The overall goal for the Quality and Safety Education for Nurses (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work.

Using the Institute of Medicine competencies, QSEN faculty and a national advisory board have defined quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure programs for each competency. These definitions are shared in the six tables below as a resource to serve as guides to curricular development for formal academic programs, transition to practice and continuing education programs <sup>2</sup>.

Note: This content is reprinted with permission from the "[Quality and Safety Education for Nurses](#)" article originally printed in Nursing Outlook Special Issue: Quality and Safety Education.

Patient-centered Care

Definition: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

Knowledge

Skills

Attitudes

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Integrate understanding of multiple dimensions of patient centered care:

- patient/family/community preferences, values
- coordination and integration of care
- information, communication, and education
- physical comfort and emotional support
- involvement of family and friends
- transition and continuity

Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values

Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care

Communicate patient values, preferences and expressed needs to other members of health care team

Provide patient-centered care with sensitivity and respect for the diversity of human experience

Value seeing health care situations "through patients' eyes"

Respect and encourage individual expression of patient values, preferences and expressed needs

Value the patient's expertise with own health and symptoms

Seek learning opportunities with patients who represent all aspects of human diversity

Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds

Willingly support patient-centered care for individuals and groups whose values differ from their own

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<p>Demonstrate comprehensive understanding of the concepts of pain and suffering, including physiologic models of pain and comfort.</p>	<p>Assess presence and extent of pain and suffering Assess levels of physical and emotional comfort</p>	<p>Recognize personally held values and beliefs about the management of pain or suffering Appreciate the role of the nurse in relief of all types and sources of pain or suffering Recognize that patient expectations influence outcomes in management of pain or suffering</p>
<p>Examine how the safety, quality and cost effectiveness of health care can be improved through the active involvement of patients and families</p>	<p>Remove barriers to presence of families and other designated surrogates based on patient preferences</p>	<p>Value active partnership with patients or designated surrogates in planning, implementation, and evaluation of care</p>
<p>Examine common barriers to active involvement of patients in their own health care processes</p>	<p>Assess level of patient's decisional conflict and provide access to resources</p>	<p>Respect patient preferences for degree of active engagement in care process</p>
<p>Describe strategies to empower patients or families in all aspects of the health care process</p>	<p>Engage patients or designated surrogates in active partnerships that promote health, safety and well-being and self-care management</p>	<p>Respect patient's right to access to personal health records</p>
<p>Explore ethical and legal implications of patient-centered care</p>	<p>Recognize the boundaries of therapeutic relationships</p>	<p>Acknowledge the tension that may exist between patient rights and the organizational responsibility for professional, ethical care</p>
<p>Describe the limits and boundaries of therapeutic patient-centered care</p>	<p>Facilitate informed patient consent for care</p>	<p>Appreciate shared decision-making with empowered patients and families, even when conflicts occur</p>

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Discuss principles of effective communication	Assess own level of communication skill in encounters with patients and families	Value continuous improvement of own communication and conflict resolution skills
Describe basic principles of consensus building and conflict resolution	Participate in building consensus or resolving conflict in the context of patient care	
Examine nursing roles in assuring coordination, integration, and continuity of care	Communicate care provided and needed at each transition in care	

## Teamwork and Collaboration

Definition: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Knowledge	Skills	Attitudes
Describe own strengths, limitations, and values in functioning as a member of a team	Demonstrate awareness of own strengths and limitations as a team member	Acknowledge own potential to contribute to effective team functioning
	Initiate plan for self-development as a team member	Appreciate importance of intra- and inter-professional collaboration
	Act with integrity, consistency and respect for differing views	
Describe scopes of practice and roles of health care team members	Function competently within own scope of practice as a member of the health care team	Value the perspectives and expertise of all health team members
Describe strategies for identifying and managing overlaps in team member roles and accountabilities	Assume role of team member or leader based on the situation	Respect the centrality of the patient/family as core members of any health care team
	Initiate requests for help when appropriate to situation	
Recognize contributions of other individuals and groups in helping patient/family achieve health goals	Clarify roles and accountabilities under conditions of potential overlap in team member functioning	Respect the unique attributes that members bring to a team, including variations in professional orientations and accountabilities
	Integrate the contributions of others who play a role in helping patient/family achieve health goals	

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Analyze differences in communication style preferences among patients and families, nurses and other members of the health team	Communicate with team members, adapting own style of communicating to needs of the team and situation	Value teamwork and the relationships upon which it is based
Describe impact of own communication style on others	Demonstrate commitment to team goals	Value different styles of communication used by patients, families and health care providers
Discuss effective strategies for communicating and resolving conflict	Solicit input from other team members to improve individual, as well as team, performance	Contribute to resolution of conflict and disagreement
	Initiate actions to resolve conflict	
Describe examples of the impact of team functioning on safety and quality of care	Follow communication practices that minimize risks associated with handoffs among providers and across transitions in care	Appreciate the risks associated with handoffs among providers and across transitions in care
Explain how authority gradients influence teamwork and patient safety	Assert own position/perspective in discussions about patient care	
	Choose communication styles that diminish the risks associated with authority gradients among team members	
Identify system barriers and facilitators of effective team functioning	Participate in designing systems that support effective teamwork	Value the influence of system solutions in achieving effective team functioning
Examine strategies for improving systems to support team functioning		

## Evidence-based Practice (EBP)

Definition: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

Knowledge	Skills	Attitudes
Demonstrate knowledge of basic scientific methods and processes	Participate effectively in appropriate data collection and other research activities	Appreciate strengths and weaknesses of scientific bases for practice
Describe EBP to include the components of research evidence, clinical expertise and patient/family values.	Adhere to Institutional Review Board (IRB) guidelines	Value the need for ethical conduct of research and quality improvement
	Base individualized care plan on patient values, clinical expertise and evidence	Value the concept of EBP as integral to determining best clinical practice

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Differentiate clinical opinion from research and evidence summaries	Read original research and evidence reports related to area of practice	Appreciate the importance of regularly reading relevant professional journals
Describe reliable sources for locating evidence reports and clinical practice guidelines	Locate evidence reports related to clinical practice topics and guidelines	
Explain the role of evidence in determining best clinical practice	Participate in structuring the work environment to facilitate integration of new evidence into standards of practice	Value the need for continuous improvement in clinical practice based on new knowledge
Describe how the strength and relevance of available evidence influences the choice of interventions in provision of patient-centered care	Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events	
Discriminate between valid and invalid reasons for modifying evidence-based clinical practice based on clinical expertise or patient/family preferences	Consult with clinical experts before deciding to deviate from evidence-based protocols	Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices

## Quality Improvement (QI)

Definition: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

Knowledge	Skills	Attitudes
Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice	Seek information about outcomes of care for populations served in care setting	Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals
	Seek information about quality improvement projects in the care setting	
Recognize that nursing and other health professions students are parts of systems of care and care processes that affect outcomes for patients and families	Use tools (such as flow charts, cause-effect diagrams) to make processes of care explicit	Value own and others' contributions to outcomes of care in local care settings
Give examples of the tension between professional autonomy and system functioning	Participate in a root cause analysis of a sentinel event	

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<p>Explain the importance of variation and measurement in assessing quality of care</p>	<p>Use quality measures to understand performance</p> <p>Use tools (such as control charts and run charts) that are helpful for understanding variation</p> <p>Identify gaps between local and best practice</p>	<p>Appreciate how unwanted variation affects care</p> <p>Value measurement and its role in good patient care</p>
<p>Describe approaches for changing processes of care</p>	<p>Design a small test of change in daily work (using an experiential learning method such as Plan-Do-Study-Act)</p> <p>Practice aligning the aims, measures and changes involved in improving care</p> <p>Use measures to evaluate the effect of change</p>	<p>Value local change (in individual practice or team practice on a unit) and its role in creating joy in work</p> <p>Appreciate the value of what individuals and teams can do to improve care</p>

## Safety

Definition: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.

Knowledge	Skills	Attitudes
<p>Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as, work-around and dangerous abbreviations)</p>	<p>Demonstrate effective use of technology and standardized practices that support safety and quality</p>	<p>Value the contributions of standardization/reliability to safety</p> <p>Appreciate the cognitive and physical limits of human performance</p>
<p>Describe the benefits and limitations of selected safety-enhancing technologies (such as, barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms)</p>	<p>Demonstrate effective use of strategies to reduce risk of harm to self or others</p>	
<p>Discuss effective strategies to reduce reliance on memory</p>	<p>Use appropriate strategies to reduce reliance on memory (such as, forcing functions, checklists)</p>	

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<p>Delineate general categories of errors and hazards in care</p> <p>Describe factors that create a culture of safety (such as, open communication strategies and organizational error reporting systems)</p>	<p>Communicate observations or concerns related to hazards and errors to patients, families and the health care team</p> <p>Use organizational error reporting systems for near miss and error reporting</p>	<p>Value own role in preventing errors</p>
<p>Describe processes used in understanding causes of error and allocation of responsibility and accountability (such as, root cause analysis and failure mode effects analysis)</p>	<p>Participate appropriately in analyzing errors and designing system improvements</p> <p>Engage in root cause analysis rather than blaming when errors or near misses occur</p>	<p>Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team</p>
<p>Discuss potential and actual impact of national patient safety resources, initiatives and regulations</p>	<p>Use national patient safety resources for own professional development and to focus attention on safety in care settings</p>	<p>Value relationship between national safety campaigns and implementation in local practices and practice settings</p>

## Informatics

Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Knowledge	Skills	Attitudes
<p>Explain why information and technology skills are essential for safe patient care</p>	<p>Seek education about how information is managed in care settings before providing care</p> <p>Apply technology and information management tools to support safe processes of care</p>	<p>Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills</p>

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Identify essential information that must be available in a common database to support patient care	Navigate the electronic health record	Value technologies that support clinical decision-making, error prevention, and care coordination
Contrast benefits and limitations of different communication technologies and their impact on safety and quality	Document and plan patient care in an electronic health record Employ communication technologies to coordinate care for patients	Protect confidentiality of protected health information in electronic health records
Describe examples of how technology and information management are related to the quality and safety of patient care	Respond appropriately to clinical decision-making supports and alerts	Value nurses' involvement in design, selection, implementation, and evaluation of information technologies to support patient care
Recognize the time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care	Use information management tools to monitor outcomes of care processes Use high quality electronic sources of healthcare information	

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## APPENDIX C - POST OCCURRENCE/EXPOSURE REPORT FORM

(Complete and forward to the Program Director and Clinical Faculty within 24 hours)

Date of Report \_\_\_\_\_ Time of Report \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Time of Occurrence \_\_\_\_\_

Facility \_\_\_\_\_ Location of Occurrence \_\_\_\_\_

Date of last tetanus \_\_\_\_\_ Hepatitis B Vaccination Record \_\_\_\_\_

Type of Occurrence: (please check or complete)

Possible Injury \_\_\_\_\_ No injury \_\_\_\_\_ Property Damage \_\_\_\_\_ Complaint \_\_\_\_\_

Confidentiality Breach \_\_\_\_\_ Missing Article \_\_\_\_\_ Medication Error \_\_\_\_\_

Potential Hazard \_\_\_\_\_ Other \_\_\_\_\_

Exposure to blood born communicable diseases \_\_\_\_\_

Description of occurrence or exposure: (Use separate page if necessary and include the following information if applicable: Part of body affected, possible causes, both immediate and long term measures to prevent re-occurrence, witness (es) name and phone number).

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Student responsibilities:

1. Notified supervising faculty: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Name of supervising faculty: \_\_\_\_\_

2. Completed incident report as required by facility: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

3. Reported for testing/treatment: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Physician on site \_\_\_\_\_  
Facility ER \_\_\_\_\_  
Student's PCP \_\_\_\_\_

4. Name/Signature of attending physician/healthcare provider:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

5. Student refused examination and/or treatment Yes \_\_\_\_\_ No \_\_\_\_\_

Student Signature: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_

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## APPENDIX D – RN to BSN NURSING PROGRAM CONSENT FORM

(TO BE REMOVED AND SIGNED BY EACH NURSING STUDENT AND RETURNED TO THE NURSING OFFICE)

I HAVE READ AND AGREE TO ABIDE BY THE FOLLOWING  
Christian Brothers University (CBU) Nursing Policies:

Student Name:  
(Print please) \_\_\_\_\_

I. Code of Ethics

I have read and agree to abide by the CBU Nursing Code of Ethics while I am a student within this program.  
\_\_\_\_\_ (Initial here)

II. Academic Integrity

I have read the CBU Nursing policies regarding cheating and plagiarism and agree to follow these policies while enrolled in this program. \_\_\_\_\_ (Initial here)

III. Failure to Abide by Code of Ethics and/or Academic Integrity Policies

I understand the failure to abide by the Nursing Code of Ethics and/or the policy on Academic Integrity may subject me to immediate dismissal from the nursing program. \_\_\_\_\_ (Initial here)

IV. Policy Regarding Alcohol and Drugs on Campus

In order to encourage chemical-free activities and support people who choose not to use alcohol and other drugs, and to enforce university, local and state codes, ordinances, and statutes which govern alcohol and other drug use, CBU prohibits Nursing students from possessing, consuming, or using alcoholic beverages and non-medically prescribed drugs and narcotics while on campus or while participating in University-sponsored events on or off campus. Enforcement and penalties regarding this policy are outlined in the current RN to BSN Student Handbook. \_\_\_\_\_ (Initial here)

V. Permission to Release Medical Information

I hereby give permission for the CBU Nursing to release medical information according to the policies of clinical agencies. \_\_\_\_\_ (Initial here)

VI. Christian Brothers University RN to BSN Nursing Student Handbook

I have viewed the online copy of the BSN Student Handbook for the CBU/RN to BSN Nursing Program. I agree by my signature to abide by the contents within. Failure to abide with the requirements stated herein will result in appropriate action by nursing faculty. \_\_\_\_\_ (Initial here)

VII. Student Essential Functions

I have read the Student Essential Functions for the CBU RN to BSN Nursing Program. I can meet the Student Essential Functions as stated. If I can no longer meet the Student Essential Functions, I agree to notify the RN to BSN Program Director immediately. \_\_\_\_\_ (Initial here)

VIII. Permission to Photocopy

I hereby give my permission for photocopying of my written work. I understand that this material is to be utilized by the faculty for curriculum evaluation and development. Further, I understand that my name will not appear on the copy. \_\_\_\_\_ (Initial here)

# CBU NURSING STUDENT HANDBOOK 2016-2017

## IX. Permission to Release Name and Address

I hereby give permission for the CBU RN to BSN Nursing to release my name and address for professional purposes, i.e., employment. \_\_\_\_\_ (Initial here)

## X. Acknowledgement of receipt of drug/alcohol use/abuse policy

I hereby acknowledge receipt of Christian Brothers University, RN to BSN Nursing Program's policy governing the use and/or abuse of drugs and alcohol, its intention to test for such substances, and the possible penalties for violation of that policy. I understand the purpose of the policy is to provide a safe working environment for persons (patients, students, hospital staff, and school staff) and property. Accordingly, I understand that prior to participation in a clinical experience; I will be required by the Christian Brothers University RN to BSN Nursing Program and may be required by the clinical agency to undergo drug screening of my blood and/or urine. I further understand that I am subject to subsequent testing based on reasonable suspicion that I am using or under the influence of drugs or alcohol such that it impairs my ability to perform competently the tasks required of me.

I agree to be bound by this policy and understand that refusal to submit to testing or a positive result from testing under this policy will affect my ability to participate in a clinical experience and may also result in dismissal from the program.

I hereby release Christian Brothers University RN to BSN Nursing Program from any claim or liability arising from such tests, including, but not limited to the testing procedure, the analysis, and the accuracy of the analysis or the disclosure of the results. \_\_\_\_\_ (Initial here)

## XI. Confidential Information

Information obtained by students through their activities and experiences in nursing classrooms, laboratory and clinical situations, related to clients, personnel and facilities shall be considered confidential. This policy reinforces the ethical and legal responsibility of registered nurses in working with clients and families. Each student is required to sign and practice according to the Clinical Confidentiality Contract shown below.  
Christian Brothers University (CBU) - RN to BSN Nursing Program

### CLINICAL CONFIDENTIALITY CONTRACT

I, \_\_\_\_\_, hereby state that I will not divulge information, WRITTEN OR VERBAL, about any clients and/or families I or my classmates will encounter in classroom discussion, clinical practice, and agency visits this semester except to my agency preceptor, or clinical instructor. I will omit client/agency-identifying data in any written form. I understand that any breach of this confidentiality will result in a grade of "0" for the clinical week, and that a second offense will result in a final course grade of "0" which would result in failure to progress in the curriculum.

\_\_\_\_\_ Name \_\_\_\_\_ Date

**APPENDIX E – STUDENT ESSENTIAL FUNCTIONS**

Christian Brothers University RN to BSN Nursing Program

Student Name: (please print)

TEAR OUT AND SIGN AND RETURN TO THE NURSING PROGRAM OFFICE

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With job duties that can change by the minute, nurses must be ready to perform a variety of tasks. Below are the essential functional abilities necessary for success (in addition to academic requirements) in the Christian Brothers University RN to BSN Nursing Program. All students are required to meet these essential functions, which include the ability to perform a variety of interventions impacting patient care and safety, as well as interactions necessary in the clinical and classroom setting. The RN to BSN Nursing Program will work with students with documented disabilities to explore whether a reasonable accommodation exists which will allow them to perform essential functions without undue burden. Contact the Program Director for more information. Also see the “Students with Disabilities” policy in the CBU Student Handbook, The Compass.

Physical and Psychomotor-The student must be able to:

1. accurately and reliably visually inspect and observe the skin, facial expression, anatomical structures, posture and movement of others, and color differentiation of fluids;
2. detect and distinguish odors from patients and environment;
3. examine and evaluate/assess blood pressure, and lung and heart sounds;
4. accurately and reliably read and/or manipulate equipment dials and monitors;
5. exhibit sufficient manual dexterity to manipulate small equipment such as syringes for intravenous injections, common tools for screening tests of sensation, etc.; provide support and resistances as needed through complex exercise movements; perform CPR; and treat acutely ill patients without disturbing sensitive monitoring instruments and lines;
6. feel pulses, skin condition, muscle and tendon activity, and joint and limb movement;
7. negotiate level surfaces, ramps and stairs to assist patients/classmates appropriately;
8. lead patients through a variety of examinations and treatments, typically requiring sitting, standing, squatting and kneeling on the floor or treatment table;
9. react effectively and respond quickly to sudden or unexpected movements of patients/classmates;
10. transport self/patients from one room to another, from one floor to another;
11. manipulate another person’s body in transfers, gait, positioning, exercise and other treatment or diagnostic techniques;
12. lift at least 30 pounds on a regular basis and, on occasion, move real/simulated patients generating lifting forces of up to 75 pounds.
13. maintain patient care activities, and other essential functions, throughout an eight (8) hour work day.

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Communication, Reading and Writing-The student must be able to:

1. attend selectively and in a controlled and respectful manner to various types of communication, including the spoken and written word and non-verbal communication;
2. relay information in oral and written form effectively, accurately, reliably, thoroughly and intelligibly to individuals and groups, using the English language; and
3. read English (typed and hand-written in a minimum of 12 point size) and read graphs and digital printouts.

Cognitive/Psychological/Affective Functions-The student must be able to:

1. recall, interpret, extrapolate and apply information from a variety of sources (i.e. reading material, lecture, discussion, patient observation, examination and evaluation/assessment);
2. collect, analyze and evaluate relevant data from a variety of sources (i.e. reading material, lecture, discussion, and patient evaluation/assessment);
3. demonstrate emotional maturity, stability, and flexibility needed to perform nursing care functions, engage in therapeutic communications, provide patient education, and function effectively in stressful clinical situations;
4. adapt to changing situations;
5. exercise critical thinking skills to solve problems;
6. organize, prioritize, and assume responsibility for one's work;
7. always maintain a level of consciousness and alertness that ensures patient safety: refrain from the use of illegal drugs at any time while enrolled as a student; refrain from performing clinical duties while impaired by alcohol, legally prescribed medications, or excessive fatigue which affect the ability to safely perform these functions;
8. accept persons whose appearance, behaviors and values may be in conflict with his/her own. Nursing care must be provided regardless of the patient's race, ethnicity, age, gender, religious preference or sexual orientation;
9. (with the understanding that no student will be required to participate in a medical procedure in conflict with his or her personal beliefs and values) learn the underlying medical principles for all procedures and, without regard to one's personal beliefs regarding them, to provide competent and compassionate nursing care to patients before and after such procedures;
10. establish professional, trusting, empathetic relationships with individuals, families and communities;
11. effectively engage in teamwork;
12. meet externally established deadlines.

Professional Behaviors-The student must:

1. refrain from the use of illegal drugs at any time while enrolled as a student or the performance of clinical duties while under the influence of alcohol or while impaired by legally prescribed medications which affect an individual's ability to safely perform nursing functions;
2. communicate in a professional, positive, tactful manner with patients, physicians, nurses, other staff, faculty, clinical supervisors, and fellow students;

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3. demonstrate ethical behavior in the performance of nursing responsibilities including: maintaining patient confidentiality, exercising ethical judgment, and exhibiting integrity, honesty, dependability, and accountability in the performance of one's responsibilities and in connection with one's behavior and attitude at all times;
4. project a well groomed, neat appearance at all times to include cleanliness, modesty, and neatness in appearance;
5. exhibit a teachable attitude, a willingness to learn, acceptance of instruction and openness to constructive feedback with appropriate respect for those in authority;
6. not use profane language or gestures at any time; and
7. treat all persons with respect and dignity.

I acknowledge receipt of Student Essential Functions and understand its contents. I acknowledge that I must meet these essential requirements to be admitted or readmitted to Christian Brothers University RN to BSN Nursing Program, and to remain a student in the Nursing Program. I understand that the requirements contained in this policy are in addition to any obligations set forth in the Student Handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_