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DISCLAIMER

The policies and procedures contained in this handbook are subject to change without notice at the discretion of the Program Directors with the approval of the Dean. Any changes made will be communicated to students in a timely manner. It is the responsibility of each student to be acquainted with all requirements, policies, and procedures for his or her degree program and to assume responsibility for meeting those requirements.

INTRODUCTION

This handbook has been prepared for the purpose of assisting nursing majors to become acquainted with the Department of Nursing and the various programs within the Department. The philosophy of each program is included along with the unique curriculum structure for that program and the program outcomes. Whether you are enrolled in the Baccalaureate Degree Program or the Masters Degree Program, you are encouraged to read the information on both programs offered in the Department. This information is most helpful in your understanding of what is involved/expected in the degree preceding your current one or in one to follow. An increased understanding in these key areas will also contribute to making the best decisions for your future development.

The attached policies are applicable to students in the nursing degree programs. Some policies designate if that policy or parts of that policy apply to specific groups of nursing students, i.e., non-RNs, BSN, or MSN. As students admitted to Nebraska Methodist College (NMC), you have access to the College Catalog found on the NMC Website. All information in the College Catalog applies to nursing students who have the same privileges and responsibilities as other College students.

Revised 7/09, 1/10, 7/12

Reviewed 7/05, 7/06, 8/0, 8/08, 8/10, 7/1, 7/13, 7/14

Nursing Program Student Handbook
Reviewed: July 2014
OPPORTUNITIES FOR STUDENT COMMUNICATION AND INVOLVEMENT

Students are welcomed to communicate openly with faculty and administration. The following are ways to become involved with the business of the Department of Nursing:

- **Department of Nursing Meetings** held in October, December/January, March and May: Contact Dr. Linda Hughes at linda.hughes@methodistcollege.edu to add agenda items for discussion at department meetings.

- **Communication Forums**: Informal (face-to-face) meetings with students will be scheduled during the semester. Invitations will be sent to all nursing students via their NMC email accounts. Contact the program directors, either Dr. Karen Johnson, Director of the BSN Nursing Program, or Dr. Susan Ward, Director of Special Programs, to identify items to be discussed at the forums.

- **Communication Tool**: The communication tool is located at the back of this handbook and is available on the college webpage under student handbooks. Please use this tool to communicate concerns and suggestions. Undergraduates please contact either Dr. Karen Johnson, Director of the BSN Program or Dr. Susan Ward, Director of Special Programs, via email or phone to discuss concerns and or questions about the form as a hard copy. Graduate Students may contact Dr. Linda Foley, director of Graduate Nursing Programs.

- **Student Senate and/or Methodist Student Nursing Association (MSNA)**: Contact officers of Student Senate and/or MSNA for items of concern or suggestions. Officers of both organizations are listed on the college webpage under student organizations.

### Department of Nursing Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Linda Hughes</td>
<td>Dean of Nursing</td>
<td>354-7049</td>
</tr>
<tr>
<td>Dr. Linda Foley</td>
<td>Director, Graduate Programs</td>
<td>354-7050</td>
</tr>
<tr>
<td>Dr. Karen Johnson</td>
<td>Director, BSN Program</td>
<td>354-7038</td>
</tr>
<tr>
<td>Dr. Susie Ward</td>
<td>Director, Special Programs</td>
<td>354-7063</td>
</tr>
<tr>
<td>Dr. Alice Kindschuh</td>
<td>Director, DNP Program</td>
<td>354-7845</td>
</tr>
<tr>
<td>Dr. Fran Henton</td>
<td>Community Based Curriculum Coordinator</td>
<td>354-7043</td>
</tr>
</tbody>
</table>
DEPARTMENT OF NURSING VISION AND MISSION STATEMENTS

Vision:

Dynamic nursing education, for today and for tomorrow, for individuals and the global community.

Mission:

The Department of Nursing is committed to providing quality education that prepares resilient professional nurses who are caring and practice holistically to meet the ever changing challenges of the 21st century through a culture of evidence-based practice.

Faculty will support students, peers, the College and the community in this mission through a collaborative, accepting environment and through relationships fostered by mentoring and role modeling.

Implemented 7/07

Revised 7/12

Reviewed 7/08, 8/08, 8/09, 7/10, 7/11, 7/13, 7/14
MASTER OF SCIENCE DEGREE NURSING

MSN PHILOSOPHY

The philosophy of the Master of Science Program of the Division of Nursing which builds on the AACN Baccalaureate Essentials is reflective of the values and beliefs from which the NMC mission and core values were formulated.

Nursing integrates empirical, personal, aesthetic, ethical and emancipatory ways of knowing to care for clients (Chinn and Kramer, 2011). Nursing is concerned with promoting health, preventing illness, restoring health, and caring for the sick and dying.

Learning is a lifelong, continuous process through which humans acquire knowledge that results in changes of behavior, attitudes, and/or ways of thinking. The nursing faculty believe that nursing education is built on the application and synthesis of the biophysical sciences, psychosocial sciences, the humanities, and nursing science. Teaching is an interactive process that uses a system of actions to promote acquisition, application, integration, and synthesis of knowledge. The graduate faculty serve as teachers, facilitators, resource persons, evaluators, mentors, and professional role models. Graduate education plays a strategic role in the ongoing development of the skilled professional who will contribute to the health, business, political, and social structures of the global community.

Completion of the Master of Science Nursing Program provides the graduate with a strong theoretical and practical base congruent with the MSN Essentials to improve healthcare through a culture of evidence-based practice. This education will prepare the graduate with a firm background in critical thinking and decision-making skills. The master's prepared nurse will have the necessary skills to practice independently and interdependently and to build interdisciplinary collegial relationships.

The graduate will participate in the creative development of partnerships with communities to deliver services to a variety of populations. There will be consideration and advocacy for the healthcare needs of populations, especially those at risk and the growing number of those clients who are underserved.

The graduate will be able to use creativity and flexibility in order to deal with roles less clearly defined as well as to manage and carry out the changing and challenging advanced nursing roles. This graduate will function in an increasingly complex healthcare system that includes responding to global, technological, and environmental issues.

The graduate will be able to analyze, synthesize, and utilize knowledge in a scholarly manner. An understanding of healthcare policy, financing, cultural sensitivity, and ethical decision making will assist graduates in assuming a leadership role in promoting effective systems in nursing and healthcare.

*Revised 12/99, 9/07, 7/08, 8/08, 10/12*

*Editorial Changes 9/01*

*Reviewed 7/00, 4/01, 8/02, 1/03, 8/04, 1/05, 12/05, 12/06, 9/07, 8/08, 12/08, 7/09, 7/10, 7/11, 7/12, 7/13, 7/14*
1. Translates and integrates scholarship as a foundation for nursing and healthcare.
   a) Address ethical issues related to scholarship.
   b) Build on clinical expertise focusing on a population of interest.
   c) Demonstrate use of the research process.
   d) Integrate theory and research outcomes into nursing administration, education and practice.
   e) Contribute to quality improvement and population health by embracing change and innovation through evidence-based nursing and interprofessional collaboration.

2. Embraces the roles of the nurse educator/executive to facilitate learning and change.
   a) Develop a personal philosophy as a nurse educator/executive.
   b) Develop the capacity for recognizing and reflecting on problems that fall outside current knowledge.
   c) Serve in the role of educator/executive and role model when working with students, staff, peers, and other constituencies.
   d) Promote critical thinking in those that they educate and serve.
   e) Engage in professional development as a nurse educator/executive.
   f) Foster professional role development through leadership, collaborative skills, and relationship development with peers, students/personnel, clients, colleagues, and members of the interprofessional team.
   g) Model self-reflection and lifelong learning.
   h) Effectively participate in curriculum/program design and evaluation of outcomes.

3. Values social, political, legal and ethical influences that impact nursing practice and nursing education.
   a) Evaluate the process of ethical decision making.
   b) Apply ethical principles in the role of educator/executive.
   c) Advocate for public policy that promotes and protects the health of the public.
   d) Formulate strategies that respond to policy changes that impact health and education.
   e) Analyze the impact of access on the health of populations.
4. Appreciates the impact of diversity within nursing and the global community.
   a) Examine personal thinking for clarity, objectivity and bias.
   b) Demonstrate behaviors and attitudes that support respect, reciprocal learning, and advocacy related to human differences.
   c) Coach others to improve sensitivity and acceptance of diverse individuals and groups.
   d) Develop culturally competent educational/workplace practices.

5. Demonstrates competency in developing an effective professional nursing environment.
   a) Analyze the issues related to the use of advanced technology.
   b) Integrate informatics and current and emerging technologies into practice enhancing patient outcomes.
   c) Communicate effectively based on the context of the situation.
   d) Develop networks, collaboratives, partnerships, and interprofessional relationships to enhance nursing’s influence within the academic/healthcare community and the broader community.
   e) Develop skills for working within an institution and a system of governance.

Revised 3/99, 9/05, 12/0, 4/13, 8/13

Reviewed 7/00, 4/01, 8/02, 1/03, 8/04, 1/05, 1/06, 8/07, 12/07, 8/08, 12/08, 7/09, 8/10, 7/11, 7/12, 8/13, 714
Master’s Graduate Nursing Core

Competencies for indirect care practice roles
(Nurse Executive)

Competencies for Direct Care Roles
(Nurse Educators)

Direct Care Core (3 P’s)

Didactic and supervised practice experiences to demonstrate integration of advanced nursing knowledge in master’s level practice.
RN TO MASTER OF SCIENCE DEGREE

Bridge Curriculum Structure

The RN-MSN track for the RN without a bachelor’s degree affords the RN the ability to earn 18 semester credit hours of undergraduate bridge courses (statistics, leadership, research, health assessment, public/community health) and then transition into the MSN Program without receiving a BSN.

<table>
<thead>
<tr>
<th>Number</th>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 402</td>
<td>Nursing Assessment for the RN</td>
<td>3</td>
</tr>
<tr>
<td>SSC 360</td>
<td>Introduction to Statistics</td>
<td>3</td>
</tr>
<tr>
<td>SSC 370</td>
<td>Principles of Research</td>
<td>3</td>
</tr>
<tr>
<td>NRS 476/476C</td>
<td>RN to BSN Community Health Nursing</td>
<td>6</td>
</tr>
<tr>
<td>NRS 446</td>
<td>Collaborative Nursing Leadership in a Global Society</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL CREDIT HOURS** 18

*Initial 12/09*

*Revised 7/13*

*Reviewed 7/10, 7/11, 7/12, 7/13, 7/14*
# Master of Science Degree—Nurse Educator Track

(For students matriculating May 2011)

## Curriculum Structure

The following plan represents full-time progression through the program. A student must earn a minimum of 36 semester credit hours to be eligible for the Master of Science in Nursing. All course requirements as outlined below must be met.

<table>
<thead>
<tr>
<th>Number</th>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 509</td>
<td>Advanced Nursing Roles &amp; Phenomena</td>
<td>3</td>
</tr>
<tr>
<td>NRS 513</td>
<td>Measurement &amp; Statistical Concepts for Data Interpretation</td>
<td>3</td>
</tr>
<tr>
<td>NRS 516</td>
<td>Teaching/Learning</td>
<td>3</td>
</tr>
<tr>
<td>NRS 518</td>
<td>Instructional Methods</td>
<td>3</td>
</tr>
<tr>
<td>NRS 508</td>
<td>Issues in Advanced Nursing Roles</td>
<td>3</td>
</tr>
<tr>
<td>NRS 517</td>
<td>Critical Appraisal of Knowledge for Practice</td>
<td>3</td>
</tr>
<tr>
<td>NRS 519</td>
<td>Synthesis and Use of Knowledge for Evidence-Based Practice</td>
<td>3</td>
</tr>
<tr>
<td>NRS 546</td>
<td>Advanced Health Assessment, Pathophysiology &amp; Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>NRS 523</td>
<td>Curriculum/Program Development &amp; Evaluation</td>
<td>4</td>
</tr>
<tr>
<td>NRS 592</td>
<td>Capstone I</td>
<td>2</td>
</tr>
<tr>
<td>NRS 524</td>
<td>Practicum in Nursing Education</td>
<td>4</td>
</tr>
<tr>
<td>NRS 594</td>
<td>Capstone II</td>
<td>2</td>
</tr>
</tbody>
</table>

**Total Credit Hours** 36
MASTER OF SCIENCE DEGREE—NURSE EXECUTIVE TRACK  
(For students matriculating May 2011)

Curriculum Structure

The following plan represents full-time progression through the program. A student must earn a minimum of 36 semester credit hours to be eligible for the Master of Science in Nursing. All course requirements as outlined below must be met.

<table>
<thead>
<tr>
<th>Number</th>
<th>Course</th>
<th>Credit Hours</th>
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<tbody>
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<td>NRS 509</td>
<td>Advanced Nursing Roles &amp; Phenomena</td>
<td>3</td>
</tr>
<tr>
<td>NRS 513</td>
<td>Measurement &amp; Statistical Concepts for Data Interpretation</td>
<td>3</td>
</tr>
<tr>
<td>NRS 550</td>
<td>Organizational Behavior &amp; Structure</td>
<td>3</td>
</tr>
<tr>
<td>NRS 552</td>
<td>Role of the Nurse Executive I: Leading an Organization</td>
<td>3</td>
</tr>
<tr>
<td>NRS 508</td>
<td>Issues in Advanced Nursing Roles</td>
<td>3</td>
</tr>
<tr>
<td>NRS 517</td>
<td>Critical Appraisal of Knowledge for Practice</td>
<td>3</td>
</tr>
<tr>
<td>NRS 519</td>
<td>Synthesis and Use of Knowledge for Evidence-Based Practice</td>
<td>3</td>
</tr>
<tr>
<td>NRS 554</td>
<td>Role of the Nurse Executive II: Human Resource Management</td>
<td>3</td>
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<tr>
<td>NRS 558</td>
<td>Role of the Nurse Executive III: Financial Mgt &amp; Economics</td>
<td>4</td>
</tr>
<tr>
<td>NRS 592</td>
<td>Capstone I</td>
<td>2</td>
</tr>
<tr>
<td>NRS 559</td>
<td>Practicum: Management, Improvement, &amp; Evaluation in Healthcare Organizations</td>
<td>4</td>
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</tbody>
</table>
Number | Course | Credit Hours
---|---|---
NRS 594 | Capstone II | 2

**TOTAL CREDIT HOURS** 36

Reviewed 7/11, 7/12, 7/13, 7/14
Revised 2/11

**POST-MASTERS CERTIFICATE—NURSE EDUCATOR & NURSE EXECUTIVE**

**Curriculum Structure**

The following plan represents progression for the online post-master’s certificate as a nurse educator/nurse executive. There are a total of 14 credit hours to complete for each certificate.

### Nurse Educator (PMC)

<table>
<thead>
<tr>
<th>Number</th>
<th>Course</th>
<th>Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 516</td>
<td>Developing Your Ad Nsg Role</td>
<td>3</td>
</tr>
<tr>
<td>NRS 518</td>
<td>Instructional Methods</td>
<td>3</td>
</tr>
</tbody>
</table>

### Nurse Executive (PMC)

<table>
<thead>
<tr>
<th>Number</th>
<th>Course</th>
<th>Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 550</td>
<td>Organizational Behavior &amp; Structure</td>
<td>3</td>
</tr>
<tr>
<td>NRS 552</td>
<td>Role of the Nurse Ex. I: Leading an Organization</td>
<td>3</td>
</tr>
</tbody>
</table>
### Nurse Educator (PMC)

<table>
<thead>
<tr>
<th>Number</th>
<th>Course</th>
<th>Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 523</td>
<td>Curriculum/Program Development &amp; Evaluation</td>
<td>4</td>
</tr>
<tr>
<td>NRS 524</td>
<td>Practicum in Nursing Education</td>
<td>4</td>
</tr>
</tbody>
</table>

**TOTAL HOURS** 14

### Nurse Executive (PMC)

<table>
<thead>
<tr>
<th>Number</th>
<th>Course</th>
<th>Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 558</td>
<td>Role of the Nurse Ex. III: Financial Management &amp; Economics</td>
<td>4</td>
</tr>
<tr>
<td>NRS 559</td>
<td>Practicum: Management, Improvement &amp; Evaluation in Healthcare Organizations</td>
<td>4</td>
</tr>
</tbody>
</table>

**TOTAL HOURS** 14

Reviewed 8/08, 12/08, 7/10, 7/11, 7/12, 7/13, 7/14

Revised 5/09

### MSN E-PORTFOLIO POLICY

#### Purpose

To ensure that graduate students meet program outcomes through completion of a professional e-portfolio.

#### Policy

In order to graduate, students must complete the e-portfolio that demonstrates program outcomes have been met. The portfolio process begins in the first course in the program and students are expected to independently continue to update their portfolio after each semester.

#### Procedure

1. Students begin the portfolio process in NRS 509 Advanced Nursing Roles and Phenomena.
2. Students are expected to independently update their e-portfolio each semester.
3. In the last semester of their program students are expected to initially submit/share their updated e-portfolio. The MSN director will notify students about due dates. Designated MSN faculty will provide feedback using the *E-Portfolio Assessment Grid.*
4. Students are expected to update their e-portfolio based on feedback received. Students must then submit/share their final e-portfolio by the designated due date.

5. The director and one other graduate faculty will review and provide feedback indicating that students have met/not met program outcomes using the *E-Portfolio Assessment Grid*.

*Effective 8/08*

*Reviewed 7/09, 7/11, 7/12, 7/13, 7/14*

*Revised 8/10, 7/11*

---

**NURSING STUDENTS INTERACTION WITH MINORS POLICY**

**Purpose**

To identify expectations and requirements regarding interaction of nursing students with Minors except in situations of direct patient care.

Minor is defined as a person under the age of nineteen (19) who is not enrolled or accepted for enrollment at NMC

**Policy**

**Required Training**

In recognition of the imperative of protecting Minors, NMC requires that nursing students working with Minors be trained regarding policies and issues relating to interactions with Minors. This training shall be at least annually before a nursing student begins working with Minors. Training shall be documented, with the nursing student signing a statement indicating his/her understanding and receipt of NMC policies and procedures. This training shall include:

1. NMC policies regarding interactions
2. Use of background checks to screen nursing students
3. Responsibility for modeling respectful behaviors
4. Consequences of conduct violations
5. Behavioral signs that Minor victims may exhibit
6. Sexual abuse and sexual harassment
7. Inappropriate behavior
8. Other appropriate topics
9. Reporting requirements and procedures.

**Behavioral Expectations when interacting with Minors**

Nursing students should be positive role models for Minors, and act in a caring, honest, respectful and responsible manner that is consistent with the mission and core values of NMC. Nursing students working in NMC programs covered by this policy must follow these expectations to avoid behaviors that could cause harm or be misinterpreted:

1. Do not be alone with a single Minor except in situations of direct patient care.
2. Do not engage in any sexual activity, make sexual comments, tell sexual jokes, or share sexually explicit material (or assist in any way to provide access to such material) with Minors.
3. One-on-one interactions should occur only when at least two nursing students are present at all times with a Minor. If a one-on-one interaction is required, meet in open, well-illuminated spaces or rooms with windows observable by other nursing students.
4. Do not meet with Minors outside of established times for Program activities. Any exceptions require the written parental authorization and must include more than one Nursing student.
5. Do not invite Minors to your home. Any exceptions, if any, required the written authorization by the Minor’s parent/guardian.
6. Do not engage or allow Minors to engage you in romantic or sexual conversations, or related matters, unless required in the role of counselor or healthcare provider.
7. Do not engage or communicate with Minors through email, text message, social networking websites (e.g., Facebook, Twitter, blogs, etc.), internet chat rooms, or other forms of social media expect and unless there is an educational or Programmatic purpose and the content of the communication is consistent with the mission of NMC.
8. Do not touch a Minor in a manner that a reasonable person could interpret as inappropriate. Touching should generally only be in the open and in response to the Minor’s needs, for purpose that is consistent with the Program’s mission and culture, and/or for a clear educational, developmental, or health-related (i.e. treatment of any injury) purpose. Any resistance by the Minor should be respected.
9. Do not engage in any abusive conduct of any kind toward, in the presence of, a Minor, including but not limited to verbal abuse, striking, hitting, punching, spanking, or restraining. If restraint is necessary to protect a Minor or other Minors from harm, all incidents must be documented and disclosed to the coordinator of the Program and the Minor’s parent/guardian.
10. Do not use, possess or be under the influence of alcohol or illegal drugs while on duty or when responsible for a Minor’s welfare.
11. Nursing students must not transport Minors in vehicles.

12. Possession of or use of any type of weapon or explosive device is prohibited.

**Reporting Allegation(s) of Inappropriate Behavior or Abuse of a Minor**

Every member of the NMC community has an obligation to report immediately instances or suspected instances of the abuse of or inappropriate interactions with Minors – “If you see something, say something.” Nebraska law requires any person who has a reasonable cause to believe that a child has been subjected to abuse or neglect or observes such a child being subjected to conditions or circumstances which reasonably would result in child abuse or neglect, report it to the proper law enforcement agency or to the Department of Health and Human Services. Accordingly, if you have reasonable cause to believe that child abuse or neglect has occurred, including sexual assault:

1. You must report it;

2. You should give as much information and details as possible;

3. Reporting Adults are immune from liability, civil or criminal, if the report is made in good faith and not giving maliciously false statements;

4. If you willfully fail to make a report, you will be in violation of Nebraska Statute 28-717.

DHHS has established the following toll-free number to be used by any person at any hours of the day or night, to report child abuse: (800) 652-1999.

Any suspecting member of the NMC community is also required to contact and report the inappropriate behavior and/or abuse to their Program director and/or campus security.

*Effective 8/13*

*Reviewed 7/14*
MSN ATTESTATION POLICY

Purpose

To ensure that graduate students have completed a health screening or have documented health status during their time in the MSN Program.

Policy

In order to have compliance in the clinical/practicum courses, all graduate, students must sign the electronic attestation form on admission to the program and each January.

Procedure

1. Students will be provided a link to complete and submit the attestation form.

2. Students who do not complete and submit the attestation form will be placed on hold for the next semester.
Attestation Form

I attest that I have completed a health screening or have documented health status of the following:

1. Tuberculin skin test within the past 12 months; documentation as a previous positive reactor, any treatment received, or a chest x-ray within the past 12 months.

2. Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR.

3. Varicella immunity by positive history of chickenpox, proof of 2 Varicella immunizations, or positive antibody titer.

4. Proof of Hepatitis B immunization or completion of a certificate of declination of vaccine.

5. Proof of Tdap immunization or a certificate of declination of vaccine.

6. Proof of Influenza vaccine or completion of certificate of declination of vaccine.

7. Negative drug screen

If any changes occur during the program, I agree to contact the Program Director immediately. This information and documentation is needed for you to complete any clinical or practicum component of the program.

* Required

I acknowledge and agree that my electronic submission of this form to Nebraska Methodist College (NMC) is my acknowledgement that this form is true and accurate, and NMC can rely on the form as if my handwritten signature was affixed to the form, and this electronic attestation serves as my electronic signature. *

Please type your full name below.

Effective 12/13

Reviewed 7/14
BACHELOR OF SCIENCE DEGREE
NURSING

BSN PHILOSOPHY

The philosophy of the Baccalaureate Program of the Department of Nursing is reflective of the values and beliefs from which the NMC mission and core values were formulated.

The nursing faculty believes human beings are holistic and integrated. Each human being has dignity, basic rights and responsibilities, individual needs, and a unique internal environment. The human interacts within the environment, which encompasses all external factors that affect the human’s well being and speaks to physical, social, and existential dimensions as well as various settings. The client is the human recipient of care — individual, family, group, or community.

Health is viewed as a dynamic state of mental, physical, social, and spiritual well being that maximizes the individual’s ability to function in his or her environment. Illness is an alteration in the dynamic state of well being that leads to disharmony between the human self and the environment. Health promotion, illness prevention, maintenance, and rehabilitation are facilitated by activities or programs directed toward enhancement, stabilization, or restoration of a dynamic state of well being.

Nursing is a caring, creative, dynamic, and interactive process that uses scientific and humanistic bodies of knowledge to assist the client in attainment of a dynamic state of well being with a focus on human responses to actual or potential health problems. The nursing curriculum focuses on Jean Watson’s science of caring* and is based on the following assumptions. Nursing is concerned with promoting health, preventing illness, restoring health, and caring for the sick and dying. The practice of caring is an integral part of nursing and consists of the caritas processes, which are those interventions that result in the satisfaction of human needs. The caring response promotes health and human growth and accepts a human not only as he or she is now, but as whom he or she may become. A caring atmosphere is one that offers the development of potential while allowing the client to choose the best action at a given point in time. Caring is demonstrated and practiced interpersonally and uses the systematic nursing process approach.

The curricular framework incorporates a community-based approach that prepares students to build connections between knowledge and action in an increasingly interdependent world. Students develop the attributes of effective nursing professionals and responsible citizens through focused and meaningfully applied learning experiences. Community-based education encompasses the concepts of health promotion, self care, prevention, collaboration, and continuity of care within the context of culture and community.

The nursing faculty believe that nursing education uses the science of caring and builds on the application and synthesis of the biophysical, psychosocial, computer, and information sciences
and the humanities. Learning is a lifelong, continuous process through which humans acquire knowledge that results in changes of behavior, attitudes, and/or ways of thinking. The faculty view teaching as an interactive process that uses a system of actions to promote the acquisition, application, integration, and synthesis of knowledge. Optimal learning is enhanced by interaction with faculty members who use a variety of instructional strategies and settings. Faculty members serve as teachers, facilitators, resource persons, evaluators, and professional role models. Nursing education facilitates the student in developing interpersonal caring response skills and communication techniques that produce therapeutic interactions within the nurse-client relationship.

Completion of the baccalaureate nursing program prepares the graduate for professional practice as a nurse generalist, pursuit of advanced studies in nursing, and enhancement of lifelong learning. The nurse generalist uses critical thinking, nursing theory, research, nursing process, caritas processes, and clinical skills while assuming responsibility and accountability for providing nursing care to clients in a variety of settings. Additionally, the nurse generalist is able to demonstrate leadership and management skills in organization, change, advocacy, coordination, collaboration, and communication. Thus, the nurse generalist promotes the use of lifelong evidence-based and humanistic practice behaviors to change and respond to the health needs and well being of clients in a dynamic and diverse world.


Effective 8/22/02; Reviewed 1/03, 8/04, 1/05, 8/07, 12/08, 7/09, 8/10, 7/12, 7/13, 7/14

Revised 8/08, 7/11
PROGRAM OUTCOMES

1. Integrate culturally competent professional nursing care with clients while incorporating caring and the caritas processes to promote autonomy, altruism, human dignity, integrity, and social justice.*

2. Analyze alternative solutions based on scientific and humanistic rationale for situations encountered in professional nursing practice.

3. Incorporate professional communication in interactions with clients, colleagues and community partners.

4. Synthesize scientific and humanistic knowledge derived from theory and research in the provision of professional nursing care.

5. Evaluate skills and ongoing assessment into the process of planning, intervening, and evaluating the delivery of professional nursing care including health promotion, risk reduction, disease prevention, illness/disease management, and rehabilitation to meet the health needs of clients.

6. Collaborate with clients and community partners as an agent to facilitate change within a global healthcare environment.

7. Assume professional responsibility and legal/ethical accountability in providing healthcare.

8. Evaluate research critically and use findings selectively in professional nursing practice.

9. Incorporate knowledge of healthcare system policy and of professional activism into nursing practice.

10. Integrate leadership and management skills as a professional caregiver, teacher, and manager of client care.

*Adapted from AACN, The Essentials of Baccalaureate Education for Professional Nursing, 2008

Effective 8/22/02

Reviewed 1/03, 8/04, 1/05, 8/06, 8/07, 8/08, 7/09, 8/10, 7/12, 7/13

Revised 7/11, 5/14
GENERAL ABILITY

The student is expected to possess functional use of the senses of vision, touch, hearing, and smell so that data received by the senses is integrated, analyzed and synthesized in a consistent and accurate manner. The student is expected to possess the ability to perceive pain, pressure, temperature, position, vibration, and movement in order to effectively evaluate patients. A student must be able to respond promptly to urgent situations.

OBSERVATIONAL ABILTY

The student must have the ability to make accurate visual observations and interpret them in the context of clinical/laboratory activities and patient care experiences. The student must be able to document these observations accurately.

COMMUNICATION ABILITY

The student must communicate effectively verbally and non-verbally to obtain information and explain that information to others. Each student must have the ability to read, write, comprehend and speak the English language to facilitate communication with patients, family members, and other members of the healthcare team. The student must be able to document and maintain accurate records, present information in a professional manner and provide patient instruction to effectively care for patients and their families.

MOTOR ABILITY

The student must be able to perform gross and fine motor movements with sufficient coordination needed to provide complete physical assessments and provide safe effective care for patients. The student is expected to have psychomotor skills necessary to perform or assist with procedures, treatments, administration of medications, and emergency interventions including CPR if necessary. The student must have sufficient levels of neuromuscular control and eye-to-hand coordination as well as possess the physical and mental stamina to meet the demands associated with extended periods of sitting, standing, moving, and physical exertion required for safe patient care. Students must be able to bend, squat, reach, kneel or balance. Clinical settings may require that students have the ability to carry and lift loads from the floor, from 12 inches from the floor, to shoulder height and overhead. The student must be able to occasionally lift 50 pounds, frequently lift 25 pounds, and constantly lift 10 pounds. The student is expected to be able to maintain consciousness and equilibrium and have the physical strength and stamina to perform satisfactorily in clinical settings.
Intellectual –Conceptual Ability

The student must have the ability to develop problem-solving skills essential to professional nursing practice. Problem solving skills include the ability to measure, calculate reason, analyze, and synthesize objective and subjective data, and to make decisions, in a timely manner that reflect thoughtful deliberation and sound clinical judgment. The student must demonstrate application of these skills and possess the ability to incorporate new information from peers, instructors, and the nursing and healthcare literature to formulate sound judgment to establish care plans and priorities in patient care activities.

Behavioral and Social Attributes

The student is expected to have the emotional stability required to exercise sound judgment, and complete assessment and intervention activities. Compassion, integrity, motivation, and concern for others are personal attributes required of those in the nursing program. The student must fully utilize intellectual capacities that facilitate prompt completion of all responsibilities in the classroom and clinical settings; the development of mature, sensitive, and effective relationships with patients and other members of the healthcare team. The ability to establish rapport and maintain interpersonal relationships with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds is critical for practice as a nurse. Each student must be able to adapt to changing environments; display flexibility; accept and integrate constructive criticism given in the classroom and clinical settings; and effectively collaborate in the clinical setting with other members of the healthcare team.

Ability to Manage Stressful Situations

The student must be able to adapt to and function effectively in relation to stressful situations encountered in both the classroom and clinical settings, including emergency situations. Students will encounter multiple stressors while in the nursing program. These stressors may be (but are not limited to) personal, patient care/family, faculty/peer, and or program related.

Background Check/Drug Screening

Clinical facilities require that Nebraska Methodist College perform drug testing and background checks on all students before they are allowed to participate in clinical experiences. Therefore, students will be required to have a background check performed and submit to drug screening before being allowed into clinical practice.

Effective 8/06

Reviewed 8/08, 7/09, 8/10, 7/11, 7/12, 7/13,

Revised 8/07, 7/14
Curriculum Structure

The following plan represents one progression option for full-time never-before-nurses. A student must earn a minimum of **126** semester credit hours to be eligible for the Bachelor of Science in Nursing. Actual course availability in any given semester/session is dependent upon College practices. Note: Before matriculation: math assessment will occur. Completion of modules will be required if not successful in the assessments.

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**TOTAL HOURS** 16   **TOTAL HOURS** 17
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**TOTAL HOURS** 15  **TOTAL HOURS** 12

Refer to pre/co-requisite requirements  * May take COM 252 (1) credit if applicable; ** Change Fall 2012

Revised 03/06, 8/07, 8/08, 1/09, 7/12

Reviewed 8/06, 8/10, 7/11 , 7/13, 7/14
BACHELOR OF SCIENCE DEGREE—TRADITIONAL BSN
(For students matriculating Fall 2011)

Curriculum Structure

The following plan represents one progression option for full-time never-before-nurses. A student must earn a minimum of 126** semester credit hours to be eligible for the Bachelor of Science in Nursing. Actual course availability in any given semester/session is dependent upon College practices. Note: Before matriculation: math assessment will occur. Completion of modules will be required if not successful in the assessments.

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**total hours** 16 **total hours** 17
### SOPHOMORE YEAR 2nd Year

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**TOTAL HOURS** 17 **TOTAL HOURS** 15

### JUNIOR YEAR 3rd Year

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**SENIOR YEAR 4th Year**

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* May take COM 252 (1) credit if applicable; ** Change Fall 2012

Revised 03/06, 8/07, 8/08, 1/09, 7/12

Reviewed 8/06, 8/10, 7/11, 7/13, 7/14

Refer to pre/co-requisite requirement
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**TOTAL HOURS 17**

**TOTAL HOURS 17**
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<tr>
<td>NRS 202</td>
<td>Health Assessment across the lifespan</td>
<td>3</td>
<td>SCI 240</td>
<td>Principles of Nutrition</td>
<td>3</td>
</tr>
<tr>
<td>SSC 215</td>
<td>Lifespan Psychology</td>
<td>3</td>
<td>NRS 245</td>
<td>Public Health Science I</td>
<td>1</td>
</tr>
<tr>
<td>SCI 230</td>
<td>Pharmacology I**</td>
<td>1</td>
<td>SSC 235</td>
<td>Sociology of Culture</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL HOURS 17**

## JUNIOR YEAR 3rd Year

<table>
<thead>
<tr>
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<th>Credit Hours</th>
<th>No.</th>
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<th>Credit Hours</th>
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<tbody>
<tr>
<td>NRS 340</td>
<td>Comm-Based Care Across Life Span</td>
<td>9</td>
<td>NRS 350</td>
<td>Advanced Concepts</td>
<td>9</td>
</tr>
<tr>
<td>SSC 360</td>
<td>Introduction to Statistics</td>
<td>3</td>
<td>SSC 370</td>
<td>Principles of Research</td>
<td>3</td>
</tr>
<tr>
<td>NRS___</td>
<td>Non-Clinical Elective</td>
<td>2</td>
<td>HUM 210</td>
<td>Introduction to Ethics</td>
<td>3</td>
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</table>

**TOTAL HOURS 15**
<table>
<thead>
<tr>
<th></th>
<th>Healthcare / Leadership</th>
<th>3</th>
<th>NRS 345</th>
<th>Public Health Science II</th>
<th>2</th>
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</table>

**TOTAL HOURS** 17  **TOTAL HOURS** 17

### SENIOR YEAR 4th Year

<table>
<thead>
<tr>
<th>No.</th>
<th>First Semester</th>
<th>Credit Hours</th>
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<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>NRS 445</td>
<td>Nursing the Global Society</td>
<td>3</td>
<td>NRS 462**</td>
<td>Community-Based Care: Complexity of Aging</td>
<td>3</td>
</tr>
<tr>
<td>NRS 450</td>
<td>Community-Based Care: Complex</td>
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<td>NRS 470</td>
<td>Senior Synthesis</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Concepts Across the Life Span</td>
<td></td>
<td>NRS 470P</td>
<td>Senior Preceptor Practicum</td>
<td>2</td>
</tr>
<tr>
<td>HUM 2--</td>
<td>World of Ideas: ------</td>
<td>3</td>
<td>HUM 2--</td>
<td>World of Ideas: ------</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SSC 465</td>
<td>Capstone: Educated Citizen</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL HOURS** 15  **TOTAL HOURS** 12

Revised 03/06, 8/07, 8/08, 1/09, 7/12, 5/14

Reviewed 8/06, 8/10, 7/11, 7/13, 7/14

Refer to pre/co-requisite requirement

* May take COM 252 (1) credit if applicable;
BACHELOR OF SCIENCE DEGREE—TRADITIONAL BSN 5-YR PLAN
(For students matriculating Fall 2014)

Curriculum Structure

The following plan represents one progression option for full-time never-before-nurses. A student must earn a minimum of **127** semester credit hours to be eligible for the Bachelor of Science in Nursing. Actual course availability in any given semester/session is dependent upon College practices.

Note: Before matriculation: math assessment will occur. Completion of modules will be required if not successful in the assessments.

### YEAR ONE: 25 CREDIT HOURS

<table>
<thead>
<tr>
<th>No.</th>
<th>First Semester</th>
<th>Credit Hours</th>
<th>No.</th>
<th>Second Semester</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>COM 101</td>
<td>Eng Comp</td>
<td>3</td>
<td>SSC 215</td>
<td>Lifespan Psych</td>
<td>3</td>
</tr>
<tr>
<td>SSC 101</td>
<td>Intro to Psych</td>
<td>3</td>
<td>COM 230/245</td>
<td>Language / Culture*</td>
<td>3</td>
</tr>
<tr>
<td>SCI 103</td>
<td>College Chemistry</td>
<td>3</td>
<td>SCI 225</td>
<td>A&amp;P I</td>
<td>4</td>
</tr>
<tr>
<td>HUM 150</td>
<td>World of Ideas: Critical Reasoning</td>
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<td>HUM 2-- _</td>
<td>World of Ideas:------</td>
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<td>SCI 116</td>
<td>Medical Terminology</td>
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| Total Hours | 13 | Total Hours | 13 |
### YEAR TWO: 26 CREDIT HOURS

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<th>Credit Hours</th>
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<tbody>
<tr>
<td>SCI 280</td>
<td>Micro I</td>
<td>3</td>
<td>NRS 100</td>
<td>Intro to Comm.</td>
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<td>HUM 2-</td>
<td>World of Ideas: ---</td>
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<td>HUM 2--</td>
<td>World of Ideas: ------</td>
<td>3</td>
</tr>
<tr>
<td>SCI 226</td>
<td>A&amp;P II</td>
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<td>SCI 315</td>
<td>Pathophysiology</td>
<td>3</td>
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<tr>
<td>SSC 235</td>
<td>Sociology of Culture</td>
<td>3</td>
<td>HUM 210</td>
<td>Intro to Ethics</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td><strong>Total Hours</strong></td>
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### YEAR THREE: 26 CREDIT HOURS

<table>
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<th>Credit Hours</th>
<th>No.</th>
<th>Second Semester</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>SCI 240</td>
<td>Nutrition</td>
<td>3</td>
<td>NRS 240</td>
<td>CB Care- Families</td>
<td>6</td>
</tr>
<tr>
<td>NRS 202</td>
<td>Health Assessment</td>
<td>3</td>
<td>SSC 360</td>
<td>Intro to Stats</td>
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<tr>
<td>NRS 220</td>
<td>Comm-Based Care - Adults</td>
<td>7</td>
<td>SCI 235**</td>
<td>Pharmacology II</td>
<td>2</td>
</tr>
<tr>
<td>SCI 230</td>
<td>Pharmacology I**</td>
<td>1</td>
<td>NRS 245</td>
<td>Public Hlth I</td>
<td>1</td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Total Hours</strong></td>
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<td></td>
<td><strong>Total Hours</strong></td>
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</table>
**YEAR FOUR: 26 CREDIT HOURS**

<table>
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<th>No.</th>
<th>Second Semester</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>NRS</td>
<td>Adv Concepts</td>
<td>9</td>
</tr>
<tr>
<td>NRS 350</td>
<td>Comm-Based Care Across the Life Span</td>
<td>9</td>
<td>SSC 370</td>
<td>Intro to Research</td>
<td>3</td>
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<tr>
<td>COM 320</td>
<td>Healthcare Col</td>
<td>3</td>
<td>NRS 345</td>
<td>Public Hlth II</td>
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</table>

**Total Hours**  
12  
14

**YEAR FIVE: 23 CREDIT HOURS**

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>NRS 445</td>
<td>Nsg Global Soc</td>
<td>3</td>
<td>NRS 462**</td>
<td>Comm. Based Care: Complexity of Aging</td>
<td>3</td>
</tr>
<tr>
<td>NRS 450</td>
<td>Comm-Based</td>
<td>9</td>
<td>NRS 470</td>
<td>Senior Synthesis</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NRS 470P</td>
<td>Senior Preceptor</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SSC 465</td>
<td>Capstone: The Educated Citizen</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NRS 3--</td>
<td>Non Clin Elective</td>
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</tbody>
</table>

**Total Hours**  
12  
11

*Eff. 8/09 Reviewed 8/10, 7/11, 7/13, 7/14*
Refer to pre/co-requisite requirements

* May take COM 252 (1) credit if applicable

**BACHELOR OF SCIENCE DEGREE—ACCELERATED BSN**

Curriculum Structure (ACE)

The following plan represents one progression option for full-time never-before-nurses. A student must earn a minimum of 71* semester credit hours plus transfer credits to be eligible for the Accelerated Bachelor of Science in Nursing. Actual course availability in any given semester is dependent upon College practices. Note: Before matriculation: The ATI TEAS math and A & P assessments will occur. Completion of math modules and/or A&P one day class will be required if not successful in these assessments.

### SPRING SEMESTER

<table>
<thead>
<tr>
<th>No.</th>
<th>First Session</th>
<th>Credit Hours</th>
<th>No.</th>
<th>Second Session</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>NRS 100A</td>
<td>Introduction to CB Nursing</td>
<td>4</td>
<td>NRS 220A</td>
<td>Comm-Based Care w/ Adults</td>
<td>7</td>
</tr>
<tr>
<td>NRS 202A</td>
<td>Health Assessment across the life span</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCI 315A</td>
<td>Pathophysiology</td>
<td>3</td>
<td>SCI 265A</td>
<td>Pharmacology</td>
<td>3</td>
</tr>
</tbody>
</table>

SC315A, SC265A, & NS202 will run the entire semester

| Total Hours | 10 | Total Hours | 10 |
### SUMMER SEMESTER

<table>
<thead>
<tr>
<th>No.</th>
<th>First Session</th>
<th>Credit Hours</th>
<th>No.</th>
<th>Second Session</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 240A</td>
<td>Comm-Based Care w/Families</td>
<td>6</td>
<td>NRS 340A</td>
<td>Comm-Based Care Across LS</td>
<td>9</td>
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<tr>
<td>NRS 245A</td>
<td>Public Health Science I</td>
<td>1</td>
<td>NRS 345A</td>
<td>Public Health Science II</td>
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**Total Hours** 7 11

### FALL SEMESTER

<table>
<thead>
<tr>
<th>No.</th>
<th>First Session</th>
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<th>No.</th>
<th>Second Session</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>NRS 350A</td>
<td>Adv. CB Nsg Comm./Mental Health</td>
<td>9</td>
<td>NRS450A</td>
<td>Comm-Based Care Complex</td>
<td>9</td>
</tr>
<tr>
<td>COM 230A or COM252*</td>
<td>Language &amp; Culture in Healthcare</td>
<td>3/1</td>
<td>NRS 446A</td>
<td>Collab Nsg Leadership/Global SocietyStarting 2013 will run entire semester</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Hours** 12/10 12
### SPRING SEMESTER

<table>
<thead>
<tr>
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<th>Credit Hours</th>
<th>No.</th>
<th>Second Session</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>NRS 462A</td>
<td>Comm-Based Complexity of Aging</td>
<td>3</td>
<td>NRS 470A</td>
<td>Preceptorship</td>
<td>1</td>
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<tr>
<td>NRS__A</td>
<td>Non-Clinical Elective</td>
<td>2</td>
<td>NRS470P (A)</td>
<td>Senior Preceptor Practicum</td>
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</tr>
<tr>
<td>SSC 465A</td>
<td>Capstone (entire semester)</td>
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</table>

**Total Hours**  
8  
3

*May take COM 252 (1) credit if applicable*

---

**BACHELOR OF SCIENCE DEGREE—RN TO BSN**  
(For students matriculating Fall 2014)

---

**Curriculum Structure**

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Semester 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>COM 101</td>
<td>English Composition (3 credits)</td>
</tr>
<tr>
<td>HUM 150</td>
<td>W of I: Critical Reas &amp; Reas (3 credits)</td>
</tr>
<tr>
<td>NRS 430</td>
<td>RN Professional Seminar (3 credits)</td>
</tr>
<tr>
<td>Course No.</td>
<td>Semester 2</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>NRS 402</td>
<td>Health Assessment for RNs (3 credits)</td>
</tr>
<tr>
<td>HUM 220/255/270*</td>
<td>W of I: Arts, history, Hum Con (3 credits)</td>
</tr>
<tr>
<td>SSC 101**</td>
<td>Intro to Psych (3 credits)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Semester 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSC 215**</td>
<td>Life- Span Psychology (3 credits)</td>
</tr>
<tr>
<td>HUM 210**</td>
<td>Introduction to Ethics (3 credits)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Semester 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSC 360***</td>
<td>Introduction to statistics (3 credits)</td>
</tr>
<tr>
<td>SSC 370**</td>
<td>Principles of Research (3 credits)</td>
</tr>
<tr>
<td>NRS 446</td>
<td>Coll Nurs Leadership (3 credits)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Semester 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCI 315**</td>
<td>Patho (3 credits)</td>
</tr>
<tr>
<td>SSC 235**</td>
<td>Sociology Culture (3 credits)</td>
</tr>
<tr>
<td>HUM 220/255/270*</td>
<td>W of I: Arts, history, Hum Con (3 credits)</td>
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<table>
<thead>
<tr>
<th>Course No.</th>
<th>Semester 6</th>
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<tbody>
<tr>
<td>NRS 476</td>
<td>Community Health (3 credits)</td>
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<tr>
<td>Course No.</td>
<td>Semester 7</td>
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<tr>
<td>-----------</td>
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</tr>
<tr>
<td>HUM 220/255/270*</td>
<td>W of I: Arts, history, Hum Con (3 credits)</td>
</tr>
<tr>
<td>COM 230/252**</td>
<td>Language and Culture (3 credits)</td>
</tr>
<tr>
<td>NRS 480</td>
<td>Complexity in Nursing (3 credits)</td>
</tr>
<tr>
<td>SSC 465</td>
<td>Capstone: The Educated Citizen (3 credits)</td>
</tr>
</tbody>
</table>

**Key**

* can be taken any semester—no order of classes

** can be taken earlier but not later

*** statistics should be a pre-requisite or co-requisite to research

Critical reasoning and rhetoric and English need to be the first courses.

* Nine credits of Humanities: World of Ideas must include at least 2 out of the 3 areas: The Arts, Historical Perspectives, Human Connection

**Maximum credit awarded for HU 150 is 2 credit hours; students who transfer in this credit must enroll in HUM 152 for 1 credit.**

***Maximum transfer credit awarded for CM230/245 is 2 credit hours; students who transfer in this credit must enroll in COM 252 for 1 credit.**

*Effective 7/11 Revised 10/12, Reviewed 7/12, 7/13, 7/14*
RN TO BSN AND RN TO MSN BRIDGE ATTESTATION POLICY

Purpose

To ensure that RN to BSN and RN to MSN Bridge students have completed a health screening or have documented health status during their time in the RN to BSN and RN to MSN Bridge Programs.

Policy

In order to have compliance in the clinical/practicum courses, all RN to BSN and RN to MSN Bridge students must sign the electronic attestation form on admission to the program and each January.

Procedure

1. Students will be provided a link to complete and submit the attestation form.

2. Students who do not complete and submit the attestation form will be placed on hold for the next semester.
Attestation Form

I attest that I have completed a health screening or have documented health status of the following:

1. Tuberculin skin test within the past 12 months; documentation as a previous positive reactor, any treatment received, or a chest x-ray within the past 12 months.

2. Proof of Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR.

3. Varicella immunity by positive history of chickenpox, proof of 2 Varicella immunizations, or positive antibody titer.

4. Proof of Hepatitis B immunization or completion of a certificate of declination of vaccine.

5. Proof of Tdap immunization or a certificate of declination of vaccine.

6. Proof of Influenza vaccine or completion of certificate of declination of vaccine.

7. Negative drug screen

If any changes occur during the program, I agree to contact the Program Director immediately. This information and documentation is needed for you to complete any clinical or practicum component of the program

* Required

I acknowledge and agree that my electronic submission of this form to Nebraska Methodist College (NMC) is my acknowledgement that this form is true and accurate, and NMC can rely on the form as if my handwritten signature was affixed to the form, and this electronic attestation serves as my electronic signature. *

Please type your full name here.

Effective 12/13

Reviewed 7/14
Curriculum Structure

The following is the progression plan for full-time LPN nurses to the BSN program. A student must earn a minimum of 121 semester credit hours to be eligible for the Bachelor of Science in Nursing. Actual course availability in any given semester/session is dependent upon College practices.

<table>
<thead>
<tr>
<th>PHASE ONE</th>
<th>Course No.</th>
<th>Course Name</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td></td>
<td>COM 101</td>
<td>English Composition</td>
<td>3</td>
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<td></td>
<td>SCI 103</td>
<td>College Chemistry</td>
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</tr>
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<td></td>
<td>SCI 225</td>
<td>Human Anatomy and Physiology I</td>
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<td></td>
<td>SCI 226</td>
<td>Human Anatomy and Physiology II</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>SSC 101</td>
<td>Introduction to Psychology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>SCI 280</td>
<td>Microbiology</td>
<td>3</td>
</tr>
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<td></td>
<td>COM 230/245*</td>
<td>Language and Culture in Healthcare</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HUM 150</td>
<td>World of Ideas: Critical Reasoning and Rhetoric (1 credit for HU152)</td>
<td>1-3</td>
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<td>HUM 220</td>
<td>World of Ideas: The Arts</td>
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<td>NRS 176</td>
<td>LPN Bridge Course</td>
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<p>| TOTAL HOURS IN PHASE ONE | 28-30 |</p>
<table>
<thead>
<tr>
<th>Course No.</th>
<th>Semester One</th>
<th>Credit Hours</th>
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<tbody>
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<td>Life-Span Psychology</td>
<td>3</td>
</tr>
<tr>
<td>NRS 220</td>
<td>Community-Based Care with Adults</td>
<td>7</td>
</tr>
<tr>
<td>NRS 202</td>
<td>Health Assessment Across the Life-Span</td>
<td>3</td>
</tr>
<tr>
<td>SCI 230</td>
<td>Pharmacology I</td>
<td>1</td>
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<tr>
<td>SCI 315</td>
<td>Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL HOURS</strong></td>
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<table>
<thead>
<tr>
<th>Course No.</th>
<th>Semester Two</th>
<th>Credit Hours</th>
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<td>SCI 240</td>
<td>Principles and Concepts of Nutrition</td>
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<td>Sociology of Culture</td>
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<td>NRS 450</td>
<td>Community-based Care: Complex Concepts Across the Life-span</td>
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**TOTAL HOURS IN PHASE TWO** 93

Reviewed 8/06, 8/07, 7/09, 7/11, 7/12, 7/13 Revised 05/06, 8/08, 8/10, 7/12, 2/13*, 7/14

*May take COM 252 (1) credit if applicable

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**ADMINISTRATION OF CONTROLLED SUBSTANCES POLICY**

**Purpose**

To identify the nursing student’s responsibility in administration of controlled substances.

**Policy**

Student nurses may administer controlled substances utilizing the following specified criteria.

**Procedure**

1. Students will abide by the policy of the clinical agency and individual state regulatory boards.
2. An RN or faculty member must check and when indicated, co-sign all controlled substances administered by students.
3. Partial doses and wasted or refused narcotics must be disposed of properly and witnessed by the student and co-signing RN or faculty member.

Reviewed 3/94, 2/95, 8/96, 8/99, 4/01, 1/03, 1/05, 8/06, 8/07, 8/08, 12/08, 7/09, 8/10, 7/11, 7/12, 7/13, 7/14
CLINICAL PERFORMANCE CRITERIA POLICY

Purpose

To ensure that satisfactory clinical performance is evaluated throughout the nursing program and that nursing students maintain sufficient clinical practice hours for licensure.

Policy

Clinical course outcomes and guidelines will be used to evaluate clinical performance in all clinical courses. These established outcomes must be achieved at a satisfactory level by the completion of the clinical experience or the student will receive a grade of unsatisfactory and must repeat the entire course (theoretical and clinical components). Students who miss clinical/laboratory experiences will be required to make up clinical/lab time. Excessive clinical/laboratory absences can result in an incomplete or failure of the course.

Procedure

Competency in the following clinical performance measures is evaluated in each clinical course as well as at the end of the program. Clinical performance is graded Satisfactory, Unsatisfactory or Incomplete. Students receiving Unsatisfactory will be required to retake the entire course (theoretical and clinical components).

Students will:

1. meet stated outcomes and guidelines of assigned clinical course.
2. demonstrate satisfactory preparation for client care according to course outcomes and guidelines. If students come to clinical unprepared, they will be dismissed from the scheduled clinical experience resulting in an unexcused absence.
3. correlate theoretical concepts and scientific principles with clinical practice.
4. deliver client care according to course outcomes and guidelines.
5. complete assignments within specified time as designated in course syllabi.
6. provide safe client care within the standards of legal, ethical, and professional practice according to course outcomes and guidelines. Five rights need to be observed by all students doing medication administration.
7. be removed from clinical for any behavior deemed unsafe which may result in failure of the course.
8. be on time and ready to begin clinical. Any student who is late can be placed on a clinical performance plan, or dismissed from the scheduled clinical experience resulting in an unexcused absence.

9. notify clinical/laboratory faculty of an absence before the scheduled clinical experience begins. A no call, no show is an unexcused absence.

10. In the BSN program (ACE and Traditional):

   - attendance at a clinical orientation is required.
   - students who do not attend clinical orientation can be academically withdrawn from the course by the Director of the Undergraduate Nursing Programs.
   - one unexcused absence automatically results in a clinical performance plan.
   - a second unexcused absence will result in failure of the course.
   - absence for more than two clinical/lab experiences, may result in an incomplete in or failure of the course.
   - clinical/pre-clinical/lab will be made up according to specific guidelines set up by the course faculty and based on the expectations of the clinical agencies.

   In the ACE program:

   - one unexcused absence may result in failure of the course due to the accelerated curriculum design.

Reviewed 3/94, 2/95, 8/96, 8/99, 4/01, 1/03, 1/05, 8/06, 8/07, 8/08, 12/08, 8/10, 7/11, 7/12, 7/13, 7/14

Revised 5/00, 8/04, 12/05, 12/07, 7/09

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**CLINICAL SKILLS COMPETENCY POLICY**

**Purpose**

To facilitate preparation and successful competency in nursing skills.

**Policy**

All undergraduate students in the Department of Nursing will be required to demonstrate satisfactory skills competency in identified skills throughout the program.
Procedures

**NRS 340, 350, and 450**

1. Students enrolled in NRS 340, 350, and 450 must demonstrate proficiency with the following skills by midterm of the semester: Foley catheter insertion, medication reconstitution with intramuscular injection and mixing insulins in a single syringe with subcutaneous injection, open tracheal suctioning, nasogastric tube insertion and gastric tube feeding administration.

   a) Students are required to sign up for a demonstration time. A student who does not sign up, signs up but is not present for the demonstration, or does not cancel/notify prior to 24 hours before the demonstration time, will receive a clinical absence and be required to take part in a full day clinical make-up.

2. A student who does not demonstrate proficiency during the skills competencies will receive a U (Unsatisfactory) on their weekly clinical evaluation form and must return to perform a repeat demonstration of the skill/skills during the repeat demonstration day. Prior to the repeat demonstration, the student is required to attend an open lab time in the Nursing Arts Center to practice the skill/skills. A student who is consistently unable to competently demonstrate the required skills by midterm will receive a U on Course Outcome V (*Evaluate skills and ongoing assessment into the process of planning, intervening, and evaluating the delivery of professional nursing care*...[refer to complete outcome]) and will continue to demonstrate the skill/skills until proficiency is obtained. Consistent U’s may result in a course failure or a clinical point (refer to Unsatisfactory/Unsafe Clinical Practice Policy Department of Nursing Student Handbook).

**NRS 462**

1. Students enrolled in NRS 462 must demonstrate proficiency with the following skills by the end of the course: Foley catheter insertion, medication reconstitution with IM injection, mixing insulins in a single syringe with subcutaneous injection, open tracheal suctioning, NG tube insertion, g-tube feeding administration, oxygen administration via a nasal cannula, assessment of heart and lung sounds, peripheral intravenous catheter insertion, and intravenous push medication administration.

2. A student who does not demonstrate proficiency during the NRS 462 skills competencies will receive a U on their weekly clinical evaluation form and must return to perform a repeat demonstration of the skill/skills during the repeat demonstration day. A student who is consistently unable to competently demonstrate the required skills by the end of the semester will receive a U on Course Outcome V (see above) and will continue to demonstrate the skill/skills until proficiency is obtained. Consistent U’s may result in a course failure, a clinical point, and/or advancement into NRS 470 may be delayed.

*Effective 02/13 (Replaces Skills Competency Testing Policy)*

*Revised 1/06, 8/06, 12/07, 7/09*
CO-ASSIGNMENT POLICY

Purpose

To facilitate continuity and consistency of client care when co-assignment is indicated.

Policy

In agencies requiring co-assignment, non-RN student nurses will be co-assigned with a registered nurse or designated person.

It is the responsibility of the faculty member and students to communicate with the co-assigned nurse/designated person on an ongoing basis which aspects of care will be provided by the student as determined by the course objectives. Based on this communication, the student nurse, faculty member and the co-assigned registered nurse/designated person share the responsibility for assuring that all aspects of client care are provided.

The faculty member is responsible for the provision of supervision of learning experiences for the students.

Agency personnel are ultimately responsible for all client care that is given.

Procedure

1. Students will confer with the co-assigned RN or designated person regarding specific student responsibilities in the setting.

2. Student will inform the co-assigned RN or designated person of any activities that lie outside the scope of the course outcomes.

3. Students will be responsible for keeping the co-assigned RN/designated person and faculty member informed of changes in client condition.

4. At the end of each clinical experience, students will give a comprehensive report according to course and agency guidelines.
CONFIDENTIALITY POLICY

Purpose
To ensure student preparation in the vital nature of confidentiality before clinical practicum experiences and to comply with clinical agency requirements.

Policy
The student must obtain and maintain verification of ongoing confidentiality education.

Procedure
1. Preparation in confidentiality/HIPAA guidelines must be reviewed in nursing courses and through clinical sites.
2. Successful instruction on compliance with confidentiality/HIPAA guidelines must be received with the first clinical nursing experience and annually updated.
3. Students who have not successfully completed the training on confidentiality cannot be admitted to the clinical setting.
4. Faculty will document student confidentiality education in clinical courses.

Effective 1/06

Reviewed 8/06, 8/07, 8/08, 12/08, 7/09, 8/10, 7/11, 7/12, 7/13, 7/14
DEPARTMENT OF NURSING AND CLINICAL AGENCY REQUIREMENTS TO ATTEND CLINICAL POLICY

Purpose

To ensure Nebraska Methodist College students are in compliance with college and clinical agency requirements prior to beginning clinical and throughout the semester. This mitigates their risk of contracting communicable and blood borne illnesses and the risk to other students, clients, and the NMC community.

Policy

The student must comply with college and clinical agency requirements, Basic Life Support (BLS) and health requirements. Failure to do so prior to the first day of clinical will result in ineligibility to attend clinical. These same requirements must be maintained throughout the semester. Failure to do so prior to expiration or deadline will result in ineligibility to attend clinical.

Procedure

The following procedures will be used:

1. Complete all college and clinical agency specific requirements.
   
   a) Computer Based Training
   
   b) Background check and other required security measures
   
   c) Clinical skills competency

2. Complete BLS (full or renewal) course as needed.

   a) BLS preparation must be obtained through the American Heart Association (Healthcare Provider Course) or Red Cross (CPR/AED for the Professional Rescuer).

   b) Official current BLS cards must be presented by the student to Student Developmental Services.

3. Complete health requirements as determined by the college and clinical agency.

   a) Must be current on all required immunizations and documentation must be presented by the student to Student Developmental Services.

   b) TB (TST) screening must be completed annually and documentation must be presented by the student to Student Developmental Services. A complete TST is one which has been placed and read 48-72 hours after placement. Students will be allowed 1 year plus 7 days from their previous TST to complete the annual
requirement. If more than 1 year and 7 days has elapsed from the previous test, the student will not be allowed to attend clinical until the TST is placed and read.

c) Obtain an influenza vaccination annually or sign a waiver by date determined by the college or clinical agency. Documentation must be presented by the student to Student Developmental Services.

d) Drug screen completed as required by college and clinical agency.

Reviewed 3/94, 2/95, 8/96, 8/99, 4/01, 1/03, 1/05, 8/06, 8/07, 8/08, 12/08, 7/09, 8/10, 7/11, 7/12, 7/13

Revised 8/97, 5/00, 8/04, 12/0, 10/12, 5/14

ELECTRONIC COMMUNICATION POLICY

Purpose

To facilitate knowledge regarding appropriate means of communication through electronic devices.

Policy

All students are required to utilize the Nebraska Methodist College e-mail system for electronic communication with College/Program faculty and personnel.

Procedure

1. Students are responsible for content of their email communication. Inappropriate material or material sent in bad taste may be subject to disciplinary action as deemed by the Program Director. This includes any disrespectful or denigrating comments about another person.

2. Electronic Communication Etiquette: Students are to use appropriate and professional etiquette when communicating with College faculty or personnel, or any representative of the Program including clinical instructors. This includes, but is not limited to:

   • Appropriate salutation or greeting by name (i.e., Hello, Dr. Smith, Hi Jane, etc.)
   • Full sentences with appropriate grammar (no text message, shortcuts, or jargon)
   • Closure (i.e., Thanks, Mary; Regards, Tom)

Effective 12/12

Reviewed 7/13, 7/14
FAILURE OF TWO BSN NURSING COURSES POLICY

Purpose

To halt the progression of students who are not demonstrating satisfactory academic performance necessary for completion of the BSN nursing program.

Policy

Any student who fails a second BSN nursing course while at NMC will be dismissed from the program.

Procedure

1. Students who have failed a second BSN course will be automatically dismissed from the program.

2. If a student feels that extenuating circumstances contributed to the second failure, the student can appeal the dismissal.

3. A student should submit a letter of appeal to the Dean, specifically outlining the extenuating circumstances within 14 days from the date of dismissal. This letter should include supporting evidence and a detailed plan for future academic improvement.

4. A Department of Nursing Review Board will be convened and make a recommendation on the appeal, to the Dean, based on the student’s circumstances and academic record.

5. The decision on the appeal given by the Dean is final. Should the student be allowed to continue in and/or be readmitted to the BSN program, a developmental plan will be completed and incorporate the student’s plan for success. A subsequent failure of a nursing course will result in permanent dismissal.

Effective 1/06

Reviewed 8/07, 8/08, 12/08, 7/09, 8/10, 7/11, 7/13, 7/14

Revised 8/06, 8/09, 12/09, 7/12

GRADING NURSING COURSES POLICY

Purpose

To clarify the grading policies of undergraduate nursing courses.
Policy

Students must have a minimum of 75% average on all examinations to successfully complete a course. Theoretical and clinical/laboratory components of nursing courses shall be taken concurrently. Failure in any component will necessitate repeating the entire course.

Procedure

1. Students will register for the theory and clinical components of a nursing course concurrently.

2. Theoretical component will indicate actual classroom hours, and only these credit hours will be computed into the grade point average.

3. Students must achieve a minimum of 75% exam average to successfully complete the course.

4. Prior to final course grade computation, examinations will be averaged separately to determine if the 75% has been met or exceeded.

5. Test grade averages equal to or greater than 60% and less than 75% will result in a “D” in the course. Test grade averages less than 60% will result in an “F” in the course.

6. If test grade average is greater than or equal to 75%, the final theory grade is computed incorporating all graded class assignments.

7. A grade of less than “C” in the theory component of any nursing course and/or an unsatisfactory in the clinical/lab component necessitates repeating the entire course.

8. Test scores and final grades will not be rounded.

Reviewed 3/94, 2/95, 8/99, 1/03, 8/04, 1/05, 12/05, 8/06, 8/07, 8/08, 7/09, 8/10, 7/11, 7/12, 7/13, 7/14

Revised 5/96 4/01, 12/01, 12/12

Effective 8/01
MEDICATION ADMINISTRATION AND MATH CALCULATION PROFICIENCY POLICY

Purpose

To assess non-RN nursing students’ medication administration and/or math calculation proficiency appropriate to nursing course requirements.

Policy

Medication administration and/or math calculation proficiency will be tested throughout the curriculum to ensure delivery of safe client care.

Procedure

1. NRS100 students will have medication administration and/or math calculation content incorporated into the course theory. These students will have medication administration and/or math calculation items incorporated into unit examinations. Students will apply medication administration/math calculation in clinical on a regular basis. If problems are identified remediation will be required.

2. All other non-RN students will be tested on medication administration and/or math calculation at the beginning of each clinical nursing course. Students taking NRS 462 and NRS 470 will be required to take medication administration and/or math calculation testing only in NRS 462.

3. Medication administration and/or math calculation proficiency (90%) must be demonstrated within the first week after a course begins. The medication administration and/or math calculation test may be retaken one time, for a total of two attempts.

4. Students who do not successfully complete medication administration and/or math calculation testing after two attempts, will be required to register for a one-half credit remediation course devoted to medication administration and math calculation, to be taken concurrently with the nursing clinical course. Students that fail the math exam are not allowed to pass medication in clinical until they have successfully passed the remediation course. Each course is responsible for identifying how the students will meet the course objectives. Students may administer medications once medication and math calculation proficiency (90%) is demonstrated at the completion of the remediation course.

5. Students must show all work when taking medication administration and/or math calculation tests. Calculators* can be used for math computation.

*Calculator that can be used is a Sharp EL-2435B or Staples STP466465, available in the NMC Bookstore.

Effective 8/02
NCLEX PREPARATION POLICY (NRS 462 AND NRS 470)

Purpose

To assess students’ level of preparation or readiness for and facilitate successful completion of the NCLEX-RN®.

Policy

All undergraduate non-RN students are required to complete all components of NCLEX preparation in NRS 462 and NRS 470.

Procedure

Students enrolled in NRS 462 will:

1. Achieve a minimum score of 90% on the non-proctored online ATI RN Comprehensive Predictor® practice assessment. The practice assessment report will be presented to the course faculty in order for the student to be eligible to complete the proctored, online RN Comprehensive Predictor® ‘exit’ assessment.

2. Score at or above the 90% Predicted Probability of first-time NCLEX-RN® success on the proctored ATI RN Comprehensive Predictor® ‘exit’ assessment.

   ▪ **First Attempt:**
     
     a) Students who achieve the minimum score (i.e., achieve the 90% Predicted Probability) will earn 50 classroom points.
     
     b) Students who earn between 80-89% Predicted Probability will earn 20 classroom points and will be required to remediate and retest during NRS 462.
     
     c) Students who earn below 80% Predicted Probability will earn 0 (zero) classroom points and will be required to remediate and retest during NRS 462.

   ▪ **Second attempt:**
     
     a) Students who are required to complete a second RN Comprehensive Predictor® and achieve the benchmark: 90% Predicted Probability of first-time NCLEX-RN® success will receive 25 classroom points.
b) Students who are required to complete a second RN Comprehensive Predictor® and earn between 80-89% Predicted Probability will earn 15 classroom points and will be required to remediate and retest during NRS 470.

c) Students who earn below 80% Predicted Probability will earn 0 (zero) classroom points and will be required to remediate and retest during NRS 470.

3. Students who do not achieve 90% Predicted Probability on the RN Comprehensive Predictor® ‘exit’ assessment during NRS 462 will be required to remediate with the ATI Specialist and complete a 3rd RN Comprehensive Predictor® assessment at their own expense during NRS 470.

4. Students who do not achieve 90% Predicted Probability on the 3rd proctored RN Comprehensive Predictor® will receive an Incomplete in NRS 470 and be required to remediate with the ATI Specialist. The Incomplete will be removed upon successful completion of all remediation activities or exercises.

5. Students enrolled in NRS 470 will be required to attend NCLEX PREP Seminars in conjunction with NRS 470. These seminars will focus on:
   - Licensure issues and general NCLEX-RN® exam information,
   - Strategies for successful mental and emotional NCLEX-RN® preparation
   - Understanding and interpreting individual results of the RN Comprehensive Predictor® assessment to identify content areas or topics requiring additional study.

Effective 01/06

Reviewed 7/09, 8/10, 7/12, 7/13, 7/14

Revised 8/06, 8/07, 8/08, 10/08, 12/08, 3/10, 7/11, 11/11

**NURSING CLINICAL DRESS CODE POLICY**

**Purpose**

To maintain professional appearance of nursing student and to assure student and client safety during clinical experiences.

**Policy**

Professional appearance must be maintained during all clinical experiences. Guidelines for professional attire will adhere to the policy of Nebraska Methodist College and to that of the institution in which the clinical experience is held. Failure to adhere to the College and institutional policy for professional attire may result in disciplinary action.
Procedure

1. Students are expected to look professional.

2. Non-licensed BSN students’ clinical uniform in acute and long-term care settings is as follows:
   a) The College uniform will consist of one of the designated tops and plain white or navy blue slacks/scrub pants or skirt. Stretch pants, leggings, or white denim pants are not considered appropriate professional attire. Pants must be hemmed so that the bottoms of the pants do not touch the floor. White shirts may be worn under tops in adherence with agency policy. Waffle-weaved fabric shirts or those that look like long underwear shirts are not allowed. The College arch and patch will be placed on the left sleeve two inches below the shoulder seam. There will be no space between arch and patch. The dove emblem will be positioned on the left collar. If there is no collar, the emblem will be positioned on the left side even with the top button, and midway between the buttons and the inseam. A white scrub jacket is acceptable with appropriate identification during the clinical practicum.
   b) White socks, flesh tone, or solid dark socks, as appropriate. No bare legs. Underwear must not be visible through the uniform.
   c) Shoes must be closed-toe and closed heel, predominantly white leather or washable vinyl only, no mesh. Shoes with laces must have white laces.
   d) Student identification must be worn and clearly visible (student nurse pin is optional). Student identification will consist of the student’s first name.
   e) One of the designated white lab coats with College arch and patch and name tag must be worn during pre-laboratory experiences and at other clinical experiences as specified. The lab coat is to be worn over appropriate street clothes which are limited to slacks and shirt, skirt and blouse, or dress. Blue jeans, shorts, short skirts, open-toe or open heel shoes are not allowed.
   f) When the student is engaged in the preceptor (NS470) experience, the student must wear the student uniform unless specified by the specific unit (i.e. OR scrubs) but the College student identification must be visible.

3. Licensed BSN students’ clinical uniform is as follows unless otherwise designated by course guidelines:
   a) A white lab coat with College arch and patch placed as above and name tag must be worn during clinical experiences.
   b) The lab coat is to be worn over appropriate street clothes which are limited to slacks and shirt, skirt and blouse, or dress. Blue jeans, shorts, short skirts, open-toe or open heel shoes are not allowed.

4. Student uniform for clinical experiences not located in acute or long-term care settings is as follows:
a) Solid navy blue skirt or slacks with white polo or shirt and designated jacket. Solid navy scrub pants may be acceptable in certain clinical agencies as determined by course faculty.

b) Students must wear student identification and school patches at all times.

c) Shoes: solid closed toe, closed heel, black, brown, gray, or blue.

Some clinical/practicum experiences may have alternate dress guidelines. See course syllabi for specific guidelines.

5. Artificial nails are not allowed in clinical areas. Nail polish must conform to the requirements of the clinical agency. Fingernails should be clean, neat, moderate in length and well-maintained. Polish colors should be traditional and should not detract from the attire, uniform or work environment.

6. Hair (including facial hair) should be neatly trimmed, styled and contained to portray a traditional/natural look. Length may be individualized. However, it must be worn in a manner that keeps it from patient contact. No extreme looks will be allowed, i.e., multi-colors; extremes in bleaching, dyeing or tinting; or designs shaved onto the scalp. Any accessories worn in the hair should be minimal and complimentary to the outfit/uniform.

7. Student uniform/clothing with the College insignia will only be worn when in the student role.

8. During clinicals, tattoos (permanent or temporary) must be completely covered and not visible. Visible body piercing, other than traditionally pierced ears, is not considered appropriate from the perspective of our patients and customers, and, therefore, will not be allowed. Except for one stud earring per earlobe, no other body piercing jewelry is permitted. Dangling earrings in patient care areas are not acceptable.

Note: Students must look professional at all times when in student uniform. Professional includes: well-groomed and free of offensive or strong odors; clean, wrinkle-free clothes. Faculty may use their discretion when determining if a student’s appearance is professional, and when counseling a student regarding appearance and/or removing them from clinical.

Reviewed 3/94, 2/96, 5/00, 4/01, 1/05, 12/05, 8/06, 7/09, 8/10, 7/11, 7/12, 7/13

Revised 8/96, 8/97, 5/98, 8/99, 1/03, 8/04, 8/0, 8/07, 8/08, 12/08, 12/10, 7/12, 12/12, 8/14

NURSING STUDENTS INTERACTION WITH MINORS POLICY

Purpose

To identify expectations and requirements regarding interaction of nursing students with Minors except in situations of direct patient care.
Minor is defined as a person under the age of nineteen (19) who is not enrolled or accepted for enrollment at NMC

**Policy**

**Required Training**

In recognition of the imperative of protecting Minors, NMC requires that nursing students working with Minors be trained regarding policies and issues relating to interactions with Minors. This training shall be at least annually before a nursing student begins working with Minors. Training shall be documented, with the nursing student signing a statement indicating his/her understanding and receipt of NMC policies and procedures. This training shall include:

1. *NMC policies* regarding interactions
2. Use of background checks to screen nursing students
3. Responsibility for modeling respectful behaviors
4. Consequences of conduct violations
5. Behavioral signs that Minor victims may exhibit
6. Sexual abuse and sexual harassment
7. Inappropriate behavior
8. Other appropriate topics
9. Reporting requirements and procedures.

**Behavioral Expectations when interacting with Minors**

Nursing students should be positive role models for Minors, and act in a caring, honest, respectful and responsible manner that is consistent with the mission and core values of NMC. Nursing students working in NMC programs covered by this policy must follow these expectations to avoid behaviors that could cause harm or be misinterpreted:

1. Do not be alone with a single Minor except in situations of direct patient care.
2. Do not engage in any sexual activity, make sexual comments, tell sexual jokes, or share sexually explicit material (or assist in any way to provide access to such material) with Minors.
3. One-on-one interactions should occur only when at least two nursing students are present at all times with a Minor. If a one-on-one interaction is required, meet in open, well-illuminated spaces or rooms with windows observable by other nursing students.
4. Do not meet with Minors outside of established times for Program activities. Any exceptions require the written parental authorization and must include more than one Nursing student.
5. Do not invite Minors to your home. Any exceptions, if any, required the written authorization by the Minor’s parent/guardian.

6. Do not engage or allow Minors to engage you in romantic or sexual conversations, or related matters, unless required in the role of counselor or healthcare provider.

7. Do not engage or communicate with Minors through email, text message, social networking websites (e.g., Facebook, Twitter, blogs, etc.), internet chat rooms, or other forms of social media except and unless there is an educational or Programmatic purpose and the content of the communication is consistent with the mission of NMC.

8. Do not touch a Minor in a manner that a reasonable person could interpret as inappropriate. Touching should generally only be in the open and in response to the Minor’s needs, for purpose that is consistent with the Program’s mission and culture, and/or for a clear educational, developmental, or health-related (i.e. treatment of any injury) purpose. Any resistance by the Minor should be respected.

9. Do not engage in any abusive conduct of any kind toward, in the presence of, a Minor, including but not limited to verbal abuse, striking, hitting, punching, spanking, or restraining. If restraint is necessary to protect a Minor or other Minors from harm, all incidents must be documented and disclosed to the coordinator of the Program and the Minor’s parent/guardian.

10. Do not use, possess or be under the influence of alcohol or illegal drugs while on duty or when responsible for a Minor’s welfare.

11. Nursing students must not transport Minors in vehicles.

12. Possession of or use of any type of weapon or explosive device is prohibited.

**Reporting Allegation(s) of Inappropriate Behavior or Abuse of a Minor**

Every member of the NMC community has an obligation to report immediately instances or suspected instances of the abuse of or inappropriate interactions with Minors – “If you see something, say something.” Nebraska law requires any person who has a reasonable cause to believe that a child has been subjected to abuse or neglect or observes such a child being subjected to conditions or circumstances which reasonably would result in child abuse or neglect, report it to the proper law enforcement agency or to the Department of Health and Human Services. Accordingly, if you have reasonable cause to believe that child abuse or neglect has occurred, including sexual assault:

1. You must report it;

2. You should give as much information and details as possible;

3. Reporting Adults are immune from liability, civil or criminal, if the report is made in good faith and not giving maliciously false statements;

4. If you willfully fail to make a report, you will be in violation of Nebraska Statute 28-717.
DHHS has established the following toll-free number to be used by any person at any hours of the day or night, to report child abuse: (800) 652-1999.

Any suspecting member of the NMC community is also required to contact and report the inappropriate behavior and/or abuse to their Program director and/or campus security.

Effective 8/13

Reviewed 7/14

PERFORMANCE PLANS POLICY

Purpose

To establish strategies that will improve student classroom and/or clinical performance.

Policy

Performance Plans will be initiated by faculty at any time the student is at high risk for not successfully meeting course requirements.

Procedure

1. Faculty will meet with the student needing a performance plan for classroom and/or clinical performance.

2. Faculty delineates rationale for initiating a performance plan.

3. The behaviors and outcomes that must occur for the student to be successful will be clearly and specifically written.

4. Referrals to Students Services will be made as appropriate to meet the goals of the performance plan.

5. A copy of the performance plan remains with the course faculty, one is given to the student, and one is given to the student’s advisor.

6. Periodic evaluation of the student's progress will be monitored by the faculty and shared with the student.

7. At the end of the semester, the student will meet with faculty for final course/clinical evaluations to determine if the outcomes have been successfully met. A copy of the completed performance plan will be filed in the student advising folder.
PREPARATION & ADMINISTRATION OF INTRAVENOUS MEDICATION POLICY

Purpose

To specify student responsibility related to intravenous medication.

Policy

Students will follow the policies of the affiliating agencies related to preparation and administration of intravenous medications.

Procedure

1. The administration of all intravenous medications by non-RN students must be under the supervision of a faculty member or qualified registered nurse.

2. Students are not permitted to administer intravenous:
   a) Antineoplastic agent via direct intravenous push.
   b) Conscious sedation by direct intravenous push.
   c) Antiarrhythmic agents, unless the client is connected to cardiac monitor.

PREPARATION & ADMINISTRATION OF INVESTIGATIONAL & EXPERIMENTAL DRUGS POLICY

Purpose

To specify student responsibility related to administration of experimental or Investigational drugs.
Policy/Procedure

Students will **not** prepare or administer investigational or experimental drugs.

Reviewed 3/94, 2/95, 8/96, 8/99, 5/00, 4/01, 1/03, 8/04, 1/05, 12/05, 8/06, 8/07, 8/08, 7/09, 8/10, 7/11, 7/12, 7/13, 7/14

PROGRESSION TESTING IN BSN PROGRAM POLICY

**Purpose**

To facilitate collaborative and individualized long term learning and transfer of knowledge from theory to application and course to course while demonstrating progress toward program outcomes and eventually successful testing on the NCLEX-RN.

**Policy**

All undergraduate non-RN students in the Department of Nursing will be required to complete standardized comprehensive testing throughout the curriculum and score at or above the ATI recommended cut score for Proficiency Level 2.

**Procedure**

1. Beginning in NRS220 and in each subsequent nursing clinical course, students will complete the assigned standardized testing.

2. Students will first complete a non-proctored online practice assessment and achieve at least a 90%. The score sheet of the online practice assessment will be presented to the faculty before the student is eligible to complete a proctored test.

3. Students must score at or above the ATI recommended cut score for Proficiency Level 2 on the designated proctored ATI test. For students scoring below the ATI recommended cut score for Proficiency Level 2, remediation and practice will occur before repeating up to a total of two proctored tests scheduled with the faculty.

4. A total of 50 examination points will be given if Proficiency Level 3 is attained on the first test(s). A total of 45 examination points will be given if the benchmark of Proficiency Level 2 is attained on the first test(s). A total of 20 examination points will be awarded if Proficiency Level 1 is attained on the first test(s). If Proficiency Level below Level 1 is attained on the first test(s), no points will be awarded.

5. A total of 25 examination points will be given if Proficiency Level 3 is attained on the second test(s). A total of 20 examination points will be awarded if the benchmark of Proficiency Level 2 is attained on the second test(s). A total of 10 examination points will be awarded if Proficiency Level 1 is attained on the second test(s). If proficiency level below Level 1 is attained on the second test(s), no points will be awarded.
6. An “incomplete” will be assigned in a clinical nursing course if a proficiency level 2 is not attained after two proctored tests have been taken. The incomplete will be changed once all of the following occur:

- Student meets with ATI specialist
- ATI developmental plan is written and goals met
- All other course requirements have been met

7. Beginning in NRS220, each student will be tracked in ATI progressive testing. When the student is unsuccessful in meeting the first-attempt cut score for Proficiency Level 2 in two nursing courses, the student will be required to complete structured remediation. If the student continues to be unsuccessful in meeting the first-attempt cut score in subsequent nursing courses, the student will continue to be enrolled in a structured remediation until NRS470.

8. In NRS 240 students will complete the proctored nutrition ATI test which will be worth 25 points. These points will be included in the classroom points and not exam points. The nutrition ATI test will be taken only one time. Students who achieve Proficiency Level 2 will be awarded 25 points. Students who achieve Proficiency Level 1 will be awarded 15 points. If Proficiency Level below Level 1 is attained on the test, no points will be awarded. Students who do not meet Proficiency Level 2 will be required to complete remediation per course faculty.

*Effective 01/06*

*Revised 8/06, 12/06, 8/07, 8/08, 10/08, 12/08, 3/10, 2/13, 10/13*

*Reviewed 7/09, 8/10, 7/11, 7/12, 7/13, 7/14*

**SUMMER REGISTRATION POLICY FOR TRADITIONAL BSN CLINICAL NURSING COURSES**

**Purpose**

To facilitate equitable registration of students for summer clinical courses.

**Policy**

In order to provide equitable summer clinical nursing course registration for students and a sound educational experience, the following guidelines will be used.
Procedure

1. Students must have a cumulative GPA of 3.0 or higher at the end of Fall semester to register for summer clinical courses.

2. Pre-requisite courses must be completed prior to entering summer clinical courses.

3. Students with a 3.0 and above cumulative GPA will be prioritized for summer clinical courses based on the following criteria. *
   - Cumulative GPA rounded to the one hundredth place**
   - Number of hours left to complete the nursing program of studies
   - Failure of more than one general education course
   - Failure of any BSN nursing courses
   
   *In the event that selection criteria are equal among students, and the number of eligible students exceeds class slots, a randomized process will be used to determine which students are selected.
   
   ** Priority will be given to students with highest GPA with no course failures

4. The student and advisor will meet and complete the Checklist for Summer BSN Clinical Courses and submit by the Department of Nursing published deadline.

Effective 1/00

Revised 2/00, 12/05, 12/07, 6/09, 8/14

Reviewed 4/01, 1/03, 8/04, 1/05, 8/06, 8/07, 8/08, 8/10, 7/11, 7/12, 7/13, 7/14

TRANSPORTATION OF CLIENTS POLICY

Purpose

To clarify the student nurse’s role and responsibility in transportation of clients.

Policy

Nursing students will **NOT** be permitted to transport clients.
Procedure

1. Nursing students are encouraged to assist clients in arranging transportation for visits to physicians, hospitals, clinics, and referral agencies.

2. Nursing students will **NOT** provide such transportation.

3. Nursing students may meet clients at such visits or accompany them on public transportation.

Reviewed 3/94, 2/95, 8/96, 8/99, 5/00, 4/01, 1/03, 8/04, 1/05, 12/05, 8/06, 8/07, 8/08, 12/08, 7/09, 8/10, 7/11, 7/12, 7/13, 7/14

**UNSATISFACTORY/UNSAFE CLINICAL PRACTICE POLICY**

The student will demonstrate professionalism and safe practice at all times in the clinical setting and during scheduled validations in the Nursing Skills Lab (NSL). Any behaviors inconsistent with this expectation will be documented and remain a part of the student's clinical performance record throughout the nursing program. Unacceptable behaviors may be classified as unsatisfactory/unsafe or critical unsatisfactory/unsafe. Unsatisfactory/Unsafe behaviors will have a point value attached to them. Points are not confined to one course but are considered cumulative in evaluating the student's overall clinical performance. **An accumulation of 4 points will result in a full review of the student's clinical performance record by the Clinical Review Panel.**

**Unsatisfactory/Unsafe Practices**

The following behaviors are considered **unsatisfactory/unsafe**. Each incident will be assigned 1 point. Course expectations and student level in the nursing program are factors in determining unsatisfactory/unsafe behaviors.
### Unsafe/Unsatisfactory

Each incident will be assigned 1 point.

<table>
<thead>
<tr>
<th>Paperwork</th>
<th>Absence/Tardy</th>
<th>Patient Care Issues</th>
<th>Unprofessional Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to meet the client and gather assessment data prior to the clinical experience.</td>
<td>Failure to call faculty and/or the unit prior to assigned time of arrival for illness or tardiness.</td>
<td>Inadequate knowledge of treatments, medications, or plan of care.</td>
<td>Communication with staff, faculty, fellow students, or clients that is disrespectful or otherwise unprofessional.</td>
</tr>
<tr>
<td>Failure to complete clinical preparation assignments, as determined per course.</td>
<td>Repeated tardiness.</td>
<td>Medication error.</td>
<td>Inappropriate dress.</td>
</tr>
<tr>
<td>Failure to complete clinical paperwork on time as designated by clinical faculty.</td>
<td>Unexcused absence (no call, no show or leaving assigned area without proper communication with instructor/staff).</td>
<td>Treatment error.</td>
<td>Any behavior deemed unsatisfactory by the clinical faculty or course faculty.</td>
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</tbody>
</table>

Clinical faculty will complete the Occurrence Report and Occurrence Report Comments form on the day of the incident. The clinical faculty will also notify the Dean of Nursing of point accumulation that day. The student will separately complete an Occurrence Report Comments form to be turned in to the Dean of Nursing within 3 business days of the incident/occurrence. The student may document “no comment” on the form if the occurrence is not contested.

The student, clinical faculty and course faculty will meet within 3 business days to review the Occurrence report and complete a Clinical Performance Plan. The course/clinical faculty will determine if an appropriate learning assignment or skills lab referral related to the unsatisfactory/unsafe behavior needs to be completed by the student.

All unsatisfactory/unsafe incidents will be recorded and kept confidential on file with the Dean of Nursing. Should a student accumulate 3 points, a notification letter will be mailed to the student. Accumulation of 4 points will initiate a Clinical Panel Review (see below). Records will be maintained until program completion for each student.

**Note:** Accrued clinical points will remain in effect on return of out-of-sequence students; the cumulative total will be carried throughout progression of program of study.
Critical Unsatisfactory/Unsafe Practices

The following behaviors are considered critical unsatisfactory/unsafe and potentially place the client, self, or others in immediate danger. An incident involving any of these behaviors will result in consequences from the specific policy violated or result in immediate full clinical review from the clinical review panel and MAY result in disenrollment from the school of nursing.

Critical Unsafe/Unsatisfactory (Place date next to all that apply). This will result in immediate review of the incident. *Contact Course Coordinator and appropriate Nursing Program Director ASAP.

1. Any life-threatening error or action by the student to client, staff, faculty, or others.

2. Implementing any action that is in direct violation of the course, school, or Agency HIPPA Confidentiality Policy.

3. Violation of the Personal Conduct Policies: College Code of Conduct and Alcohol and Drug policies.

Clinical Review Panel

If initiated, the Clinical Review Panel will meet within 5 business days. The Panel consists of the Nursing Program Director, President of MSNA, President of Student Government, and one other course faculty designated by the Dean of Nursing who is not assigned to that clinical course. If a conflict of interest occurs, the Dean of Nursing will assign a parallel alternate to the panel. The student will not be able to participate in further clinical activities until the Panel has made a recommendation and the Dean of Nursing has made a final decision.

The panel will make one of the following recommendations:

   a) This recommendation allows the student to accumulate 2 more points with continued enrollment in the nursing program.
   b) Should the student accumulate 1 of the two allowed points, a notification letter will be mailed to the student.
   c) Should a second Clinical Review Panel be initiated, either a course failure or disenrollment from either the nursing program or the college will be the recommendation.

2. Assign course failure(s).
a) This recommendation allows the student to accumulate 2 more points with continued enrollment in the nursing program.

b) Should the student accumulate 1 of the two allowed points, a notification letter will be mailed to the student.

c) Should a second Clinical Review Panel be initiated, disenrollment from either the nursing program or the college will be the recommendation.

d) Should another Occurrence Report be filed, the student will be dis-enrolled from the nursing program.

3. Disenrollment of student from the program and possible dismissal of student from the college.

Course faculty will make the final decision regarding remediation for student progression.

**VERBAL OR TELEPHONE ORDERS POLICY**

**Purpose**

To clarify the BSN student nurses' role and responsibility related to physicians' verbal/telephone orders.

**Policy**

Unlicensed nursing students will **not** be permitted to take physicians' verbal or telephone orders.

**Procedure**

1. Licensed RN or faculty member may take physicians’ verbal or telephone orders according to agency policy.

2. Unlicensed nursing students will **not** take physicians’ verbal or telephone orders, but are encouraged to participate according to course outcomes.

*Effective 8/02*

*Reviewed 3/94, 2/95, 8/96, 5/00, 4/01, 1/03, 8/04, 1/05, 12/05, 8/06, 8/07, 8/08. 7/09, 8/10, 7/1, 7/12, 7/13, 7/14*

*Revised 8/99, 12/08*
GLOSSARY OF TERMS

ACTIVISM – Purposeful professional advocacy with energy and decision.

ADVOCACY – Through a caring process, empowering self, and/or clients/peers whose needs are not being met.

AGGREGATE/SELECT GROUPS – A group of people that reflect a specific characteristic or need.

ALTRUISM – Expression of concern for self/others on social issues and trends which impact healthcare delivery.

AUTONOMY – Acceptance of responsibility and consequences of actions.

BELIEF – Attitudes and expectations held by an individual.

CARITAS PROCESSES – “An extension of Carative Factors”; those interventions utilized in the delivery of healthcare that result in the satisfaction of certain human needs” (Watson, 2008, p.39.).

CARING – “Consists of Carative Factors/Caritas Processes that facilitate healing, honor wholeness, and contribute to the evolution of humanity” (Watson, 2008, p. 17).

CARING RESPONSE – Acceptance of a person as he or she is not but as he or she may become/is becoming (Watson, 2008, p. 17).

CHANGE – A deliberate process that results in a positive alternate pattern of function for the client and self.

CHANGE AGENT – Healthcare professional who promotes change in the client.

CLINICAL – An experience/site that enables students to learn to provide nursing care with clients wherever they may be.

CLIENT – The human recipient of care: individual, family, group or community.

CLIENT ADVOCATE – Healthcare professional who promotes the interest of the clients’ well-being.

COLLABORATION – Working together to achieve a positive outcome.

COMMUNICATION – An interactive process with clients, colleagues, and other health professionals utilizing various techniques to address issues of health promotion and restoration, illness/disease prevention, and care for the sick and dying.
• Therapeutic – with clients
• Professional – with healthcare partners
• Dialogue – shared information through the processes of self-exploration and interpersonal dynamics

COMMUNITY - A group of people who share some type of bond, engage in interaction with each other, and function collectively in regard to common concerns, needs, and problems in an increasingly interdependent world.

COMMUNITY BASED EDUCATION - Responds to the needs identified by the community and brings together participants from the college, community members, and healthcare partners. It builds on ongoing and true partnerships between education and the community and is a learning process that enables students to learn to provide nursing care with people wherever they may be.

COMMUNITY OF INTEREST – The groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprised of the stakeholders of the program and may include both internal (e.g. current students, institutional administration) and external constituencies (e.g. prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public, etc.). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

COMMUNITY PARTNERS - Members of a community who engage in dialogue and/or other activities for the purpose of improving or maintaining the health and well-being of their community.

CORE VALUES – The values defined by the College: caring, excellence, holism, learning, respect.

CRITICAL THINKING – is fostered in an open environment where individuals are encouraged to be reflective, evaluative, pose questions, express intuitive thought, explore alternatives, and develop creative solutions. It is a reasoning process from which assumptions are formulated, inferences are drawn, options are analyzed, and conclusions are derived. This means that the Critical Thinker is engaged in:

• the art of being habitually inquisitive
• the art of removing bias, prejudice, and one-sidedness of thought
• the art of thinking clearer, more accurate and more defensible (Paul, 1995)

CULTURAL COMPETENCE – Characterized by a set of attitudes, practices, and/or policies that respects, rather than merely shows receptivity to different cultures and people.
**CULTURAL SENSITIVITY** - Precedes cultural competency. The act of demonstrating awareness of the multitude of human differences, including age, ethnicity, socio-economic characteristics, sexual orientation and other considerations.

**DISEASE PREVENTION** – Interventions during the stage of susceptibility before pathological changes have begun.

**DIVERSITY** – Understanding that each individual is unique, and the recognition of individual differences such as, race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, or religious beliefs. Understanding each other and moving beyond simple tolerance to embracing and celebrating the richness of differences unique within each individual.

**EMOTIONAL INTELLIGENCE** – Emotionally-based competencies that can be learned and improved over time: competencies include knowing and managing one’s emotions, motivating oneself, recognizing emotions in others, and handling relationships (Salovey and Mayer, 1990).

**ENVIRONMENT** – All external factors which affect the human’s well being. Environment includes physical, social and existential dimensions as well as various health-related settings.

**EVIDENCE BASED PRACTICE** – A problem-solving approach to clinical care that incorporates the conscientious use of current best practice from well-designed studies, a clinician’s expertise, patient values and preferences and healthcare resources.

**FAMILY** – A group of individuals interacting together to form a unit in society.

**GLOBAL HEALTHCARE ENVIRONMENT** – All external factors that have the potential to impact health world-wide.

**GROUP** - Two or more individuals who interact in such a manner that the attitude, behavior or performance of one or more individuals is influenced by that of other members.

**HEALTH** – A dynamic state of mental, physical, social, and spiritual well-being which maximizes the individual’s ability to function in his or her environment.

**HEALTHCARE PARTNERS** — Members of healthcare and related professions who are engaged in dialogue and/or other activities directed toward the well-being of clients, families, groups or communities.

**HEALTHCARE SYSTEM POLICY** – Public policy impacting care delivery and nursing practice including healthcare delivery systems, organizations, and financing.

**HEALTH MAINTENANCE** – Activities or programs directed toward stabilization of a dynamic state of well-being.
HEALTH PROMOTION – Activities or programs directed towards enhancement of a dynamic state of well-being.

HOLISTIC – A philosophical concept in which the whole is inextricably related and linked to each part.

HUMAN – Holistic integrated being with basic rights and responsibilities, individual needs, and a unique internal environment.

HUMAN DIGNITY – Inherent worth and uniqueness of an individual.

HUMANISTIC – A sensitivity to self and others that translates into thought or actions, with a concern for maintaining or supporting the interests and ideals of each individual.

ILLNESS – The alteration in the dynamic state of well-being that leads to disharmony within the individual and between the human self and the environment.

INDIVIDUAL – A distinct entity consisting of an indivisible whole.

INFORMATICS – The integration of computer science and information science into the acquisition and processing of data, information and knowledge within the science and practice of nursing.

INTEGRITY – Behaviors which are congruent with professional values/codes.

INTELLECTUAL SKILLS – Utilization of cognitive abilities.

INTERNAL ENVIRONMENT – All factors within a human which affect well-being.

INTERPERSONAL COMMUNICATION – The ability to process thoughts, feelings, needs and wants with others.

INTERPERSONAL SKILLS – Behaviors that promote positive relationships between persons.

LEADERSHIP – A dynamic process incorporating styles and techniques utilized to motivate and direct the activities of others. This includes the ability to communicate effectively to facilitate change and resolve conflict.

LEARNING – A continuous process though which individuals acquire knowledge which results in a change in behavior, attitude, and/or way of thinking.

LEARNING CENTERED THEORY: Teaching with the following characteristics: achieving clarity about learning outcomes, coordinating teaching and assessment to promote student learning, aligning structures and resources to serve student learning, and working continuously to improve the environment for learning. (Alverno College Institute. 2002). Student Learning: A central Focus for Institutions of Higher Education. Milwaukee, Wisconsin: Alverno College
LEVELS OF PREVENTION

PRIMARY – Interventions during the stage of susceptibility before pathological changes have begun. Primary preventive efforts include both health promotion and specific protection.

SECONDARY – Interventions which focus on presymptomatic disease or clinical disease. Secondary preventive efforts include early diagnosis, prompt treatment and disability limitation.

TERTIARY – Interventions which focus on minimizing the residual disability and help the client learn to live productively with limitations. Tertiary preventive efforts are aimed at returning the client to the highest level of functioning possible and includes the utilization of community resources.

LIFE SPAN – The entire course of events from conception to death.

MUTUALITY – Reciprocal relationships directed toward the achievement of outcomes based on shared concerns and contributions.

NURSE GENERALIST – A professional who utilizes critical thinking, nursing theory, research, nursing process, carative factors/caritas processes and clinical skills while assuming responsibility and accountability for providing nursing care to clients in a variety of settings. This professional is able to demonstrate leadership and management skills in organization, change, advocacy, coordination, collaboration and communication with other health disciplines in order to provide comprehensive care.

NURSING – A caring, creative, dynamic, and interactive process which utilizes scientific and humanistic knowledge to assist the client in attainment of a dynamic state of well-being with a focus on human responses to actual or potential health problems.

NURSING PROCESS - A systematic approach of assessment, diagnosis, planning, implementation, and evaluation for promoting, maintaining or restoring a dynamic state of well-being. It is a form of problem-solving, decision making and critical thinking which has been adapted to the needs of nursing and directed toward meeting the needs of clients.

PERSONAL DEVELOPMENT – The demonstration of skills that enable the individual to pursue lifelong self development, to function optimally in today’s complex society, and to serve as a positive influence in the community.

PRINCIPLES – Accepted knowledge and rules of action or conduct.

- Humanistic – derived from the study of human behavior/interaction
- Scientific – derived from the study of the physical and/or natural world
- Technologic – derived from applied sciences.
PRIORITIZATION – Identifying a sequence of actions or ideas in order of importance.

PROFESSIONAL ACTIVISM – Functions that promote the goals of the profession and the well-being of society.

PROFESSIONAL NURSE – An individual who has graduated from an approved nursing program and has achieved RN licensure status.

PROFESSIONAL ROLE DEVELOPMENT – Acquiring the characteristics defined as professionalism.

PROFESSIONALISM – Conduct and/or qualities that characterize a professional. Characteristics of the nursing profession are: general education, scientific body of knowledge, acceptance of a code of ethics, legal and personal accountability and responsibility, leadership ability, autonomy and dedication to excellence.

PSYCHOMOTOR SKILLS – Behaviors that integrate physical activity and mental processes.

REHABILITATION – Interventions that focus on helping the client to live productively with limitations by facilitating maximum functioning and independence.

RESTORATION - Return of individuals to their previous state of health.

RISK REDUCTION - Preventive efforts that decrease the likelihood of health disruption.

SERVICE-LEARNING – A pedagogy that incorporates community service into academic coursework. It allows students to provide service that enhances their understanding through a reflective process while meeting course outcomes and community-identified needs.

SHARED LEARNING PARTNERSHIPS – A collaborative process between participants from the college, community members, and health care partners for the purpose of enabling students to learn to provide nursing care to people wherever they may be.

SHARED PARTNERSHIPS – A collaborative process between participants from the college, community members, and healthcare partners for the purpose of improving or maintaining the health and well-being of a community.

SOCIAL JUSTICE – A perception of fairness within the boundaries of a society’s value system.

STANDARD OF PRACTICE – Standards of care and standards of professional performance as outlined in the American Nurses’ Association Standards of Clinical Practice and AACN Essentials of Baccalaureate Education.

TEACHING – An interactive process that uses a system of actions to promote the acquisition, application, integration and synthesis of knowledge.
**THERAPEUTIC NURSING INTERVENTION** – Any direct or indirect activity arising out of an independent or dependent nursing function to promote and/or restore health, prevent illness, and care for the sick and dying, using humanistic, scientific, and technological principles.

**VALUE** – A belief which an individual holds about the worth of given ideas or behaviors.

**VULNERABLE POPULATIONS** – Groups at risk for unmet needs.

**WELLNESS** – A state of maximized personal potential.

**WELLNESS-ILLNESS CONTINUUM** – A model that illustrates the progression of health from a neutral point toward optimum holistic health, or from the neutral point toward a progressively worsening state of health.

**WELL-BEING** – Perception of one’s own holistic health.


*Revised 5/00, 4/02, 8/06, 8/08, 7/11, 7/12*

*Reviewed 4/01, 1/03, 8/04, 1/05, 8/07, 7/09, 8/10, 7/11, 7/13, 7/14*
Appendix E-1
Nebraska Methodist College
Department of Nursing
BSN Student Team

Communication Tool

The Nebraska Methodist College BSN Admissions and Advancement Team wishes to encourage students to bring forward their suggestions or concerns for discussion. The Department of Nursing is committed to students and wants to hear from you.

Please use this tool to submit your suggestions and/or concerns. Depending on the nature of the suggestion and/or concern, your submission may be forwarded to another, more appropriate team/committee or individual for consideration. You may be invited to engage in an open dialogue about your suggestion or concern.

Your suggestion and/or concern will be treated with respect. Each communication tool received will be reviewed with regard to the most appropriate action to take in order to meet the interests of all involved.

The form is to be submitted to Dr. Linda Hughes, Director of the Undergraduate Nursing Programs, and it will be reviewed or forwarded to the appropriate party.
(May be sent via interoffice mail or email as an attachment)

Date Submitted ____________________

Student(s) Name(s):___________________________________________________
___________________________________________________________________

Contact information:  _________________________________________________
___________________________________________________________________

Suggestion and/or concern: Please provide by completing the back side of the form -->

Lower portion to be completed by the Department of Nursing

Team/Committee or Individual responsible for responding to the suggestion and/or concern:______________________________________________________________

Date of Action: ________________________

Response to Student(s): Provide details of discussion and or actions taken and responses to student(s).
___________________________________________________________________

Effective 8/07
Revised 7/09, 8/10, 7/11
Reviewed 8/08, 8/09.
COMMUNICATION TOOL
IDENTIFY THE PROBLEM OR SUGGESTION (BE SPECIFIC)

THEN, PUT YOURSELF IN THEIR SHOES....
WHAT ARE SOME OPTIONS TO SOLVING THE PROBLEM OR IMPLEMENTING YOUR SUGGESTION?

<table>
<thead>
<tr>
<th>WHAT ARE YOUR INTERESTS??</th>
<th>WHAT ARE THEIR INTERESTS??</th>
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<tbody>
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<td>7. ______________________</td>
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Effective/07
Revised 7/09,
Reviewed 8/07, 8/08, 8/10, 7/11
SUMMER REGISTRATION POLICY FOR TRADITIONAL BSN CLINICAL NURSING COURSES

PURPOSE:

To facilitate equitable registration of students for summer clinical courses.

POLICY:

In order to provide equitable summer clinical nursing course registration for students and a sound educational experience, the following guidelines will be used.

PROCEDURE:

1. Students must have a cumulative GPA of 3.0 or higher at the end of Fall semester to register for summer clinical courses.

2. Pre-requisite courses must be completed prior to entering summer clinical courses.

3. Students with a 3.0 and above cumulative GPA will be prioritized for summer clinical courses based on the following criteria. *

   - Cumulative GPA rounded to the one hundredth place
   - Number of hours left to complete the nursing program of studies
   - Failure of more than one general education course
   - Failure of any BSN nursing courses

*In the event that selection criteria are equal among students, and the number of eligible students exceeds class slots, a randomized process will be used to determine which students are selected.

4. The student and advisor will meet and complete the Checklist for Summer BSN Clinical Courses and submit by the Department of Nursing published deadline.

Effective 1/00
Revised 2/00, 12/05, 12/07, 6/09,
Reviewed 4/01, 1/03, 8/04, 1/05, 8/06, 8/07, 8/08, 8/10
Appendix D
CHECKLIST FOR SUMMER BSN CLINICAL COURSES

To be completed by the student and their nursing advisor.

1. Provide GPA (rounded to the nearest hundredth) as of the Fall semester before entering the summer clinical course(s) (must be => 3.00). Attach a current copy of the transcript. GPA

2. Will all prerequisite courses be completed before summer BSN nursing course(s) begins. List any remaining any pre/co-requisite coursework that will be taken with the summer clinical course below.

   Pre/Co-Requisite Coursework to be taken with the nursing clinical course

3. Has student failed more than one general education course?

   List failed general education courses below.

<table>
<thead>
<tr>
<th>Course and Date</th>
<th>Grade</th>
<th>Course Retake and Date</th>
<th>Grade</th>
</tr>
</thead>
</table>

4. Has student failed any nursing courses?

   List failed nursing courses below.

<table>
<thead>
<tr>
<th>Course and Date</th>
<th>Grade</th>
<th>Course Retake and Date</th>
<th>Grade</th>
</tr>
</thead>
</table>

5. List courses remaining to complete the BSN program, including the summer semester.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Course Number</th>
<th>Credit Hours</th>
</tr>
</thead>
</table>

   Total remaining credits to complete the NS Program

   Student Signature Date

   Faculty Advisor Signature Date

Reviewed 7/02, 1/03, 8/04, 1/05, 8/07, 8/08, 08/10
Revised 12/05, 12/0, 6/09