JoAnne Gay Dishman School of Nursing Policies are implemented in a non-discriminatory manner.

The Baccalaureate Nursing Student Handbook is updated each Fall and Spring semester.
Dear Student and Future Colleague:

On behalf of the JoAnne Gay Dishman School of Nursing faculty and staff at Lamar University, we welcome you to our nursing program. We are pleased that you have selected Lamar University to prepare you for a rewarding career in professional nursing. Our commitment is to provide you with exciting, challenging, and rewarding learning experiences.

The primary purpose of this handbook is to (1) provide you with information concerning policies which pertain to students and (2) to answer the many questions which have been posed by students in the past. The preparation of this handbook has been a combined endeavor of the students and faculty. We hope that it will be helpful to you and that you will contribute your ideas for future publications.

For a school to be truly great it must have a great student body and faculty, which requires a high standard of excellence. Ambitious and intelligent students, such as yourself, maintain the outstanding status Lamar University Nursing Programs have achieved. Our students continue to positively impact the nursing profession and those needing nursing care in the region, in Texas and across the United States.

Our personal best wishes for success in your chosen profession. Sincerely,

Cindy Stinson, PhD, APRN, CNS, RN-BC
Interim School of Nursing Chair

Iva Hall, PhD, RN
Director of Undergraduate Nursing Studies
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INTRODUCTION

The Baccalaureate Nursing Student Handbook has been prepared by the JoAnne Gay Dishman School of Nursing for use by students enrolled in the School of Nursing’s traditional undergraduate Bachelor of Science (BSN) nursing program. The objective of the UNS Handbook is to readily provide information frequently needed by students about the JoAnne Gay Dishman School of Nursing. This Student Handbook is not designed to be used in place of, but rather in conjunction with the Lamar University Comprehensive Catalog 2016-2017 and Lamar University Student Handbook.

DISCLAIMER

The guidelines and policies presented in this Handbook do not constitute a contract, expressed or implied, between any applicant, student and faculty member at Lamar University. Lamar University reserves the right to withdraw courses at any time, change fees, calendars, curricula, graduation procedures and/or any other requirement affecting students. Changes become effective when the proper authorities so determine the application to both prospective students and to the students already enrolled.

Lamar University is an equal opportunity, affirmative action educational institution and employer. Lamar University will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, disability, national origin, veteran status, sexual orientation or gender identity, consistent with the Assurance of Compliance with the Title VII of the Civil Rights Act of 1964; Executive Order 11246 as issued and amended; Title IX of the Education Amendments of 1972, as amended; Section 504 of the Rehabilitation Act of 1973.

Lamar University Nursing Programs, baccalaureate and master degrees, are fully accredited by the Texas Board of Nursing (TBON), (512) 305-7400, and the Accreditation Commission for Education in Nursing (ACEN), 3343 Peachtree Road NE, Suite 850 Atlanta, GA 30326, (404) 975-5000, fax (404) 975-5020.
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Lamar University
JoAnne Gay Dishman School of Nursing

Motto
A Spirit of Caring – A Vision of Excellence

Vision of the Nursing Programs
Excellence in nursing education, in partnership with the community

Mission of the Nursing Programs
The mission of the Lamar University JoAnne Gay Dishman School of Nursing is to educate undergraduate and graduate students to become qualified, competent, professional nurses who are prepared for practice. The School of Nursing provides quality nursing education relevant to a changing profession, society, and healthcare environment. Collaboration between faculty and students promotes excellence in health care delivery to diverse populations. A spirit of caring, continual inquiry, creativity and integrity is promoted through teaching, scholarship, leadership and service.
The JoAnne Gay Dishman School of Nursing faculty believes in preparing students to provide safe patient/client-centered holistic/multi-dimensional care using evidenced-based practice (EBP), clinical reasoning, and clinical judgment. The focus is also on providing quality and culturally sensitive care, working as part of the interprofessional and intraprofessional healthcare team, and using clinical information systems to care for diverse populations in an ever-changing global society. Personal, social, and professional strengths of the graduates are developed to form a basis for continued growth in an interprofessional and intraprofessional healthcare environment.

Undergraduate Metaparadigm

Faculty beliefs about the metaparadigm of nursing associated with undergraduate education are described below and entail:

Nursing
Nursing is based on the concepts of moral agency, effective communication including technology, inquiry, and service to the community. The goals of nursing are to provide safe patient/client centered holistic/multi-dimensional care to assist humanity in collaboration with other disciplines in disease prevention, health promotion, health maintenance and restoration, and the support of death with dignity. Nursing emphasizes a spirit of caring, interpersonal communication, critical thinking, clinical reasoning and patient-centered care to contribute to the health of the individual and society. The responsibility of the nurse is to use the nursing process to assist people to meet health care needs, to attain health related goals within legal, ethical, and regulatory parameters to advocate for patients/clients. Nurses use information and technology to communicate, manage knowledge, and support decision making to provide competent patient/client-centered care. As members of the profession, nurses collaborate with other disciplines in achieving these goals. The faculty believe in preparing professional nurses with essential competencies in four major roles: Member of the Profession (MOP), Provider of Patient Centered Care (PCC), Patient Safety Advocate (PSA), and Member of the Healthcare Team (MOT).

Health
Health is a dynamic state of physical, mental, and social well-being, requiring constant adaptation to internal and external environmental stressors. Each person experiences varying states of health while progressing through the life span. Health decisions are patient/client-centered and influenced by knowledge, culture, family structure, society, and the personal choice of the patient/client.

Humanity
Humanity consists of unique holistic beings with intrinsic worth and dignity having the right to self-determination, well-being, and equality. Humans are adaptive in nature, constantly interacting within changing environments and society in progressing toward fulfillment of innate potentials for growth, development, and maturation throughout the life span.

Society
Society consists of individuals, families, communities, and populations with diverse cultures and value systems. In a global society, interactions among humans are diverse, continuously evolving, and interdependent. Humans are adaptive in nature and an integral part of society. Within society, the cornerstone of humanness is a spirit of caring.

Environment
Environment is an aggregate of all internal and external factors which influence individuals and groups. The environment provides the context for the development of individuals, the identification of health needs, and the evolution of nursing. Through an on-going interactive process, the environment and nursing influence each other. A patient/client environment and professional nursing are conducive to growth and trust and the development of relationships through creative, flexible learning opportunities and communication.
Undergraduate Education

Undergraduate Education is a process shared by the faculty and the learner. Learning is the exploration, utilization, and generation of knowledge. Learning is the responsibility of each person and is accomplished through self-motivation, active inquiry, and participation in the educational process. Faculty believe that nursing education is the systematic guidance of the learner toward safe and competent clinical practice in the four major roles (MOP, PCC, PSA, MOT), interprofessional and intraprofessional teamwork, quality improvement, management and clinical reasoning utilizing critical thinking, effective communication, informatics and technology. Faculty incorporate a variety of evidence-based teaching modalities that integrate interactive and current technological learning resources, including web-based classroom environment, simulated scenarios, and independent learning activities. Incorporating online technology facilitates global access to quality nursing education. Constructs of the nursing curriculum include the study of humanity and society, lifespan, health continuum, critical thinking, therapeutic interventions, and professional roles. Foundational nursing concepts include professional integrity, communication, active inquiry, and service.

Baccalaureate Degree

Baccalaureate Degree graduates use critical thinking, evidence-based practice, technology and interprofessional and intraprofessional healthcare teamwork to provide safe patient/client care and improve patient/client outcomes. Graduates are prepared with a broad perspective and understanding of society, the environment, and people as diverse individuals, families, communities and populations. Baccalaureate education incorporates a broad range of basic, behavioral, social sciences, communication and technology content to provide a strong foundation for coordinating safe and competent patient/client care using critical thinking and problem-solving skills. A baccalaureate degree is the most common requirement for entry into graduate nursing education where nurses may further develop their professional roles to become nurse educators, researchers, administrators, or advanced practice nurses. Graduates promote the practice of professional nursing through leadership and advocacy roles.

Graduate Metaparadigm

The Master of Science in Nursing degree builds upon the undergraduate philosophy and adheres to its goals. The content of the master’s program reflects the graduate organizing framework and prepares students for advanced nursing practice roles in nursing administration and nursing education. The faculty in the master’s program recognizes an evolving metaparadigm in the nursing profession and monitors the individual paradigms for agreement with current innovations and the shift in world views of the nursing profession. The paradigms included in the graduate metaparadigm are: nursing, health, humanity, society, and environment.

Nursing

Advanced nursing practice synthesizes theoretical frameworks from nursing and other disciplines to expand its knowledge base. The masters prepared nurse functions as a clinical nurse educator, researcher, advocate, consultant, collaborator and a manager of systems. Evidence-based research methods are used to investigate problems, serve as a basis for initiating change, and provide new knowledge to improve patient/client centered outcomes. The masters prepared nurse administrator role delivers indirect care and the clinical nurse educator role delivers direct care; and each role is practiced from professional, organizational and personal perspectives within an ethical, legal, and regulatory framework.
Health
The advanced practice nurse contributes to the design and implementation of interprofessional and intraprofessional healthcare delivery which is based on collaborative education systems. The healing process is based on the philosophy of caring for the body, mind and spirit. Health is achieved through illness prevention, health promotion strategies, health education, and continuous quality improvement of the micro and macro healthcare system.

Humanity
The advanced practice nurse recognizes the person is more than the sum of their parts and honors the total human being. Advocacy is demonstrated for those in particular who become vulnerable as they transition from various states of illness and experience social and cultural disparities. Advocacy involves providing health resources and services; and ensuring that these are available, accessible, and acceptable. The advanced practice nurse advocates for those who are unable or cannot speak for themselves.

Society
The advanced practice nurse is cognizant of increasing global diversity and the health challenges it brings to the healthcare system. This diversity accelerates the need for cultural competence and impels the advanced practice nurse to be culturally responsive to the health needs of individuals, families, groups and world communities. The advanced practice nurse is aware of the interconnectedness of our global society and supports the interchange of research and evidence-based practice which benefits the whole world community.

Environment
Knowledge is expanding exponentially with new technology and intricate informatics systems and thus has an impact on the healthcare environment. It is incumbent upon the advanced practice nurse to be an effective user of current educational technology and informatics to identify and communicate healthcare needs to improve the quality of patient/client centered outcomes. The advanced practice nurse has the expertise and therefore an obligation as a moral agent to influence, analyze and evaluate outcomes for the development of a culture of safety and healthcare policies that are relevant to dynamic health care systems.

Graduate Education
Learning at the graduate level stems from an open collegial relationship between faculty and students. Faculty in the graduate program encourage the learner to be the determinant in the heuristic exploration of current knowledge and the challenge of using theory guided evidence-based practice. The graduate paradigm serves as a basis for students to incorporate and synthesize knowledge from middle range theoretical models and to hone their advanced nursing practice roles in administration and education. During this process, they move from concrete perspectives toward abstract concepts with an expanded cultural awareness of healthcare issues that prepare them for life-long learning and doctoral study.
HONOR CODE PLEDGE

Expectations of Lamar University JoAnne Gay Dishman School of Nursing

Lamar University JoAnne Gay Dishman School of Nursing promises to create a professional environment that fosters excellence; where the entire School of Nursing works together with integrity and cares for others.

I pledge to strive for:

Excellence
- I will perform at the highest level that I can.
- I will be the best that I can be.

Integrity
- I will commit myself, even in the face of adversity to the five fundamental values of honesty, trust, fairness, respect, and responsibility.
- I commit myself to academic honesty and integrity in the classroom and practicum setting at all times.
- I will take responsibility for what I say and do.

Caring
- I will demonstrate a commitment to the attributes of compassion, empathy, altruism, responsibility and tolerance.
- I will demonstrate caring behaviors at all times.
- I will respect individual diversity through a non-judgmental attitude and approach.

Adaptability
- I will be flexible and adapt to change when needed.
- I will work to become a creative problem solver.

Respect
- I will not tolerate discrimination.
- I will contribute to creating a safe and supportive atmosphere for teaching and learning.
- I will regard privacy and confidentiality as core obligations.
- I will communicate with peers, staff, and faculty in a professional and respectful manner.

Today, I am beginning a career as a professional nurse, which means accepting the responsibilities and unique privileges of that profession. These include monitoring my interactions and behaviors and using self-reflection in order to challenge myself as I evolve into the role of a professional nurse. I understand that it is a great honor and privilege to study and work in the nursing profession. I promise to uphold the highest standards of ethical and compassionate behavior while learning, caring for others, and/or participating in educational activities. I will strive to uphold the spirit and letter of this code during my time at Lamar University JoAnne Gay Dishman School of Nursing and throughout my professional career as a registered nurse.

(Adapted from Lakeview College Honor Code, 2006)
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SOURCES OF INFORMATION
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School of Nursing Hours and Contact Information

This Student Handbook is designed to provide nursing students with information about the JoAnne Gay Dishman School of Nursing which is not readily available from other sources on campus. Nursing students are encouraged to read the Lamar University Comprehensive Catalog and the Lamar University Student Handbook for general information about the campus.

The JoAnne Gay Dishman School of Nursing address is:

Lamar University
JoAnne Gay Dishman School of Nursing
P. O. Box 10081
Beaumont, TX 77710

School of Nursing Administration Hours of Operation:

Monday-Friday, 8 a.m. – 5 p.m.
(Doors to the office suite and classrooms locked at 5 p.m.)

School of Nursing Administration:

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Executive Assistant............................................................. Stacie Granger – 409-880-8817

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<tr>
<td>RESOURCES</td>
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<td>REDtalks Various Locations</td>
<td>Workshops created by Lamar faculty to assist students in numerous areas become successful academically. Schedules are posted around campus each academic year.</td>
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<tr>
<td>Associate Vice President and Dean of Students Wimberly Building, Room 115 (409) 880-8458</td>
<td>A variety of services including upholding the Student Code of Conduct and Title IX Compliance</td>
<td></td>
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</tr>
<tr>
<td>Career and Testing Center Galloway Building, Suite 102 (409) 880-8878</td>
<td>Assists students and alumni in developing and implementing career selection and job search skills.</td>
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</tr>
<tr>
<td>Counseling Services Student Health Center (409) 880-8466</td>
<td>Provides support to students for psychological needs such as test-taking anxiety and stress.</td>
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<td></td>
</tr>
<tr>
<td>Disability Resource Center (DRC) Communication Building, Room 105 (409) 880-8347</td>
<td>Provides assessments and accommodations for students with disabilities based on federal and state law.</td>
<td></td>
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<tr>
<td>Financial Aid Office Wimberly Building, Room 216 (409) 880-7011</td>
<td>Assists students in obtaining financial resources to help in obtaining their educational goals.</td>
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<tr>
<td>International Student Services Office Wimberly Building, Room 118 (409) 880-7635</td>
<td>Assists international students in educational and financial needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary and John Gray Library 4400 MLK Parkway</td>
<td>Provides students with a wide variety of reference resources, computer access, study rooms, printing, and copying.</td>
<td></td>
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<tr>
<td>Scholarships Dishman School of Nursing</td>
<td>Assists students needing financial support. Nursing scholarships are announced via The Virtual Caring Place when available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Health Center (409) 880-8466</td>
<td>Provides medical services for students (physicals, medications, immunizations, and laboratory testing).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Caring Place MMW Building, Room 257B (409) 880-8812</td>
<td>Provides support to nursing students to facilitate academic success.</td>
<td></td>
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</tr>
<tr>
<td>The Writing Center Mary &amp; John Gray Library, 1st Floor</td>
<td>Assists students with writing papers, reviews for grammar and style (e.g., APA).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs Office Wimberly Building Room 101 (409) 880-7198 or (409) 880-8968</td>
<td>Assist veterans in obtaining veterans benefits.</td>
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</tr>
</tbody>
</table>
THE DISABILITY RESOURCE CENTER

Lamar University is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center (DRC) is located in the Communications Building Room 105. Our office collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

1. If you have, or think you may have, a disability (e.g., attentional, chronic health, learning, mental health, physical, and/or sensory), please contact the DRC at 409-880-8347 or email DRC@lamar.edu to arrange a confidential appointment with the Director of the DRC to explore possible options regarding equitable access and reasonable accommodations.

2. If you are registered with DRC and have a current letter requesting reasonable accommodations, contact your Course Leader(s) early in the semester to review how the accommodations will be applied in the course.

3. To facilitate the arrangements necessary to make accommodations, students enrolled in nursing courses must submit official documentation from the Disability Resource Center to the Course Leader.

Kyle J. Mutz, Director
kyle.mutz@lamar.edu

Kristin Romero - Administrative Associate Senior
kristin.Romero@lamar.edu

Communications Building, Room 105 Phone: 409-880-8347
Fax: 880-2225
Email: DRC@lamar.edu

Website: http://www.lamar.edu/disability-resource-center/

Disability Resource Center Lamar University
P.O. Box 10087 Beaumont, TX 77710
STATEMENT OF SAFE ENVIRONMENT

Drug-Free Schools and Communities Act

Lamar University is committed to providing a healthy and safe learning environment for all students and employees. The institution has established procedures to advise members of the university community on the consequences of drug/alcohol use, possession and distribution. Additionally, Lamar University is committed to providing important information on available substance abuse counseling, treatment, rehabilitation or re-entry programs.

Chemical Dependency or Mental Health Problems: Local Resources

Student Health Center:
The University maintains a Health Center that offers outpatient services for students of Lamar University. In addition to medical services, short-term psychological counseling is available to students presenting a current validated Lamar University ID during regular hours when the University is in session.

Phone Numbers:

Alcoholics Anonymous (AA), 9th District Intergroup Association ...................................................... (409) 832-1107

Lamar University Student Health Center Counselor................................................................. (409) 880-8466

Mental Health Association of Beaumont ....................................................................................... (409) 833-9657

Southeast Texas Council on Alcohol & Drug Abuse ........................................ (409) 842-2408 / (800) 221-8328

Spindletop Center (publicly funded, low-cost treatment for mental health & substance abuse problems) ................................................................. (409) 839-1000
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LAMAR UNIVERSITY POLICIES
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UNIVERSITY DROP /ADD POLICY

Students are responsible to be officially enrolled in the course. It is also the student’s responsibility to officially drop the course. Any student who stops attending class and does not officially drop the course will be given an “F” as the semester grade.

Census Date (Fall/Spring: 12th class day; Summer: 4th class day). Students may drop or withdraw without consulting their faculty, School of Nursing Chair or the Records Office. The Six Drop Rule does not apply to drop before 5:00 p.m. on this date.

Last date to drop or withdraw without penalty. The Six Drop Rule applies. Student should consult with the faculty and the Records Office to initiate a drop before the last day to drop with or without academic penalty date.

Last day to drop or withdraw with academic penalty. The Six Drop Rule applies. Student must be passing the course at the time of the requested drop in order to receive a Q. The drop form, including all required signatures, must arrive in the Records Office by no later than 5:00 p.m. on the specified date.

Any student seeking to drop after the last day to drop or with draw with academic penalty date, must submit a fairly thorough written explanation, including supporting documents if applicable, of the extenuating circumstances for with the action is being requested. The explanation must be shared with and approved by the faculty, the School of Nursing Chair, and the Dean of the college before the drop form will be sent to the Senior Associate Provost for a final review and decision. See the Academic Calendar for all relevant dates at http://events.lamar.edu/academic-calendar-listing.html.

Approved by Undergraduate Nursing Studies, 4/26/2013

SIX-DROP RULE

SB 2131, which was passed by the 80th Texas Legislature, limits to six (6) the number of classes a college student may drop as an undergraduate.

As per the Lamar University Comprehensive Catalog:

In accordance with Texas law (SB 1231, 80th Legislature), Lamar University does not permit an undergraduate student to drop more than a total of six courses if the student was a first-time college student as of fall 2007. The total of six includes any course a transfer student has dropped at another public institution of higher education in Texas. Students may request an exemption from this law based on appropriate documentation of good cause. Forms for requesting a good cause exception to the six-drop rule are available from academic advisors or the Office of the Registrar. “Good cause” includes, but is not limited to, the following reasons: a) a severe illness or other debilitating condition that affects the student's ability to satisfactorily complete the course; b) the student's responsibility for the care of a sick, injured, or needy person if the provision of that care affects the student's ability to satisfactorily complete the course; c) the death of a person who is considered to be a member of the student's family or who is otherwise considered to have a sufficiently close relationship to the student that the person's death is considered to be a showing of good cause; d) the active duty service as a member of the Texas National Guard or the armed forces of the United States of either the student or a person who is considered to be a member of the student's family or who is otherwise considered to have a sufficiently close relationship to the student that the person's active military service is considered to be a showing of good cause; e) the change of the student's work schedule that is beyond the control of the student, and that affects the student's ability to satisfactorily complete the course; or f) other good cause as determined by the institution of higher education.
WITHDRAWAL PROCEDURE

The JoAnne Gay Dishman School of Nursing adheres to the Lamar University Academic Policies and Procedures as outlined in the Lamar University Comprehensive Catalog.

Students considering withdrawal from the program should talk to the Director of Undergraduate Nursing Studies for withdrawal and re-entry information as well as an exit interview.

Withdrawal for Academic Status Policy
Students who withdraw from the nursing program due to non-passing status in two or more nursing courses will not be allowed to apply for readmission for a period of 5 years.

Withdrawal for Illness/Injury/Non-Academic Reasons Policy
Students who withdraw from the nursing program due to illness, injury or personal non-academic reasons when passing will be readmitted to the program the next time the appropriate courses are offered and space is available. In the case of illness or injury a medical release will be required for readmission.
BACCALAUREATE PROGRAM INFORMATION
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# PROGRAM GOALS AND PROGRAM OUTCOMES

Bachelor of Science in Nursing (BSN)

<table>
<thead>
<tr>
<th>Program Goals</th>
<th>Outcome Area</th>
<th>BSN Program Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide excellent learning opportunities to prepare graduates to meet</td>
<td>Performance on Licensure Exam</td>
<td>88% or more of the Bachelor of Science in Nursing (BSN) graduates will pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) on the first attempt.</td>
</tr>
<tr>
<td>national standards for entry into practice as competent, professional</td>
<td></td>
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<tr>
<td>registered nurses.</td>
<td></td>
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</tr>
<tr>
<td>2. Provide a relevant education and resources for students to graduate in a</td>
<td>Program Completion</td>
<td>70% or more of the students entering the BSN program will earn the BSN degree within 150% of the time of the published program length.</td>
</tr>
<tr>
<td>timely manner.</td>
<td></td>
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</tr>
<tr>
<td>3. Prepare graduates to function in role-related nursing employment.</td>
<td>Job Placement</td>
<td>90% or more of BSN graduates contacted report employment in nursing 9-12 months post-graduation.</td>
</tr>
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</table>
**BSN Organizing Framework Constructs**

At the completion of the program the graduate is expected to be a competent, caring nurse who:

### Humanity and Society

1. Practices safe and effective holistic patient-centered care to a variety of patients/clients* in multiple settings from a global perspective by incorporating theories and evidence-based findings.

### Lifespan Health Continuum

2. Supports patients/clients in preventing disease, maintaining wellness, promoting and restoring health and advocating for death with dignity.

3. Evaluates patient-centered care for patients/clients across the lifespan based on common and complex health needs, and compromised multiple health states when considering multiple determinants of health.

### Evidence-based Practice and Clinical Reasoning

4. Synthesizes clinical reasoning and judgment in nursing practice utilizing critical thinking, nursing process, research and evidence-based practice.

### Patient/Client-Centered Care

5. Employs safe, effective, patient-centered care using theories and evidence-based findings in collaboration with patients/clients and members of the interprofessional and intraprofessional healthcare team.

### Professional Roles

6. Differentiates multiple role dimensions and practices within ethical, legal and regulatory parameters when caring for patients/clients as a member of the interprofessional and intraprofessional healthcare team.

7. Demonstrates professional integrity, effective communication, active inquiry and service to the community.

* Patient(s)/Client(s) = patients, families, populations & communities

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Approved UNS Faculty 9/23/2011
# Lamar University College of Arts and Sciences
## Joanne Gay Dishman School of Nursing

## Bachelor of Science in Nursing Organizing Framework

### 2nd Level

**Humanity and Society**
- Investigate global and diverse populations / communities

**Lifespan Health Continuum**
- Evaluate compromised multiple
- Synthesize clinical reasoning and judgment skills
- Interpret evidence-based practice and research process
- Analyze theories of patients, families, populations in the communities
- Examine multiple health states health states
- Comprehend research process
- Analyze critical thinking skills

**Evidence-based Practice and Clinical Reasoning**
- Formulate research findings into evidence-based practice
- Investigate other nursing theories
- Demonstrate teaching / health promotion
- Comprehend research process
- Apply clinical reasoning skills
- Comprehend critical thinking skills.

**Patient / Client-Centered Care**
- Coordinate care as a member of the interprofessional and intraprofessional healthcare team
- Coordinate patient / client-centered care for patients, families, populations & communities
- Practice patient / client-centered care for patients and families within legal, ethical and regulatory parameters
- Discuss patient/client advocacy

### 1st Level

**Foundation of Nursing Concepts: Professional Integrity/Communication/Active Inquiry/Service**

**Approved UNS 2/17/12**

**Broad, Liberal Education in Related Disciplines (Nursing Pre-requisites)**

- Explore holistic needs of individuals
- Discuss complex health needs
- Discuss common health needs
- Discuss prevention / wellness
- Discuss basic research process
- Apply nursing process
- Discuss nursing theories
- Apply teaching and learning principles
- Discuss evidence-based practice
- Discuss patient/client safety
- Apply teaching and learning principles
### FALL

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
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<tbody>
<tr>
<td>BIOL 2401 Anatomy &amp; Physiology I ◦</td>
<td>4</td>
</tr>
<tr>
<td>ENGL 1301 English ◦</td>
<td>3</td>
</tr>
<tr>
<td>MATH 1314 Algebra ◦</td>
<td>3</td>
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<tr>
<td>Communication Elective ◦</td>
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<td>ENGL 1302 English ◦</td>
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<td>FCSC 1322 Nutrition ◦</td>
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<td>PSYC 2315 Lifespan ◦</td>
<td>3</td>
</tr>
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<td>HIST 1302 or HIST 2301 History ◦</td>
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<tr>
<td>BIOL 2420 Microbiology ◦</td>
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<td>CHEM 1306/1106 Chemistry for Allied Health</td>
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<td>Language, Philosophy and Culture Elective ◦</td>
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<tr>
<td>Creative Arts Elective ◦</td>
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<td>Social &amp; Behavioral Science Elective ◦</td>
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<td>POLS 2301 Political Science I</td>
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<td>NURS 3440 Concepts of Professional Nursing</td>
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<td>NURS 3241 Practicum: Concepts Prof. Nursing</td>
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<td>NURS 3110 Nursing Simulation Lab I</td>
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<td>NURS 3330 Pharmacology</td>
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<td>NURS 3316 Holistic Health Assessment</td>
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### THIRD YEAR

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<tr>
<td>NURS 3520 Care of Adults</td>
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<td>NURS 3221 Practicum: Care of Adults</td>
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<tr>
<td>NURS 3112 Nursing Simulation Lab II</td>
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<tr>
<td>NURS 3320 Care of Behavioral Health Client</td>
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<tr>
<td>NURS 3321 Practicum: Care of Behavioral Health Client</td>
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### SUMMER III

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<tr>
<td>NURS 4390 Nursing Inquiry/Evidence Based Practice</td>
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<td>NURS 4350 Leadership &amp; Management in the Healthcare System</td>
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<td>NURS 4251 Practicum: Leadership &amp; Mgt. in Healthcare System</td>
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<td>NURS 4560 Care of Parent-Child Family</td>
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<td>NURS 4261 Practicum: Parent-Child Family</td>
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<td>NURS 4340 Care of Community</td>
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<tr>
<td>NURS 4241 Practicum: Care of Community</td>
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### FOURTH YEAR

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<tr>
<td>NURS 4420 Care of Patients w/Compromised Multiple Health States</td>
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</tr>
<tr>
<td>NURS 4221 Practicum: Patients w/Compromised Multiple Health States</td>
<td>2</td>
</tr>
<tr>
<td>NURS 4381 Preceptorship: Synthesis of Nursing</td>
<td>3</td>
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<tr>
<td>NURS 4260 Integration of Baccalaureate Nursing Practice</td>
<td>2</td>
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<tr>
<td><strong>Total</strong></td>
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</tr>
</tbody>
</table>

### Non-nursing Credits
- **58**

### Nursing Prerequisite (Patho & Theories)
- **5**

### Nursing Required Credits
- **57**

### Total
- **120** * (+1 for NURS 1102 Nursing as a Profession / Elective = 121)

**NOTE:** A minimum grade of “C” is required for all NURS courses.
- POLS 2301 and POLS 2302 are not required for admission to the nursing program.
- NURS 1102 Nursing as a Profession is recommended but not required. NURS 1102 requires a minimum grade of “C.”
- NURS 2373 Pathophysiology and NURS 2213 Theories of Nursing must be taken within 3 years prior to starting the Nursing Program. These courses must be passed within a maximum of three attempts.
- Denotes prerequisite for admission into the Nursing Program. All of these courses are used to calculate the prerequisite GPA.
- Prerequisite course requiring a minimum grade of “C.”
- See LU Catalog for additional information for completing these core requirements.
## LAMAR UNIVERSITY
JOANNE GAY DISHMAN SCHOOL OF NURSING
BACHELOR OF SCIENCE IN NURSING
CURRICULUM PLAN

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</tr>
<tr>
<td>POLS 2301 Political Science I</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>16</strong></td>
</tr>
</tbody>
</table>

### SPRING

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3440 Concepts of Professional Nursing</td>
<td>4</td>
</tr>
<tr>
<td>NURS 3241 Practicum: Concepts Prof. Nursing</td>
<td>2</td>
</tr>
<tr>
<td>NURS 3110 Nursing Simulation Lab I</td>
<td>1</td>
</tr>
<tr>
<td>NURS 3330 Pharmacology</td>
<td>3</td>
</tr>
<tr>
<td>NURS 3316 Holistic Health Assessment</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

### SUMMER III

(NOT BETWEEN THIRD YEAR SPRING AND FALL)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 4390 Nursing Inquiry/Evidence Based Practice</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

### THIRD YEAR

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3520 Care of Adults</td>
<td>5</td>
</tr>
<tr>
<td>NURS 3221 Practicum: Care of Adults</td>
<td>2</td>
</tr>
<tr>
<td>NURS 3112 Nursing Simulation Lab II</td>
<td>1</td>
</tr>
<tr>
<td>NURS 3320 Care of Behavioral Health Client</td>
<td>3</td>
</tr>
<tr>
<td>NURS 3231 Practicum: Care Behav. Health Client</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

### FALL

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEM 1306/1106 Chemistry for Allied Health</td>
<td>4</td>
</tr>
<tr>
<td>NURS 2373 Pathophysiology ** **</td>
<td>3</td>
</tr>
<tr>
<td>NURS 2213 Theories of Nursing ** **</td>
<td>2</td>
</tr>
<tr>
<td>PSYC 2317 Statistics or MATH 1342 Statistics **</td>
<td>3</td>
</tr>
<tr>
<td>POLS 2302 Political Science II</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

### FOURTH YEAR

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 4560 Care of Parent-Child Family</td>
<td>5</td>
</tr>
<tr>
<td>NURS 4261 Practicum: Parent-Child Family</td>
<td>2</td>
</tr>
<tr>
<td>NURS 4340 Care of Community</td>
<td>3</td>
</tr>
<tr>
<td>NURS 4241 Practicum: Care of Community</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

### SUMMER III

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 4420 Care of Patients w/Compromised</td>
<td>4</td>
</tr>
<tr>
<td>NURS 4221 Practicum: Patients w/Compromised</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

### FINAL FALL SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 4350 Leadership &amp; Management in the Healthcare System</td>
<td>3</td>
</tr>
<tr>
<td>NURS 4251 Practicum: Leadership &amp; Mgt. in Healthcare System</td>
<td>2</td>
</tr>
<tr>
<td>NURS 4381 Preceptorship: Synthesis of Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NURS 4260 Integration of Baccalaureate Nursing Practice</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>57</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

*(+1 for NURS 1102 Nursing as a Profession / Elective = 121)

### NOTE:
A minimum grade of “C” is required for all NURS courses.

* POLS 2301 and POLS 2302 are not required for admission to the nursing program.

** NURS 1102 Nursing as a Profession is recommended but not required. NURS 1102 requires a minimum grade of “C.”

*** NURS 2373 Pathophysiology and NURS 2213 Theories of Nursing must be taken within 3 years prior to starting the Nursing Program. These courses must be passed within a maximum of three attempts.

Denotes prerequisite for admission into the Nursing Program. All of these courses are used to calculate the prerequisite GPA.

Prerequisite course requiring a minimum grade of “C.”

See LU Catalog for additional information for completing these core requirements.
BSN PROGRESSION POLICY

Purpose
The purpose of the Progression Policy is to provide the requirements for student progression throughout the nursing program. Information related to progression, exceptions, withdrawals, and graduation is included in this policy.

Progression Policy
1. All nursing courses must be successfully completed in the order in which they are offered. The APEG Committee monitors and enforces the progression of students.

2. Nursing is an art and a science, requiring professional competency to meet national standards. The JoAnne Gay Dishman School of Nursing requires a minimum standard of achievement of 75% in all nursing courses for progression. Each nursing course establishes the criteria for achievement of the 75% standard. (Refer to specific course syllabus for evaluation/grading criteria.) (APEG also recommends that each course’s grading be approved by Curriculum/Faculty Association or by Administration in the absence of faculty).

3. An overall G. P. A. of 2.0 must be maintained in all course work.

4. Grade Scale:
   A = 90 - 100
   B = 80 - 89
   C = 75 - 79
   D = 60 - 74
   F = 0 - 59

5. The 75% Weighted Grade Rule: Students must achieve a minimum of 75% average of all exams before any other assignments are included in the grade calculation. Failure to achieve the 75% exam average will result in the course failure irrespective of grades achieved on other assignments.

6. A student who fails to perform satisfactorily in a practicum course will receive a failing grade and will not progress.

7. Students will have only one opportunity to repeat one nursing course. When a student receives a grade of Q or W, this grade will count as one opportunity. A required withdrawal from a companion course will not be considered an unsuccessful attempt when applying for readmission. All subsequent courses must be satisfactorily completed on initial enrollment. A student will be dismissed from the nursing program if he/she fails two or more nursing courses. The student will not be eligible for readmission for five years.
   a. Students who withdraw or drop are required to complete an exit interview with the Director of Undergraduate Nursing Studies prior to the end of the current semester.
   b. Students dropping or failing a nursing course need to be aware that future readmission is based on space availability as well as student performance in the current and any previous nursing courses. Students dropping or failing a Nursing course are required to reapply to the nursing program by the first Friday following the end of final exams. Students can only be readmitted to the program one time.
   c. When a student is readmitted to the nursing program, he/she will be under the BSN curriculum plan as designated by the readmission letter and the Lamar University School of Nursing Undergraduate Student Handbook at the point of readmission.

8. A student who withdraws from a nursing course will also be required to withdraw from the companion co-requisite courses. A required withdrawal from a co-requisite course will not be considered an unsuccessful attempt when applying for readmission.

9. Students entering from another nursing program with less than “C” grade in any nursing course must pass all subsequent nursing courses with a grade of “C” or better on initial attempt.

10. BSN Progression Policy regarding Co-Requisite Courses:
   a. Co-requisite courses are didactic and practicum courses that share similar learning content. For example, NURS 3440 Concepts of Professional Nursing and NURS 3241 Practicum: Concepts of Professional Nursing are co-requisite courses. Students apply the didactic knowledge in the co-requisite practicum course.
b. If a student fails the didactic class but passes the practicum course, upon readmission the student will enter under a contract requiring the student to repeat both courses. It is important for students to demonstrate current knowledge and be competent in practicum situations.

c. If the student passes the didactic class and fails the practicum course, upon readmission the student will enter a contract requiring the student to repeat both courses. Knowledge of current scientific nursing is needed for application in practicum.

11. Students who are program failures may apply for readmission to the program after 5 years from the exit time.

12. Standardized specialty exams are administered throughout the curriculum. In courses where these exams are required, the exam grade will count at 10% of the course grade. The specialty exam grade will be included in exam calculation required for the 75% Weighted Grade Rule.

13. Readmitted students are placed on RX Prescription for Success and need to adhere to policy provisions.

Exceptions
Any student who wishes to request an exception to the admission and/or progression(s) criteria must proceed through the following steps:

1. Submit a written proposal to the APEG Committee identifying the problem requiring an exception and offering alternative solutions.

2. Written notice of the committee’s recommendation will be promptly submitted to the Director of Undergraduate Nursing Studies.

3. The Director of Undergraduate Nursing Studies will notify the student in writing the decision regarding the requested exception.

4. If the student is dissatisfied with the committee’s decision, he/she may appeal utilizing the formal grievance procedure for the JoAnne Gay Dishman School of Nursing (see Lamar University Academic Grievance Policy).

Withdrawal
Students considering withdrawal from the program should talk to the Director of Undergraduate Nursing Studies for withdrawal and re-entry information as well as an exit interview. Students should be counseled that future readmission will be based on space availability as well as student performance in the current and any previous nursing practicum nursing courses.

Graduation
Criteria for graduation from the nursing program include:

1. General requirements as stipulated in the Lamar University Comprehensive Catalog.

2. Compliance with all aspects of the written degree plan to include all prerequisite and nursing courses and pass a comprehensive exit exam.

NOTE: Algebra and Statistics Requirement for BSN Degree:
The Bachelor of Science in Nursing (BSN) curriculum plan requires students to take a college algebra course and a statistic course. The preferred statistics course is PSYC 2471 Psychology Statistics. However, Math Statistics is acceptable, and can be used to meet the statistics requirement. The JoAnne Gay Dishman School of Nursing will not accept credit for two statistics courses in the BSN degree plan. While a combination of Math Statistics and Psychology Statistics meets the university’s CORE math curriculum requirements, it does not meet the JoAnne Gay Dishman School of Nursing requirement. Nursing students must complete a statistics course, and they must complete a college algebra (or higher level math, excluding math statistics) course to fulfill requirements for the BSN degree.

Initially Approved by Faculty Association 5/6/2003, Revised by Faculty Association 10/28/2016.
ELIGIBILITY FOR GRADUATION

Purpose

A nationally standardized, comprehensive (exit) examination specified by the JoAnne Gay Dishman School of Nursing will be administered to students during the final semester of the BSN Curriculum. The results of the examination are used for the following purposes: 1) assurance of student preparation for NCLEX-RN®, 2) comparison of student knowledge with an external national standard to assure competence, 3) assurance of continuous quality improvement of the curriculum, and 4) evaluation of program performance.

Policy

1. During the final semester in NURS 4381, a comprehensive exit examination will be administered to students by the JoAnne Gay Dishman School of Nursing.

2. Upon receipt of the resulting diagnostic profile, each student will be counseled by the faculty to identify areas of strengths and weaknesses.

3. Satisfactory performance on the comprehensive exit exam within a specified time frame is required to pass the related course and be eligible for graduation. For additional information, please see the NURS 4381 syllabus.

4. Students who do not meet the required satisfactory performance on the first exit exam attempt will collaboratively work with faculty to develop a contract for an individualized plan of study. These students will be required to re-test prior to the end of the final semester at their own expense.

5. To be eligible to take the comprehensive exit examination a second time, the student must provide evidence that the terms of the contract have been met.

6. Students who do not achieve satisfactory performance on the second comprehensive exit examination will:
   a. receive a grade of “I” in NURS 4381
   b. enroll in a nationally recognized NCLEX-RN review course and provide documentation of completion
   c. retake the comprehensive exit examination for a third time at the student’s expense after completion of the NCLEX-RN review course.

7. If satisfactory performance is not achieved on the third attempt, the student is required to enroll in a Nursing Directed Study course which will be at his/her own expense, and
   a. If the student successfully completes all Nursing Directed Study course requirements, including passing the designated comprehensive exit examination, the exit exam requirement for NURS 4381 will be met.
   b. If all requirements are satisfactorily met, the student will receive a grade of “S” to replace the “I” in NURS 4381, and an “S” in the Nursing Directed Study course.
   c. If satisfactory performance is not achieved in the Nursing Directed Study course, the student will earn a “U” in NURS 4381 and in the Nursing Directed Study course.

8. Students are ineligible for graduation with a Lamar University Nursing Degree until all graduation requirements are met.

9. The student shall have the right of appeal to the APEG committee.

Approved by Faculty Association 12/7/2007; Revised by UNS 11/14/2014
PROMULGATION POLICY

Purpose

The purpose of the Promulgation Policy is to inform nursing and pre-nursing students of applicable JoAnne Gay Dishman School of Nursing (SON) policy changes in an efficient, timely manner.

1. New and modified SON policies will be posted on the Lamar University web-based platform for students affected by implementation of the policy change within thirty days of implementation.

2. Implementation of policies may vary depending upon subject matter; an implementation date should be noted on new or modified SON policies.

3. New and modified SON policies will be added to the Undergraduate Nursing Studies Student Handbook during the subsequent fall or spring semester.

Revised Faculty Association 5/10/2016
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ACADEMIC POLICIES
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ACADEMIC HONESTY POLICY

Purpose
Academic honesty implies integrity and ethical conduct in the development and submission of all student assignments. The JoAnne Gay Dishman School of Nursing complies with the University Academic Honesty Policy (https://students.lamar.edu/academic-support/academic-policies.html).

Policy

Academic Honesty
The university expects all students to engage in all academic pursuits in a manner that is above reproach. Students are expected to maintain complete honesty and integrity in the academic experiences both in and out of the classroom. Any student found guilty of academic dishonesty in any phase of academic work will be subject to disciplinary action.

Defining Terms for Academic Dishonesty
"Cheating" includes:

1. Copying from another student's test paper, laboratory report, other report, or computer files, data listing, and/or programs.

2. Using, during a test, materials not authorized by the person giving the test.

3. Collaborating, without authorization, with another person during an examination or in preparing academic work.

4. Knowingly, and without authorization, using, buying, selling, stealing, transporting, soliciting, copying, or possessing, in whole, or part, the contents of an un-administered test.

5. Substituting for another student; permitting any other person; or otherwise assisting any other person to substitute for oneself or for another student in the taking of an examination or test or the preparation of academic work to be submitted for academic credit.

6. Bribing another person to obtain an un-administered test or information about an un-administered test.

7. Purchasing, or otherwise acquiring and submitting as one's own work any research paper or other writing prepared by an individual or firm. This section does not apply to the typing of the rough and/or final versions of an assignment by a professional typist.

8. The JoAnne Gay Dishman School of Nursing considers the following to be a form of academic dishonesty:
   a. Unauthorized Multiple Submission: Using any work previously submitted for credit without prior permission of instructor.
   b. Fabrication/Falsification/Alteration: Intentional misrepresentation, invention, exaggeration or alteration of information or data, whether written, verbalized or demonstrated.

Plagiarism is using another person’s work or idea(s) without documenting or citing the source.

1. "Researchers do not claim the words and ideas of another as their own; they give credit where credit is due. Quotation marks should be used to indicate the exact words of another. Each time you paraphrase another author (i.e. summarize a passage or rearrange the order of a sentence and change some of the words) you need to credit the source in the text" (American Psychological Association [APA], 2010, p. 15).

2. "Whether paraphrasing, quoting an author directly, or describing an idea that influenced your work, you must credit the source. To avoid charges of plagiarism, take careful notes as you research to keep track of your sources and cite those sources according to the guidelines presented in this chapter" (APA, 2010, p 170).

3. Please refer to the most current APA Publication Manual for detailed guidance.
Collusion is the unauthorized collaboration with another person in preparing work offered for credit.

Abuse of research materials is the mutilation, destruction, concealment, theft or alteration of materials provided to assist students in the mastery of course materials.

Academic work is the preparation of an essay, dissertation, thesis, report, problem, assignment, or other project that the student submits as a course requirement or for a grade.

Procedures
The faculty member shall conduct a complete, thorough, and impartial investigation of the charge of academic dishonesty and determine whether or not the student was responsible for the violation. If the faculty member determines that the student was responsible for the violation, the faculty member may assess an appropriate and reasonable sanction.

These procedures are in accordance with the Texas State University System (TSUS) Rules and Regulations 5.36 Disciplinary Procedures for Academic Dishonesty and Lamar University Academic Honesty Policy.


ACADEMIC GRIEVANCE

Purpose
Resolution of students’ issues should occur with the appropriate faculty on an informal basis whenever possible.

Policy
If resolution is not reached informally, then formal university policies apply as specified in the Lamar University Academic Grievance Policy.

Informal School of Nursing Process:
Step One: The student should discuss the issue directly with the faculty involved as soon as possible after the occurrence of the alleged incident/situation.

Step Two: If the issue is not resolved, the student should consult with the course leader as applicable.

Step Three: If the issue is not resolved, the student should consult with the Director of Undergraduate Nursing Studies.

Step Four: Issues not resolved by the Director of Undergraduate Nursing Studies may be referred to the School of Nursing Chair by the student, faculty, or undergraduate program director.

Step Five: Informal resolution of the situation will be addressed by the School of Nursing Chair. If informal resolution is not attained, the student may seek a formal review.

Formal School of Nursing Process:
Step One: The student may request a formal review of the alleged issue/situation by submitting a written statement to the School of Nursing Chair requesting a formal review.

Step Two: The School of Nursing Chair will review the issue/situation and make a determination. The Chair may choose to refer the issue/situation to the Student and Faculty Relations Committee of the JoAnne Gay Dishman School of Nursing for recommendation prior to making a final determination.

Step Three: If the issue is not resolved, the student may submit a written statement to the Dean of the College of Arts and Sciences within one calendar week of the written response from the School of Nursing Chair.

Adopted by Faculty Association 5/12/2004, Revised UNS 9/30/2016, Revised Faculty Association 10/28/2016.
DISCIPLINARY PROCESS

Purpose
The purpose of this policy is to provide clarity and transparency of the disciplinary process adhered to in the JoAnne Gay Dishman School of Nursing.

Policy
Students are expected to be knowledgeable and adhere to all JoAnne Gay Dishman School of Nursing (SON) policies. Students, who are observed to be in violation of any of the program requirements, will be disciplined as follows:

Step One: Oral counseling and written warning by the faculty with documentation signed by student and observing faculty to be placed in the student’s permanent folder, utilizing the School of Nursing situation/incident form.

Step Two: Student will be provided a contract with the terms to be designated by a faculty committee with the approval of the appropriate Program Director or Director and/or School of Nursing Chair. The contract is to be signed by the student and placed in the student’s permanent record. The student is expected to comply with the contract for the designated time period.

Step Three: May lead to further penalties, which may include suspension or expulsion from the university.

Depending on the severity of the violation, the decision may be made to proceed directly to Step 2 or 3. All students will read the situation/incident report and signify their intent to comply by signing the form on the next page, which is to be placed in the student’s permanent record.

Adopted by Faculty Association 5/96, Revised UNS 9/30/2016, Revised Faculty Association 10/28/2016.
SITUATION/INCIDENT*

STUDENT: __________________________________________ L# _____________________________

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

*If patient care error:

Appropriate Hospital personnel informed: Yes _________ No_________

Appropriate Hospital forms initiated: Yes _________ No_________

COURSE OF ACTION

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

STUDENT RESPONSE: ______________________________________

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

Date _________________________ Student ______________________

Any appeal to this counseling must be submitted in writing to the Director of Undergraduate Nursing Studies by 3:00 p.m. on ________________________ .

Adopted by Faculty Association5/96, Revised 5/12/99, Revised UNS 9/30/2016, Faculty Association 10/28/2016.
TESTING POLICY FOR UNDERGRADUATES - PAR SYSTEM (SCANTRON)

Purpose
Testing policies and procedures are provided to maintain consistency in testing procedures and ensure test security. In addition, this policy establishes guidelines for reviewing and clarifying exam content in order to enhance the learning experience.

Policy

Administration
1. Testing dates and time will be stated in course syllabi or on the course calendar.
2. No exams will be given in advance of the scheduled date and time without approval of the Director Undergraduate Nursing Studies.
3. Tests will be distributed as a packet. Each packet will be numbered and include:
   a. Test booklet which identifies the test version (as applicable) and the total number of items on test
   b. Scantron
   c. Blank cover sheet
4. All exams will be timed based on exam format. Faculty will announce at the beginning of the exam the time allotted for the exam.
5. During the exam:
   a. Hats/caps must be removed or be turned backwards
   b. All books, purses, papers etc. will be placed at the back of the classroom.
   c. Drinking and eating are not permitted.
   d. All phones and electronic devices are to be turned off, and also placed at the back of the room. If a phone goes off during the test, all students will be asked to put their pencils down until the phone is silenced and time will not be added to the test.
6. Upon completion of the exam:
   a. Student will turn in the entire test packet. Failure to turn in all three test packet items will result in an exam score of zero.
   b. The Scantron form is the only official source of the answers for scoring the exam.
   c. As a courtesy, students finishing the exam before the end of the time allotted for the exam must leave the second floor.

Appropriate adjustments are made for students who meet the criteria of the Americans with Disabilities Act.

Make-up exams
7. Students who would miss an exam due to participation in a University sponsored event shall provide appropriate documentation to faculty in advance of the exam and are eligible to make-up the exam.
8. Students who miss an exam for any other reason than B.1 (above) shall receive a zero on the exam. Students may submit an appeal to this policy by presenting rationale to the Director Undergraduate Nursing Studies no later than two (2) weekdays following the exam. The student is responsible for seeking the exception from the Director Undergraduate Nursing Studies.
9. If an exception to the policy is made the student will be assigned the grade made on the final exam as the grade for the missed exam. No make-up exams will be given under any circumstances other than B.1 above or with permission of the Director of Undergraduate Nursing Studies.
10. If two exams are missed, the student will be given a zero for the second (2nd) missed exam. An alternative plan may be proposed at the discretion of the Director of Undergraduate Nursing Studies and/or School of Nursing Chair.
5. The Director Undergraduate Nursing Studies will document all exceptions in the student’s file and notify the course leader if an exception is granted.
6. Missed pop quizzes will also result in a zero grade with no avenue to seek an exception, except as described in B.1 above.
Preliminary Scoring Session

Preliminary Scoring Session is the time after an exam when students may view correct responses for the exam. During this time, the student has the opportunity to give written feedback on the Test Item Question Form.

Preliminary Scoring Session Policy

11. Preliminary scoring sessions will be conducted after each exam.
12. Faculty may conduct the preliminary scoring session on the same day of the exam or during the next class meeting.
13. During preliminary scoring sessions, students may have a pen. All other belongings will be placed at the back of the room and electronic devices must be turned off.
14. The student test booklet, PAR Student Test Report and the Test Item Question Form will be distributed to the appropriate student.
15. Students may write comments on the Test Item Question Form as they review their keyed responses.
16. Students have a maximum timeframe of thirty minutes to review their exam and make written comments on the Test Item Question form.
17. Students will return their test booklet, the PAR Student Test Report and the Test Item Question form at the end of the session.
18. Students are not allowed to talk amongst themselves during this session.
19. Exam items may be discussed during preliminary scoring sessions at the discretion of the course team (See Content Clarification Policy below)
20. Disruptive behavior will not be tolerated. If students become disruptive, faculty will end the preliminary scoring session.

Content Clarification

Content Clarification is a learning experience for students to promote a better understanding or application of a nursing concept. Content Clarification affords the instructor an opportunity to give rationale for exam items and/or to reinforce nursing concept application.

Content Clarification Policy

21. Content Clarification will be conducted for each exam by the course team members who contributed exam items.
22. Content Clarification may be conducted during the preliminary scoring session or within a reasonable timeframe after the exam.
23. Faculty will clarify vital concepts or discuss specific exam items during this session. Information regarding credited items, rationale and exam statistics may be provided.
24. Students are strongly encouraged to attend Content Clarification sessions.
25. Disruptive behavior will not be tolerated. If students become disruptive, faculty will end the content clarification session.

Content Specialty Examinations (e.g. fundamentals, psych-mental health nursing, medical-surgical nursing, maternity/pediatric nursing) are given in several courses throughout the nursing programs to assess student knowledge of specific content areas. If a specialty examination is given, it is considered a requirement of that course. Any student who does not complete this requirement will receive an “I” for that course which will be replaced with the earned course grade once the exam is completed. Appropriate adjustments are made for students who meet the criteria of the Americans with Disabilities Act.

Purpose
Testing policies and procedures are provided to maintain consistency in testing procedures and ensure test security. In addition, this policy establishes guidelines for reviewing and clarifying exam content in order to enhance the learning experience.

Policy

Electronic Administration

1. Testing dates and time will be stated in course syllabi or on the course calendar.
2. No exams will be given in advance of the scheduled date and time without approval of the Director Undergraduate Nursing Studies.
3. Tests will be administered electronically. Scratch paper will be provided.
4. Exams will be timed based on question format and course policy. Faculty will announce the allotted time frame for the exam at the beginning of the exam. Students will only receive credit for answers provided during the allotted time.
5. During the exam:
   a. Hats/caps must be removed or be turned backwards
   b. All books, purses, papers etc. will be placed at the back of the classroom.
   c. Drinking and eating are not permitted.
   d. All phones and electronic devices are to be turned off, and also placed in the designated area. If a phone goes off during the test, all students will be asked to remove their hands from the keyboard until the phone is silenced and time will not be added to the test.
   e. If the exam is interrupted due to technical difficulties additional time will be allotted to the exam.
6. Upon completion of the exam:
   a. Student will turn in the access code page. Failure to turn in the access code page will result in an exam score of zero.
   b. As a courtesy, students finishing the exam before the end of the time allotted for the exam must leave to the designated past exam area.

Appropriate adjustments are made for students who meet the criteria of the Americans with Disabilities Act.

Make-up exams

1. Students scheduled to miss an exam due to participation in a University sponsored event shall provide appropriate documentation to faculty in advance of the exam and are eligible to make-up the exam.
2. Students who miss an exam for any other reason than a University sponsored event shall receive a zero on the exam. Students may submit an appeal to this policy by presenting rationale to the Director Undergraduate Nursing Studies no later than two (2) weekdays following the exam. The student is responsible for seeking the exception from the Director Undergraduate Nursing Studies.
3. If an exception to the policy is made the student will be assigned the grade made on the final exam as the grade for the missed exam. No make-up exams will be given under any circumstances other than a University sponsored event or with permission of the Director of Undergraduate Nursing Studies.
4. If two exams are missed, the student will be given a zero for the second (2nd) missed exam. An alternative plan may be proposed at the discretion of the Director of Undergraduate Nursing Studies and/or School of Nursing Chair.
5. The Director Undergraduate Nursing Studies will document all exceptions in the student’s file and notify the course leader if an exception is granted.
6. Missed critical thinking exercises/activities will also result in a zero grade unless it is due to a University sponsored event.
TESTING POLICY FOR UNDERGRADUATES – COMPUTER (EXAMSOFT) CONTINUED

Preliminary Scoring Session
Preliminary Scoring Session is the time after an exam when students may view correct responses for the exam. During this time, the student has the opportunity to give written feedback on the Test Item Question Form.

Preliminary Scoring Session Policy
1. Preliminary scoring sessions will be conducted after each exam.
2. Faculty may conduct the preliminary scoring session on the same day of the exam or during the next class meeting.
3. During preliminary scoring sessions, students may have a pen. All other belongings will be placed in the designated area and electronic devices must be turned off.
4. The student test report test item question form will be distributed to the appropriate student.
5. Students may write comments on the Test Item Question Form as they review their keyed responses.
6. Students have a maximum timeframe of thirty minutes to review their exam and make written comments on the Test Item Question form.
7. Students will return their Student Test Report and the Test Item Question Form at the end of the session.
8. Students are not allowed to talk amongst themselves during this session.
9. Exam items may be discussed during preliminary scoring sessions at the discretion of the course team (See Content Clarification Policy below)
10. Disruptive behavior will not be tolerated. If students become disruptive, faculty will end the Preliminary Scoring Session.
11. At least 2 faculty will monitor the preliminary scoring session.

B. Content Clarification

Content Clarification is a learning experience for students to promote a better understanding or application of a nursing concept. Content Clarification affords the instructor an opportunity to give rationale for exam items and/or to reinforce nursing concept application.

Content Clarification Policy
1. Content Clarification will be conducted for each exam by the course team members who contributed exam items.
2. Content Clarification may be conducted during the preliminary scoring session or within a reasonable timeframe after the exam.
3. Faculty will clarify vital concepts or discuss specific exam items during this session. Information regarding credited items, rationale and exam statistics may be provided.
4. Students are strongly encouraged to attend Content Clarification sessions.
5. Disruptive behavior will not be tolerated. If students become disruptive, faculty will end the content clarification session.

Content Specialty Examinations (e.g. fundamentals, psych-mental health nursing, medical-surgical nursing, maternity/pediatric nursing) are given in several courses throughout the nursing programs to assess student knowledge of specific content areas. If a specialty examination is given, it is considered a requirement of that course. Any student who does not complete this requirement will receive an “I” for that course which will be replaced with the earned course grade once the exam is completed. Appropriate adjustments are made for students who meet the criteria of the Americans with Disabilities Act.

RX PRESCRIPTION FOR SUCCESS STUDENT POLICY

Purpose
The purpose of the RX Prescription for Success Student Policy is to facilitate academic success for all students enrolled in the JoAnne Gay Dishman School of Nursing.

The Caring Place serves to promote student success in nursing school and facilitates students to be lifelong adult learners. The RX Prescription for Success Plan is a remediation process that will require all students readmitted into the nursing program (the semester of readmission only) and those who do not score above 76% on nursing course unit exams to collaborate with the course faculty and The Caring Place in implementing a plan to support students’ academic success.

Policy
The RX Prescription for Success will be implemented utilizing the nursing theory, Modeling and Role Modeling. By building on this theory, students will be accepted as unique, worthwhile individuals. Positive orientation will be promoted and students’ strengths will be affirmed. Furthermore, students will exert control of their learning by actively engaging in the development of goals and a plan of action.

Faculty Responsibilities
1. Course team members and The Caring Place will collaborate with students in the development of individualized RX Prescription for Success.
2. Students who were academically unsuccessful in a nursing course and readmitted into a nursing program will be informed that they are required to meet with the course faculty within the first week of resuming nursing courses in order to initiate an individualized RX Prescription for Success.
3. The course leader or designated course team member will identify students who score ≤ 76% on either exam I or II or have an average of ≤ 76% after exam III. The course leader or designated course team member will contact these students within 7 days of the exam and refer them to a faculty member to develop the RX for Success Plan.
4. The faculty and student will collaborate on developing an individualized RX Prescription for Success utilizing the following forms
   a. RX Prescription for Success Student Agreement (will be completed by students during RX4DX)
   b. RX Prescription for Success Assessment Form
      • White copy to The Caring Place
      • Yellow copy to faculty
      • Pink copy to student
   c. RX Prescription for Success Referral Form
      • White copy to The Caring Place
      • Yellow copy to faculty
      • Pink copy to student

Student Responsibilities
1. Students who score ≤ 76% on either exam I or II or have an average of ≤ 76% after exam III are responsible for collaborating with course faculty in developing and implementing an individualized RX Prescription for Success plan.
2. Students are responsible for setting goals and formulating an action plan utilizing the RX Prescription for Success Assessment.
3. Students are expected to be accountable for their learning and utilize suggested resources for academic remediation.
4. Students are responsible for fulfilling all aspects of the RX Prescription for Success Referral within a reasonable timeframe.
5. Students who do not fulfill the responsibilities established by this policy must meet with the Director of Undergraduate Nursing Studies and then, if deemed necessary, the School of Nursing Chair.

Approved by Faculty Association 2010, Revised 6/24/2016
Facilitated Learning is an opportunity for motivated students to obtain assistance with challenging areas of didactic content. The goal of facilitated learning is to promote independent active learning throughout nursing school and throughout life.

1. Facilitated learning is a free resource provided by the JoAnne Gay Dishman School of Nursing available to any nursing student. Participation is a privilege and not an entitlement. I understand that resources are available on a limited basis.

2. I understand that participation in facilitated learning sessions through The Caring Place is voluntary.

3. Participation requires an active involvement on my part.

4. As an adult learner, I am responsible for being prepared prior to attending a session. Preparation includes, but is not limited to, having read the pertinent material (i.e. chapters, notes).

5. It is my responsibility to bring all pertinent material to facilitated learning sessions (i.e. textbooks, notes, PR’s).

6. I understand that lack of preparation on my part may result in cancellation of the facilitated learning session.

7. Facilitated learning works best with small groups, so please make appointments. If you are not able to keep an appointment, please call 880-8812 OR e-mail: caringplace@lamar.edu

Participants Signature ____________________________ Date __________ Printed Signature ____________________________
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STUDENT PRACTICUM POLICIES
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ATTENDANCE, ABSENCE, AND CHANGE OF LIFE EVENTS POLICY

Purpose
Class, practicum and laboratory attendance is essential for academic success.

Attendance Policy
1. If absences are interfering with the successful completion of course outcomes, the student will be counseled by faculty about the consequences on the course grade.
2. No children are allowed in class since this interferes with the learning process of fellow students.
3. Students are responsible for all course material missed while absent.
4. Arrival to class after the starting time presents a problem. Students are expected to arrive on time. Students who arrive late to class are to enter by the back door and will be seated in the last two rows only. The instructor reserves the right to lock the classroom door and allow admittance at the next break time.
5. Students whose late entry for either class or practicum is excessive will be counseled and a plan or corrective action determined.
6. During the scheduled practicum time, students are not allowed to leave the practicum site without practicum instructor approval.
7. Students should make every attempt to be on time for exams. If an emergency arises, the student should notify the course leader and or the program office at (409) 880-8817.
8. Students arriving late for an exam must turn in their exam at the original announced finish time. These students will be placed at a table in the front of the room to minimize distraction to the other students. A counseling note will be placed in the student’s file. No additional time to finish the examination will be given.

Absence Policy

Excused Absence
Absences from practicum or a lab will be deemed excused when appropriate faculty have been informed of absence, in a timely manner, i.e., prior to the event if possible or within 2 school days of returning to campus, and appropriate documentation is submitted to the Director of Undergraduate Nursing Studies. When an absence is excused, the student will be allowed to participate in any activities designed to make-up the missed experience.

Unexcused Absence
Absences from practicum or a lab will be deemed unexcused as follows: when the student has failed to contact the course faculty or course leader regarding the absence in a timely manner and/or there is a lack of appropriate documentation submitted to the Director of Undergraduate Nursing Studies; when a student is either not prepared, has dress code violations, or tardy; when a student is not approved to attend practicum due to student failure to submit PRDs by the designated deadline; or when a student fails to pass the practicum orientation exam. Unexcused absences must be made up, but will be documented as a breach of professional conduct and will be treated as a disciplinary problem. Once initiated, disciplinary action for unexcused absences will remain in effect over the course of the entire nursing program.

The student will receive a written warning upon the first occasion of an unexcused absence. Documentation will be placed in the student’s folder and will remain in effect over the course of the entire nursing program.

Short Term Absences
Short term absences are defined as those that range from one day or less, to 2 weeks. All absences from educational activities deemed mandatory (i.e. on-campus practicum activities, off-campus practicum placements) must be approved by the program director and course leader. When the undergraduate program director deems the absence as unexcused, it will be documented on the practicum evaluation tool (PET) by the
course faculty. More than 3 unexcused absences may result in untoward consequences, including course failure. See the Excused/Unexcused absence policy.

*Students will be responsible* for making up the missed practicum hours as arranged by the Course Leader and practicum faculty. Consequences of not making up missed practicum hours will result in course failure. Completion of course requirements ensures achievement of course Student learning outcomes and patient safety as the student progresses in the program.

For absences that occur due to illness, documentation from a healthcare provider must be submitted according to the policy attendance policy to support the medical reason. For absences that occur due to other circumstances (i.e. personal loss), relevant and acceptable documentation of the circumstance may be required. Documentation must be submitted to the undergraduate program director.

**Major Illnesses or Injuries, Major Surgery, Pregnancy**

In the event of contracting infectious illnesses or development of non-infectious conditions such as major surgery, serious injury, or pregnancy, the student must obtain a physician's release prior to participating in the practicum experience, notify the course faculty, and the UNS director. In addition, Centers for Disease Control (CDC) guidelines relating to infected health care workers must be adhered to, as applicable.

Emergency and extraordinary circumstances will be addressed on an individual basis. In all other unforeseen or planned absences from practicum activities (i.e. religious holidays, university sponsored events), students must initiate a request within the first two weeks of the semester in writing for an advanced approved absence from their Course Leader and Director of Undergraduate Nursing Studies.

Students who are absent from on-campus or off-campus practicum activities for a period ranging from greater than 2 weeks to less than one term should consult immediately with the undergraduate program director to discuss progression in the course and program.

**Absences from Nursing Courses Exams**

See the Testing Policies/Procedures for Undergraduates in the UNS Handbook.

**Change of Life Event**

*Leave policy related to short term leave, short term disability resulting from acute change of status event*

**Change of status event:** Any life event that alters the health status of the student requiring absence from class, exams, and or practicum for more than 2 weeks of the semester. Generally, during a change of status event the student temporarily does not meet the physical or mental health standards required for participation in the nursing program. Full continuation in the program may result in threats to safety to the student or to the patients. The SON will make reasonable accommodations for change of status events. Medical events such as pregnancy, acute fractures, etc. require submission of medical documentation from the healthcare provider.

During a change of status event, the student may contact the Disability Resource Center (DRC). The DRC will assist the student and faculty to make appropriate accommodations, such as record lectures.

Pregnancy has the potential to become a change status event. Students may continue in the nursing program during pregnancy.

1. The student must submit documentation with each prenatal visit that states that they can continue the didactic and practicum courses.
2. The documentation must address if there are any limitations placed on the student
3. The student must inform the course faculty any time their health status changes.
4. The student must work with the course leader and practicum faculty to develop a plan to complete any missed learning activities.
5. At the completion of the pregnancy, the student must obtain two medical releases
   a. The first, to return to didactic classes, sit several hours, take exams
   b. The second should address whether the student is safe/well enough to return to the strenuous work that
occurs in practicum as specified by the nursing program and the practicum agencies. There is no “light duty”.

6. It is the student’s responsibility to demonstrate eligibility to return to practicum courses, in consultation with the program director. This may involve some practicum remediation as per the individual student’s academic needs.

7. Absences for more than 25% of the practicum hours may result in the students being required to withdraw from the course and enroll again at their own expense, with guaranteed placement in the course(s), the next time the course is offered. Because space for practicum placement is an issue, the student returning to practicum courses after a several week absence may be placed on a waiting list for placement. All efforts will be made to place/readmit these students.

Approved by UNS 3/19/10; Revised by UNS 4/26/13; 2/19/16, 9/30/16. Revised by Faculty Association 10/28/16.

PRACTICUM/SIMULATION MAKEUP POLICY

Purpose
The Texas Higher Education Coordination Board (THECB) and the University have assigned credit hours for each nursing course. The THECB regulates the ratio of didactic hours to practicum hours which then determines the number of practicum contact hours for each course. The Texas Board of Nursing expects each nursing student to obtain sufficient practicum experience to facilitate passage of NCLEX and to ensure safe practice upon graduation.

Policy
The faculty will assign a practicum makeup day on the course calendar for each practicum course. Whenever possible the student will return to the same or similar practicum facility for the make-up day.

If a student is unable to return to the same facility, the faculty will assign the student to a facility or practicum area which ensures student will focus on the practicum outcomes for that specific course.

Students who miss more than one practicum day in a semester should be referred to the Director Undergraduate Nursing Studies. The course faculty in conjunction with the Director Undergraduate Nursing Studies may recommend that an “I” be given and additional practicum or assignments be arranged for the individual student.

PRACTICUM EXPERIENCE RESTRICTIONS

Students shall not:

1. Serve as a witness on consent forms.

2. Complete variance/occurrence reports of any kind without instructor assistance.

3. Breach patient confidentiality. Violation of HIPAA policies will result in disciplinary actions.

4. Take verbal/telephone orders from physicians.

5. Transcribe orders without staff/instructor supervision.

6. Procure and/or administer any medication that does not adhere to the Medication Administration Policy.

7. Use facility resources for personal use.

NOTE: Other restrictions may apply to specific practicum rotations or practicum facilities.

STUDENT UNIFORM POLICY & DRESS CODE

Purpose
The uniform and dress policies provide a consistent dress code for all students enrolled in JoAnne Gay Dishman School of Nursing programs. It clarifies faculty expectations of students’ dress in the practicum setting and allows nursing students to be easily recognized.

Policy
The following requirements have been established. Students are expected to comply with these guidelines to maintain a professional presentation in the classroom and practicum settings.

Dress Code:

Class:
Students are free to wear street clothes that are in good taste (not provocative, revealing or suggestive).

Course:
Students are instructed to follow the specific course dress code practicum/simulation requirements.

Practicum/Simulation:

Uniform
1. Identification Badge
   a. Two (2) Lamar University identification badges with the title BSSN-LU are required.
   b. One badge will have the student’s entire name; the other will show the first name only.
   c. Students will be instructed when the first-name-only badge is to be worn.
   d. The associated badge fee will be deducted from the student’s Lamar University account.
   e. Badge holders with Lamar University/Dishman School of Nursing logos are acceptable; all other badge holders are prohibited.

2. Students must wear the specified uniform white tops, pants, or skirt fitted at the waist (See Uniform Details). Skirts should be knee-length or longer.

3. The Lamar University JoAnne Gay Dishman School of Nursing patch must be permanently attached to the left sleeve of uniform top and lab coat, three (3) inches below shoulder seam.

4. All students are to wear white duty or athletic shoes with minimal color (sling backs, open toes, clogs, and sandals are prohibited).

5. Students must wear white socks above the ankle (e.g. sports socks, tube socks, or support hose).

Hair
1. Hair color must be within range of naturally occurring human hair.
2. Hair longer than collar length must be worn up off the collar.
3. Hair ornaments (e.g., ribbons) are not allowed.
4. Hair styles must be appropriate in order to don Personal Protective Equipment (PPE).
5. Scarves (except for religious beliefs) are not allowed.
6. Sideburns are to be neat and well-trimmed.
7. Mustaches and beards are acceptable on campus, but may vary according to the policies of the practicum facility.
Jewelry
1. One pair of small (3-5 mm) earring studs are allowed in the ear lobes.
2. Students must wear an approved watch.
3. Students may wear a wedding band, small religious necklace (inside the collar), and the White Coat Ceremonial Pin (as applicable).
4. Jewelry is not allowed in any body piercing.
5. Gauges are prohibited.

Personal Grooming
1. Personal hygiene must be maintained (e.g., oral, body, hair hygiene).
2. Make-up should be moderate.
3. Nails should be neat, clean, and not longer than the tip of the finger.
4. Artificial nails are not allowed; nail coatings are not allowed.
5. Tattoos must be hidden from view while in uniform.
6. Avoid using perfumes, colognes, and scented soaps/lotions when providing direct patient care.
7. Appropriate undergarments must be worn.

Required Accessory Items
1. Bandage scissors
2. Calculator
3. CPR Mask
4. Goggles
5. Pen (black and red) and pencil
6. Pen light
7. Professional watch with second hand capabilities
8. Stethoscope with bell and diaphragm

Community Based Service Learning (CBSL)
1. Lamar University JoAnne Gay Dishman School of Nursing monogrammed red polo shirt
2. Khaki or dark colored slacks or skirt, fitted at the waist
3. Professional (all one color) closed toe shoes

Potential Suppliers of Uniforms and Healthcare Supplies:
Frank’s Medical Mart – 2405 McFaddin, Beaumont, TX
PRN Medical Services – 3675 Calder, Beaumont, TX
Alliance Medical – 3440 College, Beaumont, TX

Revised Faculty Association 5/12/2011; Revised by Faculty Association 12/4/2015
UNIFORM DETAILS

Female and Male shirt may be any white tunic with pockets. No scrub tops or Polo shirts or any other type of pullover shirt. The white uniform top is required for ALL students.

If the student requires a long-sleeved shirt under the top in practicum, it must match the color of the uniform top and be made of cotton material.

The white lab coat must come to fingertip level.

White Lab Coat:

*Females:* White Lab Coat # 15113 by White Swan
*Males:* White Lab Coat # 15112 by White Swan

White Top:

*Females:* Cherokee Workwear #4770 (White-snap)
White Swan #14100 or 14212 (White)
Wonder Work #2440 (White Snap)
*Males:* Cherokee Workwear #4300 (White-Zipper)
White Swan # 6125 for males (White-Zipper)

Red Top (Senior Preceptor students ONLY):

*Females:* Cherokee Workwear #4801 or 4700 (Red-pullover)
Cherokee Workwear #4770 (Red-snap)
*Unisex:* Dickies Unisex # 83706 (Red-pullover)

Bottom:

*Females:* Cherokee Workwear #4101# or 4001 (Red)
Wonder Work #2020 (Red)
*Unisex:* Dickies Unisex # 83006
White Swan # 14712-016 (Red)

Faculty Association 6/1/2005; Revised UNS 11/18/2016.
PRACTICUM ORIENTATION POLICY

Purpose
Students enrolled in undergraduate nursing practicum courses must complete the Practicum Orientation Requirements and the hospital orientation prior to attending practicum to meet yearly Occupational Safety and Health Administration guidelines. The hospital orientation familiarizes the student with the facility’s policy and procedures.

Policy
All Practicum Orientation Requirements must be successfully completed at the start of the first semester that the student is admitted or readmitted to the program, and at the start of the fall semester thereafter.

Additional Practicum Orientation Requirements follow:
1. Orientation videos: Students must watch the listed videos and complete the posttest by the designated due date.
2. Students review additional hospital policies as designated by the faculty and sign the accompanying forms, including the forms related to the HIPAA privacy rules.
3. Dosage calculation exams and accompanying reviews must be satisfactorily completed before administering medications in the practicum facility. Completion date will be determined by the course faculty. See Dosage Proficiency Policy.

Adopted by Faculty Association 8/20/2013

SIMULATION EXPECTATIONS

Purpose
This policy serves as an agreement between the nursing student and School of Nursing (SON) faculty that the student is aware of the simulation expectations, such as confidentiality, civility in the learning environment, academic honesty, and professional behavior. The simulations may be recorded for future education or advertisement purposes.

Students must adhere to the following guidelines:

1. All CLIENT/ PATIENT information is confidential and any inappropriate viewing, discussion, or disclosure of this information is a violation of SON policy.
2. This information is privileged and confidential regardless of format: electronic, written, overheard or observed.
3. The simulation lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. The students involved in the scenario should have everyone’s respect and attention. Situations simulated in the lab are to be used as a learning tool and no discussion of the action(s) of fellow students should take place out of the lab. A debriefing session will be provided for all simulation experiences.
4. Any inappropriate viewing, discussion, or disclosure of client information will be considered a violation of this policy, similar to how disclosing patient information is considered a violation of the Health Insurance Portability and Accountability Act (HIPAA) and disclosing educational information is a violation of the Family Educational Rights and Privacy Act (FERPA). Destructive criticism and/or punitive or negative discussion in the lab or at another location, regardless of student performance, is considered unprofessional behavior.
5. Students will be asked to complete an evaluation form for the scenario/lab. Use the time to reflect on your experiences in the simulation lab and offer constructive feedback which will improve future learning experiences.

6. The simulation mannequins are to be used with respect and treated as if they were live patients.

7. No betadine, ink pens, markers, etc. are to be used near the mannequins. Only use 22 g IV catheters (or smaller) for initiating IV lines. Students must wash hands and wear gloves when working with all mannequins.

8. Wear uniforms appropriate for the practicum specialty areas according to SON dress code.

9. Complete Pyxis® orientation and training prior to simulation if Pyxis® is to be used during the simulation.

10. Minimum Expectations for all simulations include, but are not limited to:
    a. introduction of self to the “client/patient.”
    b. proper hand hygiene before and during all simulation experiences.
    c. demonstrate initial data collection skills (ABCs).
    d. active participation in case scenarios/ debriefing.
    e. therapeutic and culturally sensitive communication with the client, faculty, family, and interprofessional team members.
    f. accurate communication with “physician/ practitioner” utilizing the SBAR system.
    g. use the 6 rights of medication administration and standard client identification procedures(s).
    h. consistently use Standard Precautions.
    i. perform skills according to procedures learned in the Learning Center / Skill Simulation Lab.
    j. maintain client safety at all times.

11. If standardized patients are utilized and actual problems are identified, such as abnormal vital signs, the simulation student will notify the practicum/laboratory faculty and assist in referring the patient to primary care. Standardized patient information will remain confidential.

12. Students must review this policy annually, abide by the terms, and complete the Simulation Expectations Quiz in LU Learn (Blackboard) the semester admitted to the program and each following Fall semester to verify knowledge of this information. Completion of the Simulation Expectations Quiz serves as an agreement to abide by this policy.

Adopted 8/28/2009, Revised 4/11/16, UNS 11/18/16
NURSING STUDENT PRACTICUM DOCUMENTATION POLICY

Purpose
Lamar University (LU) is committed to providing a healthy and safe learning environment for students and faculty while maintaining patient safety and confidentiality. LU is committed to keeping patient information safe and maintaining compliance with Health Information Portability and Accountability Act (HIPAA) standards.

Policy
The School of Nursing (SON) strives to prepare students to be competent in informatics technology including documentation with electronic health records (EHR). It is the policy of the SON to assure, to the best of its ability, student documentation in practicum agencies adheres to HIPAA standards of patient confidentiality while facilitating charting competence, efficiency and compliance with legal and ethical standards of nursing practice.

Procedure:

The nursing student will:

1. consider all patient information as confidential and any inappropriate viewing, discussion, or disclosure of this information is a violation of SON policy.
2. adhere to the requirements of the practicum facilities/course requirements on student documentation.
3. utilize practicum agency computers for documentation when applicable.
4. continue to document medications administered in the actual patient record according to hospital policy.
5. immediately report abnormal values or critical information to practicum faculty and facility staff.
6. keep login information confidential and close down the computer application when away from the computer.
7. comply with SON regulations on the use of electronic devices in the practicum setting.
8. document their name and credentials as follows: full first name, full last name, degree program, and the SON identifier (LU). Example: Jane Doe, BSSN, LU

The nursing student will not:

1. allow anyone to access practicum documentation except practicum faculty or assigned preceptor.
2. document names or any other specific patient identifying information in any written documentation such as birth date, medical record number, physician, hospital, unit, or any other patient identifying information.

Approved Faculty Association 9/11/2009, Revised UNS 11/18/2016
INFECTION CONTROL POLICY

Purpose

The purpose of this policy is to reduce the spread of infection among patients and students in the health care setting while maintaining compliance with state and federal regulations.

Every patient is considered potentially infected. Isolation no longer depends on a diagnosis. Health care workers must protect themselves from exposure to all patients’ bodily fluids or contaminated equipment (e.g., blood, feces, urine, saliva).

Policy

1. **Wear Gloves:** When coming in contact with any bodily fluid or contaminated equipment (e.g., when starting and discontinuing IV’s; when performing mouth care, perineal care, Foley care, injections, accessing central lines, enemas; handling blood products, urine, feces, sputum, amniotic fluid, placentas; when diapering and providing newborn care.

2. **Wear Gloves, Gown, and Mask or Goggles:** When the possibility of being splashed occurs (e.g., labor and delivery, surgery, emergency department, all diagnostic labs).

3. **Dispose of Needles and Sharps Properly:** Do Not Recap! Place used needles and sharps in special containers provided.

4. **Resuscitation:** Use mouthpieces purchased, resuscitation bags, or other ventilator devices. Students are not encouraged to perform mouth-to-mouth breathing.

5. **Wash Hands:** Before and after contact with each patient, and after contamination. When gloves are used, wash hands before applying and after removing.

6. **Clean Spills:** Any blood or body fluid spills should be cleaned up promptly, using gloves and a disinfectant provided by the health care agency.

7. **Specimens:** All bodily fluid specimens should be considered biohazardous. Gloves should be worn when collecting and transporting specimens.

8. In addition, students are expected to follow institutional guidelines of affiliate agencies including isolation procedures and Centers for Disease Control and Prevention (CDC) guidelines.

9. In event that an incident should occur, report immediately to practicum instructor.

Initially Approved by faculty 9/10/1987; Revised UNS 11/18/2016
DOSAGE CALCULATION PROFICIENCY EXAM POLICY

Purpose
A Dosage Calculation Proficiency Exam (DCPE) is administered in selected didactic courses and the corresponding co-requisite practicum throughout the nursing curriculum. This policy applies to courses that identify medication administration as a critical behavior.

Based on successful completion of the prerequisite math course, students are expected to have basic math proficiency. Review and maintenance of basic math skills are essential to professional nursing practice.

The exams are designed to validate the retention of and acquisition of skills necessary to administer medications safely in the practicum setting. New material/skills may be taught using a variety of strategies. Students may acquire knowledge in class or via independent study assignments. Study guides, reading assignments, formal classes and informal sessions may be required prior to drug calculation exams.

Policy
1. The foundation for dosage calculation competency is provided in NURS 3330 Principles of Pharmacology. The course includes basic calculation skills related to the following areas:
   a. Converting Units of Measure
   b. Dosages Based Upon Body Weight
   c. Calculating Safe Doses
      1) Minimum safe dose
      2) Maximum safe dose
   d. Oral Medications
      1) Solids (tablets and capsules)
      2) Liquids
   e. Preparing/Diluting Enteral Feedings
   f. Parenteral Medications
      1) Liquids for injection
      2) Reconstitution of medications
      3) Intravenous drip rates for continuous and intermittent infusion (e.g. ml/hr, gtts/min)

2. Dosage calculation proficiency is a minimum competency for medication administration.

3. Students must successfully complete a timed drug calculation exam before medications can be administered in a practicum course.

4. Students have 3 opportunities to score 90% or greater on the Dosage Calculation Exam (initial test and 2 retakes) per course.

5. If a student fails to obtain the required score (90%) by the conclusion of the third test, the student will be deemed unsafe to administer medications, thereby unable to pass the practicum and will be required to withdraw from the practicum and co-requisite didactic courses.

6. Exam Administration
   a. Faculty will provide a general study guide (e.g., The Caring Place Math Resource Guide) for the exam.
   b. Calculators will be provided by the School of Nursing for any exam requiring calculations.
   c. Conversion tables will be provided in first and second semester courses (e.g. NURS 3330 &
d. Students are required to show all work on exams with calculations.

e. Students will be given an opportunity to review a failed proficiency exam prior to subsequent testing.

f. Remediation is required between each exam; course faculty will provide the remediation.

g. Dosage calculation problems are to be congruent with course outcomes.

h. Dosage calculation exams will be leveled and increased in depth of material as student progresses through the curriculum.

i. Three (3) minutes will be allowed for each calculation problem.

j. All exams with calculations will include rounding instructions.

k. Calculation problems may be a part of any exam based on course outcomes.

l. Faculty will not answer any questions during the testing period.

7. Exam Blueprint

   a. Each Dosage Calculation Exam will consist of 20 fill in the blank questions.

   b. Students can expect calculation problems on the following topics:

      1) Converting units of measure
      2) Calculating doses based on body weight
      3) Calculating safe doses
      4) Solid oral medications
      5) Liquid oral medications
      6) Preparing/diluting enteral feeding
      7) Liquids for injection (IV, IM, SC) - Including injectables with large unit doses (e.g. penicillin and heparin)
      8) Reconstitution of medications
      9) Intravenous drip rates
      10) Intake and Output
      11) Specialty specific calculations as applicable to course outcomes (e.g. milliunits/hr, mg/min, mcg/min, mcg/kg/min)

8. Unsatisfactory performance on the Dosage Calculation Examination:

    If a student does not satisfactorily pass the drug calculation examination on the third attempt, then the student is deemed unsafe to administer medications and will receive a grade of “U” in the practicum course associated with the drug calculation examination. The student must withdraw from the co-requisite companion courses.
MEDICATION ADMINISTRATION POLICY

Purpose
The Lamar University (LU) JoAnne Gay Dishman School of Nursing adheres to the policies of all practicum facilities with which the School of Nursing is affiliated for student practicum learning experiences. Students will follow policies of designated facilities including but not limited to acute care, long-term care, and community agencies. The purpose of this policy is to establish guidelines for administration of medications by undergraduate nursing students to promote a safe environment for clients/patients.

Policy Process:
1. Student must pass a dosage calculation proficiency exam with a 90 or above before beginning in the second semester and every subsequent practicum course where students administer medications. Upon successful completion of the dosage calculation proficiency exam, in addition to a successful initial skills demonstration, permission will be granted to administer medications in a practicum facility.

2. Faculty will review with students the respective facility/facilities' policy/policies on Medication Administration and Medication Documentation during orientation and before permission will be granted to administer medications at the facility/facilities.


4. At the beginning of each practicum rotation when students will be administering medications the Medication Administration Policy and the Student Medication Error Policy (attached) will be distributed and reviewed with students.

5. Students will sign the Medication Administration Policy and the Medication Error Policy.

6. The signed Medication Administration Policy and Medication Error Policy will be placed in the student’s files and in the student’s portfolio.

7. The students must have assigned computer codes from the respective facility/facilities to administer medications.

Restrictions: Students shall not
1. prepare any medications without a faculty member or staff nurse* present.

2. administer any medication without a faculty member or staff nurse* present.

3. give experimental medications, blood, blood products, chemotherapeutic medications or Cardiac parenteral / bolus drugs.

4. use parenteral syringes to administer oral medications.

Procedure:
The student must
1. administer medications the first time each semester with a faculty member present.

2. notify a faculty member and staff nurse when a discrepancy or error is identified.

3. verify the Medication Administration Record (MAR) against the original physician’s order.

4. know the purpose, the classification or sub-classification, side effects and important teaching facts for each medication to be given (in accordance with the Texas Nursing Practice Act).

5. review allergies prior to each medication preparation and administration.

6. perform an individualized “quick” assessment based on the shift report before preparing ordered
medications which includes pertinent lab values and vital signs.

7. verify dosage calculations with a faculty member or staff nurse in a written form.

8. place unopened packages of medications in a labeled medication container with the patient’s name and room number.

9. label all syringes with the patient’s name, medication, and room number (including flushes for irrigation).

10. verify the seven (7) rights when preparing medications for administration: right medication, right patient, right time, right route, right dose, right documentation (including patient/client response) and right to refuse while adhering to the No Interruption Zone (Red Zone) Standard. This means no talking or texting during medication retrieval.

11. follow identification procedure at respective facilities (i.e. check armband, identify patient/client by birthday, identify patient by medical record number). Two identifiers should be used to identify patient/client before giving medications.

12. follow facilities’ documentation process for administering medication.

General Guidelines:

1. Take medications to only one patient at a time.

2. Remember to check B/P, pulse and pertinent laboratory reports as indicated.

3. Listen to the patient: If the patient/client questions medications to be administered, double check with the faculty member or staff nurse, the MAR, and the original physician order.

4. Always double check insulin with two staff nurses* with one being the patient’s nurse.

5. Follow the facilities’ guidelines for combining medication times such as 0800 and 0900 together at 0830. Watch for medications that should be scheduled around meals or should be given with food.

6. Follow the facilities’ guidelines or window for administering medications before or after the scheduled time.

7. Do not borrow medications from another patient/client.

8. Do not take uncrushed PO medications out of packages until in the patient’s room (pills or capsules).

9. Medications should be verified with a faculty member or staff nurse* before being crushed.

10. Verify with a faculty member or staff nurse* regarding what and how much substance is to be used for preparing crushed medications and flushing tubes.

11. Unusually large drug volumes or a large number of pills for medications should be verified with an instructor or staff nurse* before being administered to a patient/client.

*A staff nurse is a licensed nurse employed by the facility and who is familiar with the patient/client that the student is assigned to deliver nursing interventions and/or medications.

Approved UNS 5/7/2010; Revised by Faculty Association 5/12/2015
STUDENT MEDICATION ERROR POLICY

Purpose
The Lamar University (LU) JoAnne Gay Dishman School of Nursing adheres to the policies of all practicum facilities with which the School of Nursing is affiliated for student practicum learning experiences. Students will follow policies of designated facilities including but not limited to acute care, long-term care, and community agencies. The purpose of this policy is to promote a culture of safety within practicum facilities students will be held accountable for reporting medication errors. Reporting of medication errors is in compliance with the American Nurses Association Code of Ethics and the legal standards for professional nurses.

Policy Process:
1. The student will report all medication errors immediately to the faculty member, staff nurse and/or preceptor.

2. The patient’s condition will be assessed and documented in the patient’s record immediately by staff nurse/preceptor and student.

3. The error will be reported to the charge nurse/nurse manager, and will be documented on the agency’s incident/variance report form or any other required forms according to the agency’s policy and with the supervision of the faculty member.

4. No documentation of the error, or the completed incident/variance report or any other required form will be documented in the patient’s record.

5. The attending physician will be notified of any medication errors.

6. The student making the error or the one discovering an error will assist in completing the required documentation according to hospital policy with supervision by a faculty member.

7. The student will be counseled after each medication error with written documentation in student file.

8. Errors in documentation of medications will be considered as unsatisfactory and will be appropriately evaluated on the practicum evaluation tool (PET) criteria.

   Examples of errors in documentation are as follows but are not limited to:
   a. Not signing name and initials on the Medication Administration Record (MAR).
   b. Failure to document a reason for omitting a medication.
   c. Failure to record apical pulse, B/P as indicated (e.g., pulse for digoxin dose).

9. Errors in administration of medications will be considered as unsatisfactory and will be appropriately evaluated on the practicum evaluation tool (PET) criteria.

   Examples of errors in administration are as follows but are not limited to:
   a. Not following the 7 rights of medication administration.
   b. Duplication of medication that has already been given.
   c. Omission of an ordered medication.
   d. Giving a medication that has been discontinued.
   e. Medication being left at bedside without an order (e.g., vaginal creams, skin ointments, inhalers, eye drops, ear drops). Birth control pills may be left at bedside per hospital policy.
   f. Failure to check physicians’ orders, take an apical pulse, B/P, or check appropriate lab levels (e.g., digoxin level) prior to giving medication.
   g. Inability to calculate correct dosage.
   h. “Near miss” medication errors. (An error that was caught before it could occur.)
10. If a medication error is made, the student will be required to
   a. complete a root cause analysis of the error.
   b. meet with the Director of Undergraduate Nursing Program.
   c. complete any other remediation assigned by faculty.

11. Students who make a medication error will be placed on contract and a Situation Incident Form will be completed. The contract will be placed in the Student File and reported to the Director of Undergraduate Nursing Studies.

12. Repeated medication errors may result in program failure (see the Disciplinary Process).

13. Medication errors that endanger the patient’s life or cause the patient harm may be grounds for immediate termination from the program (see the Disciplinary Process).

Note: Students giving medications under the supervision of a faculty member or nurse assigned to the patient will still be held accountable for medication errors even if the faculty member prevents the error from occurring.

Approved by UNS Faculty Committee 5/7/2010; Revised by Faculty Association 12/4/2015

PRACTICUM READINESS DOCUMENTS

All Practicum Readiness Documents (PRDs) must be current one week before the first class day of each semester as published by the university. It is solely the student's responsibility to maintain updated PRD. Faculty will review student's PRDs and communicate with students. Failures in communication and or distribution of notification forms will not relieve the student from the requirement to maintain updated PRDs before the first class day.

All PRDs must be valid through the entire semester up through final exams week. Lack of submission of any PRDs will result in the following:

1. Following the first review by faculty, if PRDs are incomplete, the student will receive a Notification Form to Student of Missing Documentation.

2. Upon second review by the faculty, if PRDs are incomplete, the student will receive a Notification Form to Student of Missing Documentation and a written warning by the faculty to be placed in the student’s permanent record.

3. If by the first practicum day, the PRDs remain incomplete, the student will not be allowed to attend practicum. The absence will be unexcused and the Attendance, Absence, and Change of Life Event Policy will apply.

Students are responsible for keeping copies of all documentation submitted to StudentCheck/SentryMD.

Approved by Faculty Association 10/20/2014
LIABILITY INSURANCE

All students must purchase professional liability insurance. Insurance must be renewed on a yearly basis. This insurance will not cover students at work or at times other than supervised practicum practice. Further information will be provided prior to entering the nursing practicum phase of nursing courses.

STUDENT HEALTH POLICIES

Purpose
Nursing studies at Lamar University include practicum learning experience, which may present a potential risk of contracting and/or spreading infections. It is imperative that nursing students maintain optimal health. Students must be well informed in methods of safeguarding the health of both patient and self. In addition to protecting the health of students and patients, the student health policies address the requirements as directed by Lamar University, the Texas Department of State Health Services and the Center for Disease Control (CDC). The nursing program requirements are titled Practicum Readiness Documents (PRDs).

Included in this group of documents are the Health Statement Form, current cardiopulmonary resuscitation training (CPR), proof of liability insurance, immunizations, and TB skin testing. The JoAnne Gay Dishman School of Nursing has partnered with StudentCheck/Sentry MD, a PRD tracking service to receive, record, update, and report student's compliance with all practicum readiness requirements.

Policy

1. Health Statement Form
   A completed Health Statement Form must be submitted to StudentCheck/Sentry MD, prior to the deadline given when entering the nursing program. Thereafter, the Health Statement Form must be submitted annually, one week prior to the first class day as published by the university academic calendar. The required immunizations must be initiated by the date indicated in the admission packet. Pregnant students, if in need of immunizations, are to consult their personal physicians for guidance. In event of identification of potential/actual conditions that may interfere with the student’s ability to fulfill curriculum outcomes, the student will be referred to the Director of Undergraduate Nursing Studies.

2. Student Health and Practicum Attendance
   A. Minor Contagious Illness
      In the event of contracting minor contagious illnesses such as upper respiratory infections with cough and fever, influenza, contagious skin lesions, or other disorders spread by droplets, secretions, or skin contact, the student should seek medical consultation prior to participating in practicum experience.

   B. Serious Illness, Injury, Surgery, or Pregnancy
      In the event of a serious illness, injury, surgery or pregnancy, the student must obtain a physician’s release prior to participating in the practicum experience. In addition, Centers for Disease Control (CDC) guidelines relating to infected health care workers must be adhered to, as applicable (see the Attendance, Absence, and Change of Life Event Policy).

3. Student Injury in Practicum Area
   A. Personal injury, non-infectious
      In event of accidental personal injury related to patient care, the student must:
      (1) Notify the practicum instructor.
      (2) Seek medical assistance from personal physician or emergency care services, as needed.
      (3) Implement variance/occurrence policy of health care facility, with assistance from practicum instructor.

   B. Personal Injury, infectious
      In the event of an accidental injury such as a contaminated needle stick, the student must:
      (1) Notify the practicum instructor.
      (2) Notify the infection control nurse employed by the health care facility.
      (3) Seek medical assistance at own expense.
(4) Follow the current guidelines for immediate and follow-up care as recommended by the CDC.
(5) Implement variance occurrence/policy of health care facility, with assistance from practicum instructor.

4. Health Care Expenses
Lamar University JoAnne Gay Dishman School of Nursing does not assume financial responsibility for student health care. Expense for all health care, such as physical examinations, immunizations, laboratory and other diagnostic tests, treatment of illnesses and injuries (including those incurred while in the practicum settings) is the responsibility of the student. The student may refer to the Lamar University Comprehensive Catalog regarding availability of student health services.

5. Confidentiality
Student health records shall be maintained in a confidential manner.

Adopted 3/1/03; Revised UNS 11/18/2016

IMMUNIZATION POLICY

Purpose
This policy was developed to comply with current state (Texas Administrative Code, Rule 97.64) 2010 and federal (Centers for Disease Control) 2015 guidelines regarding immunization of healthcare workers. The law mandates that health care workers (including students) receive a series of REQUIRED immunizations (see Immunization Requirements). Documentation of required immunizations or evidence of immunity must be provided and copies of actual immunization records attached.

Policy
1. Students are required to provide a current annual Health Statement Form and proof of immunization, immunity confirmed by serologic testing, or waiver to StudentCheck/SentryMD.
2. Students are responsible for the cost of the immunizations, as well as the serology (blood test) if needed to verify immunity.
3. Students are required to have documentation of compliance with the Immunization Guidelines. The documentation must be submitted by the date published in the admission packet.
4. Any needed immunizations must be completed by the published due date indicated in the admission packet.
5. Waiver: Acceptable waivers are written statements from a Primary Care Provider stating the reason for exemption. Waivers are due upon admission to the nursing program.

NOTE 1: Some mild reactions (rash, low grade temperature or chills) may occur following the administration of any vaccine. Any reaction to vaccines taken during the semester must be reported to the course leader.

NOTE 2: Take all of your immunization records to your Primary Care Provider for a complete evaluation.

Revised by Faculty Association 10/20/2014; Revised by Undergraduate Nursing Studies 11/18/2016
IMMUNIZATION REQUIREMENTS

The following immunizations are **REQUIRED** by the JoAnne Gay Dishman School of Nursing Student Health Policy and **must** be completed one week prior to the first class day of the semester. According to the Texas Administrative Code (2010), nursing students must have all of the following vaccinations before they engage in direct patient contact:

1. **TUBERCULIN SKIN TEST (ANNUALLY):**
   a. Date tested (Must be current for the entire semester).
   b. Results*
      
      *Note: If TB skin test is positive, your Primary Care Provider must submit a statement concerning your current health status. If chest x-ray done, attach copy of the report.

2. **POLIO:** Not required if older than 18 years of age.
   a. Date of last oral dose
   OR
   b. Exempt by age

3. **TETANUS/DIPHTHERIA/PERTUSSIS:** An initial series of DTaP required with a Tdap booster documented after the age of 11 or 12 years, then a Td booster every 10 years.
   a. Proof of initial series
   AND
   b. Date of Tdap booster
   c. Date of last Td

4. **MEASLES:**
   a. Dates of 2 immunizations*
      
      *All individuals born on or after January 1, 1957, must show 2 doses of measles vaccine administration on or after their 1st birthday and at least 30 days apart.
      OR
   b. Confirmed immunity by serologic testing OR
   c. Confirmation of the disease from healthcare provider or official school records OR
   d. Written waiver or letter from primary care provider stating medical reason for exemption

5. **MUMPS:**
   a. Dates of 2 immunizations*
      
      *All individuals born on or after January 1, 1957, must show 2 doses of measles vaccine administration on or after their 1st birthday and at least 30 days apart.
      OR
   b. Confirmed immunity by serologic testing OR
   c. Confirmation of the disease from healthcare provider or official school records OR
   d. Written waiver or letter from primary care provider stating medical reason for exemption

6. **RUBELLA:**
   a. Date of last immunization
   OR
   b. Confirmed immunity by serologic testing
   OR
   c. Confirmation of the disease from healthcare provider or official school records
   OR
   d. Written waiver or letter from primary care provider stating medical reason for exemption
7. VARICELLA:
   a. Dates of 2 immunizations
   OR
   b. Confirmed immunity by serologic testing
   OR
   c. Confirmation of the disease from healthcare provider or official school records
   OR
   d. Written waiver or letter from primary care provider stating medical reason for exemption

8. HEPATITIS B:
   a. Dates of 3 immunizations (primary series)
   AND
   Laboratory confirmed immunity by serologic testing*
   *If the serologic testing (blood test) is negative immunity, then the student must:
   • Take one booster dose or Repeat a 2nd series (3 immunizations)
   • after repeating the Hep B series or Booster immunity is not attained, the requirement has been met
   OR
   b. Confirmed immunity by serologic test*
   OR
   c. Written waiver or letter from primary care provider stating medical reason for exemption

9. INFLUENZA VACCINE (ANNUALLY):
   a. Due by October 15 each fall semester
   OR
   b. Written waiver or letter from primary care provider stating medical reason for exemption.

Original adopted by Faculty Association 1996; Revised & Adopted by Faculty Association 5/12/1999:

CRIMINAL BACKGROUND CHECKS

Practicum sites and school districts require criminal background checks on students before they are permitted into practicum facilities. The requirement is based on the concept of due diligence and competency assessment, including post criminal behavior of all individuals whose assignments bring them into contact with patient and employer. On this basis, the JoAnne Gay Dishman School of Nursing (SON) has implemented a criminal background screening policy for all students.

Criminal Background Checks for Admission to the Nursing Program
All students applying to Lamar University’s Nursing Program are required to complete a criminal background check. Verification must be received from the designated company prior to being fully admitted.

Practicum sites and school districts require criminal background checks on students before they are permitted into practicum facilities. The requirement is based on the concept of due diligence and competency assessment, including post criminal behavior of all individuals whose assignments bring them into contact with patient and employer. On this basis, the SON has implemented a criminal background screening policy for all students.

Please see the Criminal Background Screening Policy.

Required Reporting of Criminal Activity
The SON requires that students report all criminal activity during their education process at Lamar University. The SON works closely with students in the declaratory process and in providing counseling / information so that students may apply for the NCLEX Exam at the conclusion of the nursing program.
**Criminal Background Checks for Licensures**

HB 2208 (Dec. 2003) stipulates that ALL individuals seeking licensure in the state of Texas by examination must comply with a criminal background check through the Texas Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI).

1. Do not wait until submitting the NCLEX-RN application for the exam to disclose any eligibility issues to the Texas Board of Nursing. Please inform the Director of Undergraduate Nursing Studies early in the program of any issues for eligibility for licensure.
2. Each student must have a valid criminal background report to become a candidate to take the NCLEX-RN examination.

**Eligibility issues for Licensure as a Registered Nurse may arise from:**

1. Criminal Convictions (Misdemeanor, Felony)
2. Addiction to/Treatment for Chemical Dependency
3. Diagnosis, Treatment, or Hospitalization for Mental Illness

If any of the three circumstances apply to you please see the “petition for declaratory order” information at the Texas Board of Nursing website (www.bon.state.tx.us/olv)

Eligibility for Licensure as a Registered Nurse for: (1) Persons with Criminal Convictions (misdemeanor, felony) (2) Addiction to/Treatment for Chemical Dependency, Diagnosis, Treatment or Hospitalization for Mental Illness.

If any of the circumstances listed above apply to you, read the current information on the Texas Board of Nursing website to identify how your past history can affect the possibility of becoming a registered nurse or practicing nursing. Actions you can take also are identified that may increase the chances that you can pursue becoming a Registered Nurse and practicing nursing. (See petition for declaratory order at the Board of Nursing website: (www.bon.state.tx.us/olv/pdfs/DOapp.pdf)

Texas' licensing board for Registered Nurses, the Board of Nursing (BON), is directed by state statute to handle the licensing, education and discipline of registered nurses within Texas. The state statute is titled the *Texas Nursing Practice Act* (NPA) and the BON is authorized to uphold and administrate the NPA as well as adopt and enforce Rules regarding the practice of professional nursing.

Under its Rules concerning criminal conviction, chemical dependency, and mental illness, the BON may refuse to approve persons to take the licensure examination, may refuse to issue or renew a license or certificate of registration, or may refuse to issue a temporary permit to any individual that has been:

- Convicted of a felony, a misdemeanor involving moral turpitude, or engaged in conduct resulting in revocation of probation imposed pursuant to such conviction (*Rules §213.28. Licensure of Individuals with Criminal Convictions*).

- Addicted to or treated for use of alcohol or any other drug within the past five years (*Rules §213.29(d)(1-3) Substance Use Disorders and Abuse/Misuse of Alcohol or Drugs*).

- Diagnosed with, treated or hospitalized for mental illness within the past five years (*Rules §213.29(e)(1-3) Mental Health Conditions and Diminished Capacity*).

**ACTIONS TO CONSIDER TAKING**

Since each individual’s time and circumstances of a conviction, dependency, or mental illness are unique, an opportunity to sit for the licensing exam is available. *Section 301.257. Declaratory Order of License Eligibility* of the NPA provides, for individuals who have reason to believe they may be ineligible for licensure, a process to request the BON to make a determination of that issue. This option is best pursued in order to avoid investing 2- to-4 years in nursing education only to find out as you near graduation that you are not eligible for licensure. It’s also an ineffectve use of a school’s resources to educate a person not eligible for licensure. BON *Rules §213.30* addresses declaratory order in more detail.
If your goal is to become a registered nurse, you need to determine whether your past or present circumstances present any obstacles. If there are, you should consider taking these actions:

1. Call the Texas Board of Nursing (512-305-6809) and talk with a staff member about the issues specific to your situation as well as the process, timelines and fee(s) involved in filing a Declaratory Order petition.

2. Success in providing your rehabilitation, recovery and fitness to practice now or in the future, depends on what you’ve done with your life since conviction, dependency, or illness and what you are doing now. You are required to submit a completed, original “Petition for Declaratory Order”. The document is available from the BON; a photocopy or facsimile is not acceptable. The petition must be accompanied with the appropriate fee, photograph, all written documentation, reports, and letters requested by the BON. Additional letters may be advantageous attesting to (a) your positive progress in rehabilitation/recovery, (b) concerning your potential as a nurse from a nursing school instructor or health care employer, or (c) your success as a good, contributing citizen in the community. Understand that once you have initiated a request to obtain a license, note that failure to respond within 60-days to further BON requests for information or notification of denial of eligibility can result in your “eligibility file” being closed.

3. If you are already enrolled in a school of nursing, you ought to initiate action item (1) above. That option is best pursued now so you can learn whether or not you might be eligible for licensure test you continue to invest your time and dollars in a nursing education and career you may not be able to practice.

CRIMINAL BACKGROUND SCREENING POLICY

Purpose
The Lamar University (LU) JoAnne Gay Dishman School of Nursing adheres to the policies of all practicum facilities with which the School of Nursing is affiliated for student practicum learning experiences. Many practicum facilities and school districts require criminal background screening of all students.

Practicum agencies used by the LU JoAnne Gay Dishman School of Nursing (LU SON) stipulate in the practicum affiliation agreements that students’ criminal background be prescreened before they are permitted into the practicum facility. This prescreening requirement is the same as that required of employees of public and private practicum agencies. The rationale for this requirement for practicum students is based on the concept of due diligence and competency assessment of all individuals whose assignments bring them in contact with patients and employees. Competency assessment extends beyond technical skills to include an individual’s past behavior as indicated by their criminal history. This approach ensures uniform compliance with Joint Commission standards pertaining to human resource management. Moreover, the public is demanding greater diligence in light of the national reports of deaths resulting from medical errors. Successful completion of a background check does not guarantee licensure or employment after graduation. Full acceptance into the nursing program is contingent upon satisfactory results.

Policy Timing
Upon receipt of an application to the nursing program, applicants’ names will be submitted to the Texas Board of Nursing (TX BON) for criminal background screening. Applicants will receive instructions for submitting fingerprints for the criminal background screening. A clear criminal background is a condition of full acceptance to the program. A clear report, in the form of a blue card from the TX BON, must be received by LU SON prior to being fully admitted to the nursing program. If it was necessary for applicant to go through the Declaratory Order process, a copy of the Declaratory Order outcome letter must be received by LU SON prior to being fully admitted to the nursing program. Please refer to “Process” section below for further information regarding the Declaratory Order. The results will be accepted for the duration of the student’s enrollment in the nursing program if the participating student has not had a break in the nursing program and if the student has had no qualifying legal incidents or convictions while enrolled. A break in enrollment is defined as nonattendance of one full semester or more. Attendance must be verifiable through the university.
Process
The LU SON accepts criminal background screenings completed by the Texas Board of Nursing. The screening will include the student’s complete criminal history, including the cities and counties of all known residences. The student is responsible for any cost associated with the criminal background screening.

A student does not qualify for the blue card/clear report anytime there is a record of criminal activity located or they are self-disclosing an incident not yet reported to DPS/FBI. The TX BON provides a process by which minor infractions can be handled in a timely manner. More serious findings will take more time and may lead to a delay in qualifying for admission.

In general, based on Texas Board of Nursing guidelines, the following histories will disqualify an individual from consideration for admission in the nursing program:

1. Misdemeanor convictions/deferred adjudication or felony convictions/deferred adjudications involving crimes against persons;
2. Misdemeanor convictions/deferred adjudication related to moral turpitude;
3. Misdemeanor/felony convictions/deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances;
4. Registered sex offenders.

Individuals with any of the above histories will not be eligible to enroll in the nursing program, and if the history is discovered or a conviction occurs after enrollment, the student, will be required to withdraw from the program. A student who is convicted of a criminal offense while enrolled in the program must report the conviction to the LU SON Chair within three days of the conviction. The term conviction for these purposes includes probated sentences and deferred adjudications.

A student may be considered for admission to the program if the TX BON issues a Declaratory Order stating the individual is eligible for initial licensure or license renewal.

Notes
1. The student should be aware that the disqualifications listed above are used for employment eligibility by most hospitals in Texas.
2. Completion of a specific program will be determined by the student’s ability to successfully complete the required practicum rotations.
3. Practicum rotations are completed at sites specified by and contracted with Lamar University. Lamar University will not locate or provide alternative sites for practicum rotations for student ineligible to attend practicum rotations at the specified sites.

Compliance and Record Keeping
1. The Texas Board of Nursing will notify Lamar University (JoAnne Gay Dishman School of Nursing Chair) of all individuals who fail a criminal background check.
2. Verification sent by the TX BON to LU will include only the student’s name and social security number. Details of the criminal record will not be included in the report.
3. The LU JoAnne Gay Dishman School of Nursing will send verification on adherence to the policy to the practicum affiliate prior to the practicum rotation start date. Verification is accomplished by sending a letter from the JoAnne Gay Dishman School of Nursing on letterhead stating that these standards have been met by the student, listing the student’s full name and practicum rotation start date. If more than one student is attending a practicum rotation, a comprehensive list with all of the student’s names may be submitted.

Note: Verification information will be filed in a secured area to ensure confidentiality. In the event that the student feels that an error has been made in the results of the criminal background check, it is the responsibility of the student to contact the external vendor for a verification check and the student is responsible for any cost associated with this check. Other than error relative to identify, there will be no appeal of this policy.

Revised by UNS 1/24/2014, 11/18/2016
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EXPECTATIONS OF STUDENTS
EXPECTATIONS OF STUDENTS

Purpose
Students entering the JoAnne Gay Dishman School of Nursing (SON) are making a commitment to a profession requiring maturity and sound judgment. Thus, mature adult behavior must be demonstrated by students.

Policy
This behavior is demonstrated by the student’s time and attendance patterns, appearance and conduct. It is expected that students will come to class and practicum experiences prepared and present themselves as sincere and motivated leaders. Should a student be unable to maintain these expectations, withdrawal from the program may be indicated. Furthermore, students are expected to be aware of the policies of the SON and to follow them.

Students are seen as having responsibility for their own learning, and must be active learners. Students are expected to fulfill all requirements for theory and practicum course requirements, and to meet course and program outcomes.

Students are expected to be available for pre-assessment the afternoon before assigned practicum day. Students are to follow University guidelines as printed and available in (1) the Lamar University Bulletin, and (2) the Lamar University Student Handbook. In addition to the University publications, this handbook guide can add to students’ awareness of material pertinent to the nursing programs.

Courses may require that students attend professional meetings, test reviews, etc. at times other than scheduled class times.

Learning experiences may necessitate some evening, night or weekend classes for fulfillment of learning outcomes. An effort is made by faculty to apprise students of these requirements at the end of the previous semester to facilitate student planning.

Students will be assigned to practicum laboratory groups by course faculty. A variety of faculty and alternate practicum sites will broaden the practicum exposure and strengthen learning experiences. Attempts are made to avoid practicum rotations at facilities where the student is employed.

As mandated by the Texas Board of Nursing, if anything changes during the course of the programs regarding mental health/chemical dependency or legal action other than a misdemeanor the student is responsible to notify the Director Undergraduate Nursing Studies.

LINES OF COMMUNICATION

Communication is the creation of, or exchange of ideas and information among people. Professional communication is vital to the sustainability of relationships that accomplish the functions of an organization.

Policy
There is a correct line of communication in all organizations. These communication lines involve the appropriate people in the resolution of a problem, and demonstrate respect for authority. The appropriate lines of communication in the JoAnne Gay Dishman School of Nursing are described below.

Communication Lines for Issues
Students should initiate the discussion of an issue with the course faculty. If no resolution is reached, then the issue should be discussed with the course leader. If the course leader is unable to resolve the issue, then the Director of Undergraduate Nursing Studies should be informed. If no resolution is reached, the Director of Undergraduate Nursing Studies will refer the student to the School of Nursing Chair. Informal discussions can occur with the School of Nursing Chair or more formal processes may be used in situations like grievances, grade appeals and other issues. The School of Nursing Chair should be consulted before contacting the Dean of the College of Arts and Sciences. Contacting the Provost or University President directly about issues is inappropriate (see the Lamar University Comprehensive Catalog for more information).

Revised 6/24/2016
STANDARDS FOR NURSING STUDENTS

Purpose
Responsibilities and standards in nursing practice are determined by the Board of Nursing, national accreditation guidelines, and practicum agencies. Additionally, as described in various practicum evaluation tools and course guidelines, students must be able to provide safe patient care.

Policy

Technical Standards for Nursing Practice
Nursing is a practice discipline and successful completion of the nursing program requires that students demonstrate ability to effectively and safely perform several essential skills. All students are assessed in practice labs and practicum practicums throughout the program to confirm adherence to the technical standards, with or without accommodation.

Intellectual Requirements: Critical thinking is an important part of clinical judgment needed to provide safe patient care. Students must be able to measure, calculate, reason, and quickly analyze information in order to apply complex information in the classroom and practicum settings.

Gross and Fine Motor Requirements: Nursing students must be able to provide general care (including preparing medications and administering treatment and completing patient assessments). For example, students must be able to perform basic life support (CPR), function in an emergency situation, and have the ability (within reasonable limits) to assist a patient in moving, such as from the chair to the bed.

Observation Skills: Student nurses must be able to observe patients accurately to assess their condition and perceived signs of disease and responses to treatments through physical examination, including visual images, auditory information (patient voice, heart tones, bowel, and lung sounds), and palpable changes in certain organs and tissues.

Communication Requirements: Nursing students must be able to communicate effectively with patients, staff, physicians, and family members, verbally and in writing. Students must be able to process and accurately convey information about the patient status to faculty, staff, and other health care providers in a timely manner.

Social and Behavioral Requirements: Student nurses must possess sufficient mental and emotional health to exercise good clinical judgment, promptly complete assessments, and function in what can be a physically and emotionally demanding dynamic environment. Nursing students must be able to demonstrate compassion, empathy, and concern for others while maintaining a mature, sensitive, and effective relationship with patients, families, and other professionals.

Revised 12/1/2014
STUDENT BEHAVIORAL EXPECTATIONS POLICY

Purpose
Students in the Lamar University JoAnne Gay Dishman School of Nursing must adhere to standards consistent with the nursing profession.

Policy
Compliance with the following behavioral expectations is required of all students who are enrolled in the JoAnne Gay Dishman School of Nursing.

All students are expected to:

1. Assume responsibility for recognizing personal limitations and seek help through appropriate avenues. Students who experience difficulty in satisfying course or program requirements are expected to communicate those difficulties with faculty and assume a collaborative role in problem solving, keeping faculty informed of progress.

2. Assume responsibility for fulfilling program, course, and practicum affiliate requirements in a prompt and dependable manner:
   a. Course
      1) Complete Learning Center and Practicum Simulation Laboratory requirements in a timely manner.
      2) Demonstrate promptness and accountability in class attendance, attendance at required workshops, submission of written assignments and required program materials, i.e., insurance, physical exam.
      3) Prepare for practicum experiences, attend, and participate in practicum conferences.
   b. Agency
      1) Meet agency requirements for orientation.
      2) Adhere to agency policies.
      3) Notify practicum faculty if unable to attend practicum prior to beginning of assigned practicum time.

3. Avoid Plagiarism which is recognized as a form of cheating. Students are expected to use the American Psychological Association (APA) format for documentation. Paraphrasing is permitted but this must be accompanied with complete and appropriate documentation (see Academic Honesty Policy under the Academic Policies Section).

4. Demonstrate the following behaviors:
   a. honesty and integrity in all endeavors relating to the completion of the nursing program
   b. ethical behaviors as defined by the American Nurses Association (ANA) Code of Ethics when working with clients, significant others, peers and faculty.
   c. acceptance of proper and total nursing responsibility and accountability when providing care to clients.
   d. respect and protect the rights, safety and confidentiality of all individuals.
   e. adhere to federal privacy law, Health Insurance Portability and Accountability Act (HIPAA), enacted to protect the health information of clients. Violation of federal law includes disclosure of protected information including unintended disclosure or use of protected information beyond the minimum necessary. Healthcare providers, including nursing students, should only access patient information necessary to provide quality care for assigned patients. Violations may result in sanctions against the student by the JoAnne Gay Dishman School of Nursing (such as dismissal from the program) and extend to fines and other penalties beyond the jurisdiction of the faculty or Lamar University.
f. responsibility and accountability for his/her own learning, growth and professionalism.

g. a citizen in “good standing” within the university and the community.

5. Accept responsibility for damaged or broken equipment caused by students due to negligence.

6. Comply with the university policies governing student conduct and discipline.

7. Utilize appropriate avenues of communication in seeking resolution of problems.

8. Resolve conflicts at the School of Nursing level.

Adopted by Faculty Association 5/7/96, Revised UNS 11/18/2016

PERSONAL ELECTRONIC DEVICE USE POLICY

Purpose
JoAnne Gay Dishman School of Nursing prohibits the use of personal electronic and communication devices when such activity undermines the integrity of an individual(s’) rights to privacy, affects the quality of patient care and interferes with efficient operation of the classroom or practicum experience. Personal electronic and communication devices include but are not limited to: cell/smart phones, tablets, iPads, laptops and/or any wireless devices.

While the School of Nursing does not wish to unreasonably constrain the use of such devices, it is the School of Nursing’s responsibility to ensure that they are used in a reasonable manner and to ensure the integrity of proprietary information, and also respect individual rights to privacy. This policy serves to define the use of personal electronic and communication devices.

Policy
While in the classroom and in the practicum facilities, students and faculty are expected to exercise the same discretion in using personal electronic and communication devices as is expected for the use of these devices by employees of the facilities. Although electronic devices may have practicum applications (e.g., medication, pathophysiology, patient care references), excessive personal use of electronic devices during the practicum day may interfere with student learning, distract others, and negatively impact patient care and patient safety. Students are asked to use the personal electronic and communication devices in non-patient areas and set devices on the silent or vibrate mode.

Students failing to comply with the standards outlined in this policy will be subjected to JoAnne Gay Dishman School of Nursing and the practicum affiliates’ disciplinary policies, and may be terminated from the program.

Revised 6/24/16
CIVILITY POLICY

Purpose
Students are full partners in fostering a classroom environment which is conducive to learning. In order to assure that all students have the opportunity to learn from time spent in classroom, practicum, and digital environments, faculty reserve the right to dismiss students from class due to uncivil behavior. Incivility is described as disrespectful verbal, non-verbal, written, or digital communication.

Policy
In order to prevent the appearance of incivility, follow these simple guidelines.

Classroom
1. Do not interrupt the presenter when speaking; wait for a pause or a preset time for questions to be asked.
2. Word questions without the use of sarcasm or a demanding nature.
3. Be respectful of your peers' rights to ask questions.

Practicum Experience
1. Do not interrupt or act disinterested when other students are presenting their patient information.
2. Come prepared to care for assigned patients; students are responsible for their learning.
3. Be respectful to all members of the healthcare team (e.g., faculty, staff, and peers).

Digital
Conform to appropriate digital etiquette by ensuring posts are relevant, respectful, and constructive.

There is no tolerance for disrespectful communication or incivility toward faculty or other students in the JoAnne Gay Dishman School of Nursing. Students engaging in uncivil behavior will receive disciplinary action according to processes defined in the JoAnne Gay Dishman School of Nursing Baccalaureate Nursing Student Handbook.

Approved Faculty Association 12/16/2011, Revised 6/24/16

MANDATORY COURSE EVALUATION POLICY

Purpose
Lamar University and the JoAnne Gay Dishman School of Nursing support the evaluation of courses for the purpose of the improvement of instruction. When students evaluate courses, faculty analyze the data and read the comments, and often use student observations and suggestions to make changes in course content and delivery. Both the administration and faculty take student input via course evaluation very seriously.

Policy
Students must complete the End of Course Evaluation for each nursing course and provide verification of completion in a timely manner to receive a course grade. Students, who do not complete the End of Course Evaluation during the time period will receive an “I” (incomplete) and must see the course leader to determine when a change of grade can be posted.

Approved 03/19/10 UNS: SCEM
SOCIAL NETWORKING POLICY

Purpose
Lamar University JoAnne Gay Dishman School of Nursing (LU-SON) students are expected to adhere to the high standards of the nursing profession with regard to maintaining confidentiality and professionalism. This includes guarding patient confidentiality at practicum sites, in the classroom, at home and online. All health professionals and students are required to follow Health Insurance Portability and Accountability Act [HIPAA] regulations, when using social networking/media.

Policy
Professional conduct is required of students using social media. Professional behavior is to be maintained at all times when identified as a LU nursing student. Unprofessional online conduct is a violation of SON “Student Behavioral Expectations Policy”.

Students who have personal social networking sites established should enable the highest privacy settings limiting access to personal profiles, information, and photos. SON students must adhere to the following guidelines:

1. maintain a social media site with professional integrity that does not contain any type of information about patients and/or practicum affiliates.

2. -do not post derogatory remarks or threats about anyone associated with the SON (e.g. students, faculty, staff, university administrators, practicum affiliates and patients).

3. -do not post photos of other students, faculty, and/or staff without their permission. Posting photos of patients, their families, and/or staff at practicum affiliates is forbidden.

4. -observation of any inappropriate postings on social media should be addressed by student directly or reported within the SON.

5. -do not foster a personal relationship with a patient through social media.

Student organizations associated with the SON should use the orgsync.com website for organization communication. This site is endorsed by Lamar University and is the recommended site to communicate with student organization members. Class officers register their class via the OrgSync tab under the student access at LU Connect (formerly myLamar): http://lamar.orgsync.com/ContactInfo. Class organizations that choose to create a class social media site, must include faculty class advisors on the site. Class organizations should adhere to the Lamar University Social Media Policy: http://facultystaff.lamar.edu/policy/marketing/social-media-policy.html

Revised/Approved by Faculty Association 5/7/2012; Revised 6/24/2016

STUDENT EMPLOYMENT RECOMMENDATIONS

Employment should be balanced with learning needs to allow students adequate time for study and rest. Students who are employed must not display their school insignia or Lamar identification badge at any time while working in any setting. Students who are employed are expected to maintain grades and satisfactory practicum performance; no allowances will be made for failure to maintain program criteria. Students who are employed, work under the auspices of the agency and are not representatives of Lamar University.

Revised UNS 11/18/2016
COMMUNITY-BASED SERVICE LEARNING
COMMUNITY BASED SERVICE LEARNING

Purpose
Nursing education has always utilized an experiential based learning model. Didactic activities and practicum lab produce both cognitive and psychomotor skills basic to nursing practice. Community based service learning (CBSL) at Lamar University’s JoAnne Gay School of Nursing is defined as

“a philosophy of education which emphasizes active, engaged learning with the goal of social responsibility…it is reciprocal learning, dynamic and interactive…which suggests mutuality in learning between the student and the community with whom he or she is actively engaged” (J. C. Kendall, 1990, *Combining Service and Learning*, pp 22-23).

CBSL instructional methodology integrates community service with academic instruction and focuses on critical, reflective thinking and civic responsibility. Service activities involve students in organized community service that addresses local to global needs while developing their academic skills, sense of civic responsibility, and commitment to both the community and the nursing profession. Students, community, faculty and the nursing profession all ultimately benefit from community based service learning.

Policy and Procedures
Nursing students are expected to be professional, accountable, adult learners, capable of functioning within the scope and boundaries of community service volunteerism. As adult learners, they are expected to make appropriate, independent decisions without direct faculty supervision.

Goal and Outcomes
At completion of the nursing program at Lamar University, the graduate is expected to be a competent, caring nurse who demonstrates professional integrity, effective communication, active inquiry and service to the community. (JoAnne Gay Dishman School of Nursing, *Philosophy*)

Community Based Service Learning outcomes are:

<table>
<thead>
<tr>
<th>DEC Practicum Behavior</th>
<th>LEVEL I OUTCOME</th>
<th>CBSL Hours</th>
<th>Fall Adm.</th>
<th>Spring Adm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MOP C3c, 6b Describes the unique worth of service learning activities as it applies to civic pride and respect for diversity (Poirrier, 2001, <em>Service Learning: Curricular Applications in Nursing</em>, pp 6, 34).</td>
<td>30 hours</td>
<td>NURS 3221</td>
<td>NURS 3221</td>
</tr>
<tr>
<td>2-1</td>
<td>MOP C3abc, 4, 6ab MOP D5 MOT B 1ab, 2ab, 3abc, 4b, 5bc MOT C1abc, 2b, 3ab</td>
<td>45 hours</td>
<td>NURS 4261</td>
<td>NURS 4261</td>
</tr>
<tr>
<td>2-2</td>
<td>Formulates a meaning of the service learning experience as it relates to the concept of caring, the role of the professional nurse, and the global health needs of humanity (Poirrier, 2001, <em>Service Learning: Curricular Applications in Nursing</em>, p 35).</td>
<td>45 hours</td>
<td>NURS 4381</td>
<td>NURS 4381</td>
</tr>
</tbody>
</table>
CBSL Journal
Each student must maintain a CBSL Journal which will be evaluated each semester to determine if the student is meeting the component objective and hour requirement.

The CBSL Journal is very central to faculty’s evaluation of student progression in the component and whether or not component outcomes are being met. The CBSL Journal will:

1. be word processed
2. be in narrative format
3. include name of agency (agencies) utilized, contact person(s), and phone number(s)
4. address the CBSL learning objective listed in the practicum course syllabus. Specifically, the narrative should discuss the nature of the activity in relation to the course objective, what service was performed by the student, how the service met a community need, and how the activity enhanced materials presented in class.

CBSL Journals are to be submitted to the CBSL Coordinator by the date listed in the CBSL Hour Requirements section of these guidelines.

Intent Forms
An INTENT FORM should be completed before the student BEGINS any CBSL activity in a non-previously approved agency. This form serves as written notification to the agency that the student intends to perform community service at the agency. All sections of the INTENT FORM must be completed and the form signed by both the student and the agency. The student should submit the INTENT FORM to the CBSL Coordinator at least 1 week prior to the date service is anticipated. The CBSL Coordinator's signature is required for approval.

University, college, and School of Nursing policy all preclude the student from missing any regularly scheduled class, lab, practicum, or exam for the purpose of completing CBSL hours.

CBSL Service Guidelines
Three types of service-learning activities are recognized by the JoAnne Gay Dishman School of Nursing: (1) service to the community at large, (2) service to the university, and (3) service to the profession.

Students are encouraged to select activities or programs which will enhance rather than duplicate the traditional instructor-led practicum experiences. Students should select areas of their own interest, but the activities must provide opportunities for students to strengthen their foundation in nursing practice and must also relate to the practicum outcomes of the nursing curriculum at Lamar University. Students are strongly encouraged to select activities that have been "pre-approved". Students may request approval for CBSL activities that are not pre-approved by utilizing the Intent Form process.

Students may complete service hours at an agency where they are employed, but they may not complete those hours in the department where they normally work nor may they complete service hours performing tasks or providing services they normally do as part of their employment. Remunerated service is not community service!

Students may complete required hours at one agency or at as many as desired. A reasonable amount of preparation and training time required by an agency will count as CBSL hours. However, when the CBSL activity occurs at an agency requiring extensive training or orientation, actual service hours will be required. The CBSL coordinator or designee, will determine and assign the extent of those additional hours.

Students are limited in the number of hours they may accrue in the area of service to the profession. No more than 30 hours may be earned in this manner by the baccalaureate student.
At least one half of the required CBSL hours must be performed in the community setting. BSN students must complete at least 60 hours of service in this area.

CBSL hours may not be accrued when the University is officially closed for Winter Break.

**CBSL Activity Selection**
A current list of approved agencies, services and programs is located in the Learning Center as well as in the Virtual Caring Place (LU Learn (Blackboard)). As new opportunities arise, information will be placed in a 3-ring binder in the Learning Center and posted in the Virtual Caring Place.

Examples of pre-approved agencies and programs include:

1. Family Services of Beaumont: Women’s Shelter and/or Family Violence Prevention programs
2. Rape and Suicide Crisis Center
3. CATCH Clinic (children’s health services)
4. Salvation Army
5. Some Other Place
6. Triangle Area Network

Service is also allowed at support organizations such as Alzheimer Association, American Heart, etc., but is limited to health promotion, health education, and screening activities at those agencies. CBSL credit will not be given for clerical/office work.

**CBSL Activity Logs**
ACTIVITY LOGS are the student’s record of service hours and should be rigorously and honestly maintained. ACTIVITY LOGS are a JoAnne Gay Dishman School of Nursing document/record and falsifying an ACTIVITY LOG is an example of falsifying a record and is subject to disciplinary proceedings (see Academic Honesty Policy under the Academic Policies section).

ACTIVITY LOGS should be maintained in accordance with legal documentation guidelines. Correction fluid is not permitted. Changes should be made with a single strikeout line and initialed by the agency representative.

**CBSL Hour Requirements:**
Each student enrolled in the Baccalaureate Degree Nursing (BSN) program must provide 120 service contact hours for 120 hours practicum credit in the identified courses below. The student must accrue minimum service hours each semester according to the following schedule:

### FALL ADMISSION

<table>
<thead>
<tr>
<th>Course</th>
<th>CBSL Objective</th>
<th>Hours Required</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3221</td>
<td>Level 1</td>
<td>30</td>
<td>April 1</td>
</tr>
<tr>
<td>NURS 4261</td>
<td>Level 2 - 1</td>
<td>45</td>
<td>Nov. 1</td>
</tr>
<tr>
<td>NURS 4381</td>
<td>Level 2 - 2</td>
<td>45</td>
<td>As specified in the course syllabus</td>
</tr>
</tbody>
</table>

### SPRING ADMISSION

<table>
<thead>
<tr>
<th>Course</th>
<th>CBSL Objective</th>
<th>Hours Required</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3221</td>
<td>Level 1</td>
<td>30</td>
<td>Nov. 1</td>
</tr>
<tr>
<td>NURS 4261</td>
<td>Level 2 – 1</td>
<td>45</td>
<td>April 1</td>
</tr>
<tr>
<td>NURS 4381</td>
<td>Level 2 - 2</td>
<td>45</td>
<td>As specified in the course syllabus</td>
</tr>
</tbody>
</table>
If CBSL hours have been completed during a semester prior to the above listed due dates, **submission must occur by the due date.** Failure to submit fully acquired CBSL hours in a timely manner will result in non-acceptance of the completed CBSL hours and the student will need to earn replacement hours.

In general, CBSL:

1. activities occur at not-for-profit health and human services focused agencies and programs.

2. should enhance rather than duplicate traditional instructor-led practicum experiences.

3. may be completed at one agency or at as many as desired. A reasonable amount of preparation and training time required by an agency will count toward CBSL hours but must be identified on the INTENT FORM. However, when the service activity occurs at an agency requiring extensive training or orientation, additional hours of actual service to clients will be required. If additional hours are required, the CBSL Coordinator, or designee, will determine and assign the extent of those hours.

4. activities which are not pre-approved may be approved using the INTENT FORM process.

5. activities should include teaching, guiding, assisting, interacting with people, but must **NOT** include invasive procedures or medication administration.

6. CBSL hours may only be earned when the University is in academic session; no hours may be earned when the University is closed for winter break.

Students who neither reside in Texas nor live on campus may be allowed to complete CBSL hours locally where they reside; however, all activities must be approved prior to beginning service. Students should select activities/programs that are equivalent to those on the pre-approved list.

**Failure to Meet Requirements**

A student failing to meet either CBSL log or journal requirements will receive an “I” in the practicum course and be ineligible to progress in the nursing program.

**CBSL Activities Restrictions**

CBSL hours will not be awarded for service that is:

1. performed at “for-profit” agencies or businesses

2. provided at the student’s place of employment

3. provided at agencies that are family owned, operated, or managed

4. provided for family members

5. fund raising in nature

6. clerical or office work in nature
Dress Code
Dishman School of Nursing faculty have approved the following dress code for nursing students engaging in CBSL activities:

1. Lamar University JoAnne Gay Dishman School of Nursing monogrammed red polo shirt with khaki or black ankle length slacks fitted at the waist or skirt.

2. Appropriate shoes with closed toes and heels - no sandals or flip-flops.

3. Official student name badge, Lamar University JoAnne Gay Dishman School of Nursing

Any exceptions to this dress code must be approved by the CBSL Coordinator. Failure to honor the dress code may result in the student not receiving CBSL credit for the activity in which the dress code was not observed.

Program Evaluation and Reporting
Periodic program evaluations will be conducted and will include input from both students and community agencies. Evaluation summaries will be presented at the Faculty Association meetings and forwarded to the Chairs of the Curriculum and the Evaluation Committees, as well as the Chair, JoAnne Gay Dishman School of Nursing.

Adopted by Faculty Association 1/18/08; Revised by Faculty Association 12/7/09; 5/7/12, 5/6/13, 12/4/15.
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CLASS ORGANIZATION GUIDELINES
CLASS ORGANIZATIONS GUIDELINES

1. Upon admission, each class will be assigned two faculty class advisors.

2. Class advisors guide the decision-making process for governing the activities of the class organization to meet the university and School of Nursing (SON) regulations.

3. Advisors facilitate the election of class officers during their first year in the nursing program. Class officers shall be: President, Vice President, Secretary, Treasurer, LUTNSA representative, Student Government Association (SGA) representative and Historian.

4. Advisor(s) meet with the class officers (Board) to discuss issues that are presented to the class for decisions and voting at a later date.

5. Decisions are ruled by majority vote.

6. No meetings and no decisions are to be made without a faculty advisor present.

7. If an office is vacated and needs to be filled after the initial vote, a special election will be held to fill the office. Anyone wishing to run should notify the class faculty advisor(s) to be placed on the ballot.

8. Reports from each officer should be given to the class at regular intervals.

9. A representative of the class (officers or selected alternate) should attend Student Government Association (SGA) meetings. If meetings occur on practicum days, then alternate among officers so each officer would leave practicum only once or twice a semester. Class representatives and LUTNSA representatives also attend Undergraduate Nursing Student-Faculty Council meetings.

10. The class needs to register as an organization with the LU Student Organizations Office. Students should register their class according to the semester they will graduate: for example, BSN Class of May 2017. The class advisors and the SON Chair need to sign the signature card for Student Organization Office.

11. The university has asked students to maintain their organization fund accounts Education First (next to Kampus Korner). The following people need to be on the signature card for the account: Class President, Class Treasurer, Class Advisors and the School of Nursing Chair. Students should register their class according to the semester they will graduate: for example, BSN Class of May 2017.

    Have bank statements mailed to:  Name of Class
    JoAnne Gay Dishman School of Nursing
    P. O. Box 10081
    Beaumont, TX 77710

    The Chair’s office will give copies of the bank statement to Class Advisors, who will pass copies along to the class Treasurer.

12. If class advisor(s) are unsure of a potential fund raising event, they should seek advice from the SON Chair. Soliciting funds from donors needs to be approved by the SON Chair and Advancement Office prior to contacting any individuals.

13. A picture of the graduating class should be given to the SON Chair to be displayed in the nursing building. Framing of the picture will be handled by the SON. The picture needs to have the name of the class (BSN) and year on the picture.

Revised UNS 11/18/2016
PINNING CEREMONY GUIDELINES

1. The class and its officers will be responsible for planning the pinning ceremony.

2. The pinning ceremony is generally held the week before graduation.

3. The class and officers shall determine the method of fund raising desired. All fund raisers must be discussed with and approved by the class faculty advisor and the School of Nursing Chair.

4. The class will be responsible for the printing and distribution of invitations and programs. These documents should be approved by the class faculty advisor before printing.

5. All plans for the pinning ceremony must be reviewed by the Director of Undergraduate Nursing Studies six weeks prior to the ceremony.

6. The pinning ceremony traditionally follows these guidelines:
   a. Introduction of class
   b. Opening remarks by class President or designated class member
   c. Brief (10-15 minutes max) speech by person chosen by class and approved by the class faculty advisor
   d. Introduction of Faculty
   e. Pinning of graduates – the students will select the persons they wish to pin them. During the actual pinning, one or two faculty members chosen by the class will read the message provided by the student.
   f. Concluding remarks by the class President or designated class member
   g. Some classes may wish to have a presentation using pictures taken during their nursing program. This presentation should be limited to no more than 10 minutes.

7. The graduating class will be responsible for selecting the place to hold the pinning ceremony. If it is on the Lamar campus (Mary and John Gray Library, Event Center), Chartwells catering must be used. Bear in mind that the site chosen will impact the number of guests that each graduate may invite. The Pinning Ceremony may not be held in a religious facility.

8. Refreshments, if served, should be limited to finger foods and beverages (paid by the class). The pinning ceremony is not appropriate for a meal.

Revised 11/18/2016

GRADUATION STOLE
COLLEGE OF ARTS AND SCIENCE COMMENCEMENT

Lamar University holds graduations three (3) times per year in May, August, and December. (Times/dates to be determined).

All students that have met Lamar University and the JoAnne Gay Dishman School of Nursing BSN program requirements must apply for graduation but are not required to attend a ceremony.

Students will receive an email through their LAMAR email account with instructions on how to apply and where to pay graduation fees. Students CANNOT apply for graduation until they receive an email from the university granting them permission to apply. *

Students attending graduation ceremonies will be required to purchase a cap, gown, and stole through the Lamar Book Store. (https://oakhalli.com/colleges/Lamaruniversity)

1. In addition, female students can purchase the optional “white collar” to wear with their required attire.

2. All attire worn by graduates of the nursing program while attending university ceremonies must be clean, ironed, and in good repair.

For more information about Lamar Universities graduation ceremonies please visit the commencement web page http://students.lamar.edu/commencement/index.html.
APPENDICES
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Academic Partnerships (AP) - A marketing organization whose mission is to help increase enrollment and revenue through online delivery of high-quality instruction. AP helps faculty members convert their on-campus courses and programs into an online format, recruits qualified students for those programs and helps retain enrolled students through graduation.

Accountability - is the state of being able to answer for one’s actions. The professional nurse answers to the self, the client, the profession, the employing institution and society for the effectiveness of nursing care performed.

Active inquiry - takes place when students are actively involved and genuinely engaged in meaningful learning. The focus is on developing students’ intellectual capabilities as independent, critical thinkers. Active inquiry is a basis for lifelong learning as well as personal and professional growth.

Adaptation - is a dynamic, ongoing, life-sustaining process whereby living things continually adjust to environmental changes. Social adaptation implies the adjustment and adaptation of humans to other individuals and community groups in the social environment.

Administrative capacity - is the actual capabilities and resources available to the governing organization and nursing education unit that directly support the mission and purpose of the governing organization and the mission and purpose of a nursing education unit in the achievement of a nursing program’s end of program student learning outcomes and program outcomes (ACEN, August 2016).

Advocate - is one who pleads the cause for clients’ rights or the rights of other persons, provide information needed to make informed decisions, supporting their decisions with acceptance and respect.

Alternative methods of delivery - Methods of delivering a nursing program, a nursing program option, and/or a nursing course that differ from traditional in-person/in-a-classroom instructional methods, including a variety of non-traditional means of student-faculty interaction, length required for a nursing program of study, and/or varying intervals of class and/or practicum schedules. Examples include, but are not limited to, instructional television (ITV), DVD/podcast learning packages, and online delivery (ACEN, August 2016).

Alternative therapies - are used as a substitute for traditional western medications and treatments.

Articulation - is a planned process providing opportunities for multiple-entry and exit points, expecting graduates to demonstrate competencies (inherent in clinical reasoning, knowledge, judgment, and skills) of the preceding levels of education.

Assessment of a student - is the process of gathering and judging evidence in order to decide whether a student has achieved a standard or outcome. The goal of assessment is to collect objective evidence that represents the truth about student performance (www.southbank.edu.au/site/tools/glossary.html. retrieved 12/12/08).

Baccalaureate degree graduate - functions across the life continuum from prenatal- to post-mortem care of clients synthesizing information from various disciplines, thinking logically and critically, utilizing technology, and implementing evidenced-based findings. The baccalaureate graduate provides nursing care to individuals, families, aggregates, communities, and/or societies in structured, unstructured, or evolving health care settings.

Basic primary care skills - are skills which facilitate health promoting and health protecting behaviors. Health promoting behaviors increase the level of well-being and actualize health potentials of individuals, families, communities, and society. Health protecting behaviors are directed towards decreasing the probability of specific illnesses or dysfunctions in individuals, families, communities and society. Basic primary care skills are grounded in the recognition and valuing of the individual’s role in the health care enterprise. The ultimate goals are empowerment of the client for self-determination and self-management to attain health promotion and health protection.

Best practice - is quality nursing care which is considered optimal based on a prevailing standard or point of view which is based on current evidence (Nelson, 2014).

Case management - is the practice of coordinating comprehensive health care services, after an illness or injury, to achieve optimum quality care delivered in a cost-effective manner. This process integrates assessment, planning, implementation, and evaluation (American Association of Occupational Health Nurses, 2015).

Caring - is a concept that implies a special concern, interest, or feeling capable of fostering a therapeutic helping, trusting relationship between the client and nurse based on faith and hope. It is being sensitive to one’s self and others in promoting and accepting the expression of both positive and negative feelings and emotions. It is an expression of or an action of an informed, competent professional nurse that stems from the ability to utilize scientific problem-solving process. Caring promotes than transpersonal teaching-learning, attends to supportive, protective, and/or corrective mental, physical, societal, and spiritual
environments. It assists wholeness that allows for being open to existential-phenomenological and spiritual dimensions of caring that cannot be scientifically explained (Kelly, J.H. and Johnson, B. (2002) Theory of Transpersonal Caring Jean Watson in J. B. George, 2002, Nursing Theories, the Base for Professional Nursing Practice, p. 410).

**Civility** – respectful verbal, non-verbal, written, or digital communication fostering an environment conducive to learning

**Clinical / Practicum preceptorship** - is a practicum experience whereas students work under the guidance of nurses employed by a practicum agency. For senior level nursing students, this final practicum experience focuses on role socialization and the integration of nursing knowledge, practicum skill competency, clinical reasoning, interprofessional/therapeutic communication skills, standards of care, evidence-based practice and socio-cultural factors all within legal and ethical parameters of the nursing profession.

**Clinical reasoning** - is the ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family (Benner, Sutphen, Leonard-Kahn, & Day, 2008) (DECs 2010).

**Cohort attrition rates** - are the number and percent of nursing students that do not progress to next level of the nursing curriculum with their cohort.

**Communication** - is a relationship skill which involves verbal and nonverbal exchange of information and ideas. A complex process that refers to not only content but also feelings and emotions, which may be conveyed in a relationship.

**Communities of interest** - A group of people that influence nursing program processes, decision-making of a nursing education unit, the end-of-program student learning outcomes, and the program outcomes of a nursing program. Examples included, but are not limited to, students, graduates, health care employer representatives, governing organization representatives, state regulatory agency representatives, and member of the public (ACEN, August 2016).

**Community** - includes the physical topographical characteristics of the setting, the view of community held by its inhabitants, the nature of community groups and their characteristic interaction patterns, and the dynamic interplay of dominant community forces (DELC, 2002).

**Community Based Service Learning (CBSL)** - is "a philosophy of education which emphasizes active, engaged learning with the goal of social responsibility...it is reciprocal learning, dynamic and interactive...which suggests mutuality in learning between the student and the community with whom he or she is actively engaged" (J.C. Kendall, 1990, Combining Service and Learning, p. 22-23). Reflection is another critical element of CBSL as it assists students in development of critical thinking and social awareness as they reflect on their experiential learning with community partners (Brown & Schmidt, 2016).

**Community focus skills** - is a combination of both psychomotor and relationship skills used to facilitate partnering and collaboration in the community. These skills include: awareness of populations, knowledge of epidemiological determinants of health, knowledge of traditional practices, shifting demographics, and economic factors that impact the health of groups. Application of these knowledge based skills allows the nurse to deliver culturally competent, effective care to entire populations.

**Community service** - is participation in community-sponsored activities by the faculty for the betterment of the local area. Such activities include but are not limited to participation on the board of directors for area wide not for profit agencies, volunteering to help community agencies meet the needs of the population at large, and/or participating in community and professional organizations within the area.

**Companion Course** - is a course that is academically contingent upon the successful completion of another course in the same semester. The two or three academically contingent courses must be completed simultaneously. If a student is unsuccessful in one of the companion courses, then both or all three of the companion courses must be repeated.

**Competency** - is an expected level of performance that integrates knowledge, skills, abilities, and judgment (American Nurses Association, 2008) (DECS 2010). Competence is having the necessary and sufficient ability, knowledge, skill, and experience to do something successfully and/or achieve a purpose (ACEN, August 2016).

**Complaint / grievance** - is a formal allegation against a nursing program, typically expressed as a written, signed statement. A grievance is a wrong or hardship suffered that is the grounds for a complaint; the formal expression of a grievance is a complaint. A nursing education unit’s record of student complaints must include all complaints filed since initial accreditation or reaccreditation, whichever was the last accreditation site visit (ACEN, August 2016).

**Complementary therapies** - refer to healing practices and products that work in conjunction with traditional medicine

**Complex adaptive systems** - are dynamical systems, building on positive feedback, which are highly sensitive to small changes, are self-organizing, and can be controlled with chaos. These systems change, but changes in outcomes appear to have no relationship to the changes in system input.
Consumers - are individuals, groups, families, organizations, groups, or communities who utilize health care services.

Corequisite courses - are courses in the curriculum that are best completed in the same semester.

Contemporary nursing practice - is professional nursing knowledge, skills, and behaviors that are based on current research and professional standards of the present time (ACEN, August 2016).

Course Measurable Student Learning Outcomes - are statements of learner-oriented expectations written in measurable terms that express the knowledge, skills, or behaviors that the students should be able to demonstrate upon completion of the course. Course student learning outcomes/course outcomes must be consistent with standards of contemporary nursing practice. Course student learning outcomes/course outcomes

• must be aligned and linked to the end of program student learning outcomes;
• should have a single, measurable action;
• support students’ achievement of the end of program student learning outcomes and program outcomes;
• typically progress from “simple” to “complex” as students advance through the nursing program of study; and
• organize, guide, and direct course curricular matters such as, but not limited to, the inclusion of content, learning activities, selection of practice learning experiences, evaluation methodologies, selection of practice learning environments, etc. (ACEN, August 2016).

Critical Behaviors – if student receives a “U” in any of the identified critical areas at the end of the semester; the student will receive a grade of “unsatisfactory” in the practicum course. These critical behaviors can be identified and discussed at any time during the practicum experience. Critical behaviors are identified by a # on the evaluation form. A student who continues to practice the behaviors listed below will receive a practicum grade of “Unsatisfactory”:

• Provides unsafe care despite interventions to improve performance.
• Demonstrates a pattern of lack of understanding of their limitations.
• Fails to anticipate consequences of actions or lack of actions.
• Fails to maintain appropriate communication with faculty and staff about patient/client care despite counseling.
• Fails to demonstrate appropriate legal, ethical, and professional conduct

Credentialing (ACEN, August 2016)

• Accreditation - Accreditation is a voluntary, self-regulatory process by which non-governmental associations recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality. Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processes followed, and results achieved. The monitoring of certificate, diploma, and degree offerings is tied closely to state examination and licensing rules and to the oversight of preparation for work in the profession.
• Approval - The term generally referred to by most state regulatory agencies for nursing to describe authorization of nursing education programs meeting minimal standards as defined in the state nurse practice act and/or rules and regulations.
• Certification - The process by which an organization, association, voluntary agency, or state regulatory agency grants recognition that an individual possesses predetermined knowledge and/or skills specified for practice in an area of specialization.
• Licensure— The process by which a governmental agency gives affirmation to the public that the individuals engaged in an occupation or profession have minimal education, qualifications, and competence necessary to practice in a safe manner.

Critical pathway - is a trajectory of the client’s clinical course detailing interventions, referral patterns, and outcomes on a daily basis from pre-admission into the health care system through post-discharge follow-up.

Critical thinking - refers to an intellectual process that involves developing a rational, justifiable response to questions for situations where there are no definitive answers and for which all the relevant information may not be available. It involves the ability to analyze arguments, construct meaning, use knowledge as context, and critically reflect on one’s thoughts and actions. Critical thinking requires knowledge, but it is more than the acquisition and regurgitation of known facts, concepts, and theories. It is the ability to use that knowledge in situations of ambiguity and risk.
Culturally competent care - uses a framework of the client’s world-view, values, norms, and beliefs about health and illness in care delivery. To the greatest extent possible, the process will reflect sensitivity to the client’s cultural perspective, and where appropriate, the nurse and client will negotiate and facilitate a change in behaviors.

Culture of safety - are “Health care practices that identify, understand and respect the biophysical, economic, psychosocial, spiritual and cultural characteristics of the patient, the patient’s family, the environment and the patient’s community. Safety occurs within a process of respectful collaboration to reach agreed-upon health goals, to individualize health education to the individual patient and patient population, and to select and provide health care. Culturally safe practices by the nurse protect patients against devaluation or obliteration of their cultural histories, cultural expressions and cultural experiences.” (Expert Panel on Global Nursing & Health, 2010).

Curriculum integrity - is the demonstration of the soundness of a nursing program of study that develops from the mission/philosophy in an organized manner across a sequence of courses. The mission/philosophy and selected professional standards, guidelines, and competencies result in the faculty identifying end of program student learning outcomes that are specific and measurable and progress throughout the curriculum. The end of program student learning outcomes organize the curriculum, guide the delivery of instruction, direct learning activities, and are used to evaluate students (ACEN, August 2016).

Debriefing - this session encourages participant to explore emotions, question, reflect and provide feedback to each other. Purpose is to move toward assimilation of theory, practice and research in order to influence future actions (INACSL, 2011). Debriefing follows a simulation experience and is facilitated by a faculty member who has teaching responsibilities for the group. The International Nursing Association for Clinical Simulation Learning (INACSL) Simulation Standards encourage the use of reflective thinking and feedback regarding the participants’ performance during this time of discussion. Participants are encouraged to reflect on their own feelings, emotions, and actions as well as provide feedback to other participants. The overall goal of debriefing is to facilitate the application of clinical knowledge and transfer the learning to future situations (Meakim, Boese, Decker, Franklin, Gloe, Lioce, Sando, & Borum, 2013).

Default rate - is the rate of student borrowers who fail to remain current on their loans (ACEN, August 2016).

Direct Evaluation - Students orally, by written assignment, or by action show/demonstrate achievement of the course measurable student learning outcome (SLO) or end of program SLO.

Distance education - is an educational process in which the majority of the instruction occurs when a student and instructor are not in the same place. Instruction may be synchronous or asynchronous. Distance education may employ audio, video, and/or computer technologies and includes technology that is used to support regular and substantive interactions between the instructor and the students (ACEN, August 2016).

Distance technology - are instructional methods that may include one-way or two-way transmissions, audio, video, the Internet, and/or computer technologies (ACEN, August 2016).

Diversity - is the concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizing our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

Due process - is a disciplined, analytical decision-making procedure in which relevant standards are applied by a properly constituted and authorized body using a method that is based on published rules of procedure and is free of improper influence (ACEN, August 2016).

End of program Student Learning Outcomes - are statements of learner-oriented expectations written in measurable terms that express the knowledge, skills, or behaviors that the students should be able to demonstrate upon completion of the nursing program regardless of the nursing program option. End of program student learning outcomes must be consistent with standards of contemporary nursing practice. End of program student learning outcomes
• are driven by established professional standards, guidelines, and competencies
• provide the framework for all curricular matters
• represent the point of transition from being a student to being an entry-level practitioner for the chosen level of nursing education (ACEN, August 2016).

Evaluation - is a value judgment that attaches meaning to the data obtained by measurement and gathered through assessment. Evaluation compares student performance with a standard and makes a decision based on that comparison (McDonald, 2007).
Evidence-based practice - is a process of finding, appraising, and applying scientific evidence in the management of health for individuals, families, groups, aggregates and/or communities. Evidence-based practice includes the conscientious application of current evidence as a foundation for decisions about patient care. This problem-solving approach integrates a systematic search for and critical appraisal, and application of the most relevant evidence, along with patient preferences and values, and the clinical expertise and experience of the nurse.

Evolve Reach Powered by HESI (Health Education Systems Incorporated) - is a United States company that provides exams and other educational material designed to prepare student nurses for professional licensure, and predict their likely success in national qualifying tests. The exams are computerized and administered online.

Evolving health care setting - is a geographical and/or situational environment (could be structured or unstructured health care delivery setting) which is undergoing significant changes in response to internal and/or external pressures. There are not sufficient resources to assist and support the full scope of nursing expertise, therefore requiring independent nursing decisions.

Expected level of achievement - is a measurable index that reflects a desired outcome (ACEN, August 2016).

Facilitated learning (FL) - is a collaboration between a nursing student and an educator that focuses on a specific didactic content area the student finds challenging. The nursing student is expected to be prepared and actively participate in the FL session. The goal of facilitated learning is to promote independent active learning throughout nursing school and throughout life.

Faculty, nursing - are nurses who teach and evaluate nursing students, are academically qualified, and have experience in the content areas in which they teach. See definition of Nurse Administrator and Nursing Program Coordinator.

- Full-time faculty - are persons who teach and/or evaluate nursing students, have a full-time faculty employment status at the governing organization, and whose current primary workload responsibilities are teaching and/or evaluating students in a nursing program.
- Part-time faculty - are persons who teach and/or evaluate nursing students, have a faculty appointment that is less than a full-time status at the governing organization, and whose current primary workload responsibilities are teaching and/or evaluating students in a nursing program (ACEN, August 2016).

Faculty Development - are activities that facilitate faculty maintenance or enhancement of expertise. Examples include, but are not limited to, certification, continuing education, formal advanced education, clinical practice, research, publications, and other scholarly activities (ACEN, August 2016).

Faculty Scholarship - are leading edge scholarship activities conducted by faculty. These activities include quality, quantity and impact of scholarly and creative activities as indicated by appropriate measures such as publications in high quality scholarly presses and journals, citation rates, creative presentations and performances in important venues, and recognition of faculty for their academic and creative contributions to their respective disciplines. (Lamar University Mission Statement, 2015)

Faculty Workload - are percentages of time that reflect the manner in which the governing organization and/or nursing education unit characterizes, structures, and documents the nature of faculty members' teaching and non-teaching responsibilities. Workload duties include, but are not limited to, teaching, advisement, administration, committee activity, service, practice, research, and other scholarly activities (ACEN, August 2016).

Family - is two or more people who may share a residence, who possess common emotional bond and perform/engage in interrelated social positions, roles and tasks (DECS, 2010).

Health Education Systems Incorporated (HESI) standardized tests - are exams to determine admission criteria benchmarks to the undergraduate program, assess retention of information throughout the undergraduate program, and predict probability of competency on the National Council Licensure Examination (NCLEX.)

Health - is a measurable state along a wellness-illness continuum that each person ultimately defines for themselves. It is a composite of physical, psychological, emotional, social and spiritual functioning (Adapted: Smeltzer & Bare, 1996).
**Health care delivery system** - is the totality of services offered by all health disciplines that contribute to safe, quality, cost-effective health care that is divided into three subsystems:

1. **Preventative and primary care** help clients acquire healthier lifestyles and achieve a decent standard of living. The focus of health promotion is to keep people healthy through personal hygiene, good nutrition, clean living environments, regular exercise, rest, and the adoption of positive health attitudes.

2. **Secondary and tertiary care** includes the diagnosis and treatment of illnesses. Planning and coordination of the highest quality of care possible so clients can be discharged early but safely to the home or extended care facility that can adequately manage remaining health care needs is a central tenet of secondary and tertiary care.


**Health care outcomes** - is the end product of any health care process, indicating to what extent the purposes of the process are being achieved. The output or results of the process (i.e., change resolution, improvement, or deterioration).

- **Holistic** - emphasizes the importance of the interrelationships of the bio-psycho-social-spiritual-cultural dimensions of the person in mutual process with the environment while recognizing that the whole is greater than the sum of its parts (DECS, 2010).

- **Holistic health needs** - are ongoing state of wellness needs that involve taking care of the physical self, expressing emotions appropriately and effectively, using the mind constructively, being creatively involved with others, and becoming aware of higher levels of consciousness. The client is aware of the physical and emotional dimensions of the wellness-illness continuum and the client actively participates in their own state of wellness (Adapted: Potter, 1997).

- **Humanity** - consists of unique holistic beings of intrinsic worth and dignity that have the right to self-determination, well-being, and equity. Humans are adaptive in nature, constantly interacting with changing environments and society in progressing toward fulfillment of innate potential for growth, development, and maturation throughout the life span.

- **Hybrid/Blended nursing course** - A nursing course whose content is delivered both in person/in a classroom and via distance education; 1% to 49% of the traditional in-person/in-a-classroom time is replaced with work via distance education, typically delivered asynchronously. The component delivered via distance education includes learning activities that reduce the time traditionally spent in the in-person/in-a-classroom component (ACEN, August 2016).

- **iClicker** - is a portable, handheld device that allows students to vote by "clicking" on the appropriate button for his/her choice. Each instructor uses a receiver that collects votes sent by students’ clickers.

- **Indirect Evaluation** - assesses opinions or thoughts about student knowledge, skills, attitudes, learning experiences, and perceptions. Examples of indirect measures are: student surveys; focus groups; alumni surveys; employer surveys.

- **Informatics** - is a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, and knowledge in nursing practice. Nursing informatics facilitates the integration of data, information, and knowledge to support patients, nurses and other providers in their decision-making in all roles and settings. This support is accomplished through the use of information structures, information processes, and information technology (ANA Scope and Standards of Nursing Informatics Practice, 2001, p. vii).

- **Initial demonstration of skills procedures** - is a process verifying students can demonstrate skill procedures according to guidelines.

- **Instructional Associate** - is a qualified, experienced Registered Nurse who assists an Instructor of Record with an online course. An IA is a highly organized and self-motivated assistant who monitors student engagement in collaboration with the Instructor of Record in online courses, grades assignments as directed by the Instructor of Record according to specified criteria, facilitates course discussions, provides online student support, and frequently collaborates with the Instructor of Record.

- **Instructional technology** - are the method(s) and delivery system(s) used by faculty to convey course content to students (ACEN, August 2016).

- **Interprofessional** - is sharing of information among two (2) or more healthcare professionals working together as a team with a common purpose and mutual respect (ACEN, August 2016).

- **Job placement rate** - is the percentage of graduates employed in a position for which a nursing program prepared them (ACEN, August 2016).
Learning - is a life-long process of change in which the individual acquires knowledge, attitudes, values, and skills through practice, experience, and study.

LU (Lamar University) Connect/ LU Learn (Blackboard) - is a tool that allows faculty to add resources for students to access online. Power point, video, audio, animation, and other applications are created outside of LU Learn (Blackboard) and added into LU Learn (Blackboard) courses for students to enhance teaching and learning efforts.

Lippincott NCLEX-RN PassPoint (Powered by prepU) - is a personalized and comprehensive learning system designed to help students fully prepare for the NCLEX-RN. PassPoint provides students with multiple outlets for individualized review, quizzing, and practice, helping to pinpoint areas requiring additional focus

Managed care - is a health delivery system that integrates financing, insurance and care delivery by means of (a) contracts with selected health care providers that furnish a comprehensive set of services to enrolled members, (b) utilization and quality controls, (c) financial incentives for members to use contracted providers, and (d) financial risk-sharing between the system and the providers. It may include PPOs, HMOs, and point of service HMOs (Adapted: Iglehart, 1992).

Members of the Health Care Team - include a range of health care workers - e.g., physicians, physician extenders, nurses, medical assistants—and those providing ancillary and diagnostic services - e.g., radiology and lab technologists, physical therapists, nutritionists, psychotherapists, massage therapists - who provide diagnostic and therapeutic procedures on a patient.

Mission/Philosophy - is the governing organization and/or nursing education unit statement that designates fundamental beliefs and characteristics and provides guidance and direction for a nursing program(s) and services offered (ACEN, August 2016).

Member of the Profession - are members of the profession governed by codes of ethics, and profess commitment to competence, integrity and morality, altruism, and the promotion of the public good within their expert domain. A profession is a disciplined group of individuals who adhere to ethical standards.

Modeling - "is the process used by the nurse to develop an empathetic understanding of the client’s present situation based on the world as the client perceives it. The model of a person’s world is the representation of the unique aggregation of the way the individual perceives life and all its aspects and components; feels, believes, and behaves; and the underlying motivation and rationale for beliefs and behaviors." (Erickson, H. C., Tomlin, E. M., and Swain, M. A. (2002). The Modeling and Role Nursing Theories, the Base for Professional Nursing Practice, p. 466).

Moral Agency – is an individual's ability to make moral judgments based on a belief of right and wrong and to be held accountable for these actions. A moral agent is a person who is capable of acting with reference to right and wrong

Nursing education - is the process learners use to acquire and apply knowledge from varied experiences to identify and solve problems with clients with creativity and flexibility in the real world.

Nurse administrator - is the individual with responsibility and authority for the administrative and instructional activities of a nursing education unit and nursing program(s) within the governing organization (e.g., dean, chairperson, director). The ACEN does not consider the nurse administrator a faculty member regardless of the teaching responsibilities or classification by the governing organization (ACEN, August 2016).

Nursing process - is a clinical decision-making method that involves assessing, planning, implementing, and evaluating client care. Assessment of client problems results in formulating a nursing diagnosis (Adapted: Stanhope, 1996).

Nursing program length - is the total number of credit/quarter/clock hours required to complete the defined nursing program of study allocated over a specific number of academic terms (semester/trimester/quarter); the nursing program of study is inclusive of all prerequisite courses, general education courses, and nursing courses required (ACEN, August 2016).

Nursing program type - is the clinical doctorate, master’s and post-master’s, baccalaureate, associate, diploma, and practical curriculum offered by a governing organization that leads to the awarding of a degree, diploma, or certificate (ACEN, August 2016).

Online/Internet nursing course - is a form of distance education whereby 50% to 100% of the nursing course content is delivered primarily online and asynchronously (ACEN, August 2016).

Online nursing program - is a form of distance education whereby 50% to 100% of the credit hours or 50% to 100% of the clock hours of the nursing courses are delivered primarily online and asynchronously (ACEN, August 2016).

Partnership - is “An agreement (formal relationship) between a nursing education unit / governing organization and an outside agent / agency to accomplish specific outcomes and goals over a period of time”. This does not include practicum agreements for student learning experiences required by the nursing program (ACEN, August 2016).
Pass Rates (ACEN, August 2016)

- **Certification Examination Pass Rates** - Annual performance on the certification examination for all first-time test-takers during the same 12-month period.

- **Licensure Examination Pass Rates** - Annual performance on the licensure examination for all first-time test-takers during the same 12-month period.

**Patient/Client centered care** - includes actions to identify, respect and care about patients’/clients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients/clients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health (IOM, 2003).

**Patient Safety Advocate** - is an Individual who uses a multifaceted approach to assist patients in safely navigating the healthcare system while working to improve system-level problems which lead to patient safety concerns (Gilkey & Earp, 2009).

**Persistence rates (undergraduate)** - are graduation of students admitted to the nursing program (not time limited). According to THECB (2008), “The rate at which students persist in higher education, often as measured by the percentage of students who continue in higher education from one year to the succeeding year” (p. 52).

**Persistence rates (graduate, full-time)** - are percentage of admitted students on a full-time MSN curriculum plan, who enroll full-time for two semesters during the academic year if admitted in the fall semester, and one semester if admitted in the Spring semester.

**Persistence rates (graduate, part-time)** - are percentage of admitted students on a part-time MSN curriculum plan, who enroll in at least one semester during an academic year.

**Person** – is a unique individual with biological, psychological, socio-cultural and spiritual dimensions that are constantly interacting with a changing environment.

**Population-focused practice** - is care provided to individuals, families and community based populations in order to enhance the health of the aggregate, community, or society. The scope of practice extends from a one to one nursing intervention to a global perspective of world health. Emphasis is placed on health promotion and disease prevention (Adapted: Stanhope and Clark, 1996).

**Patient/client** - is a recipient of care which may include individuals, families, populations, and communities (DECS 2010).

**Practice learning environments** - are settings that facilitate students’ application of knowledge, skills, and behaviors in the care of patients and support the end of program student learning outcomes and program outcomes. Settings include, but are not limited to, acute-care and specialty hospitals, long-term care facilities, ambulatory care centers, physician offices, community and home health care, and on-campus laboratory with low- fidelity, moderate-fidelity, and high-fidelity simulation (ACEN, August 2016).

**Practice learning experiences** - are commonly known as “clinical/practicum” and held in settings that facilitate students’ applying knowledge, skills, and behaviors in the care of patients and support the end of program student learning outcomes and program outcomes (ACEN, August 2016).

**Practice Measurable Student Learning Outcome** - are statements of learner- oriented expectations written in measurable terms that express the knowledge for skills that the students should be able to demonstrate with repetition of selected skills upon completion of a course with a laboratory component. Practice measurable student learning outcomes must be consistent with standards of contemporary nursing practice.

**Practicum/ Clinical learning experiences** - this is direct hands-on, planned learning activities with patients across the lifespan, interaction with the interprofessional team, and interaction with the patient’s family and friends that are sufficient and appropriate to achieve end of program student learning outcomes, program outcomes, and /or role specific professional competencies, and are overseen by qualified faculty who provided feedback to students in support of learning (ACEN, August 2016)

**Practicum Evaluation Tool (PET)** – an Evaluation document that is used to track attainment of Practicum Measurable Student Learning Outcomes at each level within the Bachelor of Science Nursing (BSN) Program practicums. Each Practicum Measurable Student Learning Outcome has assigned areas to be evaluated and Critical Behaviors that must be met to meet designated Practicum Measurable Student Learning Outcomes.
Practicum Measurable Student Learning Outcome - are statements of learner-oriented expectations written in measurable terms that express the knowledge, skills, or behaviors that the students should be able to demonstrate upon completion of practicum. Practicum student learning outcomes/practicum outcomes must be consistent with standards of contemporary nursing practice. Practicum student learning outcomes/course outcomes

- must be aligned and linked to the end of program student learning outcomes;
- should have a single, measurable action;
- support students’ achievement of the end of program student learning outcomes and program outcomes;
- typically progress from “simple” to “complex” as students advance through the nursing program of study; and
- organize, guide, and direct course curricular matters such as, but not limited to, the inclusion of content, learning activities, selection of practice learning experiences, evaluation methodologies, selection of practice learning environments, etc.

Practicum/ Clinical Preceptor - is a licensed Registered Nurse (RN) who meets the minimum requirements in Rule 215.10(j) Texas Board of Nursing 3.8.3.a. Education Guideline Preceptor Clinical/Practicum Learning Experiences. This registered nurse is not employed as a faculty member by the nursing program, and directly supervises practicum learning experiences for no more than two students. The preceptor contributes to the evaluation of the student during the experiences and assists in adapting the student to the nurse’s role. The clinical/practicum preceptor facilitates student learning as prescribed by a signed written agreement between the educational institution, preceptor, and affiliating agency (Texas Board of Nursing, 2013). A preceptor is an academically and experientially qualified person who has received formal training to function as a resource and role model for nursing students. When specified, preceptors must meet the stated requirements for the level of nursing education offered. Examples include, but are not limited to, requirements set by a state regulatory agency for nursing students. When specified, preceptors must meet the stated requirements for the level of nursing education offered. Examples include, but are not limited to, requirements set by the governing organization/nursing education unit (ACEN, August 2016).

Practicum Readiness Documents (PRDs) – Documents that are required for a student to complete and on file before they are allowed to attend practice. These include but are not limited to the following: Tuberculosis testing results, required Immunization documentation, and History and Physical completed by health care provider.

Pre-briefing - is an information session given prior to the start of a simulation activity. It sets the stage for the activity and assists students in achieving scenario outcomes (INACSL, 2011).

Prerequisite course – is a course/courses students must complete before students are able to enroll in other courses. Prerequisite courses to NURS courses require a grade of “C” or better prior to admission into the LU School of Nursing. Pre-admission course/courses: are courses required to be completed prior to admission to the nursing program.

Professional integrity - is demonstrated by the acceptance of accountability and responsibility for one’s actions; is the management of all situations in a truthful and honest manner that demonstrates respect and dignity for self and others; and is the presentation of oneself in a professional manner through proper dress, communication, and demeanor. It is the integration of professional behaviors and the socialization process that prepares graduates for entry into the practice of professional nursing.

Professional practice skills - includes continuing development of leadership abilities, adhering to professional standards, assuming responsibility and accountability for own actions as well as delegated tasks.

Professional roles - are provider of patient/client-centered care, member of the profession, patient safety advocate and member of the health care team (DECS, 2010).

Professional standards/guidelines for nursing practice - are a set of guidelines approved by a nationally recognized nursing organization for use in the development and evaluation of a nursing curriculum. The most recent version/edition of the standards/guidelines must be used. The standards/guidelines include, but are not limited to (ACEN, August 2016):

- Consensus Model for APRN Regulation (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Group)
- Core Competencies for Interprofessional Collaborative Practice© (Interprofessional Education Collaborative)
- Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education)
- Essentials of Baccalaureate, Master’s, and Doctoral Education (American Association of Colleges of Nursing)
- Health Professions Education: A Bridge to Quality© (Institute of Medicine)
• NLN Competencies for Graduates of Nursing Education Programs© (National League for Nursing)
• Nurse Practice Standards for the Licensed Practical/Vocational Nurse (National Federation of Licensed Practical Nurses)
• Nursing: Scope and Standards of Practice© (American Nurses Association)
• Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs (National Association for Practical Nurse Education and Services)
• Statement on Clinical Nurse Specialist Practice and Education© (National Association of Clinical Nurse Specialists)
• Quality and Safety Education for Nurses (QSEN) Competencies

**Program completion rates** - “Percentage of students who graduate within a defined period of time. The definition used by the ACEN for the program completion rate is the number of students who complete the program in no more than 150% of the stated program length beginning with enrollment in the first nursing course.” (ACEN, August 2016). Program Completion Rates are as follows;

- BSN: 100%=24 months, 150%=36 months
- RN-BSN: 100%=14 months, 150%=21 months
- MSN: 100%=24 Months, 150%=36 months
- RN-MSN: 100%=36 months, 150%=54 months

**Program Outcomes** - are the measurable indicators that reflect the extent to which the purposes of the nursing program are achieved and by which nursing program effectiveness is documented. “The ACEN specifies and requires the assessment of the following nursing program outcomes: licensure examination pass rate, program completion rate, and job placement rate for undergraduate programs, and licensure examination pass rate and/or certification examination pass rate, program completion rate, and job placement rate for graduate programs. The assessment of additional program outcomes is the choice of the governing organization and nursing education unit. (ACEN, August 2016).

**Provider of Patient-Centered Care** - is an individual who exhibits skills of listening to, informing and involving patients in their care. The IOM (Institute of Medicine, 2003) defines patient-centered care as: “Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.”

**Public** - is any individual or group with an interest in but no direct responsibility for the development or delivery of a nursing program (e.g., clients/patients, non-nursing students, non-nursing faculty, healthcare providers, and citizens) (ACEN, August 2016).

**Published documents** - are all written forms of communication distributed by a nursing program and/or governing organization, including paper and electronic sources intended to inform the public (ACEN, August 2016).

**Qualified, academically** - is documented current or recent direct engagement in a significant manner in the teaching of nursing and/or research in nursing; faculty members and nurse administrators must hold all educational qualifications required by the governing organization, the state, and the governing organization’s accrediting agency; nurse administrators must hold all educational qualifications required by the governing organization, the state, the governing organization’s accrediting agency, and the ACEN (ACEN, August 2016).

**Qualified, experientially** - is documented current or recent direct engagement in a significant manner in clinical nursing experiences for those whose role includes teaching; for those engaged in administration, documented current or recent direct engagement in a significant manner in administrative functions in nursing education; faculty members and nurse administrators must hold all experiential qualifications required by the governing organization, the state, and the governing organization’s accrediting agency (ACEN, August 2016).

**Reflective Practice** - is considered an essential component of experiential learning, it promotes the discovery of new knowledge with the intent of applying this knowledge to future situations. Has the potential to decrease the gap between theory and practice (INACSL, 2011).

**Relationship skills** - enhance the connection between the nurse and hierarchies of interactions with other persons: clients, families, communities, members of the health care team, and the environment in which these interactions occur. Involves accountability, primacy of duties directed at beneficence, scientific and technical competence, and leadership. Aimed at maintaining the therapeutic benefit of the interaction, evaluation of problem and goals toward therapeutic progress, facilitating wellness and implementing care with unconditional positive regard for the client’s progress.

**Resources, fiscal** - are financial support required for securing the personnel, supplies, materials, equipment, and services necessary to ensure the achievement of the end of program student learning outcomes and program outcomes (ACEN, August 2016).
Resources, learning - are materials, activities, and technologies that facilitate the development of students’ knowledge, skills, and behaviors necessary to ensure the achievement of the end of program student learning outcomes and program outcomes (ACEN, August 2016).

Role Modeling - “is the facilitation of the client in attaining, maintaining, or promoting health through purposeful individualized interventions based on the client’s perceptions of the world as well as the theoretical base for the practice of nursing.” (Erickson, H. C., Tomlin, E. M., and Swain, M. A. (2002). The Modeling and Role Modeling Theory in J. B. George, 2002, Nursing Theories, the Base for Professional Nursing Practice, pg. 466).

Scientific problem solving - is a vital ability for nursing practice which involves both problem solving and decision making. A dynamic process which utilizes the nursing process, decision making strategies, critical thinking skills, critical pathways, and independent/collaborative problem-solving as methods employed to solve problems related to care delivery. Involves problem identification, gathering and analyzing data, developing solutions, implementing the best, most cost-effective solution(s), and evaluating client outcomes. The nurses’ ability to recognize and identify the problem is considered the most vital step (Adapted: Yoder-Wise, 1995).

Service learning - “is a philosophy of education which emphasizes active, engaged learning with the goal of social responsibility…it is reciprocal learning, dynamic and interactive…which suggests mutuality in learning between the student and the community with whom he or she is actively engaged.” (J. C. Kendall, 1990, Combining Service and Learning, pg. 22-23). Participation in meaningful activities within the community which allow the individual to grow personally and professionally outside the classroom experience.

Shadow Health - A teaching strategy that utilizes educational software web-based Digital Clinical Experiences™ and is designed to augment health courses for nursing students.

Simulation, high fidelity - is creating a realistic client care environment and situation in which students participate in care, utilize problem-solving and practicum judgment skills. Integrates student cognitive, affective, and psychomotor domains in creating a client care situation as close to reality as possible, oftentimes utilizing high-tech mannequins which breathe, talk, and have realistic pulmonary, cardiac and gastric sounds. This teaching/learning strategy promotes synthesis of knowledge and the integration of multiple concepts into care of clients across the lifespan within a safe nonthreatening learning environment. Experiences using full scale computerized patient simulators, virtual reality or standardized patients that are extremely realistic and provide a high level of interactivity and realism for the learner (NLN-SIRC, 2013).

Simulation Laboratory - is an on-campus setting that is designed to look, feel, and/or function as a real-world practice learning environment, offering real-world practice learning experiences, which may include the use of low-fidelity, moderate-fidelity, and/or high-fidelity simulation equipment (ACEN, August 2016).

Simulation, low fidelity - utilizes static mannequins and task trainers to create a realistic situation in which students practice problem solving and psychomotor skills. This teaching/learning strategy allows for peer review, self-assessment, and student demonstration of skill acquisition as well as faculty evaluation of students’ performance within a safe nonthreatening learning environment. Experiences such as case studies, role-playing, using partial task trainers or static mannequins to immerse students or professionals in a practicum situation or practice of a specific skill (NLN-SIRC, 2013).

Simulated/Standardized Patient - is a person trained to consistently portray a patient or other individual in a scripted scenario for the purposes of instruction, practice, or evaluation (Robinson-Smith, Bradley, & Meakim, 2009).

Skill - is the proficiency, competency and/or mastery of set(s) of tasks, abilities and/or behavior(s) that are hierarchically acquired over time as a consequence of learning, practice and experience.

Skill Development - is the process along a continuum of growth in knowledge, skills, and attitudes as a result of educational or other experiences (Meakim, Boese, Decker, Franklin, Gloe, Lioce, Sando, & Borum, 2013).

Society - is the scope of humanity: individuals, cultures, families and communities forming complex adaptive systems.

Staff - are non-faculty personnel who facilitate the attainment of the goals and outcomes of a nursing education unit, including clerical and other support persons (ACEN, August 2016).

Structured setting - is a “geographical or situational environment where the policies, procedures, and protocols for provision of health care are established. In the structured setting, there is recourse to assistance and support from the full scope of nursing expertise.” (Finkelman & Kenner, 2014, p. 85). Finkelman, A. & Kenner, C. (2014). Professional nursing concepts: Competencies for Quality Leadership (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

Sufficient - enough or adequate for the purpose of achieving the end of program SLOs and POs (ACEN, August 2016).

Sufficient Full-time Faculty - reflected by the ratio of the number of FT faculty to the total of FT and PT nursing students enrolled in the nursing courses, by the FT faculty on overload and the amount of overload for
each FT faculty, and the required non-teaching responsibilities required by the governing organization. Specific ratios meet the state requirements for the level of nursing education (ACEN, 2016)

**Synchronous learning** - is learning and instruction that occur at the same time and in the same place (ACEN, August 2016)

**Systematic Plan for Evaluation (SPPE)** - is a document reflecting ongoing assessment, analysis and evaluation. The SPPE encompasses both the Undergraduate and Graduate Programs and is continually updated by faculty to reflect the most current Accreditation Commission for Education in Nursing (ACEN) standards.

**Teaching-Learning** - is a collaborative problem-solving relationship between learner and teacher emphasizing self-direction and self-determination of goals leading to increased independence on the part of the learner.

**Technology/Psychomotor skills** - are the use of knowledge and dexterity to manipulate the ever changing and advanced technical, computerized equipment to provide client care; e.g., using diagnostic equipment to gather assessment data, computerized client information to plan outcomes, mechanical pumps and respirators to maintain life, computer software to document, evaluate and conduct research on client outcomes, and information superhighway for communication and information gathering.

**Therapeutic interventions** - are actions designed to assist a client in moving from present level of health to that described in the expected outcome. These actions may be direct and indirect which include nurse initiated, physician initiated, and collaborative interventions.

**Title IV Gatekeeper** - is a person or agency that is responsible for monitoring an institution’s compliance with the Higher Education Reauthorization Act Title IV (ACEN, August 2016)

**Unstructured setting** - is a “geographical or a situational environment that may not have established policies, procedures, and protocols and has the potential for variations requiring independent nursing decisions” (Finkelman & Kenner, 2014, p. 85). (Finkelman, A. & Kenner, C. (2014). *Professional nursing concepts: Competencies for Quality Leadership* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

**Web-Enhanced** - refers to the inclusion of a world-wide-web based resource for course delivery for the purpose of improving teaching/learning. Specifically, web-enhanced courses are delivered on campus and have an on-line component. The use of a vehicle such as LU Learn (Blackboard) to provide framework for course materials, discussion, real-time chat, email, assignment drop boxes, and computer based testing and grade book features is common.

**Welfare of faculty and staff** - are policies affecting faculty and staff promulgated by the governing organization and nursing education unit, including, but not limited to, those related to non-discrimination, appointment, rank, grievance, promotion, rights and responsibilities, salaries/benefits, and workload (ACEN, August 2016).
Lamar University JoAnne Gay Dishman School of Nursing has two undergraduate programs. The curriculum design of each program addresses university, state, and national standards. Some specific standards are referred to in each course syllabus. A brief explanation of these is given.

Texas Board of Nursing – Differentiated Essential Competencies (DECs) of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgments and Behaviors.

Nursing practice in Texas by licensed nurses flows along a scope of practice continuum based upon educational preparation from the Licensed Vocational Nurse (LVN) to the doctorally prepared Registered Nurse (RN). While selected aspects of nursing care may be assigned or delegated by licensed practicing nurses to ancillary persons such as nursing assistants or aides, LVNs and RNs currently form the core in the roles identified as members of the profession, providers of patient-centered care, patient safety advocates, and members of the health care team.

Basic educational preparation for the LVN examination is provided at the vocational level in Texas Board of Nursing (BON or Board) approved programs in community colleges, hospitals, career schools, and the military. Educational preparation for RN licensure examination may be obtained through Texas BON approved diploma, associate degree, and baccalaureate degree programs (including generic master’s degree programs). Each of these programs provides the necessary preparation for practice as a registered professional nurse. The curricula of each of the nursing programs differ and the outcomes of the educational levels dictate a differentiated set of essential competencies of graduates. The competency statements describe progression in expected behaviors across the types of programs from vocational nursing (VN) to diploma and associate degree nursing (ADN) to baccalaureate degree nursing (BSN). The competencies of each educational level build upon the previous level.

The competencies are written for nursing programs to meet the approval criteria established by the Texas Board of Nursing. For more details see the Texas Board of Nursing website at http://www.bne.state.tx.us/about/pdfs/delc-2010.pdf.
# APPROXIMATE COST OF ITEMS REQUIRED IN THE UNDERGRADUATE NURSING PROGRAM

Students are responsible for expenses incurred during transportation to practicum facilities and community agencies.

## APPROXIMATE COSTS WHEN ENTERING THE PROGRAM

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books (approximate)</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Uniform (1 set first semester)</td>
<td>$60.00</td>
</tr>
<tr>
<td>Lab Coat</td>
<td>$30.00</td>
</tr>
<tr>
<td>School of Nursing insignia patches x 2</td>
<td>$8.00</td>
</tr>
<tr>
<td>Identification Badge x 2</td>
<td>$12.00</td>
</tr>
<tr>
<td>White duty shoes (See Uniform Policy)</td>
<td>$60.00</td>
</tr>
<tr>
<td>White hose or trouser socks</td>
<td>$5.00 per pair</td>
</tr>
<tr>
<td>Bandage scissors</td>
<td>$8.00</td>
</tr>
<tr>
<td>Watch with sweep second hand</td>
<td>$20.00</td>
</tr>
<tr>
<td>Stethoscope with bell &amp; diaphragm</td>
<td>$50.00</td>
</tr>
<tr>
<td>Ventimask</td>
<td>$6.00</td>
</tr>
<tr>
<td>Goggles / or your Glasses</td>
<td>$5.00</td>
</tr>
<tr>
<td>Physical Examination: each year (approximate)</td>
<td>$60.00</td>
</tr>
<tr>
<td>Liability Insurance: each year*</td>
<td>$13.00</td>
</tr>
<tr>
<td>Immunization series/serology</td>
<td>$150.00 – $300.00</td>
</tr>
<tr>
<td>CBSL Polo shirt (recommend 2)</td>
<td>$70.00</td>
</tr>
</tbody>
</table>

*Students admitted to Spring semesters pay a pro-rated premium, with full premiums paid each Fall semester thereafter.

## APPROXIMATE COSTS ASSOCIATED WITH GRADUATION

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Board of Nursing Application for initial licensure</td>
<td>$100.00</td>
</tr>
<tr>
<td>NCLEX-RN® Review (external to Lamar University, approximate)</td>
<td>$350.00</td>
</tr>
<tr>
<td>NCLEX-RN® Application plus Registration Fee</td>
<td>$200.00</td>
</tr>
<tr>
<td>LU Diploma/Graduation Fee</td>
<td>$25.00</td>
</tr>
<tr>
<td>Graduation Cap &amp; Gown</td>
<td>$50.00</td>
</tr>
<tr>
<td>Graduation Stole (required)</td>
<td>$30.00</td>
</tr>
<tr>
<td>Pin (JoAnne Gay Dishman School of Nursing)*</td>
<td>$25.00 – $70.00</td>
</tr>
<tr>
<td>Class picture</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

*Nursing School Pin – The Lamar University-Beaumont JoAnne Gay Dishman School of Nursing has designed and accepted its own distinct pin. Graduates may choose to wear the pin while on duty to identify their alma mater. It is the responsibility of the student to purchase the pin. Students will receive the pin as part of the graduation process. The pin is a representation of the diploma of the Lamar University-Beaumont nursing programs and can be changed only by School of Nursing consent.

Revised by UNS 11/18/2016
PROFESSIONAL ORGANIZATIONS

NSNA – National Student Nurses Association
The National Student Nurses Association and its constituents in states and districts are student operated organizations. Membership gives students opportunities to expand their knowledge and skill in community health projects and legislative activities, influence curricula, increase their interest in nursing organizations, and develop skill in organizational affairs. The National organization offers scholarship opportunities to its members.

NSNA believes there is tremendous need for Registered Nurses to work together on common concerns so that a positive impact can be made on nurses, students, and the public in relation to nursing and health care.

TNSA – Texas Nursing Students Association (State Level)
The state level organization reflects the functions of NSNA and promotes the student with many opportunities to be an active participant. This level also offers scholarship opportunities to members. TNSA and NSNA are related to The Texas Nurses Association and The American Nurses Association.

L.U.T.N.S.A. - Lamar University Texas Nursing Student Association is the local chapter of the Texas Nursing Student Association.
The purposes of the organization are to:
1. Assume the responsibility for contributing to nursing education in order to provide the highest quality of health care.
2. Provide programs representative of fundamental and current professional interest and concerns.
3. Aid in the development of the whole person, his/her responsibility for the health care of people in all walks of life, and his/her professional role.

Membership and meeting information available in the JoAnne Gay Dishman School of Nursing. Students are encouraged to belong to LUTNSA and attend meetings.

Kappa Kappa Chapter of Sigma Theta Tau
The Lamar University Professional Nursing Honor Society was established in the Spring of 1985, and was chartered on April 24, 1988, as the Kappa Kappa Chapter of Sigma Theta Tau International Honor Society of Nursing, Inc. The purposes of this Society shall be to:
1. recognize superior achievement
2. recognize the development of leadership qualities
3. foster high professional standards
4. encourage creative work
5. strengthen commitment to the ideals and purposes of the profession

Membership in the organization is composed of students in the baccalaureate and master’s programs in nursing, and registered professional nurses.

The undergraduate student candidate must have completed at least one-half of the nursing component of the curriculum, shall not rank lower than the highest 35% of the class in scholarship, and have a GPA of at least 3.0 on a 4.0 scale. Students in the master’s program must have completed a minimum of one quarter of the required graduate curriculum, have demonstrated ability in nursing, and must have achieved a grade point average of at least 3.5 on a 4.0 scale. The candidate shall have demonstrated superior academic achievement, academic integrity, and professional leadership potential. A nurse leader, who is a registered nurse, legally recognized to practice in his/her country with a minimum of a baccalaureate degree or the equivalent in any field, and who has demonstrated achievement in nursing, shall be eligible for membership.

Membership in the organization is an honor bestowed upon individuals who have demonstrated the achievement of the criteria established; that being so, membership is by invitation and those who accept assume the purposes of the society and the responsibility to participate in achieving its goals.
The Code for Nurses was originally adopted by the American Nurses Association in 1950 and has been revised periodically (American Nurses Association [ANA], 2015). It serves to inform both the nurse and society of the profession’s expectations and requirements in ethical matters. The code and the interpretive statements together provide a framework within which nurses can make ethical decisions and discharge their responsibilities to the public, to other members of the health team, and to the profession.

The Code for Nurses provisional statements:

**Provision 1.** The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

**Provision 2.** The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.

**Provision 3.** The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

**Provision 4.** The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

**Provision 5.** The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

**Provision 6.** The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

**Provision 7.** The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

**Provision 8.** The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

**Provision 9.** The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy (ANA, 2015, p.1-2).

Reference

In 1973, the American Hospital Association (AHA) adopted a “The Patient’s Bill of Rights” to address the expectations of the patient for quality care and medical treatment with revisions to that bill in 1992. In 2001, the AHA replaced the Patient Bill of Rights with the Patient Care Partnership with the focus on “a straight forward, plain language statement that clearly outlines what patients should expect during their hospital visit” (American Hospital Association [AHA], 2003, p.1)

Overall, the Patient Care Partnership describes the expectations, rights, and responsibilities during a hospital stay in regards to:

1. High quality hospital care.
2. A clean and safe environment.
3. Involvement in your care.
4. Protection of your privacy.
5. Help when leaving the hospital.
6. Help with your claims.

Reference


Approved Faculty Association 12/4/2015
The Texas Board of Nursing (BON) has identified certain circumstances that may require a potential candidate ineligible for licensure as a registered nurse in the State of Texas. The Board provides individuals the opportunity to petition the Board for a Declaratory Order as to their eligibility in accordance with Article 301.257 of the Nursing Practice Act.

If you are required to answer “Yes” to any of the following questions, please see the BON Website for instructions on filing a Declaratory Order Petition (www.bon.state.tx.us). Processing your Petition may take 6 to 12 months, or longer, after you provide all required documentation and depending on your circumstance. Once all requested documents have been received, you will be notified that the Petition has been transferred to the Enforcement Department for review.

1. *For any criminal offense, including those pending appeal, have you:
   a. been arrested and have a pending criminal charge?
   b. been convicted of a misdemeanor?
   c. been convicted of a felony?
   d. pled nolo contendere, no contest, or guilty?
   e. received deferred adjudication?
   f. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
   g. been sentenced to serve jail time, prison time, or court-ordered confinement?
   h. been granted pre-trial diversion?
   i. been cited or charged with any violation of the law?
   j. been subject of a court-martial; Article 15 violation; or received any form of military judgment/ punishment/action?

   *(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)*

2. *Are you currently the target or subject of a grand jury or governmental agency investigation?

3. Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

4. *In the past five (5) years have you been diagnosed with or treated or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgment, or ability to function in school or work?

   *(You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure.)*

5. *Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?*

* Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual’s physical or mental condition, im temperate use of drugs or alcohol, or chemical dependency and information regarding an individual’s criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466. If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer “NO” to questions #4 and #5.
Licensure Eligibility Notification Form

I hereby verify that I have received and have had the following documents regarding licensure eligibility for registered professional nurses in Texas explained to me:

1. Nursing Practice Act:
   a. § 301.252 License Application
   b. § 301.253 Examination
   c. § 301.257 Declaratory Order of License Eligibility

2. Texas Board of Nursing Rules and Regulations for Professional Nurse Education, Licensure and Practice
   a. §213.27 Good Professional Character
   b. §213.28 Licensure of Individuals with Criminal History

3. Declaratory Order Petition request form.

Student Name ____________________________ Student ID# __________________

Signature ________________________________ Date __________________________

Semester Admitted to BSN Program: ☐ Fall 20_____ ☐ Spring 20_____
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VERIFICATION OF REVIEW OF BACCALAUREATE NURSING STUDENT HANDBOOK

I have received a copy of the Baccalaureate Nursing Student Handbook and recognize that it contains pertinent information regarding my retention and progress in the program. I agree to abide by the program requirements as stipulated.

Print Name ___________________________ Student ID #: __________________________

Student Signature ___________________________ Date __________________________

Semester Admitted to BSN Program: ☐ Fall 20______ ☐ Spring 20______
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