

The School of Nursing, an integral part of the University of Mobile, is dedicated to the advancement of higher education based upon Christian values. The nursing programs of the University of Mobile seek to prepare nurses with Christian ideals to meet the nursing needs of humanity.

The University of Mobile Undergraduate and Graduate Catalog, and the University of Mobile Student Handbook are the primary resources of information for students. The School of Nursing Student Manual is designed to be a supplemental aid to the nursing major and is not intended to preempt the University Catalog, Graduate Bulletin, or Student Handbook.

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General Information

University of Mobile School of Nursing

School of Nursing Mission Statement

The mission of the University of Mobile School of Nursing is to provide quality education in a Christian environment in order to prepare competent, caring practitioners of nursing. The school aspires to the highest standards of educational excellence, blending a professional perspective with a liberal arts and science foundation. The school is committed to the development of its students into knowledgeable, caring, responsible and self-directed individuals able to meet the health care needs of a diverse and complex society. The University of Mobile School of Nursing emphasizes quality teaching while encouraging and valuing scholarly activity and research to support that teaching.

School of Nursing Philosophy

The School of Nursing, an integral part of the University of Mobile, is dedicated to the advancement of higher education based upon Christian values. The nursing programs of the University of Mobile seek to prepare nurses with Christian ideals to meet the nursing needs of humanity.

The human is perceived as a holistic being; a psychosocial, spiritual, cultural, ethnic, and racial being capable of feelings, emotions, thoughts, and actions. The human is capable of higher levels of functioning in the cognitive, affective, and psychomotor domains. The human is in a dynamic interaction with the environment, which results in change in individual social systems and in health care needs. To serve humanity, one must attempt to meet needs in totality since the human being is perceived as a unit and not a summation of parts.

Today's society is complex and dynamic. It incorporates social controls to preserve its identity, to enable it to function systematically, and to be relatively enduring. Individuals assume roles within society which are stipulated by the interaction between individuals and society.

Health is the physiological, psychological, and spiritual well-being of an individual, family, or group which allows or enables the individual, family, or group to function consistently at maximum potential. Health is an ever-changing state on a continuum from peak wellness to extreme states of ill health dependent upon individual or group adaptation to stressors. Rapid changes in science, technology, knowledge, and health problems, along with striking differences in family structures, emphasis on the legal rights of the individual, and cultural and environmental factors influence health needs.

Nursing is a collaborative process in which nurses assist the client and the client's significant others in performing those activities which contribute to the achievement of maximum health potential through a holistic care approach. Nursing seeks to influence man's balance on the wellness-illness continuum in a positive manner. A perception of, and concern for the needs of individuals, families, and groups are essential to nursing, as well as effective communication with individuals and the entire health care team.

The nursing process is a systematic problem-solving approach utilizing critical thinking for validating the perceived needs and problems of clients. This problem-solving process applied to nursing practice involves assessing, analyzing, planning, implementing, and evaluating. After identifying the needs and problems of individuals, families, and groups, the nurse formulates a nursing diagnosis. In collaboration with other health team members, the nurse plans, implements, and evaluates nursing care. Use of the nursing process promotes responsibility for nursing actions.

Education is the process involving teaching and learning by which one acquires knowledge, skills, values, attitudes, and the ability to think critically. Learning is viewed as a change in behavior based on the learner's perception of that which is to be learned. Each learner and teacher is an individual with a unique background of experiences. The student analyzes, synthesizes, and integrates relationships among new and previous learnings. In the teaching/learning process, a teacher facilitates the student's learning. Relevance in learning depends upon how closely the student individually perceives the learning experience.

Nursing education assists the student to acquire the knowledge which is essential to the profession. This includes, but is not limited to, developing a knowledge base for nursing, developing proficiency in selected psychomotor skills, and a model for nursing practice. Based upon this, qualified nursing faculty members recognize the uniqueness of the individual learner and seek to guide each student in learning experiences. Nursing education is more thorough and perception is broadened when students are assisted in maintaining high input into their own learning and are guided by measurable goals and objectives.

A professional nurse is accountable for nursing actions. The professional nurse possesses the ability to continue professional and personal growth by pursuing life long learning as evidenced by completion of educational courses and/or graduate study, active participation in professional and related organizations, and being a contributing member of society.

The graduate of an ADN program is a candidate for registered nurse licensure and functions as a contributing member of the health care team. The graduate is prepared to function as a beginning practitioner of nursing in caring for people of all ages in multiple settings. The graduate should view nursing education as a beginning, on-going process and a basis for further study through participation in continuing education programs and/or formalized higher education.

Baccalaureate nursing education prepares a nurse who is capable of functioning in beginning professional positions in all types of health care facilities, and with experience, may be a leader on the health care team. The baccalaureate graduate is prepared for graduate study in nursing.

Nursing education at the master's level prepares a specialist who can function in a variety of advanced roles. Education at the master's level in nursing involves expanding previous knowledge and skills and developing expertise in a specified area. Master's level nursing education allows the student to become more involved in self-learning through critical inquiry, analysis, and research.

The School of Nursing has developed overall goals from which specific terminal behaviors for each program have been developed.

School of Nursing Objectives

1. To prepare graduates with an adequate background to assure the achievement of appropriate credentials.
2. To prepare graduates who will practice the profession in a competent, caring manner, utilizing ideals and standards consistent with the Christian faith.
3. To provide students with an education broad enough to assure a career in nursing, based not only upon nursing knowledge, but also upon a background of liberal arts and sciences.
4. To prepare graduates who are able to think critically, and to express themselves clearly, correctly, and succinctly both orally and in writing.
5. To provide opportunities for students to develop fully in a variety of areas including physical, social, spiritual, and professional, as both a leader and a follower.
6. To provide opportunities for students to develop nursing skills in a variety of backgrounds within the practice setting.
7. To provide an environment in which the student recognizes the importance of community service as a part of the professional and Christian commitment.
8. To provide a background for continuing learning for the graduate in both the formal and continuing education arenas.

Associate Degree in Nursing Terminal Objectives

Upon completion of the Associate Degree nursing program, the graduate will:

1. Practice nursing within the ethical and legal boundaries of the profession and various practice areas.
2. Base nursing actions upon a broad foundation of facts and principles derived from the physical and social sciences and Biblical teachings.
3. Demonstrate the ability to think critically in utilizing the nursing process in administering safe, effective nursing care to individuals in multiple care settings.
4. Utilize principles of therapeutic verbal and nonverbal communication to facilitate positive, interpersonal relationships with patients, significant others, nurses, and other members of the health care team showing consideration for sociocultural and spiritual background.
5. Utilize a beginning knowledge of the practice of nursing as a foundation for pursuing personal and professional actualization through available learning resources.
6. Serve the community by sharing time and talents in volunteer activities.
7. Incorporate Christian values into the practice of nursing.

Bachelor of Science in Nursing Terminal Objectives

Upon completion of the Bachelor of Science in Nursing program, the graduate will:

1. Demonstrate knowledge from a broad arts and science foundation when making nursing decisions.
2. Deliver professional nursing care that assists individuals, families, and communities with changing needs across the life span in health promotion and maintenance, illness care, and rehabilitation.
3. Perceive the uniqueness of each individual and use a theoretical and conceptual background to collaborate for the improvement of health care.
4. Reflect Christian ideals in the practice of nursing.
5. Integrate principles of leadership, management, and the teaching/learning process in providing professional nursing care to individuals, families, and communities in a variety of settings.
6. Demonstrate the ability to think critically while providing nursing care in varied settings.
7. Understand the value of research as evidenced by the utilization of research findings in nursing care.
8. Develop individually by being a contributing member of society; accept responsibility and be accountable for actions as a professional nurse; participate in professional and related organizations; pursue graduate or other type of nursing study; and formulate a life plan in harmony with abilities, interests, and beliefs.

Master of Science in Nursing Terminal Objectives

Upon completion of the Master of Science in Nursing program, the graduate will:

1. Incorporate advanced knowledge and skills into practice as a family nurse practitioner, or nurse educator.
2. Utilize critical thinking, research, advanced knowledge, and theories from nursing and other disciplines for improving nursing practice and nursing education, thus improving the quality of health care.
3. Contribute to the development of the scientific knowledge base in nursing, by recognizing researchable problems, and participating in research to advance the practice of nursing and improve nursing education.
4. Utilize leadership strategies to effect improvements in nursing education, the health care system, and in health policy within the community.
5. Contribute as a leader to the restructuring of professional nursing roles as health care and education needs emerge in society.
6. Introduce change to the health care profession and nursing education based on Christian ideals.
7. Communicate new knowledge to other health professionals.

DRESS FOR CAMPUS

Students are expected to be neatly, modestly, and appropriately dressed at all times. Clothing with obscene pictures or messages, and clothing with advertisements for products not in keeping with the University's philosophy is not appropriate. Shirts, modest clothing, and shoes are required in all University buildings and at all University sponsored or approved functions. Hats and caps are inappropriate inside any building.

UNDERGRADUATE UNIFORM REGULATIONS AND CLINICAL DRESS CODE

Your uniform should display your pride in nursing. Let it always portray your poise and dignity. When in uniform, the complete uniform should be worn. While visiting any clinical facility, the student dress should be professional with lab coat and name pin. Student attire should not include hats/caps, tank tops, T-shirt, shorts, jeans, leggings, skirts with slits above the knee, or skirts greater than two (2) inches above the knee.

Complete Uniform

Complete uniform for students is regulation school uniform (dress or pant suit for female students), all white leather shoes, name pin, scissors, stethoscope, pen, pencil, note paper, and wrist watch with a second hand. Uniforms will be purchased at the University of Mobile Bookstore.

The staff at the Bookstore will know which styles have been selected by the University of Mobile and will help you choose the correct uniform. You need to purchase two uniforms. Caps are not worn. You should order two name badges and a School of Nursing patch for each uniform and the lab coat.

An incomplete or inappropriate uniform is not acceptable. Faculty may point out inappropriate attire.

Appropriate dress for psychiatric clinical experiences is professional street wear with a lab coat and a name badge.

Standards for Wearing Uniform - Women Students

Uniform appraisal will be made by your clinical laboratory instructor. The student will be checked for the following:

1. Uniform - Clean, well pressed, and knee length (for dress uniforms). White or flesh-colored underwear should be worn. No turtleneck or long sleeve tops under uniform. Name badge should be visible at all times. The School of Nursing patch should be sewn on the front of your uniform and lab coat 3 inches down from the shoulder on the right side. Name badges are to be worn on the left side of your uniform or lab coat.
2. Hosiery - White, with no holes or runs visible, and laundered daily.
3. Shoes - No regulation shoe is required. Select a shoe that is all white leather, comfortable, and durable. Shoes should be clean and polished, with clean shoe laces. The entire foot must be covered. No clogs or sandals may be worn.
4. Socks - White socks may be worn with the UM nursing uniform pants.
5. Hair - Short, or if long, worn off the uniform collar. Ponytails or braids that exceed shoulder length should be placed in a bun or twist. Hair should not sweep across face or eyes.
6. Nails – Short and well groomed. Clear or pale color nail polish only. No artificial nails may be worn in the clinical setting.
7. Make-up – Natural, with no excessive make-up. No perfume is to be worn in the clinical laboratory.
8. Sweater - If a sweater is worn to and from the clinical area, it should be white, navy, or maroon. Only lightweight, non-bulky sweaters should be worn. Sweaters should not be worn in the clinical area.
9. Earrings – Small silver, gold, or pearl studs, and limited to one pair.

10. Jewelry - Wear only a watch, wedding band, and/or engagement ring. There is to be no visible body piercing jewelry and no tongue piercing.
11. Tattoos – All tattoos must be covered when in the clinical area.
12. Smoking - Smoking is discouraged. At no time should you smoke in public places while wearing your uniform. You may smoke in those areas designated for employee smoking in the various clinical agencies.
13. Name Badge - The University of Mobile logo will appear on the badge, and will include your first and last name (no nicknames), University of Mobile Nursing Student. The name badge should be ordered from the University Bookstore. You must purchase two. Some clinical agencies will require that you wear their name badge.
14. Soiled uniform – Student should keep a change of clothing in their car.

Standards for Wearing Uniform - Men Students

Uniform appraisal will be made by your clinical instructor. The student will be checked for the following:

1. Uniform complete – The uniform should be clean and well pressed over white or flesh colored underwear. The name badge should be visible at all times. Uniform shirt must be completely zipped. School of Nursing patch should be sewn on your uniform and lab coat on the right, upper front, 3 inches down from the shoulder. Name badges are to be worn on the left side of your uniform or lab coat.
2. Socks - White, no holes visible, and laundered daily.
3. Shoes - No regulation shoe is required. Select a shoe that is all white leather, comfortable, and durable. Shoes should be clean and polished with clean shoe laces. The entire foot must be covered. No clogs or sandals.
4. Hair - Short and neatly trimmed. The instructor will take action in seeing that hair is appropriately worn. Beards, moustaches, and sideburns must be short and neatly trimmed. Students without beards should be clean shaven every day.
5. Nails - Short and well groomed.
6. Sweater - If a sweater is worn to and from clinical area, it should be white, navy, or maroon. Only lightweight, non-bulky sweaters should be worn. Sweaters should not be worn in the clinical area.
7. Smoking - Smoking is discouraged. At no time should you smoke in public places while wearing your uniform. You may smoke in those areas designated for employee smoking in the various clinical agencies.
8. Jewelry – Wear only a watch and wedding band. No necklaces, earrings, or visible body piercing jewelry may be worn. No tongue piercing.
9. Tattoos – All tattoos must be covered when in the clinical area.
10. Undershirt – Solid white undershirts only. No undershirts are to be showing at neck or sleeves. Turtleneck or long sleeve shirts may not be worn under the uniform.
11. Name Badge - The University of Mobile logo will appear on the badge, and will include your first and last name (no nicknames), University of Mobile Nursing Student. The name badge should be ordered from the University Bookstore. You must purchase two. Some clinical agencies will require that you wear their name badge.
12. Soiled uniforms – Student should keep a change of clothing in their car.

When to Wear Uniform

Student must be in complete uniform when:

1. Assigned for clinical experience. **(Includes selection of patient)**
2. Requested by the dean of the school, department chair, or the faculty, to represent the School of Nursing.

Students may wear their uniform only for school activities, direct travel to or from these activities, or direct travel to and from home. Avoid shopping in student uniform.

The student will refrain from chewing gum in the clinical agency. The student should adhere to all uniform policies, including hair and jewelry regulations, when having official school photographs taken in the school uniform.

Lab coats and sweaters must be worn according to hospital policy where clinical laboratory is assigned.

GRADUATE PRACTICUM DRESS CODE

MSN students are expected to dress professionally during all practicum experiences. The dress code should be that of the agency in which the practicum is taking place.

INCLEMENT WEATHER

For information regarding closing of school during inclement weather, listen to local radio or television stations. You may also call the switchboard at the University, which will usually post a voice message regarding closure. Additionally, the UM website will post messages regarding class or University closure. Students who are on a clinical unit when closure occurs, may be required to complete the assigned time to avoid interruption of patient care.

NURSE LICENSURE

Registered Nurses in the RN-BSN or MSN programs must be currently licensed to practice as a registered nurse with an unrestricted license. You must show your license each semester to your clinical instructor.

Licensed Practical Nurses in the LPN-ADN program must possess a current unrestricted LPN license. You must show your license each semester to your clinical instructor.

CPR

All nursing students must have CPR certification before admission to the School of Nursing and continue to maintain current certification while enrolled in the School of Nursing. The School of Nursing will offer certification and recertification classes each year.

STUDENT IDENTIFICATION CARDS

ID cards may be obtained during registration or in the Student Services office. ID cards must be shown for free admission to the University of Mobile home sports events or library checkout.

PARKING DECALS

Students who park on campus must have a current parking decal on the left side of the rear window of their vehicle. These may be purchased for the academic year in the modular office building.

COMPETENCY REQUIREMENTS

All students are required to demonstrate competency in oral communication, written communication, critical thinking, basic use of computers, fundamental mathematical skills, and fundamental reading skills. The expected outcome for these competencies may be found in the 2006-2008 UM Catalog, pages 56-58.

AMERICANS WITH DISABILITIES ACT

It is the policy of the University of Mobile to provide reasonable accommodations for persons with a disability as defined in Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Eligibility for services requires prior documentation of the disability through the office of Mrs. Barbara Smith.

IMMUNIZATION POLICY

Students in clinical nursing are required to provide written documentation that they have completed the following immunizations as required by the CDC.

Tetanus / Diphtheria (Td) – Requirement: 1 dose booster every 10 years after initial 3 dose series of DPT.

Influenza – Requirement: 1 dose annually when available in October – November.

Pneumococcal – Requirement: 1 dose (May require activation after 5 years in the presence of some chronic illness.)

*Hepatitis B – Requirement: 3 doses (0, 1-2, 4-6 months) *Student must have initial dose before entering clinical nursing.

*Hepatitis A – Requirement: 2 doses (0, 6-12 months) *Student must have initial dose before entering clinical nursing.

*Measles, Mumps, Rubella (MMR) – Requirements: 2 doses. *Not administered during pregnancy.

Varicella – Requirement: 2 doses (0, 4-8 weeks), unless documented case of Varicella or positive titer.

Tuberculin Skin Test (TB) – Mantoux tests are offered free of charge by the School of Nursing. Each student must have the test annually. In the event of a positive test, an annual chest x-ray will be required.

STANDARD PRECAUTIONS

Nurses and nursing students may be exposed to communicable diseases on clinical units within the hospital or at clinical sites within the community. Standard precautions will be utilized during all patient contact and in all clinical settings. These precautions have been outlined by the Center for Disease Control (CDC) and include the following: Nurses and nursing students must assume that ALL patients are contagious and must wear gloves if there is a potential to come in contact with any blood or body fluids. Additionally, gowns, masks, and goggles should be worn during procedures that are likely to generate splashes of blood or body fluids. (See Appendix A for Center for Communicable Diseases Guidelines – Prevention of Transmission of HIV.)

ELIGIBILITY TO WRITE RN LICENSURE EXAM

The nursing student must comply with legal, moral, and legislative standards which determine acceptable behavior of the nurse and shall avoid those behaviors which may be cause for denial of license to practice as a registered nurse, in accordance with the Alabama Law Regulating Practice of Registered and Practical Nursing and the Alabama Board of Nursing Administrative Code.

FAILURE TO COMPLY WITH ANY OF THE STIPULATIONS OF THIS LAW WHILE IN THE NURSING PROGRAM CONSTITUTES GROUNDS FOR DISMISSAL FROM THE SCHOOL OF NURSING.

It is important for nursing students to be familiar with the Alabama Board of Nursing regulations on the review of candidates for eligibility for initial and continuing licensure. There will be questions on the application for licensure as a Registered Nurse by examination such as “Have you ever been arrested or convicted of a criminal offense other than a minor traffic violation?” “Have you within the last five years abused drugs/alcohol OR have been treated for dependency to alcohol OR illegal chemical substances?” “Have you within the last five years received inpatient OR outpatient treatment OR been recommended to seek treatment for mental illness?” “Have you ever had disciplinary action OR is action pending against you by any state board of nursing? Have you ever been placed on a state or federal abuse registry?”

“Have you ever been court martialled/disciplined OR administratively discharged by the military?” Applications to write the examination may be denied on the basis of this review. Although these policies refer specifically to Alabama, other states have similar stipulations regarding licensure.

A student with a concern about eligibility should contact the Alabama Board of Nursing, P.O. Box 303900, Montgomery, AL 36130-3900. Telephone number is 334-242-4060. Fax is 334-242-4360.

STUDENT SCHEDULE INFORMATION

Students are encouraged to give their schedule and clinical unit assignment to family members and their children’s babysitters. In case of emergency, secretaries will be able to locate you much more quickly if the person calling can relate this information.

ADVISEMENT

Each student is assigned a faculty advisor. An appointment should be made with your advisor early in your first semester to plan your academic program (See forms for ADN, BSN, and MSN Planning in Appendix B.). The student should apply for a degree plan before the second year in the ADN program, before the Junior year in the BSN program, and in the first year of the Master’s program (See form in Appendix C.). The student should complete a form stating intent to graduate. This form is obtained from the Registrar’s Office and should be completed the semester prior to the semester in which you expect to graduate (See form Appendix D.).

FACULTY OFFICE HOURS

Each faculty member or advisor will have at least 10 office hours posted on their door each week. It would benefit you to make an appointment if you wish to see the faculty member. If he/she does not have other appointments, you may “walk in” during his/her office hours. If you are unable to come during posted hours, call to see if another appointment time can be scheduled.

PURPOSE OF SYLLABUS

The course syllabus is designed by the instructor as a study guide and learning aid for the student. The syllabus is not intended to be construed as a contract, either expressed or implied. The instructor reserves the right to alter the syllabus as needed to best meet the need of the students in the class.

CREDIT HOURS

Credit hours are measured in semester hours. Fifteen clock hours of instruction are required for one credit hour. In the School of Nursing clinical courses, three clock hours are equal to 1 clinical hour.

POLICIES

Class Attendance

1. The student should check the course syllabus to find the maximum amount of time that can be missed from a class. If the maximum number of allowed absences is exceeded, the student must withdraw from the course. A “W” will be given if the last date of attendance is before midterm. If the last date of attendance is after midterm, a “WP” will be given if the student is passing on the last date of attendance. A “WF” will be given if the student is failing on the last date of attendance.
2. A tardy is defined as coming to class after class has begun, returning from break after class has resumed, or leaving prior to the end of class. Two tardies will equal one absence. If the combination of absences and tardies exceed the maximum number of absences allowed for the class, the student will be required to withdraw.

Progression

1. BIO 201, 202, and 301 each may be repeated only once. An ADN student must successfully complete Anatomy and Physiology I before progressing to NU 110 and must complete Anatomy and Physiology II before progressing to level II.
2. A passing grade of C or better must be achieved in all nursing courses. A student may not progress to the next clinical nursing course until the current course is achieved with a C or better.
3. Dismissal from the nursing program will result if the student fails two clinical nursing courses. If a student fails one clinical course twice, this is considered two clinical nursing course failures.
4. Students who withdraw after midterm with a failing grade will receive a “WF” and will be considered as having one failure.
5. Clinical nursing students must maintain a cumulative GPA of 2.0 throughout the program.
6. Students must maintain active CPR certification including infant, child, and adult.
7. All immunizations and the tuberculin test must remain current in order to progress through the program.
8. Students are required to pass a medication dosage test with no more than three attempts at the beginning of each academic period (semester) in which clinical nursing courses are taken. The student must score 80% or better on the test given in the first clinical year. The student must score 90% or better on the test given the first academic period (semester) of the second clinical year and 100% on the test given the academic period (semester) of graduation. If the student fails to make the accepted score, he/she must withdraw from the course.
9. Students are required to take selected standardized tests at the end of each course. If the student does not score above the national average with no “high risk” areas, the student will be required to remediate and repeat the exam.
10. Students must pass a comprehensive exit examination which will be given in NU 212 (ADN) and NU 434 (BSN) in order to be recommended for graduation. If a student does not pass the comprehensive examination, remediation must be completed before another attempt is made to pass the examination. Failure to successfully complete the comprehensive examination on a third attempt will result in a failing grade in NU 212 (ADN) or NU 434 (BSN). The student will be required to repeat NU 212 or NU 434.
11. If a clinical agency refuses to allow the student to participate in clinical activities, the student will be unable to continue in nursing and will be requested to select a new major.
12. A student must have both a residential and cumulative GPA of 2.0 or better to graduate.

RETENTION

Students must meet the requirements stated under the Progression and the Dosage and Solutions Policy to be retained in the School of Nursing. Faculty strive to retain students by implementing an open door policy with counseling and tutoring as necessary. A Test Taking Skills video and CAI programs are also available for students upon recommendation of faculty.

Student Dismissal

A student will be permanently dismissed for the following:

1. A final grade of less than a “C” or a “WF” in a clinical nursing course or BIO 201, BIO 202, or BIO 301 when the course has been taken for a second time.
2. A final grade of less than “C” or a “WF” in two separate clinical nursing courses.
3. Demonstration of unsafe or otherwise unacceptable nursing practice that actually or potentially results in danger or injury to the patient as determined by the nursing faculty. In addition, the student will receive an “F” in the course.
4. Breach of patient confidentiality.
5. A total of 4 clinical unsatisfactory days.
6. Students unable to adjust to clinical expectations in the judgment of the faculty may be dismissed from the program.

Readmission

1. A student requesting to repeat a course must complete a “Request for Course Repetition” form. If a student is out of the nursing program for no more than one year, he/she may return with a 2.0 or better residential and overall GPA.
2. If a student requesting to return to a program has been out for over one year, he/she must complete an “Application for Readmission” form and meet all current admission criteria.
3. Readmission to nursing courses is based on space available.
4. Nursing courses are valid for only three years.
5. A student who has failed two clinical nursing courses in either the ADN or BSN program may transfer to the other nursing program if the student meets the following criteria:
 - A. The student had a final grade of 78 or better on the first attempt of each of the two failed courses.
 - B. The student has strong recommendation letters from two clinical nursing faculty.
 - C. The admission committee for the program the student wishes to enter grants permission.

After one clinical failure in the new program, the student would be dismissed from that program.

**UNIVERSITY OF MOBILE
School of Nursing
STUDENT APPEAL PROCESS**

**PRESIDENT OF THE
UNIVERSITY**

↑ If unresolved, appeal to

**VICE-PRESIDENT OF ACADEMIC AFFAIRS/
ACADEMIC AFFAIRS COMMITTEE**

↑ If unresolved, appeal to

FACULTY – SCHOOL OF NURSING

↑ If unresolved, appeal to

**DEAN OF SCHOOL WITH DEPARTMENT
CHAIR AND TEACHER(S) PRESENT**

↑ If unresolved, appeal to

CHAIR OF DEPARTMENT WITH TEACHER PRESENT

↑ If unresolved, appeal to

PROFESSOR

↑ appeals to

STUDENT WITH A CONCERN OR PROBLEM

PROCESS FOR EXPRESSING A COMPLAINT

Complaint – An expression of dissatisfaction with any part of the nursing program

Process:

1. A complaint should be put in writing using the form for expressing a complaint. (Form may be obtained from Secretary, School of Nursing.)
2. Form should be submitted to Department Chair or Dean.
3. A written response regarding action or anticipated action should be received within fourteen days.

Note: This process should not be used for academic concerns such as grades. The appeal process should be used for academic concerns.

DISPOSING OF STUDENT FILES

School of Nursing student files will be kept for one year after a student graduates or leaves the program. At the end of the one year period, all contents of the files will be shredded.

Documents to be kept in Student File in Nursing Office:

1. Health records
2. Application to program
3. Copy of each semester schedule
4. Grade reports for each semester
5. Clinical evaluations
6. Reports of unsatisfactory clinical performance
7. Correspondence regarding student
8. Appeal requests

CLASS POLICIES

The environment in the classroom is extremely important to the learning process. Most students learn best in a calm, quiet environment. Noise and excessive activity are distracting to both students and the teacher. Students should be seated before the class begins. A late entrance distracts everyone. When the class is in session, there should be no talking except to participate in class discussion. Students should not have private discussions with their neighbors. Students should not pass notes and should not leave the room. Rest breaks are given hourly.

1. Students may not bring children or other visitors to class. This can create problems for instructors and fellow students. The University does not accept responsibility for minors on campus.
2. No audible beepers, cellular phones, or personal stereos are permitted in class.
3. Tape recorders are allowed in the classroom only by permission of the instructor.
4. Test taking guidelines:
 - a. Only typographical error questions will be addressed.
 - b. There will be no “passing of equipment,” such as calculators.
 - c. Calculators will be available for use in classrooms.
 - d. No talking between students at any time.
 - e. Students who must leave the room during a test must be accompanied by an instructor.
 - f. Students should not congregate or talk outside the door when they have finished their tests.
 - g. Students will not wear hats or caps during testing.
 - h. The instructor will reserve the right to assign seats for testing.
 - i. No dark prescription or sunglasses may be worn during testing.

5. Students are required to take achievement examinations periodically throughout the curriculum, and if results are lower than the designated score, they will be required to do remedial work. The remedial work is for the benefit of the student. If you make a low score on an achievement exam, it indicates that you have not mastered the content and are at risk for not doing well on the future NCLEX exam.
6. Students are required to answer 100 NCLEX type test questions each week. The instructor will indicate the format in which these are to be completed.

STANDARDIZED TESTING

ERI exams will be scheduled by the instructor and the student **MUST** abide by the printed schedule.

When there is an overall area of concern identified on the individual ERI examinations, remedial work will be prescribed for the student. Once the remediation has been completed, the student may be required to retake the examination. Retake examinations will be scheduled on the student's own time. No release time will be allowed from class or clinical lab. If a student misses a regular examination or a makeup examination, he/she must reschedule the exam with the instructor.

ERI TESTING FEES ARE NON-REFUNDABLE.

GRADING POLICIES

1. The grading scale for all nursing courses is:
 - 90 – 100 = A
 - 85 – 89 = B
 - 80 – 84 = C
 - 75 – 79 = D
 - 74 and below = F
2. Grades in all clinical nursing courses will be determined by examinations administered in the classroom only. No out-of-class projects will be used in determining the final average. Out-of-class assignments may be assigned as a part of the course requirements. Students who do not complete these assignments may fail the course. In addition, these assignments will be used to determine the pass/fail in clinical.
3. There will be no bonus questions given on any nursing tests.
4. There will be no rounding of test/exam grades in nursing. All grades will be recorded through the one hundredth (e.g. 81.27, 68.50, 89.02, 80.10, 81.00 = 79.98). At the end of the course the grades will be averaged as specified in the course syllabus with the final grade determined to the nearest one hundredth. (79.99 is not a passing grade.)
5. The instructor makes the final decision on a test grade. If the student believes a course grade is unfair, this may be discussed with the instructor, and then the Department Chair, and then the Dean. The appeal process may be followed as described in this manual.

MEDICATION (DOSAGE) TEST POLICY

Medications cannot be given each semester until the student has passed a dosage test. A test (first test) in dosage will be required of all students on the first day of every semester beginning with Nursing 110 and Nursing 314 or 316. Failure to attain a passing score on the test will necessitate retesting in dosage. If the student fails the retake (second test), a nursing faculty member will be available to tutor the student in appropriate subject matter. The student is responsible for seeking the tutoring. A third test in dosage will be given at a selected time and date. If the student fails the third test, the student will be judged unsatisfactory in clinical and will receive an "F" in the course. The student may choose to withdraw from the School of Nursing instead of receiving the "F." The student may be considered for readmission to the school. The passing score for the dosage test in the first clinical year is 80%. In the Fall semester of the second year of clinical nursing the student must score 90% to pass, and in the Spring semester of the second clinical year, or the semester of graduation, the student must score 100%.

EXIT EXAM

1. All students must successfully complete a specified comprehensive nursing exam. The student will take this exam in NU 434 or NU 212.
2. Students will be allowed 3 attempts to pass the exam with remediation between each exam.
3. A fee will be charged for the 2nd or 3rd exam.
4. Students will not be able to repeat the exam until evidence of remediation as directed by the instructor has been shown. The student should make an appointment with the instructor to determine required remediation.
5. Each exam may be different.
6. If a student does not pass the Exit Exam on the 3rd attempt, the student will receive a grade of "F" in NU 212 (ADN) or NU 434 (BSN). The student will be required to repeat the course.

CLINICAL POLICIES

A student must meet all agency requirements for practice in order to pursue clinical experience in a clinical agency. Some agencies require that the student pass an agency test.

A student must perform satisfactorily in clinical in order to pass a clinical course. If a student receives an unsatisfactory clinical grade, the student receives an "F" in the course even though the theory grade may be passing.

Clinical Unsatisfactory Day (CUD)

A student who receives two CUD's in one course will fail clinical laboratory and thus fail the course. With certain situations which may be life threatening or violate policy, one CUD can result in course failure. Clinical unsatisfactory days in any course will carry forward to the following clinical nursing courses. Four unsatisfactory clinical days will result in dismissal from the School of Nursing.

A. Category 1

1. No assignment made on the day prior to the laboratory experience (unless special permission from the instructor has been granted).
2. Failure to call faculty and unit **PRIOR** to assigned time of arrival if unable to be present or if going to be tardy.
3. Inadequate knowledge of treatment or medications.
4. Inappropriate dress.
5. Behavior that would reflect negatively on nursing or the University of Mobile such as: breaking confidentiality, reporting to the clinical unit impaired by chemical or illegal substances, using profanity, aggressive verbal attacks, or any other behaviors deemed inappropriate by the faculty.
6. Leaving an assigned clinical/community experience prior to the time assigned by the instructor.
7. Students will prepare written plans of care for each patient each day as specified by each instructor. Any student who arrives in the clinical area without the required assessment and plan of care will be given a Clinical Unsatisfactory Day since the student will be evaluated as unprepared to provide safe care for the patient.

Consequences:

1. The student will be given a CUD for each of the above situations.
2. In addition, the student may be sent home and the day made up at the end of the course, at the discretion of the faculty.

B. Category 2

1. Drug error.
2. Treatment error.
3. A potential error within a course, prevented from occurring by faculty or staff.

Consequences:

1. A CUD will be given for the above situations.
2. The student may be sent home and the day made up at the end of the course, at the discretion of the faculty.

C. Category 3

1. Any life threatening or potentially life threatening error or action by the student to client, staff, faculty, or others in the environment.
2. Implementing any action that is in direct violation of course, school, or institutional policy or instruction.

Consequences:

1. The student will be sent home.
2. The student will fail clinical laboratory and thus fail the course.
3. The student must appear before the Faculty Committee for further consideration.
4. The Faculty Committee may:
 - a. Allow the student to repeat failed course and continue in the program
 - b. Dismiss the student from the School of Nursing.

Clinical Absences

Students absent for clinical laboratory experience must call the faculty and the unit prior to assigned time of arrival. If unable to reach the faculty, the student should leave a voice message on the faculty office phone. Ask for the name of the person to whom the message is given at the clinical agency so that action can be verified if necessary.

1. All clinical absences must be made up in a format selected by the instructor.
2. Failure to make up a clinical absence will result in clinical failure.
3. If more than one absence occurs, the involved faculty and the Department Chair will evaluate any extenuating circumstances to determine if the student may continue in the course.

Tardiness

Students tardy for clinical laboratory experience will receive the following consequences:

1. One tardy will result in a written warning.
2. The second tardy will result in one clinical unsatisfactory day.

Clinical Agency Policies

Students and faculty must abide by policies of the clinical agencies.

1. Affiliate policies in the clinical agencies may require students to submit to the same drug testing procedures that apply to employees of the facility. Clinical agencies require that students have a current physical, PPD, other selected immunizations, and CPR certification on file. (PPD must be repeated annually.) Verification that CPR and PPD have been upgraded to current status is required. Students who do not meet these requirements will not be allowed to attend clinical. These days will count as clinical absences.
2. Any student who is not able to return to a clinical agency due to failure to abide by clinical agency policies will be given an Unsatisfactory clinical grade. A student will not be moved from one clinical site to another if he/she is unable to return to his/her current clinical site.
3. Students may not use palm pilots in clinical agencies.
4. Cell phones must be turned off at clinical agencies.
5. If a student has a health problem that causes him/her not to be able to do clinical, the student should take an "I" in the course and repeat the course when able to perform clinically.

TEST POLICIES

I. SCHEDULED TESTS

- A. Each test will be reviewed within one week. Tests will be reviewed in a manner determined by the instructor.
- B. There will be no group discussion of test in class.
- C. If student has a question regarding the test, the student should make an appointment with appropriate instructor within one week to discuss the test.
- D. Tests may not be reviewed after the one week period.
- E. If the instructor makes a correction on the test key after the original score has been given to the student, no student's test score will be lowered.
- F. If a student has a question about the final exam, the student should make an appointment with the instructor within 48 hours of the review. The final exam may not be reviewed after this time period.
- G. No test grade will be rounded. Test grades will be recorded to the hundredth. (Example: 87.25)

II. MAKE UP TESTS

Make up tests may be given in a different format from the original test at the discretion of the instructor. Students shall make up no more than one test during any nursing course.

Procedure:

- A. The student is responsible for contacting the instructor whose exam is missed, **PRIOR** to the time when the exam is scheduled, for notification and scheduling of a makeup exam.
- B. The exam must be made up within one week from the originally scheduled date.
- C. The exam must be taken at the time agreed upon by the student and the faculty.
- D. All makeup exams will have five points deducted from the grade achieved.
- E. If the test has not been made up within one week, a grade of "0" will be given.
- F. Extenuating documented circumstances, such as accidents, hospitalization, or death in the immediate family, will be evaluated by the faculty.

III. POP QUIZZES

Unscheduled quizzes may be given at any time. If the student is absent and does not take the quiz, a grade of "0" will be given. Students are encouraged to be present at all classes to avoid this situation.

IV. TEST SECURITY

If a student takes a secured test from the classroom or instructor's office, the student will be given a "0" on the test.

CALLING FACULTY AT HOME POLICY

Students will call instructors at home **ONLY** for emergencies or to report an absence for a clinical day. All other calls are to be made during the instructor's office hours at the University. Students may leave a message on the faculty member's voice mail or email if unable to reach the instructor in the office. Secretaries do not take messages for faculty.

WEAPONS POLICY

Students are not to bring any weapon onto the University of Mobile campus, or into any clinical agency to which the student is assigned. Any student found with a weapon will be asked to leave the campus or agency immediately and will be dismissed from the School of Nursing.

DRUG CHECK POLICY

Students may be required to be screened for use of illegal chemical substances or abuse of prescription drugs. This can be prior to admission or following admission as required by clinical agencies with whom the University has a contract, or on a "for cause" basis. Any incidence of substance abuse by a student may result in dismissal from the School of Nursing. Students must then complete a drug rehabilitation program accepted by the Alabama Board of Nursing before being considered for readmission to the nursing program. At any time the student may be asked to submit to random drug screens and/or searches according to policies of the clinical institutions. Any required drug screens are conducted at the students' expense.

BACKGROUND CHECK POLICY

Clinical agencies may require criminal background checks. This may be prior to admission or following admission. These are conducted at the students' expense.

If the clinical agency refuses to allow the student to participate in clinical activities, the student will be unable to continue in nursing and will be requested to select a new major.

CONFIDENTIALITY

Every person has a right to personal privacy. Students should never discuss any matters related to patients and/or students, or any clinical or classroom matters outside the clinical unit or classroom setting. Breach of confidence may be a legal issue and reason for dismissal from the School of Nursing.

The student must agree to abide by the regulations promulgated under the Health Insurance Portability and Accountability Act 1996 (HIPPA) as applicable to each clinical agency used for clinical laboratory experience.

UNIVERSITY OF MOBILE SCHOOL OF NURSING
Essential Functions Required for Nursing Students

CHARACTERISTIC	DESCRIPTION
Ambulation	Capacity to stand and move about on feet, without assistance, while performing direct and indirect nursing care and other duties.
Communication	Ability to express or exchange ideas verbally/written in English language with healthcare professionals, faculty, students, patients, or other persons.
Auditory Ability	Hearing required within normal ranges with/without correction to receive detailed information through oral communication and to make discrimination in sound.
Visual Ability	20/20 visual acuity with or without corrective lenses.
Manual Dexterity	Fine and gross motor skills are necessary as well as full ROM with coordinated movement of all extremities at all times. Sensory perception is necessary. The ability to move quickly is required. The ability to perform this characteristic will be evaluated by the nursing admission committee or the nursing faculty.
Physical Abilities	Use of upper or lower extremities in order to lift, push, pull persons/objects or to press against something with steady force in order to thrust forward, downward, or outward in a sustained motion. Chronic illness must be medically monitored and under control at all times.
Logical/Critical Thinking/ Emotional Control	Ability to reason and identify cause - effect relationships. Maintain control of emotions. Demonstrate a healthy mental attitude with the ability to adapt in different situations.

STUDENT PROGRAMS AND SERVICES

Bookstore

The campus bookstore is in the May Building.

Campus Bookstore Hours:

8:30 a.m. to 4:30 p.m., Monday, Wednesday, Thursday

8:30 a.m. to 6:00 p.m., Tuesday

8:30 a.m. to 2:00 p.m., Friday

Hours may be extended during the first week of each semester. Summer session hours may vary. Required books may be purchased or sold through the campus bookstore. Take your new book to class and be sure it is the correct book before removing cellophane cover. Save your sales slips for returns. Bookstore phone number is 251-442-2460.

Liability Insurance

The University of Mobile maintains an umbrella liability insurance policy. Students are covered under this policy while practicing nursing as a student in the clinical laboratory. There is no cost to the student for this insurance. Students at the master's level are encouraged to also carry their own professional liability policy.

Library

The J.L. Bedsole library is available for student use.

Fall and Spring Semester Hours:

Monday, Tuesday, Thursday, 7:45 a.m. – 10:00 p.m.

Wednesday, 7:45 a.m. – 7:00 p.m.

Friday, 7:45 a.m. – 5:00 p.m.

Saturday, 10:00 a.m. – 5:00 p.m.

Sunday, Closed

Summer and vacation hours may vary. Call the library for additional information. Library phone number is 251-442-2246.

Photocopy Machines

Photocopy machines are available for student use on the first floor of Weaver Hall and in the J.L. Bedsole Library for \$.10 cents per copy. Microfiche and microfilm copy machines are also available in the library for \$.10 per copy. Copies made in the School of Nursing office are \$.25 per copy.

Computers

Computers are available in the Center for Academic Technology located on the second floor of Weaver Hall.

Student Health Services

A campus nurse is available on call 24 hours per day for emergency health care. Her telephone number is 442-2247. Her pager number is 316-4523. If further health care is needed, the nurse will refer the student to agencies off campus. Students are responsible for payment for all health care services. Students are strongly encouraged to have health care insurance.

Campus Security

The University of Mobile maintains security guards on duty 24 hours per day. The guard may be contacted by calling 510-4273.

Career Services

A "Careers in Nursing" bulletin board is available in the School of Nursing. Brochures related to career opportunities are made available on the "Student Shelf" in the School of Nursing. One faculty member is appointed to assist students with career choices. A Career Counselor is available at 442-2545.

Counseling

Counseling is available for students through the Student Success Center at 442-2292.

Message Board

A message board located outside the front door of Adams Building will be used by faculty to post announcements to students. Please check this board frequently.

Post-It Bulletin Board

A bulletin board located downstairs in the Adams nursing building in the hallway outside the lab may be used by students to post communications. All items to be posted must be approved and signed by a faculty member or a secretary. Notes must be removed within one week by the student who posted it.

UMANS (BSN or ADN)

The University of Mobile Association of Nursing Students is a tri-level pre-professional organization which includes membership in the local organization, and if desired, in the state and national student nurses association. Each level of the organization strives to promote the development of professional attitudes and involvement through participation in activities that introduce the student to professional nursing. All nursing students are encouraged to join and actively participate in the organization.

State and national conventions are held annually. Student attendance and participation at conventions is encouraged. Absence from class and clinical for these activities will be allowed as long as the student is able to meet the course objectives and attendance requirements.

Sigma Theta Tau International

The School of Nursing sponsors the Omicron Theta Chapter of Sigma Theta Tau International. This honor society recognizes excellence in studies, leadership qualities, and capacity for professional growth. Qualified BSN and MSN students are admitted to the chapter each year by vote of the membership, following faculty recommendation.

Standing Committees for the School of Nursing

Students serve on all Standing Committees of the School of Nursing. Students from each program, ADN, BSN, and MSN, will elect one representative and one alternate representative at the beginning of each Fall semester to serve for one year. The alternate representative will attend the meeting if the representative is unable to attend. These members are responsible for bringing views of their classmates to the attention of the committee and reporting appropriate actions back to their class. Confidential information regarding students cannot be reported to the class.

In order to serve on a School of Nursing committee, the student must: express an interest in the committee, be willing to meet at times such as Friday afternoons or after clinical for called meetings, and have a GPA of 2.5 or better.

Standing committees on which students serve include:

School of Nursing Committee

Purpose: To conduct the business of the School of Nursing and coordinate activities of all programs.

ADN Committee

Purpose: To conduct the business of the Associate Degree program and make recommendations to the School of Nursing Committee.

BSN Committee

Purpose: To conduct the business of the Baccalaureate Degree Program and make recommendations to the School of Nursing Committee.

MSN Committee:

Purpose: To conduct the business of the Masters Degree Program and make recommendations to the School of Nursing Committee.

Library Committee:

Purpose: To recommend additions and deletions to the nursing holdings in the library and inform faculty of any available funds for purchase of library materials. To make recommendations regarding software for the nursing programs.

Student-Faculty Council

The School of Nursing Student-Faculty Council is designed to promote communication between nursing students and faculty. The Council will act as a medium to hear issues (not covered by the existing SON committee structure) and direct the student(s) to the appropriate office/person for resolution.

Council activities include:

1. Planning, organizing and implementing socials (e.g. Christmas, Pinning, Graduation)
2. Areas of concern related to such things as uniforms, environmental concerns, personal safety issues, etc.
3. Arranging class activities (Class pictures)
4. Mentoring new students (Informal dialogue)
5. Review Nursing Student Manual each year in April and make recommendations or suggestions to the School of Nursing Faculty Committee.
6. Approving fundraising projects.

Meetings:

The council shall meet at least two times per semester. Additional meetings may be called.

Role and Responsibilities:

The group shall consist of one ADN faculty member and one BSN faculty member, two ADN students (one from Level I and one from Level II); two BSN students (one Junior and one Senior); one RN-BSN student, and one MSN student.

The faculty members will serve as co-chairs. The group will elect a recorder. The recorder shall give a copy of the minutes to the Dean. The faculty members will report any recommendations or concerns to the School of Nursing Faculty Committee.

Student Shelf

A large shelf is located downstairs in the SON for students. This shelf contains career information, student publications and often free books. Students may take any materials found on this shelf.

Lost and Found

Any articles found in the nursing building should be given to the SON secretary. If a student has lost an item, an inquiry should be made to the secretary.

RIGHTS AND RESPONSIBILITIES

Academic Integrity Code

A student attending the University of Mobile is expected to reflect a high standard of academic integrity. The lack of academic integrity is considered a serious violation of the basic mission of the University of Mobile. Any student violating the academic integrity code by copying, plagiarizing, cheating, lying to a faculty member in order to meet academic requirements, or purchasing the service of another to complete an assignment, will be subject to disciplinary action.

Each faculty member has the responsibility of defining his/her academic expectations at the beginning of the semester. Moreover, when a professor discovers a student violating the academic integrity code, the instructor must (1) assign a grade of "0" on the test or assignment; and (2) report the incident of cheating in writing to the Department Chair, Dean, and Vice President for Academic Affairs, with a copy of the letter mailed to the student.

The Office of the Vice President for Academic Affairs determines whether it is the student's second offense, and, if so, requires the student to appear before the Academic Affairs Committee for disciplinary action. A student found guilty of a second offense is subject to academic suspension for up to one academic year. A third offense will result in academic dismissal.

The student who receives disciplinary suspension or dismissal from the University of Mobile must be withdrawn from classes and may not receive any academic credit for work attempted or completed during the semester(s) of the suspension or dismissal. The student then receives a withdrawal while passing (WP) or a withdrawal while failing (WF) in each class according to the student's respective class status on the date of the suspension or dismissal. Disciplinary suspension or dismissal will be recorded on the transcript. Disciplinary suspension will be removed from the transcript at the end of the suspension period. Academic suspension will be removed from the transcript at the end of the suspension period. Academic dismissal is normally considered permanent.

Grades earned at another institution while suspended or dismissed will not count toward graduation.

Student Responsibilities

To be successful, students must take the major role in their learning.

Students are expected to:

1. Be prepared for all classes and clinical. This includes, but is not limited to, attending each class, reading chapters and lecture notes assigned before you come to class, asking questions during class, and participating in class discussions.
2. In reference to clinical: Know your patient! Be familiar with medications and patient care. Go to the hospital the day before to gather information on your patient. Look up any information that you do not understand.
3. If there is information that is not understood in class, clinical, or on exam, make an appointment with the instructor for clarification.
4. Seek out learning experiences at the hospital and volunteer yourself to assist or observe.
5. Seek out learning experiences: Research information in different texts for lectures, complete questions from the selected review books in correlation with material covered in class and clinical.
6. Manage your time effectively. If you choose to work while in school, limit hours so as not to interfere with class time and time needed to study the material. It is suggested that you plan these hours on weekends so as not to interfere with study time.
7. Determine your learning style. Seek ways to utilize this style while studying. (You will be given a NET test which will help you identify your learning style.)
8. Be respectful of your instructors and classmates.
9. Study – study – study!!!

Code of Conduct

The student who is attending a University of Mobile function or who is representing the University of Mobile at a social function should conduct himself/herself in a manner fitting the Christian philosophy of the institution. The student should refrain from using alcohol or drugs on these occasions. In addition:

1. Faculty will be addressed by their appropriate title i.e. Dr., Mrs., Miss
2. Patients will be referred to in a professional manner i.e. Mr., Mrs.
3. Students will strive to use proper English and grammar in all communication and will be corrected as needed by faculty.
4. Students will refrain from private conversations during class.
5. When guest speakers are in attendance, students will meet necessary toiletry needs prior to speaker's presentation.
6. Students will not leave class unless he/she has requested an early departure due to an urgent situation.
7. No hats or caps will be allowed in class.
8. Cheating will be dealt with aggressively. For the first offense, a "0" will be given on the test or assignment. The student will be dismissed from the program following a second offense.
9. Students will strive to live the "Golden Rule" and serve as role models for other students.
10. Students will conduct themselves professionally at all times, thus promoting the School of Nursing and their chosen profession.

Form Completion

The student is responsible for obtaining all signatures needed on forms he/she is processing (example: Incomplete, Transient credit). The student should not request the advisor, department chair, or dean to obtain signatures and forward the form.

Faculty Right to Make Changes

The instructor has the right to make revisions in the class or examination schedule (after approval from the Vice-President of Academic Affairs), examination process, course policies, or other related issues regarding a course. Students will be notified when such changes are made.

ACADEMIC INFORMATION**Course Requirements**

Each instructor determines requirements for the course he/she is teaching. Requirements are not uniform among courses.

Clinical Requirements

Each clinical instructor may have different expectations of students dependent upon the clinical setting being utilized. Paper work assignments may differ among clinical instructors.

Evaluations

Students are asked to evaluate all aspects of the program. Data from evaluations provide information which can lead to program improvement. Students are encouraged to thoughtfully respond to evaluations. The student evaluates each course upon its completion. Evaluation forms for theory and clinical courses are found in Appendix E. You should make a copy of the appropriate form, complete it, and take it to the final exam for each nursing course.

Classroom Strategies

The student should expect to experience active learning. Lecture will not be the only teaching strategy used. Students should read and study a number of sources to prepare. Test questions may not come directly from the textbook. Test questions are designed to make you think and to apply the information. Remember! NCLEX questions do not come from a single textbook.

ADN INFORMATION**Conceptual Framework**

The conceptual framework is a broad concept of nursing utilized by faculty to plan course offerings. It is believed that this concept will ensure an adequate knowledge base for the safe practice of nursing. (See Schematic in Appendix F.)

Level Competencies

Level competencies are nursing activities that the student is expected to accomplish by a given level of the program. Level I is comprised of the Fall and Spring semester of the first year of the program and Level II comprises courses in the Fall and Spring of the second year of the program. (See Appendix G.)

Program Planning Sheets

The student should review the program planning sheet appropriate to his/her course of study. See Appendix B. The student should make an appointment with his/her advisor during the first semester in the program to complete the plan. The plan should be signed by advisor and student. One copy of the completed plan should be given to the student and one copy placed in the student file. If at any time the student must make a change in the plan, it should be approved by the advisor. The completed form will be used in preparing a degree plan for the student.

Skills List

Each student is expected to complete identified skills at particular levels in the program. A listing of these skills may be seen in Appendix M.

Course Progression

A student must successfully complete BIO 201, Human Anatomy and Physiology I, before taking NU 110. The student must successfully complete BIO 202, Anatomy and Physiology II, before progressing to Level II classes.

Practicum Experience

The student will have practicum experience in NU 211. This will involve working with a preceptor on an extended schedule. The student should not schedule any courses other than NU 210, NU 211, and (NU 205 or NU 212) during this semester.

Expenses

The anticipated costs in addition to tuition and fees that each student should expect following admission to clinical nursing are:

1. Books.....	\$1000.00
2. Uniforms and shoes.....	\$175.00
3. Accessories – Stethoscope, watch, scissors, supply pack.....	\$100.00
4. Nursing Student Association Membership (<i>encouraged</i>).....	\$ 35.00
5. Graduation expenses during final semester	
A. Graduation fee (cap, gown, diploma).....	\$ 60.00
B. School nursing pin (Gold pin, less expensive available).....	\$128.00
C. Fees related to RN license.....	\$330.00
D. Senior pictures (optional) (Dependent on student choice).....	\$ 50.00
6. Testing fee - \$60.00/semester	
7. Transportation	
A reliable means of transportation to clinical assignments is a necessity. Car pools are encouraged but not always possible.	

All expenses are estimated and may not be exactly as listed.

BSN INFORMATION

Conceptual Framework

The major constructs used to develop the BSN curriculum are King’s Conceptual Framework and the major threads of the NCLEX examination King’s framework identifies a personal (patient), an interpersonal (family and significant others), and a social (community surrounding) system. Nursing care for each patient considers the individual dimensions of the patient, the relationship of the patient to those with whom he is involved and the affects of his environment. Within each of these systems, the curriculum explores safe, effective care, health promotion and maintenance, psychosocial integrity and physiological integrity. (See Appendix H.)

Level Competencies

Outcome objectives for Level III (Junior year) and Level IV (Senior year) have been identified based on the threads of the Conceptual Framework and the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998). (See Appendix I.)

Program Planning Sheets

The student should review the program planning sheet appropriate to his/her course of study. See Appendix B. The student should make an appointment with his/her advisor during the first semester in the program to complete the plan. The plan should be signed by the advisor and the student. One copy of the completed plan should be given to the student and one copy placed in the student file. If at any time the student must make a change in the plan, it should be approved by the advisor. The completed form will be used in preparing a degree plan for the student.

Skills List

Each student is expected to achieve identified skills at selected intervals throughout the program. These skills are listed in Appendix N.

Nursing Practicum

NU 416 provides a 5 week experience with a nursing preceptor. Because the schedule is variable during the experience, the student should complete all courses except NU 414, 415, 416, and 434 prior to the last semester of the program.

Expenses

Estimated expenses in addition to tuition and fees that each student should expect following admission to clinical nursing are:

- | | |
|--|-----------|
| 1. Books..... | \$1000.00 |
| 2. Uniform and shoes..... | \$175.00 |
| 3. Accessories (Stethoscope, watch, scissors, supply packs)..... | \$100.00 |
| 4. Nursing Student Association Membership (<i>Encouraged</i>)..... | \$ 35.00 |
| 5. Graduation expenses during final semester | |
| A. Graduation fees (cap, gown, diploma)..... | \$ 60.00 |
| B. School Nursing Pin (Gold, less expensive available)..... | \$128.00 |
| C. Fees related to RN license..... | \$330.00 |
| D. Senior picture (optional) (Dependent on student choice)..... | \$ 50.00 |
| 6. Testing fee - \$60.00 per semester | |
| 7. Transportation | |

A reliable means of transportation to clinical assignments is a necessity. Car pools are encouraged but not always possible.

All expenses are estimated and may not be exactly as listed.

MSN INFORMATION

Course Grades

A minimum overall 3.0 GPA on all work attempted with no more than 6 hours of “C” grades accepted toward graduation. A minimum grade of “B” must be achieved in all major courses.

Level Competencies

Expected outcomes for core courses were derived from the Essential of Master’s Education for Advanced Practice nursing (AACN, 1996). Outcomes for the nursing education major were derived from the Nurse Educator competencies (Council on Collegiate Education for Nursing, 2002). Nurse Practitioner Privacy Care Competencies in specialty areas, April 2002, was used to develop outcomes for the Family Nurse Practitioner major (See Appendix J).

Program Planning Sheet

The student should review the program planning sheet appropriate to his/her course of study (Appendix B). The student should make an appointment with his/her advisor during the first semester in the program to complete the plan. The plan should be signed by advisor and student. One copy of the completed plan should be given to the student and one copy placed in the student file. If at any time the student must make a change in the plan, it should be approved by the advisor. The completed form will be used in preparing a degree plan for the student.

Comprehensive Examination

During the last semester of the major courses, a comprehensive exam will be written from the student's chosen major of Nursing Education/Administration, or Family Nurse Practitioner. Students who have a double major must write the comprehensive exam for each area. The examination will be scheduled by the faculty for NU 513 and NU 541. The test will be read by the faculty responsible for the course and will be graded as pass or fail. Students must pass the exam(s) to be able to graduate. The examination may be repeated one time.

Criteria for Taking Comprehensive Examination

1. Must be able to complete major at end of semester in which exam is given.
2. Have a 3.0 GPA in courses taken within major.

Research Component

Each MSN student must complete a thesis or a research project. The proposal for either the thesis or research project may be started in NU 504. All students must complete NU 504 or its equivalent prior to registering for NU 598 or NU 599. Completed papers must be written in the American Psychological Association (A.P.A) format. Students should purchase the American Psychological Publication Manual, latest edition, for use throughout the graduate curriculum. The thesis or research project should be completed by the Fall semester prior to Spring graduation.

Thesis

A thesis gives evidence of a student's ability in research, interpretation of data, and use of a standard format. Three semester hours graduate credit may be granted for the thesis option. An oral defense of the thesis is required. The thesis committee of three is to be selected by the student from the graduate faculty. The chairman and at least one committee member must be from the School of Nursing faculty. The completed thesis must be approved by the committee and the Dean of Graduate programs.

Research Project

The research project is a scholarly endeavor, designed and implemented by the student. Three semester hours of graduate credit may be granted for the research project option. The student is to select an advisor from the graduate nursing faculty. The final research project must be approved by the advisor. Completed research projects must be submitted in journal format according to guidelines of an appropriate professional refereed nursing journal.

The thesis or research project proposal must first be approved by the faculty research advisor/thesis committee and then by the University of Mobile Institutional Review Board (IRB) prior to registering for NU 598 or NU 599 (Appendix L). The committee chairman or project advisor will assist the student in setting realistic completion dates for each step in the research process. Students should submit typed work to their advisor or committee at least 10 working days before seeking feedback. It is the student's responsibility to seek feedback from the faculty. The final paper with all corrections must be submitted to the committee chairman or advisor 40 days prior to the last day of the semester. The oral defense of the thesis must be scheduled at least two weeks prior to the last day of the semester.

Note: An incomplete grade in either NU 598 or NU 599 may be taken for one semester at no charge. If additional semesters are required for research completion, there will be an additional course charge.

Research Project or Thesis Procedure Guidelines

1. Enroll in NU 504, Research Methodology, or transfer in to the University of Mobile an advisor accepted, graduate level research course from another institution.
2. Select a research topic, purpose, and hypotheses for research questions.
3. Prepare a rough draft of the research methodology to be used to accomplish appropriate completion of the research topic.
4. Obtain faculty advisor approval or thesis chair and committee approval of steps 2 and 3 by using the Contract (Appendix L). Give copies to advisor or thesis chair and committee members, the School of Nursing secretary, and NU 504 faculty, Dr. Gail Stevens. Be sure to keep the original copy for yourself.
5. Complete research proposal according to NU 504 guidelines. Submit the completed proposal to Dr. Stevens as a course requirement.

6. Make recommended corrections and submit your proposal to your research advisor or thesis chair and committee members. Be sure to allow ten working days for faculty to review your work.
7. Contact your research advisor or thesis chair and request an appointment to discuss your proposal.
8. Make recommended corrections and submit your proposal for research advisor or thesis chair approval. Allow ten working days for review of your corrected proposal.
9. Contact your research advisor or thesis chair and obtain signed approval, or repeat step 8 if necessary.
10. When signed approval is obtained, complete application papers for University of Mobile IRB application for approval. Forms may be obtained from Dr. Stevens in NU 504 or from the secretary in the School of Nursing.
11. Submit IRB application to Dr. Jan Wood, Chair of the University of Mobile IRB committee. IRB decisions will be mailed directly to the student. Submission to IRB must be done during Fall or Spring semester. The committee members are not available in the summer.
12. Upon receiving IRB approval, make an appointment with your research advisor or thesis committee chair. Present a copy of your IRB approval to the advisor or committee chair. You may proceed with data collection with faculty approval at this point. You must register for NU 598, Research Project, or NU 599, Thesis, prior to data collection.
13. After data collection, complete the results and conclusions of your research with faculty guidance. Submit your draft of the completed project or thesis to your faculty advisor or thesis committee and chair. Allow at least ten working days before seeking feedback.
14. Contact your research advisor or thesis chair for an appointment to discuss faculty recommendations.
15. Revise your paper as necessary and resubmit to your research advisor or thesis chair and committee at least forty (40) days prior to the end of a semester. Allow ten working days before seeking feedback.
16. Research Project
Obtain advisor approval or repeat step #15 for your research project. The project must be submitted to a refereed professional nursing journal after your advisor has approved the completed project. Your advisor must be given a copy of your completed project, an abstract, a copy of all project approvals and verification of project submission to the selected journal prior to a grade being submitted to the Records Office. You will receive a pass or fail grade. A copy of your research project will be kept in the School of Nursing together with an abstract, vita, and evidence of journal submission.

Thesis

Obtain thesis chair and committee verbal approval or repeat step #15. Following verbal approval, your thesis chair will arrange for your oral defense of the thesis. The thesis defense must be prior to the last two weeks in the semester. Written approval of the thesis will be given by the thesis chair and committee following successful completion of the thesis defense. Your thesis chair will submit your grade, pass or fail, at this time to the Records Office. One copy of your thesis will be kept in the School of Nursing together with an abstract and vita. A second copy must be submitted to the library for binding as specified in the Graduate Bulletin.

Guidelines for Research Project: Student Assisting Faculty

1. Complete a research proposal following guidelines for NU 504.
2. Proposal must be approved by University of Mobile IRB.
3. Advisor and student will determine work responsibilities for implementation of project.
4. Student will write a minimum of one section of completed project as agreed upon by advisor and students.
5. If published, first authorship will go to person originating problem for study, 2nd authorship will go to advisor.

Preceptorships for All MSN Majors

The preceptor/student experience provides the student with an opportunity to learn directly from a clinician/educator/administrator who has expertise in a specific area of nursing.

*The student must perform satisfactory in the clinical practicum in order to pass the course.

I. CRITERIA FOR SELECTION

Educational Background:

- Holds minimum of Master's Degree in Nursing*
- Must be Certified Nurse Practitioner for FNP students

Experience:

- Evidence of expertise in specific area of nursing
- Evidence of ability to be a role model for advanced nursing practice
- Has experience in supervising or teaching (e.g. students or in-service with staff.)
- Evidence of current knowledge in advanced nursing practice.

Attitude/Philosophy:

- Verbalizes philosophy of health care that is congruent with the Master's Program
- Verbalizes view of the advanced nursing role that is congruent with the Master's Program
- Expresses willingness to be involved in teaching/supervising students.
- Expresses willingness to communicate on a regular basis with student and faculty.
- Expresses willingness to coordinate delivery of nursing care needs with student learning needs and course objectives.

II. SELECTION PROCESS

The following are guidelines to aid in the identification and selection of preceptors:

1. Student (with agreement of prospective preceptor) submits name of preceptor candidate to course faculty.
2. Candidate submits a vita which must include evidence of current nursing licensure.
3. Designated faculty interviews candidate, if indicated, and reviews vita.

III. RESPONSIBILITY OF FACULTY, STUDENTS, AND PRECEPTORS DURING PRECEPTORSHIP

Student

1. Negotiate structural arrangements such as time and days of experience.
2. Orient preceptor to course objectives
3. Provide a copy of course materials to preceptor.

Faculty

1. Communicate with preceptor about student progress.
2. Conduct seminar/conferences with student to facilitate application of nursing and related theory to specialty practice.
3. Conduct conferences with student and preceptor to evaluate student's achievement of course objectives and the nature of student's clinical experiences.
4. Evaluate course assignments and assign grades.
5. Assign final course grade with input from preceptor.

*A physician may serve as a preceptor in the FNP program.

Preceptor

1. Provide the mechanisms for experiences that will facilitate the student's achievement of course objectives.
2. Available in the clinical setting to give the student feedback as the student practices.
3. Available as a role model, allowing the student to observe or directly work with the preceptor.
4. Act as a resource person for the student.

EVALUATION

At the end of each semester there will be evaluations including:

1. Faculty evaluation of preceptor experience.
 2. Student evaluation of preceptor experience.
 3. Preceptor evaluation of role and experience as well as interest in continuing as a preceptor.
- These evaluations will be forwarded to the curriculum committee for review.

FAMILY NURSE PRACTITIONER PRECEPTOR GUIDELINES

The student has been asked to initiate contact with physicians or nurse practitioners who have a primary care practice in internal medicine or family practice, depending on the student's area of clinical concentration.

The purpose of the preceptorship is to provide the student with an opportunity to participate in 1) health assessment of adult, child, or family populations, 2) counseling and guidance in accordance with identified needs, and 3) managing consultation with the preceptor the care of children and/or adults with minor acute illness and stabilized chronic illnesses/situations.

The preceptor will receive written information indicating expected student behaviors and the content the student will be covering in class.

The student is expected to consult with the preceptor regarding each patient seen and to record the visits in appropriate format. At all times the student will function under the preceptor's supervision.

To meet the learning needs of the nurse practitioner student the preceptor should, in addition to providing clinical supervision, be able to spend 15-30 minutes with the student at the end of the clinical day to review the student's progress.

Additional considerations to guide in their decision are listed below:

1. Sufficient exam rooms so that the student may function at own pace without interrupting patient flow.
2. Allowing the student access to patients for history taking and physical examination.
3. Allowing the student access to patient records for review.
4. Adequate patient numbers of the target population to assure quantity as well as variety of clinical presentations.
5. Allowing the student to record patient encounters in the patient chart in appropriate format.
6. An understanding by staff that the nurse practitioner student will function as a health care provider.

FAMILY NURSE PRACTITIONER CLINICAL POLICIES

Clinical Preceptors

Each graduate student in the Family Nurse Practitioner program must identify and contact a clinical preceptor to provide clinical guidance. The preceptor must be either a nurse practitioner or physician specializing in ambulatory primary care. The majority of clinical time should be spent in a primary care setting.

Clinical Hours

A total of 630 clinical hours must be completed for the overall FNP program. Clinical hours are divided into the following courses:

Ninety (90) hours must be completed for NU 510, one-hundred thirty-five (135) hours must be completed for NU 511, one-hundred eighty (180) hours must be completed for NU 512, and two hundred twenty-five (225) must be completed for NU 513. A minimum of two-hundred (200) hours must be completed in pediatrics and women's health and a minimum of three hundred fifty hours (350) must be completed in adult health.

Contracts

Contracts must be signed by the clinical agency and preceptor and turned in to the School of Nursing office **BEFORE** any clinical hours may be begun. Agency contracts must be signed by the appropriate personnel if preceptor is an employee of a larger agency (i.e. Health Department, Franklin Clinic, etc.). This contract is usually not signed by the preceptor unless the preceptor is the owner/administrator of the agency. Preceptor contracts must be signed by the preceptor, student, and faculty each semester and turned in to the School of Nursing office. Preceptor contracts are valid for ONE semester only and should be dated as such.

Incompletes

Students who have not completed all required clinical hours at the end of a semester may request an incomplete from the professor of that course. In order to continue in the FNP program with an incomplete, the student must have completed **ALL** course requirements except clinical hours. In addition, sixty (60) percent of clinical hours in NU 510 must be completed to progress; seventy-five percent (75) percent of clinical hours in NU 511 must be completed to progress; and all clinical hours from NU 512 must be completed before the student may begin NU 513. Any student who has not met these requirements may take an incomplete in the course but may **NOT** continue in the next sequential FNP course. There will be **NO** exceptions. Once requirements are completed, the student may then enroll in the next FNP course when it is offered. Any student receiving an incomplete in a clinical FNP course and continuing in the program, should complete the remaining clinical time as soon as possible and turn in those logs to the School of Nursing office.

Clinical Hours

Students may **NOT** begin clinical time with preceptors until the course for those clinical hours have actually begun. **NO ONE** may start clinical prior to the beginning of the semester for which that class is being taught. Any clinical hours completed in advance of the class will **NOT** be counted towards the required hours for graduation.

Clinical Activities Sheets and Clinical Logs

Clinical activities sheets will be **ACCURATELY** completed each semester and turned in to the School of Nursing office (FNP mailbox). Clinical log sheets should be **ACCURATELY** filled out and turned in at least on a bi-weekly basis during the semester. Clinical logs should include the dates, times, and most of the patients seen by the student for that day. Additionally, the student should include any additional learning experiences that may have been covered during that day (i.e. pap tests, wet preps, Denver development, vision screening, etc.). Please pay attention to your clinical objectives when seeking new clinical learning experiences. Updates for logs may not be faxed. Original clinical activities sheets, clinical logs, and evaluations must be turned in before a final grade can be given in any FNP clinical courses. The running log must be initialed by the preceptor at the end of each day. For a satisfactory grade in clinical, the instructor and preceptor must be notified of all changes in the student's clinical schedule.

Preceptor Information Sheet

Preceptor information sheets should be completed and turned in with clinical contracts. Once contracts are turned in, preceptors will be given preceptor guidelines, clinical objectives, student evaluations, and site evaluation forms. Clinical evaluations and site evaluations will be completed by the preceptors and mailed back to the School of Nursing office. Phone discussions and site visits between FNP faculty and preceptors will be done on an ongoing basis as necessary throughout the semester.

Work and Clinical Schedule

All FNP students who are currently employed must turn in a work and clinical schedule to the School of Nursing Office as soon as possible after the course begins. This should be done on a monthly basis and must be updated each month during clinical rotations. These schedules should be turned in with contracts or as soon as clinical rotations begin.

Application for Certification Exam

All FNP students should complete an application to take the certification exam prior to graduation.

***Expenses:**

Estimated expenses in the MSN program in addition to tuition and fees are:

- 1. Books..... \$1000.00
- 2. Accessories (Stethoscope, diagnostic equipment)..... \$ 300.00
- 3. Graduation expenses during final semester
 - A. Graduation fee (Cap, gown, diploma)..... \$ 60.00
 - B. School Nursing MSN pin (Gold, less expensive available)..... \$ 128.00
 - C. Fees related to practitioner certification exam..... \$ 315.00

*Expenses may vary according to major. Expenses for books and supplies may be considerably more in the FNP major.

All expenses are estimated and may not be exactly as listed.

University of Mobile School of Nursing

I have read the policies and guidelines as outlined in the School of Nursing Student Manual. I understand these policies and agree to abide by them. Statements from this Manual may change at any time. New page insertions will be made for each change. Changes will be effective when new pages are given.

Student's Signature

Date

Keep this copy.

University of Mobile School of Nursing

I have read the policies and guidelines as outlined in the School of Nursing Student Manual. I understand these policies and agree to abide by them. Statements from this Manual may change at any time. New page insertions will be made for each change. Changes will be effective when new pages are given.

Student's Signature

Date

Sign and return this copy to your instructor.

APPENDIX A

CENTER FOR COMMUNICABLE DISEASES GUIDELINES PREVENTION OF TRANSMISSION OF HIV

How is the AIDS Virus Spread?

The AIDS virus has been found in a number of body fluids and secretions such as blood, semen, vaginal secretions, saliva, urine, breast milk, and tears. However, careful scientific studies have shown that the ways the virus is spread from one person to another are:

- Sexual contact involving the exchange of body fluids. Although most AIDS cases have occurred among homosexual and bisexual men, many cases have also occurred among men and women who are heterosexual. AIDS can be spread from men to women and from women to men.
- Sharing of contaminated needles and syringes by users of intravenous drugs.
- Transfusion of blood or blood products contaminated by the virus. Spread of the virus in this way has occurred in only a small number of AIDS cases. The possibility of getting AIDS in this manner has now been greatly reduced by several preventive measures. These include donor screening, use of the AIDS antibody test by the nation's blood centers to screen all donated blood and plasma, use of heat and chemical processes to purify blood clotting factors used by hemophiliacs, and discouraging people in high risk groups from donating blood.
- Transmission from infected mothers to their infants. About one percent of all reported AIDS cases have occurred among infants who acquired the AIDS virus from their mothers during pregnancy, at the time of delivery, shortly after birth, probably through breast milk.

It is important to stress that the AIDS virus is not spread by casual contact. You won't get AIDS from being coughed on, sneezed on, shaking hands with, or hugging an AIDS patient; eating food prepared or served by someone infected with the virus; using public toilet facilities, telephones, or swimming pools; or sharing an office with an infected person. Scientists have not found evidence in which the AIDS virus has been transmitted through ordinary nonsexual contact in a family, work, or social setting.

RECOMMENDATIONS FOR PREVENTION OF HIV TRANSMISSION IN HEALTH CARE SETTINGS

Introduction

Human Immunodeficiency Virus (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), is transmitted through sexual contact and exposure to infected blood or blood components and perinatally from mother to neonate. HIV has been isolated from blood, semen, vaginal secretions, saliva, tears, breast milk, cerebrospinal fluid, amniotic fluid, and urine, and is likely to be isolated from other body fluids, secretions, and excretions. Epidemiologic evidence has implicated blood, semen, vaginal secretions, and breast milk in transmission.

The increasing prevalence of HIV increases the risk that health care workers will be exposed to blood from patients infected with HIV, especially when blood and body fluid precautions are not followed for all patients. Thus, health care workers need to consider **all** patients as potentially infected with HIV and/or other blood-borne pathogens, and adhere rigorously to infection control precautions for minimizing the risk of exposure to blood and body fluids of all patients.

The recommendations contained in this document consolidate and update CDC recommendations published earlier for preventing HIV transmission in health care settings: precautions for clinical and laboratory staffs and precautions for health care workers and allied professionals; recommendations for preventing HIV transmission in the workplace and during invasive procedures; and recommendations for preventing possible transmission of HIV from tears. These recommendations also update portions of the "Guideline for Isolation Precautions in Hospitals" and reemphasize some of the recommendations

contained in “Infection Control Practices for Dentistry.” The recommendations contained in this document have been developed for use in health care settings and emphasize the need to treat blood and other body fluids from all patients as potentially infective. These same prudent precautions also should be taken in other settings in which persons may be exposed to blood or other body fluids.

PRECAUTIONS TO PREVENT TRANSMISSION OF HIV

Universal Precautions

Since medical history and examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, blood and body fluid precautions should be consistently used for all patients. This approach, previously recommended by CDC, and referred to as “universal blood and body fluid precautions” or “Universal precautions,” should be used in the care of all patients, especially including those in emergency care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

1. All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be changed for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needlestick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistance containers for disposal; the puncture-resistant containers should be located as close as practical to the use area. Large bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.
4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
5. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
6. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

Precautions For Invasive Procedures

In this document, an invasive procedure is defined as surgical entry into tissues, cavities, or organs or repair of major traumatic injuries . . . 1) in an operating or delivery room, emergency department, or outpatient setting, including both physicians’ and dentists’ offices; 2) cardiac catheterization and

angiographic procedures; 3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; 4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists. The universal blood and body fluid precautions listed above, combined with the precautions listed below, should be the minimum precautions for all such invasive procedures.

1. All health care workers who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous-membrane contact with blood and other body fluids of all patients. Gloves and surgical masks must be worn for all invasive procedures. Protective eyewear or face shields should be worn for procedures that commonly result in the generation of droplets, splashing of blood or other body fluids, or the generation of bone chips. Gowns or aprons made of materials that provide an effective barrier should be worn during invasive procedures that are likely to result in the splashing of blood or other body fluids. All health care workers who perform or assist in vaginal or cesarean deliveries should wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin and should wear gloves during post delivery care of the umbilical cord.
2. If a glove is torn or a needlestick or other injury occurs, the glove should be removed and a new glove used as promptly as patient safety permits; the needle or instrument involved in the incident should also be removed from the sterile field.

Patient Care Precautions

1. A private room is not necessary unless the patient's hygiene is poor, or as may be mandated by the presence of other infections requiring a private room. A patient sharing a room with an AIDS patient should not be immuno-suppressed or infected with potentially transmissible pathogens. It will frequently be necessary to care for AIDS patients, particularly those with pneumocystis carinii pneumonia or other serious opportunistic infections, in intensive care units. Patients with AIDS are not denied the potential benefits of intensive care facilities, if medically indicated.
2. To obviate concerns about mouth-to-mouth respiration, portable cardiopulmonary resuscitation equipment, e.g., ambu bags, and oral airways should be immediately available for use on AIDS patients.
3. Masks are not routinely necessary for the care of AIDS patients. The use of masks is recommended for health care personnel who have direct, sustained contact with a patient who is coughing extensively or a patient who is intubated and being suctioned.
4. The use of gowns is recommended only if soiled clothing with blood or body fluids is anticipated.
5. The use of nonsterile gloves is recommended if contact with blood or body fluids, secretions, or excretions is anticipated. This recommendation is particularly important for personnel who have cuts or abrasions on their hands.
6. Hands must be washed routinely when caring for AIDS patients, especially if they are contaminated with blood, body fluids, secretions, or excretions. This precaution should be observed regardless of the use of gloves.
7. The use of protective eyewear, such as goggles, is recommended in situations in which splatter with blood, bloody secretions, or body fluids is possible. This is particularly recommended in the performance of procedures such as endotracheal intubation, bronchoscopy, or GI endoscopy. Precautions during other surgical procedures should be judged on an individual basis.
8. Needles and syringes should be disposable and should be disposed of in rigid, puncture-resistant containers. Needles should not be recapped and should not be purposely bent or broken by hand, since accidental needle puncture may occur. The use of needle-cutting devices is not recommended.
9. Extraordinary care should be taken to avoid accidental wounds from needles or other sharp instruments. Parenteral injections and blood drawing should be planned to keep these procedures at a minimum; they should be carried out by professional personnel.

10. Blood and other specimens should be labeled prominently with a warning such as “Blood/Body Fluid Precautions.” The label should accompany the specimen through all phases of processing until ultimate disposal. If the outside of the specimen container is visibly contaminated with blood, it should be cleaned with a disinfectant, such as a freshly prepared (once daily) 1:10 dilution of 5.25% sodium hypochlorite (household bleach) with water. All blood specimens should be placed in a second container, such as an impervious bag, before transport. The container or bag should be examined carefully for leaks or cracks.
11. Soiled linens and other laundry should be bagged, appropriately labeled or color-coded, and processed according to present policy regarding linens from patients on isolation precautions.
12. Nondisposable articles contaminated with blood or body fluids should be bagged and labeled before being sent for decontamination and reprocessing. Disposable items should be incinerated.
13. No special precautions for dishes are necessary.
14. Patients with AIDS who are being transported require no special precautions other than blood/body fluid precautions. AIDS patients with infections requiring isolation precautions should be managed according to present policy based on **CDC Guidelines for Isolation Precautions in Hospitals**.
15. Blood spills should be cleaned up promptly with a solution of 5.25% sodium hypochlorite, diluted with 1:10 water (prepared daily).
16. Patients with AIDS who must undergo dental procedures should be managed just as patients known to be carriers of hepatitis B surface antigen. The use of protective eyewear, masks, and nonsterile gloves is recommended. Dental instruments must, of course, be sterilized after such procedures.

Postmortem Handling of Bodies

Regardless of the type of isolation, personnel should use the same precautions to protect themselves during postmortem handling of bodies that they would use if the patient were still alive; however, masks are usually not necessary unless aerosols are expected to be generated. As part of immediate postmortem care, patients with AIDS should be identified “infectious hazard (blood/body fluid precautions)” and that identification should remain with the body, whether or not an autopsy is carried out, for delivery to morticians.

APPENDIX B

UNIVERSITY OF MOBILE – ADN ADVISEMENT WORKSHEET

Name:	Student ID:	Advisor:
Address:		Phone:
Transfer Hours:	Restrictions:	NU Course Failures:

AREA	COURSE	SEMESTER SCHEDULED	SEMESTER COMPLETED	HOURS EARNED	COMMENTS	DATE
Biology (12 sh with lab required)	BIO 201					
	BIO 202					
	BIO 301					
English (6 sh required)	EN 101					
	EN 102					
HPES (1 sh required) Health required	Health (HPES 101)					
*Writing Intensive +Computer Proficiency ^Oral Communication Course	NU 105					
	NU 106					
	NU 107*					
	NU 110*					
	NU 205*+^					
	NU 207					
	NU 208					
	NU 209					
	NU 210+					
	NU 211					
	NU 212^					
Psychology (PSY 301 not required if NU 301 taken.)	PSY 201					
	PSY 301					
Christian Studies	CST 110					
Church/Community Service (non-credit)	ZSV 007					

UNIVERSITY OF MOBILE – LPN-ADN ADVISEMENT WORKSHEET

Name:	Student ID:	Advisor:
Address:		Phone:
Transfer Hours:	Restrictions:	NU Course Failures:

AREA	COURSE	SEMESTER SCHEDULED	SEMESTER COMPLETED	HOURS EARNED	COMMENTS	DATE
Biology (12 sh with lab required)	BIO 201					
	BIO 202					
	BIO 301					
English (6 sh required)	EN 101					
	EN 102					
HPES (1 sh required) Health required	Health (HPES 101)					
Nursing (NU 301 may be substituted by PSY 301. *Writing Intensive +Computer Proficiency ^Oral Communication Course	NU 200					
	NU 205*+^					
	NU 207					
	NU 208					
	NU 209					
	NU 210+					
	NU 211					
	NU 212^					
	NU 301					
Psychology (3 sh required) (PSY 301 not required if NU 301 taken.)	PSY 201					
	PSY 301					
Christian Studies (3 sh required)	CST 110					
Validation Credit (up to 15 sh)	<i>Evaluated in Nu 200</i>					
Church/Community Service (non-credit)	ZSV 007					

UNIVERSITY OF MOBILE – BSN ADVISEMENT WORKSHEET

Name:	Student ID:	Advisor:
Address:		Phone:
Transfer Hours:	Restrictions:	NU Course Failures:

AREA	COURSE	SEMESTER SCHEDULED	SEMESTER COMPLETED	HOURS EARNED	COMMENTS	DATE
Art or Music Appreciation (3 sh required)	AR 201 or					
	MU 111					
Biology (12 sh required -- 6 composition & 6 literature)	BIO 201					
	BIO 202					
	BIO 301					
English (12 sh required -- 6 composition & 6 literature)	EN 101					
	EN 102					
History (6 sh required)						
HPES (4 sh required) Health (HPES 101) Plus 3 activities	Health 101					
Math (3 sh required)	MA 107 or					
	MA 110 or					
	MA 111					
Nursing (NU 301 may be substituted by PSY 301.) *Writing Intensive +Computer Proficiency ^Oral Communication Course	NU 252*^					
	NU 301					
	NU 302+					
	NU 303					
	NU 309					
	NU 310					
	NU 313					
	NU 314					
	NU 316*					
	NU 320					
	NU 402					
	NU 404					
	NU 410					

	NU 412*					
	NU 414					
	NU 415					
	NU 416					
	NU 434+^					
Psychology (6 sh required) (PSY 301 not required if NU 301 taken.)	PSY 201					
	PSY 301					
Christian Studies	CST 110					
	CST 321					
Sociology (3 sh required)						
Speech or Philosophy (3 sh required)						
Statistics (3 sh required)						
Church/Community Service (non-credit)	ZSV 007					

UNIVERSITY OF MOBILE ADN-BSN FOR CAREER NURSES WORKSHEET

Name:	Student ID:	Advisor:
Address:	Phone:	
Transfer Hours:	Restrictions:	NU Course Failures:

Humanities and Fine Arts include: Art, Communication, English, Language, Music, Philosophy, Speech
Natural Sciences include: Biology, Chemistry, Earth Science, Marine Science, Mathematics, Physics
Social Sciences include: Business, Computer Information Systems, Economics, Education, Geography, History, Political Science, and Sociology

AREA	COURSE	TERM SCHEDULED	TERM COMPLETED	HOURS EARNED	COMMENTS	DATE
Education (HPES) (4 sh required)						
Electives (6 sh required)						
Humanities & Fine Arts (18 sh required) (Including 6 sh of composition)						
Natural Science & Applied Science (18 sh required) (include statistics)						
Note:	If statistics is taken in another school, at the University of Mobile, e.g., Education or Social & Behavior Sciences, the Natural Sciences requirement will be reduced to 15 sh. However, all students must complete a total of 128 sh.					
Nursing * Writing Intensive + Computer Proficiency ^ Oral Communication Course	NU 400*					
	NU 410					
	NU 417*					
	NU 418*+^					
	NU 419*					
	NU 420*					
	NU 422					
	NU 430*					
Christian Studies (6 sh required)	CST 110					
	+ 3 hours					

Social & Behavioral Sciences (18 sh required)						
Validation Credit (up to 30 sh)	<i>Evaluation in NU 400</i>					
Church/Community Service (non-credit)	ZSV 007					

UNIVERSITY OF MOBILE

**Master of Science in Nursing – Family Nurse Practitioner
ADVISEMENT WORKSHEET**

Name:	Student ID:	Advisor:
Address:		Phone:
Transfer Hours:	Restrictions:	NU Course Failures:

AREA	COURSE	SEMESTER SCHEDULED	SEMSTER COMPLETED	HOURS EARNED	COMMENTS	DATE
Nursing						
	<i>Core Courses</i>					
	NU 501					
	NU 503					
	NU 504					
	NU 507					
	NU 508					
	NU 509					
	<i>Major Courses</i>					
	NU 510					
	NU 511					
	NU 512					
	NU 513					
	NU 542					
	NU 598 or					
	NU 599					

UNIVERSITY OF MOBILE

**Master of Science in Nursing – Nursing Education/Administration
ADVISEMENT WORKSHEET**

Name:	Student ID:	Advisor:
Address:		Phone:
Transfer Hours:	Restrictions:	NU Course Failures:

AREA	COURSE	SEMESTER SCHEDULED	SEMESTER COMPLETED	HOURS EARNED	COMMENTS	DATE
Nursing						
	<i>Core Courses</i>					
	NU 501					
	NU 502					
	NU 503					
	NU 504					
	NU 505					
	NU 515					
	NU 516					
	NU 517					
	<i>Major Courses</i>					
	NU 530					
	NU 531					
	NU 540					
	NU 541					
	NU 598 or					
	NU 599					

UNIVERSITY OF MOBILE
Post Masters Non Degree – Family Nurse Practitioner
ADVISEMENT WORKSHEET

Name:	Student ID:	Advisor:
Address:		Phone:
Transfer Hours:	Restrictions:	NU Course Failures:

AREA	COURSE	SEMESTER SCHEDULED	SEMSTER COMPLETED	HOURS EARNED	COMMENTS	DATE
Nursing						
	<i>Core Courses</i>					
	NU 507					
	NU 508					
	NU 509					
	<i>Major Courses</i>					
	NU 510					
	NU 511					
	NU 512					
	NU 513					

UNIVERSITY OF MOBILE
Post Masters Non Degree – Nursing Education
ADVISEMENT WORKSHEET

Name:	Student ID:	Advisor:
Address:		Phone:
Transfer Hours:	Restrictions:	NU Course Failures:

AREA	COURSE	SEMESTER SCHEDULED	SEMSTER COMPLETED	HOURS EARNED	COMMENTS	DATE
Nursing						
	<i>Core Courses</i>					
	NU 515					
	NU 516					
	NU 517					
	<i>Major Courses</i>					
	NU 540					
	NU 541					

APPENDIX C



DEGREE PLAN REQUEST FORM

STUDENT _____ SS# _____ - _____ - _____

ADDRESS _____
Street City State Zip Code

PHONE NUMBER (_____) _____ - _____ EMAIL ADDRESS _____

WHAT WAS YOUR FIRST TERM OF ATTENDANCE AT THE UNIVERSITY OF MOBILE? _____

ARE YOU A TRANSFER STUDENT? YES NO TEACHING CERTIFICATE? YES NO

CIRCLE THE CATALOG YOU ARE USING TO COMPLETE YOUR GRADUATION REQUIREMENTS:
[Remember, you may graduate under only 1 catalog's requirements for your major(s) and minor(s).]

1998-2000 2000-2002 2002-2004 2004-2006

WHAT IS YOUR EXPECTED DATE OF GRADUATION?

December 20 _____ May 20 _____ Summer 20 _____

UNDERGRADUATE:

PRIMARY MAJOR: _____ CONCENTRATION: _____

2nd MAJOR: _____ SUPPORTING AREAS or MINOR(S): _____

DEGREE: ASSOCIATE DEGREE IN NURSING ASSOCIATE OF SCIENCE
 ASSOCIATE OF ARTS BACHELOR OF MUSIC
 BACHELOR OF ARTS BACHELOR OF SCIENCE
 BACHELOR OF SCIENCE IN NURSING

GRADUATE:

PROGRAM OF STUDY _____

DEGREE: MASTER OF SCIENCE IN NURSING MASTER OF ARTS
 MASTER OF BUSINESS ADMINISTRATION

FOR TEACHER EDUCATION STUDENTS

IN WHAT TERM WERE YOU ADMITTED TO THE TEACHER EDUCATION PROGRAM?
(If you are not sure, please contact the School of Education at 442-2358 or the certification officer at 442-2276)

Year: _____ Semester: _____

Student's Signature Date Advisor's Signature Date

APPENDIX D

University of Mobile

Intent to Graduate/Diploma Order Form

<i>For official use only</i>	
Conferred _____	
Printed _____	
Mailed /PU _____	
Clear in B.O. _____	

This form is to be filled out and returned to the Registrar's Office during the Fall semester prior to the May Graduation ceremony in which you intend to participate. Only those with 9 hours or less remaining after the spring semester are allowed to participate in the May Graduation ceremony. Those with 9 hours or less must also be able to complete those requirements within the upcoming summer terms.

PLEASE WRITE LEGIBLY.

Name as you wish it to appear on your diploma and in the graduation program.

First
Middle
Last

Social Security #: _____ - _____ - _____ Student ID# _____

Hometown: _____
(To be printed in the graduation program and newspaper. We will assume the Home State is Alabama, unless otherwise noted here.)

In which month & year will you complete the requirements for graduation? *All requirements include student teaching and all other courses. If for any reason your term of completion changes, you **must** notify the Registrar's Office.*

December _____ May _____ August _____
(year) (year) (year)

Advisor: _____ My GPA may be released to the faculty for honors: Yes ___ No ___

Major: _____ Concentration within major: _____

2nd Major: _____ Concentration within major: _____

Minor: _____ 2nd Minor: _____

or

Supporting Areas (2 areas of 12 hours each- Please note that supporting areas do not appear on the diploma or on your transcript.)

Type of Degree: Associate Degree in Nursing Associate of Science
 Associate of Arts Bachelor of Science
 Bachelor of Music Bachelor of Arts
 Bachelor of Science in Nursing Master of Arts
 Master of Science in Nursing Master of Business Administration

Teacher Certification: YES _____ NO _____

Mailing Address: _____
(All official graduation information will be sent to this address.)
Street
City & State Zip Code

Email & Telephone #: _____ @ _____ & (_____) _____ - _____

(The student's signature is required in order to process this application)

Student's Signature _____ Date _____

APPENDIX E

University of Mobile School of Nursing
COURSE EVALUATION

Course Number/Title: _____

Semester/Year: _____

Circle the number that best reflects achievement of the criteria.

CRITERIA		EVALUATION					
		Not Applicable	Never	Seldom	Usually	Almost Always	Always
1.	The course objectives were clear and congruent with assignments and learning activities.	0	1	2	3	4	5
2.	The course was organized and content logically sequenced.	0	1	2	3	4	5
3.	The course syllabus was useful and well organized.	0	1	2	3	4	5
4.	The required textbook(s) and assigned readings helped achieve course objectives.	0	1	2	3	4	5
5.	Theoretical application to clinical concepts, critical thinking, and decision-making were taught.	0	1	2	3	4	5
6.	Principles of responsibility, accountability, and advocacy were taught.	0	1	2	3	4	5
7.	The physical environment and resources were conducive to learning.	0	1	2	3	4	5
8.	Library reference materials were appropriate and available.	0	1	2	3	4	5
9.	Computer lab assignments were beneficial.	0	1	2	3	4	5
10.	Computer space and assistance were available in computer laboratory.	0	1	2	3	4	5
11.	Adequate time was allowed for coverage of each component.	0	1	2	3	4	5
12.	Course objectives, as specified in the syllabus, were met.	0	1	2	3	4	5
13.	The course was meaningful for my professional development and provided an intellectual challenge.	0	1	2	3	4	5
14.	Professional role development was emphasized.	0	1	2	3	4	5
15.	Course objectives were met.	0	1	2	3	4	5

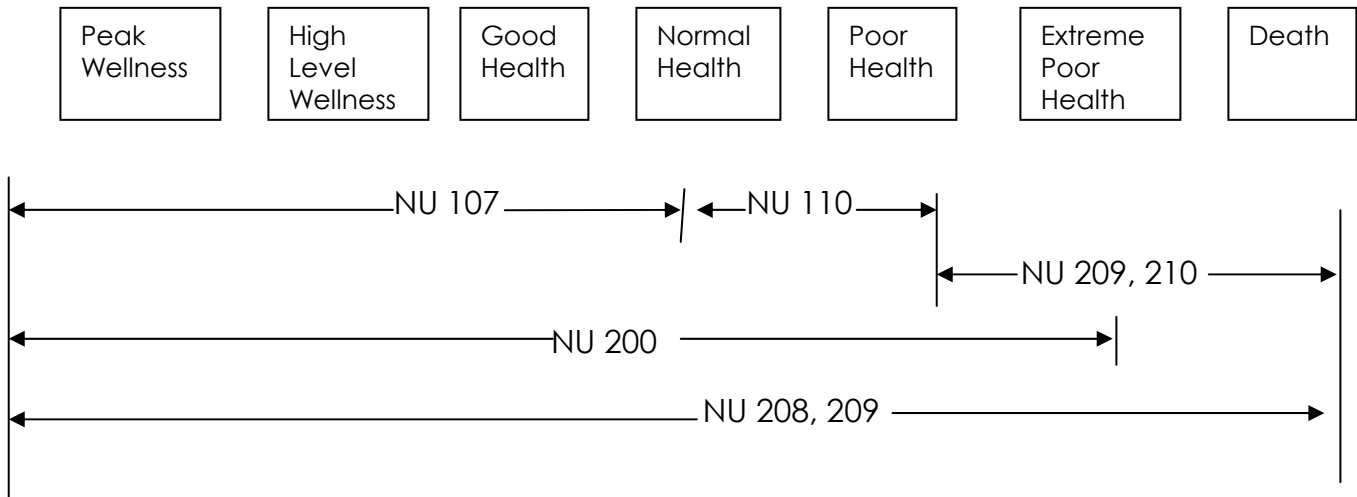
(If this is a non-clinical course, stop at this point.)

		Not Applicable	Never	Seldom	Usually	Almost Always	Always
16.	The clinical experience promoted the awareness of the relationship between nursing, issues and trends, and projected needs of society.	0	1	2	3	4	5
17.	The clinical experience provided opportunities to examine and/or apply components of the research process.	0	1	2	3	4	5
18.	Clinical activities and written assignments were challenging and appropriate for the course level.	0	1	2	3	4	5

COMMENTS OR SUGGESTIONS:

APPENDIX F

SCHEMATIC MODEL
Course Content as Related to the Health Continuum



- Professional Practice →
- Nursing Process →
- Critical Thinking →
- Holistic Care →
- Education →
- Collaborative Process →
- Managing Care →
- Communication →

APPENDIX G

**University of Mobile School of Nursing
Level Competencies for ADN Nursing Program**

Professional Practice: Professional practice is aimed at fostering a sense of professional integrity. Behaviors within nursing practice that are characterized by the student focus on values that are accepted within the profession of nursing. These behaviors include, but are not limited to, being accountable for their own actions and behaviors and practicing within legal, ethical and regulatory frameworks.

LEVEL I COMPETENCIES	LEVEL II COMPETENCIES
1. Recognize the nursing code of ethics.	1. Adhere to the nursing code of ethics.
2. Provide safe, basic care to individuals within the health care system.	2. Provide safe complex care to individuals or groups of people within the health care system and community.
3. Provide basic health care information to patient.	3. Act as patient advocate and serve as a resource for health information and education.
4. Adapt to change as it occurs in the health care environment.	4. Utilize the nursing process to promote change in the health care environment.
5. Convey Christian respect for patient and all members of the health care team.	5. Respect and utilize knowledge and expertise of all health care team members when providing care to clients and families.
6. Follow the policies and procedures of the nursing program and clinical agencies.	6. Comply with the Nurse Practice Act, rules and regulations governed by the State Board of Nursing.
7. Demonstrate understanding of the patient's rights.	7. Utilize legal and ethical regulations and standards to insure patient rights.
8. Identify personal strengths and weaknesses for the purpose of improving nursing practice.	8. Utilize self evaluation and peer review to improve practice.
9. Demonstrate accountability for own competence, performance, and behavior.	9. Demonstrate responsibility and accountability for own actions and exhibit professionalism as a member of the health care team.
10. Protect the safety and privacy of the individual's health care records and information.	10. Understand and follow legal regulations to protect patient privacy.
11. Accept responsibility for active participation in learning process.	11. Independently seek learning opportunities to enrich knowledge.
12. Identify current trends in health care related to area of study.	12. Incorporate current health care trends into patient plan of care.

Communication: Communication by the nurse in the health care system is a dynamic process made of up of verbal, non verbal and written communication. Effective interpersonal communication can aid the nurse in assisting the client to cope with illness and grief. The ability of the nurse to communicate effectively plays a major role in the client’s ability to understand the treatment plan, cope with change, and move toward a positive outcome. Interpersonal communication between colleagues and other health care providers plays a significant role in effective management of care.

LEVEL I COMPETENCIES	LEVEL II COMPETENCIES
1. Utilize appropriate fundamental interpersonal and therapeutic communication.	1. Demonstrate effective therapeutic and psychotherapeutic communication skills.
2. Communicate clear, accurate, and concise information both orally and in writing.	2. Utilize a variety of communication approaches to communicate effectively.
3. Accurately document clinical information.	3. Effectively utilize various forms of information technology to communicate in the provision of nursing care.
4. Recognize cultural and ethnic differences in communication techniques.	4. Utilize terminology, concepts, and techniques necessary to become an effective communicator with patients, families, and other health care providers.
5. Begin to recognize techniques of non verbal expression.	5. Demonstrate appropriate response to and utilization of non verbal communication.

Nursing Process: A systematic problem-solving approach for validating the needs and problems of clients. This problem-solving approach to nursing practice involves assessing, analyzing, planning, implementing, and evaluating. Assessment is the collection, analysis and synthesis of relevant data for the purpose of appraising the patient’s health status. After the identification of needs and problems, the nurse formulates a nursing diagnosis. In collaboration with other health team members, the nurse plans, implements, and evaluates nursing care. Use of the nursing process promotes responsibility for nursing actions.

LEVEL I COMPETENCIES	LEVEL II COMPETENCIES
1. Collect data and health history for individuals using a standard protocol or tool.	1. Assess patient’s health status by completing a comprehensive health history and performing appropriate health exam.
2. Identify obvious nursing diagnoses.	2. Determine appropriate nursing diagnoses and establish priority on the basis of analysis and interpretation of data.
3. Contribute to development of the nursing care plan utilizing established nursing diagnoses for patients with well-defined health problems.	3. Develop a holistic nursing care plan utilizing data from patient, significant support persons, and community.
4. Assist the health team in the implementation of nursing interventions determined by patient’s nursing diagnoses.	4. Implement care regimen as prescribed by the health team within the legal framework of practice.
5. Assist in identifying measurable patient outcomes and revise the nursing care plan to meet changing needs of patients.	5. Evaluate effectiveness of holistic care based on predetermined evidence and revise care plan as indicated.

Critical Thinking: A cognitive process that involves conscious, systematic and goal directed examination and analysis of information. It incorporates the use of multiple methods to access, analyze and integrate information with the outcome of appropriate and creative decisions. The process is purposeful and involves truth seeking with an open mind so that various alternatives can be examined. Flexibility and past clinical experience or knowledge are utilized to anticipate what may happen next in any given situation and provide a frame of reference for setting priorities.

LEVEL I COMPETENCIES	LEVEL II COMPETENCIES
1. Utilize knowledge of normal findings to identify and report deviations in health status.	1. Utilize an in-depth nursing knowledge base to promote and restore patient's optimal state of health, prevent illness, and to provide rehabilitation.
2. Apply problem-solving skills to prioritize basic nursing care.	2. Identify measurable patient outcomes, and revise the nursing care plans according to priority of need.
3. Seek information on unfamiliar health care practices and procedures.	3. Recognize own limitations and the limitations of the health team members and seek assistance from appropriate resources.
4. Seek guidance when clinical problems fall outside of current knowledge or scope of practice.	4. Use appropriate resources and previous experience to augment knowledge base.
5. Initiate appropriate steps to solve identified problems.	5. Utilize flexibility and creativity to individualize care.

Holistic Care: The nurse participates in the team approach to holistic patient centered care across health care settings. This type of care incorporates not only the physical aspects of health and illness, but also focuses on the emotional and spiritual well being of clients. The holistic model attempts to promote optimal health and through the use of the nursing process and a caring attitude assists clients in taking part in their own health care needs and risk reduction. By being involved in their own care, patients gain more control over their health or illness.

LEVEL I COMPETENCIES	LEVEL II COMPETENCIES
1. Provide basic nursing care in a culturally sensitive manner to individuals from diverse backgrounds.	1. Provide holistic nursing care in a culturally sensitive manner to groups of patients from diverse backgrounds.
2. Support the patient's right to decision making in planning nursing care.	2. Participate in the decision making process with the patient, significant support persons and members of the health care team and evaluate progress toward achievement of outcomes.
3. Demonstrate caring behavior toward patient and his/her significant others and peers.	3. Foster caring behavior between patient and his/her significant others and members of the health care team.
4. Recognize characteristics of stressful events and effects on health status.	4. Assist patients and significant others to utilize positive coping techniques in stressful situations.
5. Identify major characteristics of value systems of patients from diverse backgrounds.	5. Adapt plan of care to consider patient's values, customs and/or religious beliefs.
6. Implement nursing care for patients in an acute care facility.	6. Identify and implement nursing interventions for patients with alterations in health status in various health care

	settings.
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Education: The process involving teaching and learning, by which one acquires knowledge, skills, values, and attitudes. Teaching, as a component of education in health care, assists individuals in making informed decisions, achieving positive outcomes and supports self care activities. Learning is viewed as a change in behavior based on the learner’s perception of what is to be learned. Learning incorporates assimilation of information to enhance knowledge and to change behavior.

LEVEL I COMPETENCIES	LEVEL II COMPETENCIES
1. Teach basic health maintenance and preventive health care to individuals from established teaching plans.	1. Develop teaching plans in collaboration with other members of the health care team in order to achieve positive patient outcomes.
2. Assist patient and significant others to access available resources and services.	2. Teach individuals to utilize technology to meet health care needs.
3. Identify potential causes of noncompliance with health teaching.	3. Implement interventions to improve compliance with treatment regimens.
4. Identify expected teaching outcomes.	4. Evaluate teaching outcomes based on evidence.

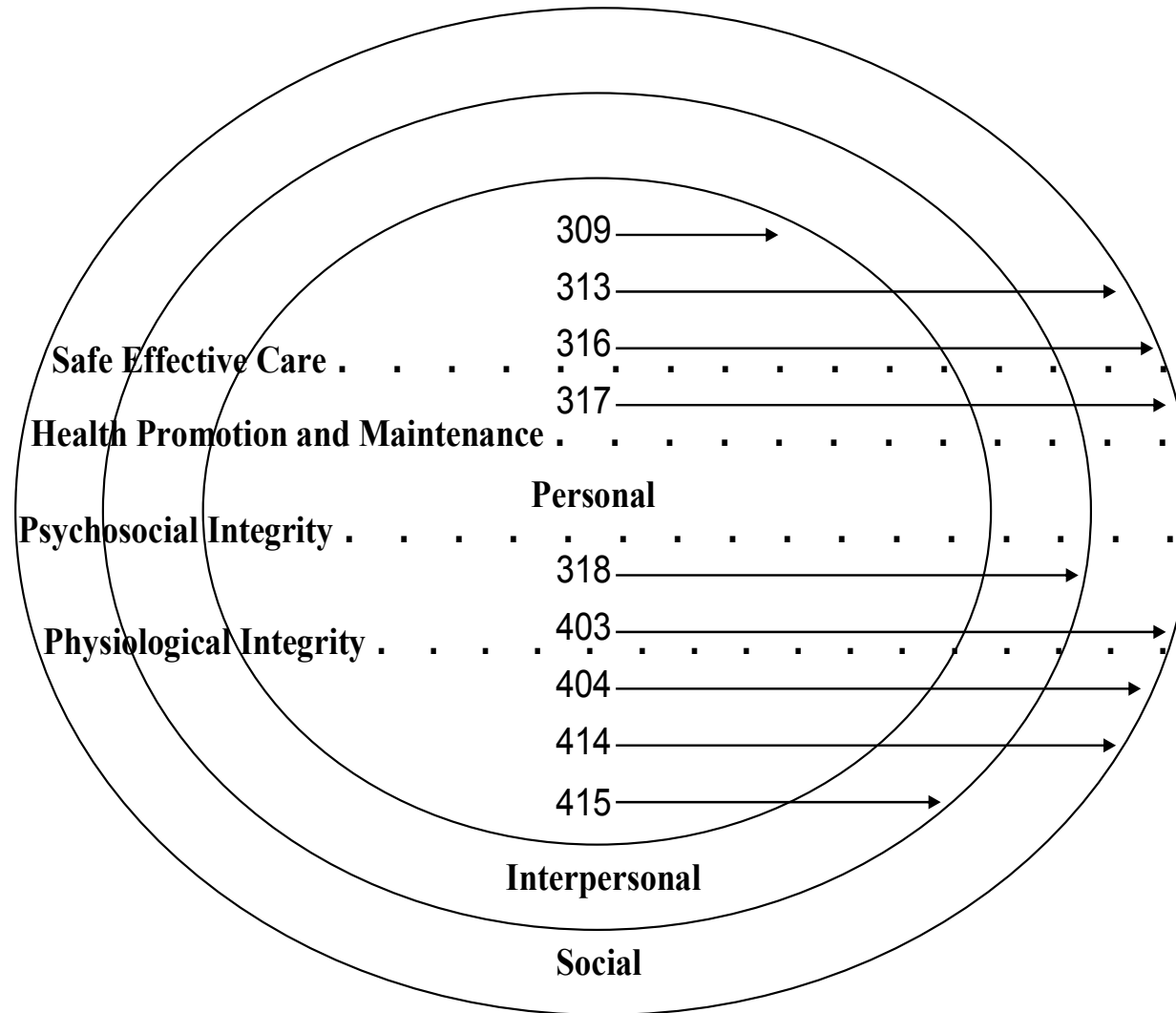
Collaborative Process: Within the nursing frame work the collaborative process is one in which nurses assist the client and client’s significant other in performing those activities, which contribute to the achievement of maximum health potential. The nurse serves as an advocate, colleague, and coordinator in directing the client toward positive outcomes. A collaborative practice promotes shared participation, responsibility and accountability in the health care environment. Collaboration incorporates holistic care and critical thinking among team members in the health care arena.

LEVEL I COMPETENCIES	LEVEL II COMPETENCIES
1. Work with patient, significant other, and health care team members to identify patient needs and begin a plan of care.	1. Actively participate with health care team members to assess patient status and plan, deliver and evaluate nursing care in order to move patients toward positive outcomes.
2. Interact appropriately with health care workers.	2. Work collaboratively with health care team members.
3. Demonstrate responsibility and exhibit professionalism as a member of the health care team.	3. Collaborate with health care team, patient, and significant other to evaluate patient for progress towards goals and outcomes.

Management of Care: The management of care requires certain skills to prioritize the needs of a group of clients. Managing care involves the understanding of organizational routines and resources, the use of collaboration, time management, and effective leadership. Effective managers of care also incorporate the concepts of planning, organizing, directing and controlling into their practice to meet client needs and support organizational goals.

LEVEL 1 COMPETENCIES	LEVEL II COMPETENCIES
1. Differentiate roles and responsibilities of the nursing team members in the delivery of health care.	1. Use basic management and leadership skills: act as a team leader, supervise and delegate care, contribute to shared goals.
2. Use basic organizational skills when providing nursing care.	2. Effectively manages information, time, and resources in caring for small groups of patients.
3. Describe principles of priority setting when managing client care.	3. Assess and prioritize client care utilizing effective leadership skills, time management and collaboration with health care team to meet patient needs.
4. Assess environment for factors that may impact the patient's health status.	4. Create a safe physical and psychosocial environment to protect the patient from injury, infection or harm.
5. Demonstrate ability to make decisions based on current level of knowledge.	5. Make appropriate decisions when giving patient care based on sound rationale.
6. Use health care resources in a cost effective manner.	6. Collaborate with health care team members to deliver quality, cost effective care.

APPENDIX H



To assure that the students are prepared to give holistic nursing care, the curriculum utilizes Imogene King’s Conceptual Framework for organizing content. Students are prepared to provide nursing care within the personal, interpersonal and social system and to understand the relationships among the 3 systems. Particular aspects of nursing are considered within each system including the nursing components covered on the NCLEX. The diagram demonstrates the systematic emphasis of content within each course. The NCLEX threads are treated within each system.

APPENDIX I

University of Mobile School of Nursing

BSN LEVEL COMPETENCIES

Safe, Effective Care Environment

The nurse promotes a safe and healthy environment within which nursing care is provided that enhances positive outcomes for clients, families and significant others and protects health care personnel.

Level III	Level IV
1. Uses the nursing process to provide safe, effective, culturally appropriate care for clients in collaboration with members of the multidisciplinary healthcare team.	1. Incorporates concepts and principles of nursing into the management of care for individuals and groups.
2. Act as an advocate for client's basic needs and document care provided.	2. Plan nursing care to encourage and support family decisions concerning informed consent for procedures and advance directives.
3. Comply with the Nurse Practice Act as governed by the State Board of Nursing.	3. Serve as a client advocate based upon identification of individual and family needs.
4. Maintain client confidentiality when discussing client needs with faculty or staff.	4. Ensure client confidentiality by ensuring client/staff member privacy and intervening as necessary when confidentiality is threatened or violated.
5. Assess client's needs and prioritize the nursing care needs based on priority of needs.	5. Identify staff member's roles and evaluate their ability to perform assigned tasks.
6. Identify role as a health team member.	6. Assign, delegate, or supervise delivery of client care.
7. Demonstrate accountability for own competence, performance, and behavior.	7. Demonstrate accountability for delegated actions.
8. Demonstrate effective communication skills during assessment, intervention, evaluation and teaching.	8. Serve as a role model and resource for health and nursing information.
	9. Perform a family and community assessment.
	10. Perform a risk assessment of an individual.
	11. Understand limits to scope of RN practice.
	12. Assist client in making ethical decisions.

Health Promotion and Maintenance

The nurse uses knowledge of expected growth and development principles to provide and direct nursing care that prevents or detects health problems.

Level III	Level IV
1. Assess client reactions to expected physiologic changes associated with aging from birth to death and provide nursing care that is adopted to the aging process.	1. Develop nursing care plans for clients that assess health needs, support health maintenance, and promote risk reductions.
2. Recognize client's right to refuse treatment or procedures based upon religious, cultured, or other considerations.	2. Discuss treatment options and/or decisions with clients and inform clients and/or family of rights in relation to advance directives, confidentiality, and informed consent.

Psychosocial Integrity

The nurse provides and directs nursing care that promotes and supports the emotional, mental and social well being of the client and significant others and participates in the social well being of the community, nation, and world.

Level III	Level IV
1. Communicate with clients utilizing fundamental therapeutic and psychotherapeutic principles.	1. Evaluate effectiveness of communication.
2. Recognize cultural differences in expressing emotional reactions.	2. Assist clients in utilizing support systems.
3. Utilize problem solving skills.	3. Promote client, family, and community independence.
4. Protect confidentiality of clients.	4. Use crisis intervention techniques to assist clients in coping.
5. Implement measures to reduce environmental stressors.	5. Use nursing interventions to assist client to control behavior.
6. Incorporate client/family spiritual beliefs into plan of care.	6. Promote a healthy national and world environment.

Physiological Integrity

The nurse promotes physical health and well being by providing care and comfort, reducing client risk potential and managing the client's health alterations. The nurse also promotes community, national, and world health by reducing risk potential and managing health problems.

Level III	Level IV
1. Provide basic nursing care to adult clients from various cultures.	1. Provide holistic nursing care to clients of all ages and cultures.
2. Safely administer medications.	2. Evaluate the effects of medications.
3. Manage care of clients receiving intravenous infusions.	3. Implement measures to manage potential and actual health complications.
4. Provide perioperative care.	4. Intervene in life threatening situations.
5. Demonstrate safe performance of technical skills required for delivery of nursing care.	5. Evaluate client response to therapeutic interventions.

APPENDIX J

University of Mobile School of Nursing
MSN LEVEL COMPETENCIES

Core Competencies (All students)

Following the completion of NU 501, NU 503, NU 504, and NU 516, the student will:

1. Effectively utilize research in the practice or education setting.
2. Demonstrate an understanding of health care policy, organization and financing of health care.
3. Describe a process for making ethical decisions.
4. Provide an inclusive definition of advanced practice nursing roles.
5. Critique, analyze, and evaluate a variety of nursing theories.
6. Develop an understanding of the wide diversity of subcultural influences on human behavior.
7. Foster principles of health promotion, illness prevention, and maintenance of function across the health-illness continuum.

Advanced Practice Nursing Core Curriculum (FNP students)

Following completion of NU 507, NU 508, and NU 509, the student will:

1. Relate assessment findings to pathological and physiological changes.
2. Establish a differential diagnosis based on assessment findings.
3. Develop an appropriate plan of care for a client based on assessment data.
4. Describe pathogenesis and clinical manifestations of common altered health states.
5. Analyze physiologic responses to illness and treatment modalities.
6. Comprehend the pharmacotherapeutics, pharmacokinetics, and pharmacodynamics of broad categories of drugs.
7. Safely and appropriately select pharmacologic agents for the management of client health.
8. Analyze the effects of single and multiple drug regimens on client health.
9. Understand state legal requirements for advanced practice nursing prescriptive authority.

Practicum Experiences (FNP Students)

Following completion of NU 510, NU 511, NU 512, and NU 513, the student will:

Nursing Education Core Curriculum (Nursing Education students)

Following the completion of NU 514, NU 515, NU 516, and NU 517, the student will:

1. Develop curricula based on the mission, philosophy, and framework of the program and institution.
2. Define goals and objectives.
3. Plan instructional objectives and content consistent with overall curricular goals.
4. Organize content and learning experiences according to principles of learning.
5. Design instructional strategies to achieve learning goals.
6. Evaluate learning and achievement of goals.
7. Construct tests to measure learning.
8. Incorporate technology into curricula.
9. Use current research findings and scholarly works in nursing to improve education.

Practicum Experience (Nursing Education students)

Following completion of NU 540 and NU 541 the student will:

1. Use appropriate theoretical frameworks and learning principles to socialize students into the role of professional nursing.
2. Help learners use educational resources effectively.
3. Provide clinical supervision for learners.
4. Select, plan, implement, and evaluate learning experiences.
5. Promote nursing scholarship in academic and practice settings.
6. Communicate effectively with peers, students, administrators, and others to facilitate improvements in nursing education.
7. Demonstrate professional and educational values.

- Effectively apply teaching strategies in the classroom learning setting.

**University of Mobile School of Nursing
Family Nurse Practitioner Competencies**

HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT*

The family nurse practitioner is a provider of direct health care services. Within this role, the family nurse practitioner synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and treatment focus of family nurse practitioner practice.

Assessment of Health Status: These competencies describe the role of the family nurse practitioner in assessing all aspects of the patient’s health status, including for purposes of health promotion, health protection, and disease prevention. The family nurse practitioner employs evidence-based clinical practice guidelines to guide screening activities, identifies health promotion needs, and provides anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.

1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle.
2. Assesses (a) the influence of the family or psychosocial factors on patient illness, (b) conditions related to developmental delays and learning disabilities in all ages, (c) women’s and men’s reproductive health, including, but not limited to, sexual health, pregnancy, and postpartum care, and (d) problems of substance abuse and violence.
3. Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of all ages.
4. Performs screening evaluations for mental status and mental health.
5. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.
6. Distinguishes between normal and abnormal change with aging.
7. Demonstrates proficiency in family assessment.
8. Demonstrates proficiency in functional assessment of family members.
9. Assesses specific family health needs within the context of community assessment.
10. Identifies and plans interventions to promote health with families at risk.
11. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.

Diagnosis of Health Status: The family nurse practitioner is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data.

1. Identifies signs and symptoms of acute and chronic physical and mental illnesses across the life span.
2. Orders, performs, and interprets age, gender, and condition specific diagnostic tests and screening procedures.
3. Analyzes and synthesizes collected data for patients of all ages.
4. Formulates comprehensive differential diagnoses, considering epidemiology, environmental and community characteristics, and life stage development, including the presentation seen with increasing age, family, and behavioral risk factors.

Plan of Care and Implementation of Treatment: The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient’s health. These competencies describe the family nurse practitioner’s role in stabilizing the patient, minimizing physical and psychological complications, and maximizing the patient’s health potential.

1. Provides health protection, health promotion, and disease prevention interventions/treatment strategies to improve or maintain optimum health for all family members.
2. Treats common acute and chronic physical mental illnesses and common injuries in people of all ages to minimize the development of complications, and promote function and quality of living.
3. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations such as infants and children, pregnant and lactating women, and older adults.
4. Adapts care to meet the complex needs of older adults arising from age changes and multiple system disease.

5. Identifies acute exacerbations of chronic illness and intervenes appropriately.
6. Evaluates the effectiveness of the plan of care for the family, as well as the individual, and implements changes.
7. Evaluates patient's and/or other caregiver's support systems and resources and collaborates with and supports the patient and caregivers.
8. Assists families and individuals in the development of coping systems and lifestyle adaptations.
9. Makes appropriate referrals to other health care professionals and community resources for individuals and families.
10. Provides care related to women's reproductive health, including sexual health, prenatal, and postpartum care.
11. Performs primary care procedures, including, but not limited to, suturing minor lesion removal, splinting, microscopy, and pap tests.
12. Recognizes the impact of individual and family life transitions, such as parenthood and retirement, on the health of family members.
13. Uses knowledge of family theories and development to individualize care provided to individuals and families.
14. Facilitates transitions between health care settings to provide continuity of care for individuals and family members.
15. Intervenes with multigenerational families who have members with differing health concerns.
16. Assists patient and family members to cope with end of life issues.
17. Applies research that is family centered and contributes to positive change in the health of and health care delivery to families.

Nurse Practitioner-Patient Relationship: Competencies in this area demonstrate the personal, collegial, and collaborative approach, which enhances the family nurse practitioner's effectiveness of patient care. The competencies speak to the critical importance of interpersonal transactions as they relate to therapeutic patient outcomes.

1. Maintains a sustaining partnership with individuals and families.
2. Assists individuals and families with ethical issues in balancing differing needs, age-related transitions, illness, or health among family members.
3. Facilitates family decision-making about health.

Teaching-Coaching Function: These competencies describe the family nurse practitioners ability to impart knowledge and associated psychomotor skills to patients. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.

1. Demonstrates knowledge and skill in addressing sensitive topics with family members such as sexuality, finances, mental health, terminal illness, and substance abuse.
2. Elicits information about the family's and patient's goals, perceptions and resources when considering health care choices.
3. Assesses educational needs and teaches individuals and families accordingly.
4. Provides anticipatory guidance, teaching, counseling, and education for self-care for the identified patient and family.

Professional Role: These competencies describe the varied role of the family nurse practitioner, specifically related to advancing the professional and enhancing direct care and management. The family nurse practitioner demonstrates a commitment to the implementation, preservation, and evolution of the family nurse practitioner role. As well, the family nurse practitioner implements critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to the patient.

1. Demonstrates in practice a commitment to care of the whole family.
2. Recognizes the importance of participating in community and professional organizations that influence the health of families and supports the role of the family nurse practitioner.
3. Interprets the family nurse practitioner role in primary and specialty health care to other health care providers and the public.
4. Serves as a resource in the design and development of family community-based health services.

Managing and Negotiating Health Care Delivery Systems: These competencies describe the family nurse practitioner's role in handling situations successfully to achieve improved health outcomes for patient, communities, and systems, through overseeing and directing the delivery of clinical services within an integrated system of health care.

1. Maintains current knowledge regarding state and federal regulations and programs for family health care.

Monitoring and Ensuring the Quality of Health Care Practice: These competencies describe the family nurse practitioner's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to monitoring one's own practice as well as engaging in interdisciplinary peer and system review.

1. Participates in an ongoing quality assurance program within an agency providing care to families and individuals.
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2. Adapts to change in health care trends and treatment.
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3. Maintains competence through the use of continuing educational opportunities.
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Cultural Competence: These competencies describe the family nurse practitioner's role in providing culturally competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures.

1. Provide nutritional counseling with the client's health needs and psychosocial and cultural characteristics.

2. Coordinate health care needs of clients with available community resources, based upon cultural diversities.

*Competencies derived from those developed by AACN and NONFP.

APPENDIX K

IRB EXEMPTION

To apply for exemption from IRB review, the Investigator must complete one copy of the exemption application on the following page and return it to the IRB. There are no deadlines for submission of an exemption application.

If a questionnaire is to be used, attach one copy to the application.

If the Investigator will be using diagnostic specimens, a release letter is required from the Chairman of the Department responsible for providing the specimens. A letter of approval should be attached to the IRB exemption application form.

If there are any questions regarding the exemption application, please call the Chairman of the IRB at 442-2446.

Exempted review cannot be applied to research proposals involving children as subjects. Children are defined for this purpose as persons under 14 years of age.

One copy of completed research must be submitted to IRB within one year of approval date. If you are a student, your grade will be withheld until final copy is received.

IRB EXEMPTION APPLICATION

TITLE OF PROJECT: _____

PRINCIPAL INVESTIGATOR: _____

INVESTIGATOR'S SIGNATURE: _____

HOME ADDRESS OR OFFICE LOCATION: _____

TODAY'S DATE: _____

FACULTY ADVISOR FOR STUDENT RESEARCH: _____

Mark the category or categories below which describe your research:

- _____ 1. Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as research on regular and special education instructional strategies, or research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
- _____ 2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and any disclosure of the human subjects; responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing employability, or reputation. Attach questionnaire(s).
- _____ 3. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under category procedures if: The human subjects are elected or appointed public officials or candidates for public office; or federal statute requires without exception that the confidentiality of the personal identifiable information will be maintained throughout the research and thereafter. Attach to the application a copy of any questionnaire to be used.
- _____ 4. Research involving the collection or study of existing data, documents, records, diagnostic specimens, if these sources are publicly available or if the information is recorded by the Investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. Attach a specimen's release letter if applicable.
- _____ 5. Research and demonstration projects which are conducted or subject to the approval of department of agency heads, and which are designed to study, evaluate, or otherwise examine: Public benefit or service programs; procedures for obtaining benefits or services under those programs; possible changes in or alternatives to those programs or procedures; or possible changes in methods of levels of payment for benefits or services under those programs.
- _____ 6. Taste and food quality evaluation and consumer acceptance studies; if wholesome foods without additives are consumed or if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe.

APPENDIX L

**UNIVERSITY OF MOBILE SCHOOL OF NURSING
GRADUATE PROGRAM**

Research Advisor/Committee Member Agreement

Graduate Student: _____

Address: _____

Place of Employment: _____

Phone Number(s): Home (____) _____ Work (____) _____

Other (____) _____

Please Specify: _____ Research Project

_____ Thesis

Expected Date of Research Completion: _____

I agree to serve as faculty research advisor, committee member, or committee chair for the above named graduate student as specified below.

Committee Chair or Faculty Research Advisor Date

Committee Member Date

Committee Member Date

Directions: Obtain appropriate signature(s).
Make duplicate copies for each faculty member and yourself.
Give one copy to NU 504 Faculty and copies to each faculty advisor. Keep original for yourself.

APPENDIX M

Student Name: _____

UNIVERSITY OF MOBILE SCHOOL OF NURSING – ADN

LEVEL I SKILLS CHECK LIST

SKILLS CHECKLIST					
<i>MEDICAL ASEPSIS SKILLS</i>	PRECEPTOR INITIALS	SPECIMEN COLLECTION SKILLS	PRECEPTOR INITIALS	<i>CHARTING AND COMMUNICATIONSKILLS</i>	PRECEPTOR INITIALS
Appropriate charting for dressing changes		Appropriate documentation for all specimen collection		Appropriate communication skills	
Gloving: Clean and sterile		Blood glucose testing		Focus charting	
Isolation		Clean catch urine		Head to toe assessment	
Opening sterile packages		Sputum collection			
Universal precautions		Sterile urine specimen from an indwelling catheter			
Setting up a sterile field		Stool specimen			
Sterile dressing changes		Urine testing for ketones and glucose			
When to wear gloves					

SKILLS CHECKLIST					
<i>VITAL SIGN SKILLS</i>	PRECEPTOR INITIALS	<i>HYGIENE SKILLS</i>	PRECEPTOR INITIALS	<i>TRANSFERRING AND BODY MECHANIC SKILLS</i>	PRECEPTOR INITIALS
Blood pressures: Manual/Dynamap		Bed bath		Crutch and walker assistance	
Height		Bed making: Occupied Unoccupied Surgical		Positioning:	
Temperature		Denture care		Fowler's	
Pulse: Apical and all distal pulses		Measuring for TED's		Semi Fowler's	

Respirations		Oral care		High Fowler's	
Weight		Perineal care		Lateral	
		Providing bedpan		Supine	
				Prone	
				Trendelenburg	
				Reverse Trendelenburg	
				Moving a patient up in bed	
				Restraints	
				ROM - Active	
				ROM - Passive	
				Transferring: Bed to chair and back	
				Transferring: Bed to stretcher	
				Turning a patient	

SKILLS CHECKLIST					
<i>NUTRITION SKILLS</i>	PRECEPTOR INITIALS	MEDICATION SKILLS	PRECEPTOR INITIALS	<i>NEURO SKILLS</i>	PRECEPTOR INITIALS
Enteral Feeding:		Oral administration		Neuro assessment	
NG		Parenteral:		Neuro checks	
Gravity		SUB Q		Orientation	
Pump		IM			
Continuous		IV piggyback			
Intermittent		Topical			
Bolus		Tube administration			
Gastric tube					
Feeding a patient by mouth					
I and O					

SKILLS CHECKLIST

<i>RESPIRATORY SKILLS</i>	PRECEPTOR INITIALS	CARDIAC SKILLS	PRECEPTOR INITIALS	<i>RENAL SKILLS</i>	PRECEPTOR INITIALS
Breath sounds: Normal Adventitious		Cardiac assessment		Charting for catheterization	
Incentive spirometer		Heart sounds		Foley catheterization	
Oxygen administrations				In and out catheterization	
Respiratory assessment					

SKILLS CHECKLIST

<i>GI SKILLS</i>	PRECEPTOR INITIALS	NURSING PROCESS SKILLS	PRECEPTOR INITIALS	<i>MISCELLANEOUS SKILLS</i>	PRECEPTOR INITIALS
Bowel sounds		Appropriate assessment data			
Enema		Appropriate nursing diagnosis			
Rectal tube		Appropriate nursing interventions			
Stool guiac		Correct outcome criteria			
		Planning			

UNIVERSITY OF MOBILE SCHOOL OF NURSING – ADN

LEVEL II SKILLS CHECK LIST

PLEASE DATE AND INITIAL EACH SKILL PERFORMED. THANK YOU.

SKILLS CHECKLIST					
<i>MEDICAL ASEPSIS SKILLS</i>	PRECEPTOR INITIALS	SPECIMEN COLLECTION SKILLS	PRECEPTOR INITIALS	<i>CHARTING AND COMMUNICATIONSKILLS</i>	PRECEPTOR INITIALS
When to wear gloves*		Appropriate documentation for all specimen collection*		Appropriate communication skills*	
Gloving: Clean and sterile*		Blood glucose testing*		Documentation in patient's chart:	
Isolation*		Clean catch urine*		Head-to-toe assessment	
Opening sterile packages*		Sputum collection*		Admission charting	
Universal precautions* / Standard precautions		Sterile urine specimen from an indwelling catheter*		Transfer charting	
Setting up a sterile field*		Stool specimen*		Discharge charting	
Wound care: Sterile dressing changes*		Urine testing for ketones and glucose*		Surgery checklist	
IV site care (& tubing change)				Teaching	
Central line care (& tubing change)				Focus charting*	
				Appropriate charting for dressing changes*	
				Charting for catheterization*	
				Receiving report	
				Giving end of shift report	

SKILLS CHECKLIST					
<i>VITAL SIGN SKILLS</i>	PRECEPTOR INITIALS	<i>HYGIENE SKILLS</i>	PRECEPTOR INITIALS	<i>TRANSFERRING AND BODY MECHANIC SKILLS</i>	PRECEPTOR INITIALS
Blood pressures: Manual/Dynamap*		Bed bath*		Crutch and walker assistance*	
Height*		Bed making: Occupied* Unoccupied* Surgical*		Positioning:	

Temperature*		Oral care*		Fowler's*	
Pulse: Apical and all distal pulses*		Denture care*		Semi Fowler's*	
Respirations*		Measuring for TED's* / Applying TED		High Fowler's*	
Weight*		Perineal care*		Lateral*	
		Providing bedpan*		Supine*	
		Shave		Prone*	
				Trendelenburg*	
				Reverse Trendelenburg*	
				Moving a patient up in bed*	
				Restraints* Type:	
				ROM – Active*	
				ROM – Passive*	
				Transferring: Bed to chair and back*	
				Transferring: Bed to stretcher*	
				Turning a patient*	

SKILLS CHECKLIST					
<i>NUTRITION SKILLS</i>	PRECEPTOR INITIALS	MEDICATION SKILLS	PRECEPTOR INITIALS	<i>NEURO SKILLS</i>	PRECEPTOR INITIALS
Enteral Feeding:					
NG*		Oral administration*		Glasgow coma scale	
Gastrostomy					
Gravity*		Parenteral:*		Neuro assessment*	
Pump*		SUB Q*		Neuro checks*	
Continuous*		Intradermal		Orientation*	
Intermittent*		IM*			
Bolus*		IV piggyback*			
Feeding a patient by mouth*		IV push			
I and O*		Topical*			
TPN and intralipids		Tube administration*			

		Eye / Ear			
		Per rectum			

SKILLS CHECKLIST					
<i>RESPIRATORY SKILLS</i>	PRECEPTOR INITIALS	CARDIAC SKILLS	PRECEPTOR INITIALS	<i>RENAL SKILLS</i>	PRECEPTOR INITIALS
Breath sounds: Normal* Adventitious*		Cardiac assessments*		Assessing vascular access for dialysis	
Incentive spirometer*		Heart sounds*		Foley catheterization* Female / Male	
Oxygen administrations*		Hemodynamic monitoring		In and out catheterization* Female / Male	
Respiratory assessment*					
Mechanical Ventilation					
Suctioning: Oral Endotracheal					
Chest tube drainage					

SKILLS CHECKLIST					
<i>GI SKILLS</i>	PRECEPTOR INITIALS	NURSING PROCESS SKILLS	PRECEPTOR INITIALS	<i>MISCELLANEOUS SKILLS</i>	PRECEPTOR INITIALS
Bowel sounds*		Appropriate assessment data*		Ice bag / collar / glove	
Enema* Type:		Appropriate nursing diagnosis*		Jackson Pratt drain	
Rectal tube*		Appropriate nursing interventions*		Suture / Staple removal	
Stool guiac*		Correct outcome criteria*			
NG tube insertion (& D/C)		Planning*			
Ostomy pouch application					

***SKILLS PREVIOUSLY REQUIRED IN LEVEL I**

SKILLS CHECKLIST					
<i>MATERNAL CHILD</i>	PRECEPTOR	<i>PSYCHOSOCIAL</i>	PRECEPTOR		PRECEPTOR

<i>SKILLS</i>	INITIALS	<i>SKILLS</i>	INITIALS		INITIALS
Ability to assess normal vital signs		Attend one 12-step program (submit reaction paper)			
Assess Developmental age (Erickson)		Attend probate court commitment hearing (submit reaction paper)			
Assess fontanel of newborn		Completion of 100 psychosocial questions per week			
Assess newborn vital signs		Demonstrate use of DSM-IV-TR			
Assess normal growth curve		Demonstrate written and verb use of therapeutic communication techniques			
Assess umbilical cord and provide treatment		Discuss psychotropic medications prescribed for assigned patient			
Calculate medications according to kg.		Identify and discuss ego defense mechanism for assigned patient			
D/C teaching for mother and infant		Identify primary defense mechanism for assigned patient			
Dubowitz/Ballard exam		Identify priority nursing intervention utilized with assigned patient			
Give and receive report		Process recordings			
Give PO liquid medications		Priority clinical document/care plan			
Give PO medications					
I & O catheterization					
Identify mother and infant by checking arm bands					
IM injection to newborn					
Perineal care					
Post partum assessment (BUBBLE HE)					
Remove staples					
Use of bulb syringe					
Use of Buretrol					
Use of IV pump					
Vaginal exam					
SKILLS CHECKLIST					
NURSING RESPONSIBILITIES					
SKILLS	PRECEPTOR INITIALS	SKILLS	PRECEPTOR INITIALS	SKILLS	PRECEPTOR INITIALS
IV SKILLS:		Taking off orders		Ordering supplies/equipment/diagnostic tests/diets/etc.	
Inserting IV		Admitting a patient		Checking unit equipment (crash cart, defibrillator, etc.)	
Discontinuing IV		Discharging a patient		Making rounds on assigned patients	

Using IV pump (incl. correct calculation of flow rate & volume to be infused)		Preparing a patient for transfer		Delegating responsibilities when appropriate	
Calculating correct drip rate		Preparing a patient for surgery		Making assignments	
Drawing blood from a vein		Obtaining informed consent		Counting narcotics	
Drawing blood from an arterial line		Calling physician's office			
Drawing blood from a central line		"Rounding" with physician			
		Participating in patient care conference			
		Reviewing charts			

APPENDIX N

Student Name: _____

UNIVERSITY OF MOBILE SCHOOL OF NURSING – BSN
NURSING 416

SKILLS CHECKLIST					
SKILLS	PRECEPTOR INITIALS	SKILLS	PRECEPTOR INITIALS	SKILLS	PRECEPTOR INITIALS
Antiembolism hose		Intake and output		PO medications	
Blood glucose monitoring		Injections (subcutaneous)		Restraints	
Catheterization (male)		Injections (intramuscular)		ROM exercise	
Catheterization (female)		Injections (intradermal)		Shave prep	
Central line care		Isolation technique		Specimen collection (urine)	
Chest tube drainage		IV insertion (& DC)		Specimen collection (stool)	
Dressing change		IV push medications		Staple removal	
Enema (cleansing)		IV piggyback medications		Suture removal	
Enema (fleets)		IV site care		Turning patient	
Enema (medicated)		Jackson-Pratt (bulb) drain		Vital signs	
Gastrostomy tube feedings		Nasogastric insertion (& DC)		Weight	
Hemovac drain		Ostomy pouch application		Wound care	
Heparin lock flushes		Oxygen administration (facemask)			
Ice bag/cellar/glove		Oxygen administration			

NURSING RESPONSIBILITIES					
SKILLS	PRECEPTOR INITIALS	SKILLS	PRECEPTOR INITIALS	SKILLS	PRECEPTOR INITIALS
Taking off orders		Documentation on patient's chart		Receiving report	
Admitting a patient		Reviewing charts		Giving end of shift report	
Discharging a patient		Ordering supplies/equipment/ diagnostic tests/diets/etc.		Make rounds on assigned patients	
Preparing a patient for transfer		Patient teaching		Delegating responsibilities when appropriate	
Preparing a patient for surgery		Checking unit equipment (crash cart, defibrillator, etc.)		Make assignments	
Obtaining informed consent		"Rounding" with physician		Counting narcotics	
Calling Physician's office		Participating in "patient care" conference			