

Graduate Student Handbook



**“Developing Nurse Leaders, Transforming Lives, and
Improving Health for All”**

Pacific Lutheran University
School of Nursing
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Welcome from the Dean

Welcome to the School of Nursing at Pacific Lutheran University! I'm pleased to introduce you to one of the best School of Nursing and small liberal arts universities in the United States. At the PLU School of Nursing, care for our patients and for our world combine with highest professional ethics and commitment to academic and practice excellence, to prepare you for a deeply rewarding career in nursing. We develop nurse leaders who make a difference in the lives of their patients, the profession, and their communities. Excellence in clinical practice, professional caring, a holistic approach, and well-developed critical thinking are hallmarks of PLU nursing graduates. In addition, graduates from the PLU School of Nursing are committed to highest possible health outcomes through a patient-centered approach to care. Social justice, global engagement, values-based personal development, and a commitment to service are fostered through the development of strong clinical skills and professional nursing content mastery. In addition, your education at PLU will foster your growth as a person, confident in your ability to collaborate fully with experts in nursing and other fields, and to contribute meaningfully to health change.

Our faculty experts are committed to your development as a purposeful, mature, thoughtful, highly-skilled, and highly-valued professional. You will experience excellent mentoring in a compassionate and intellectually stimulating environment, where expert practice will challenge you to grow and succeed in nursing. Whether you are joining us for the BSN, MSN, or DNP degree program, the relationships and foundation of learning you develop at PLU will serve you for a lifetime and foster your contributions to a life of care. Our innovative academic and continuing education programs prepare nurses to meet the demands of complex healthcare systems, community partnerships, high risk populations, and evidence-based care across the continuum of healthcare delivery. We are pleased to welcome you to Pacific Lutheran University for your nursing education. We look forward to joining you on your journey!

Barbara Habermann, PhD, RN, FAAN

Dean and Professor

Pacific Lutheran University School of Nursing

University Mission

Pacific Lutheran University (PLU) seeks to educate students for lives of thoughtful inquiry, service, leadership and care - for other people, for their communities, and for the earth.

School of Nursing Guiding Principles

Pacific Lutheran University School of Nursing embraces core values of:

- Benevolence, Care, and Compassion for All
- Nourishing Student and Faculty Success
- Celebrating Diversity and Inclusive Excellence
- Fostering Whole Person Development
- Collaborating Intentionally as Teachers, Leaders, and Scholar-Practitioners
- Partnering with Communities for Improved Population Health and Well-Being
- Reaching out Globally for Engaged Service, Learning, and Scholarship
- Contributing to Sustainable Advancement of the Discipline, Profession, and Practice of Nursing
- Cultivating a Dynamic Community of Giving and Learning
- Advancing Health Equity for All

School of Nursing Vision

Pacific Lutheran University School of Nursing will be a nationally recognized program of preference and distinction, dedicated to improving health and healthcare for all, enacted through transformational nursing education, committed and responsive leadership, and meaningful scholarship.

School of Nursing Mission

Pacific Lutheran University School of Nursing is dedicated to...

- Exemplary and responsive undergraduate, graduate, and continuing nursing education;
- Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world;
- Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship;
- Advancing the vision and mission of the university through collaborative partnerships that foster innovation and change.

School of Nursing Mottos

- Developing Nurse Leaders, Transforming Lives and Improving Health for All.
- Educating Nurses for Lives of thoughtful Inquiry, Service, Leadership, and Care.

School of Nursing Philosophy

Introduction

This philosophy describes the beliefs and perspectives of the faculty of the School of Nursing at Pacific Lutheran University. Student development and learning are our primary focus. The School of Nursing philosophy embraces the vision and mission of Pacific Lutheran University for thoughtful inquiry, service, leadership, and care. We purposefully integrate liberal education with the study of nursing,

scholarship, and civic engagement to foster compassion and meaningful service for and with others, their communities, and the world.

Nursing and Health

The School of Nursing believes that nursing is a theory- and science-based discipline that focuses on person-centered care across all settings and states of health and illness. The art and science of nursing is relationship-based and directed by humanitarian values of human dignity, interdependence, and social justice. As a practice discipline, Nursing works to improve the health and well-being of clients and systems through analytical processes that effect change in the conditions and determinants of health. The work and praxis of nursing are manifest through multiple complex and evolving roles. Nursing strives to respond to the contemporary context of health and illness, and advance shared goals of compassionate, safe, and effective care.

Health encompasses the unique and dynamic unfolding of human patterning in multiple domains. Health and illness occur simultaneously and in dynamic interaction with one another. Appreciating the complexity of the health-illness relationship is key to diagnosing and intervening with human experiences of and responses to health, illness, and disease.

Collegiate Nursing Education

The PLU Nursing faculty believes collegiate nursing education contributes to shaping and stewarding the profession and practice of nursing. Service, leadership and scholarship are essential components in the formation of mature and highest quality professional practitioners of nursing. Academic nursing advances the art, theory, and science of nursing by contributing to evidence-based innovations in healthcare, advocating for progressive and responsible social change, and fostering improved health outcomes.

Faculty as Compassionate Leaders and Scholars

Faculty in the School of Nursing are compassionate leaders and scholars who assume responsibility for the education and development of students into exceptional professional nurses, who embrace intellectual curiosity, diversity, and change.

Nursing faculty are dedicated to creating an open, innovative, responsive learning environment while upholding the standards and ethical obligations of the discipline. The faculty model and instill within students the active pursuit of new knowledge and pathways for contributing leadership roles for the profession and for the discipline.

The SoN faculty are integral members of the PLU community, participating in the life of the University and contributing to its vision, mission, and goals. Within the SoN, faculty function through team-based, collaborative approaches incorporating care, compassion, and shared goals and values. Academic rigor, principled and evidence-based inquiry, thoughtful dialogue, and meaningful evaluative review characterize the approaches used to foster highest quality nursing education, practice, service, and scholarship.

Students as the Future Promise of the Discipline

Students in the School of Nursing are active learners who embody the future promise and obligations of the discipline. Students are nurtured in their ability to provide compassionate, socially responsible care and contribute to professional citizenship in complex healthcare environments. Cross-disciplinary student learning is fostered through integrating the nursing curriculum with the liberal arts and sciences to foster the development of reflective practitioners who pursue excellence and seek to participate in the evolution and expansion of professional roles.

Shared Values and Guiding Principles

We accomplish our work in the School of Nursing with attention to the vision, mission, and values of the SoN, University, and the discipline and profession of nursing. We actively pursue our development as a community devoted to learning and scholarship, collaborative engagement, growth, meaningful service, and love and compassion for all humankind.

History of the PLU School of Nursing

Prior to 1950, for two decades, pre-nursing at Pacific Lutheran College (PLC) was offered in cooperation with Tacoma General Hospital, Swedish Hospital, and the California Lutheran Hospital in Los Angeles.

The first indication that a bachelor's degree with a major in nursing existed at PLU is identified in the 1945-46 PLC catalog. In the fall of 1950, the nursing curriculum was submitted for consideration by the State of Washington. On April 23, 1951, the State Board of Professional Nurse Registration gave temporary approval for a Department of Nursing Education at Pacific Lutheran College.

In September 1951, a cooperative agreement was signed between PLC and Emanuel Hospital, in Portland, Oregon, agreeing to establish a program in nursing. The clinical education would be at the Emanuel Hospital and its affiliated agencies.

Freda Al Peterson was the first Director from 1951 to 1953. During that time, R. Elaine Kraabel Morken was the Educational Director at Emanuel Hospital. When Freda Al Peterson left PLC in 1953, R. Elaine Kraabel Morken became Director and served from 1953 to 1967.

Ms. Kraabel Morken was followed by Dr. Doris Stucke, who served in the capacity of Educational Director from August 1967 until June 1982. Dr. Stucke was granted a sabbatical leave for the 1982-83 academic year, following which she retired to become professor emeritus. In July 1982, Dr. Moira Mansell was appointed and served as Dean until March 1989. Dr. Dorothy Detlor-Langan served as Dean of the School of Nursing from 1989 to 1997, with Anne Hirsch serving in the role of Associate Dean, Undergraduate Nursing Education and Dr. Cleo Pass as Associate Dean, Graduate Nursing Education. In 1997, Dr. Anne Hirsch assumed the role of Interim Dean for one year. In August 1998, Dr. Terry Miller assumed the role of Dean of the School of Nursing, serving until August 2014. Dr. Teri Moser Woo joined the PLU School of Nursing as Associate Dean for Graduate Programs in 2012. Dr. Sheila Smith, RN, APRN, ANP-BS, was appointed Dean and Professor in August 2014-July 2018. Dr. Carol Seavor was appointed Interim Dean in July 2018.

On September 17, 1958, full accreditation by the State Board of Professional Nurse Registration was granted. In April 1959, a consultation visit from the National Nursing Accrediting Service occurred. A new program which would allow nursing students to remain on campus for the entire four years was proposed, with full approval being received from the State Board of Professional Nurse Registration in January 1960. In June 1960, Pacific Lutheran College became Pacific Lutheran University. The Department of Nursing Education became the School of Nursing. In 1982, the title of Director was changed to Dean.

The undergraduate program encompasses three study sequences and is approved by the Washington State Nursing Care Quality Assurance Commission. The undergraduate program qualifies students for the Bachelor of Science in nursing degree and certifies them eligible to sit for the registered nurse licensure exam (NCLEX-RN). The basic program is four academic years in length. A sequence for registered nurses pursuing the BSN was established in 1978. In the academic year 1997-98, the RN-BSN program began its phase-out. A new RN-B to MSN cohort program, for registered nurses with a non-nursing baccalaureate, was proposed to begin September 1999. Starting in the fall of 1990, an LPN-BSN sequence of study was initiated and implemented by Professor Shirley Coleman Aikin. This program, which allows LPNs to obtain the baccalaureate degree following completion of prerequisites, is the first of its kind in Washington State and the Pacific Northwest.

In 1989, the faculty and Board of Regents approved a proposal for a program of study leading to the Master of Science in nursing degree. The program is four semesters in length, offered over a 2-year period. The first students began classes in February 1990, with the first graduates completing the program in May and August, 1992. The MSN Care and Outcomes Manager concentration includes focus areas in nurse education and administration.

In 2003, the School of Nursing enrolled its first cohort in the Entry-Level MSN program. The program is designed for students with non-nursing baccalaureate degrees to complete the graduate degree in nursing. Students' progress through an intensive 15-month course load which qualifies them for the NCLEX-RN licensure examination in Washington State and progress directly into graduate coursework to complete the MSN degree. The entire sequence of courses for this generalist program requires 27 months of study to complete.

Associate Dean for Graduate Nursing Education, Dr. Teri Moser Woo joined the School of Nursing in 2012 and led the faculty in developing the Doctor of Nursing Practice (DNP) program. The PLU Doctor of Nursing Practice degree prepares graduates in the advanced practice specialty area of Family Nurse Practitioner. The DNP is the first doctorate at Pacific Lutheran University and received initial approval from the Northwest Commission on Colleges and Universities and the Washington Nursing Care Quality Commission in 2014. The first DNP students were admitted 2015.

In 1981, Continuing Nursing Education became a formal program within the School of Nursing. The initial director was Dr. Cynthia Mahoney. In 1994, the program was incorporated into the Center for Continued Nursing Learning, and was directed by Dr. Patsy Maloney.

A final major accomplishment of the School of Nursing was the PLU Wellness Center, which for over 23 years provided low-cost health care to the community until its closure in the summer of 2009 due to shrinking public funding. A nurse practitioner faculty member, Professor Joan Stiggelbout, started the Center in the mid-1980's. The nurse-managed center made a major contribution to the School of Nursing and the university, as well as to the local community of Parkland.

Work began on renovating the former campus bookstore in early 2020 to be transformed to the Clinical Learning and Simulation Center. This building is located nearby on Garfield Street housing two simulation areas, a 16 bed skill laboratory, two classrooms and student lounge areas. This building will open in September, 2020.

General Information

Culture of Respect

The PLU School of Nursing is committed to actively cultivating and promoting safe and respectful environments to ensure equitable opportunities for all students, faculty and staff to learn and work to optimal capacity. Learning environments, structures, systems, policies, and procedures will be based on a positive, productive culture of meaningful, collaborative relationships and attention to a safe, orderly, and respectful learning and working environments.

This respect is illustrated by the following behaviors:

- Acknowledging the value of others by treating them with respect.
- Exemplifying good human relations skills such as courteousness, consideration and responsiveness to others.
- Acting in a dignified professional manner.
- Listening to others carefully and asking for clarification when necessary.
- Acknowledging others time frame by being on time and making reasonable requests are requisites of respect.

These behaviors reflect pride in oneself, the profession of nursing, and being a member of the PLU School of Nursing.

The School of Nursing Culture of Respect is maintained through our Guiding Principles, expectations for student conduct and professional behavior, adherence to the ANA Code of Ethics for Nursing and values of the profession. Please refer to student policies on conduct, academic integrity, code of ethics, values, netiquette, provided throughout this Student Handbook.

Equal Educational Opportunity

Pacific Lutheran University and the School of Nursing are committed to providing equal opportunity in education for all students without regard to a person's race, color, national origin, creed, religion, age, gender, sexual orientation, mental or physical disability, or any other status protected by law. The university community will not tolerate any unlawful discrimination, harassment, or abuse of or toward any member of the university community.

The university holds as basic the integrity and well-being of every person in the community. It is committed to providing an educational environment which is fair, consistent, caring, and supportive of intellectual and personal growth. Further, it is committed to protecting the rights of its community members to engage in dialog and to express ideas in an environment which is free from harassment, discrimination, and exploitation. This freedom of expression does not, however, entail the freedom to threaten, intimidate, harass, or abuse.

The university prohibits any activities which cause or threaten physical or mental harm, suffering, or exhaustion; which demean the dignity and personhood of any individual; or which interfere with one's academic progress. Examples of such actions are verbal threats or abuse, harassment, intimidation, stalking, threatened or actual physical assault, or consistent disregard of the rights and welfare of others. In particular, the university will see as a violation of this policy, any behavior which communicates a message that is threatening, intimidating, or demeaning or which causes physical harm to a person or persons because of race, color, national origin, creed, religion, age, gender marital status, sexual orientation, mental or physical disability, or any other status protected by federal, state, or local law. Any person or persons who are found to have violated this policy will be subject to disciplinary action up to and including suspension, expulsion, or termination.

PLU's Non-Discrimination Policy

Pacific Lutheran University, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972 (45 CFR 86), and Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, does not discriminate in the administration of any of its educational programs, admissions, scholarships, loans, or other activities or programs on the basis of race, gender, sexual orientation or preference, national or ethnic origin, color, disability, marital status, age, or religious belief.

Inquiries regarding compliance with these statutes and regulations may be directed to the Office of the Vice President for Student Life and Dean of Students, (253) 535-7191, PLU's Title IX Coordinator, Jennifer Childress-White, (253) 535-7361, or to the Assistant Secretary for Civil Rights, U.S. Department of Education, Office for Civil Rights, Switzer Building, 330 C Street S.W., Washington, D.C. 20202.

Inquiries about the School's compliance with student access and privacy rights regarding educational records, under the Family Educational Rights and Privacy Act of 1974, may be directed to the Office of the Vice President of Student Life and Dean of Students or to the Student and Family Educational Rights and Privacy office, U.S. Department of Education, Washington, D.C.

Family Educational Rights and Privacy Act (FERPA)

The School of Nursing follows the PLU [FERPA policy](#) regarding access to educational records. According to the Family Educational Rights and Privacy Act ([FERPA](#)), all students must sign consent to release records in order for educational materials to be placed in student mail folders, be shared with clinical agencies, or used in letters of recommendation.

[Mail folder release forms](#) are distributed to all new students at orientation for educational materials (papers, etc.) to be placed in the SON student mail folders. Students who do not wish to sign a FERPA

release for the purposes of the mail folders will need to arrange pick up of any educational materials with the instructor. Any graded coursework or sensitive information will be placed in a sealed envelope.

During new student orientation, all students must sign a [FERPA Release form](#) in order to participate in clinical practicums that allow the School of Nursing to share information with clinical agencies, including results of criminal background checks and drug screenings.

Students often request faculty to write letters of recommendations for scholarships, residencies, employment, and graduate school. Students requesting letters of recommendation must sign consent to [FERPA Reference-Recommendation Release](#) form specifying what agencies may receive the information.

Interplay between PLU’s Student Code of Conduct and the School of Nursing

Each student associated with PLU, including each student in the School of Nursing, is expected to be familiar with and to follow all policies, rules and regulations promulgated by the university, as well as local, state and federal laws. Students are expected to know and follow conduct standards set out in the [PLU Student Code of Conduct](#). Failure to abide by the policies, rules, and regulations may result in disciplinary action(s) outlined in the [Student Code of Conduct](#), up to and including suspension or expulsion from the university.

Nursing programs, by their nature as healthcare professional programs, hold students to higher standards of academic, professional, and behavioral expectations than the general university, so students at the School of Nursing are also expected to know and follow the additional standards specific to the School of Nursing. Those standards are identified throughout this handbook, and are summarized in this policy.

PLU nursing students are required to abide by all policies and standards of the School of Nursing as a minimum expectation for admission, standard program progressions, and for program completion. There are possible conduct-based circumstances where a student would be eligible to continue his or her education at PLU, but not to continue in the School of Nursing. Readmission to PLU after suspension, for example, does not equate to readmission to return to the School of Nursing, and should not be considered as such. In some situations, for example, conduct may violate professional conduct standards for the nursing profession but may not violate university policy. In any such situation, the School of Nursing reserves the right, in its sole discretion, to take action independent of the Student Conduct Process, through its RAP Committee and Petition process.

If allegations which could constitute a violation of the PLU Student Code of Conduct are made against a student in the School of Nursing, the allegations will be reported to the Office of Student Rights and Responsibilities. The School of Nursing or its representative(s) may in certain circumstances, make the report. The process set out in the Student Code of Conduct will be utilized to determine whether or not the student is “Responsible” for violating the Code of Conduct. If a violation is found to have occurred, sanctions will be determined through that process. Once that determination is made and any appeals are completed, the student’s conduct file will be available for review and action by the School of Nursing RAP committee.

The School of Nursing will accept as true the findings of fact made by Review Officers in the university’s Student Conduct process. Some sanctions imposed through the Student Conduct Process, such as

probation, suspension or expulsion (without limitation) from PLU, will necessarily result in an equivalent probation, suspension or expulsion from the School of Nursing without further action by School of Nursing. The School of Nursing may, on its own initiative and in its own discretion, through its RAP committee, impose additional sanctions based on the Student Conduct process findings of fact, because Nursing professionals are subject to patient care considerations and related standards in addition to those for students in other fields of endeavor. See, for example, sections in this Handbook on Professional Conduct and Values of the Nursing Profession; Academic Performance; Professional Misconduct and Safety Issues; and Clinical Practice Policies and Health Requirements/Expectation, without limitation. A student who returns to PLU after probation, suspension or expulsion may petition the RAP committee for re-enrollment in the School of Nursing. Completion of requirements for re-enrollment at PLU must be completed before a petition may be filed with the RAP committee with respect to re-enrollment in the School of Nursing. The petition process of this Handbook must be followed.

School of Nursing Administrative Offices

Phone: (253) 535-7672 email: nurs@plu.edu

The School of Nursing administrative suite is located in Room 214 of the Ramstad Building. Several administrative offices are located, within the suite, including those of the Dean, Associate Dean of Academic Affairs, Associate Director of Advising, Admissions & Student Support, and Clinical Placement Coordinator. The office staff also includes the Assistant to the Dean, Senior Administrative Assistant, Administrative Assistant of Graduate Programs, Budget and Contract Coordinator, and student workers.

The Director of the Center for Continued Nursing Learning (CCNL) Program and Coordinator for the CCNL program are located in Ramstad.

In addition to providing support for School of Nursing daily operations, the staff of the School of Nursing serve as an informational resource for students, faculty, other PLU offices, and members of the community. Students are welcome to visit the office during regular operating hours to conduct business, submit assignments and other papers, or to make appointments to meet with nursing administrators.

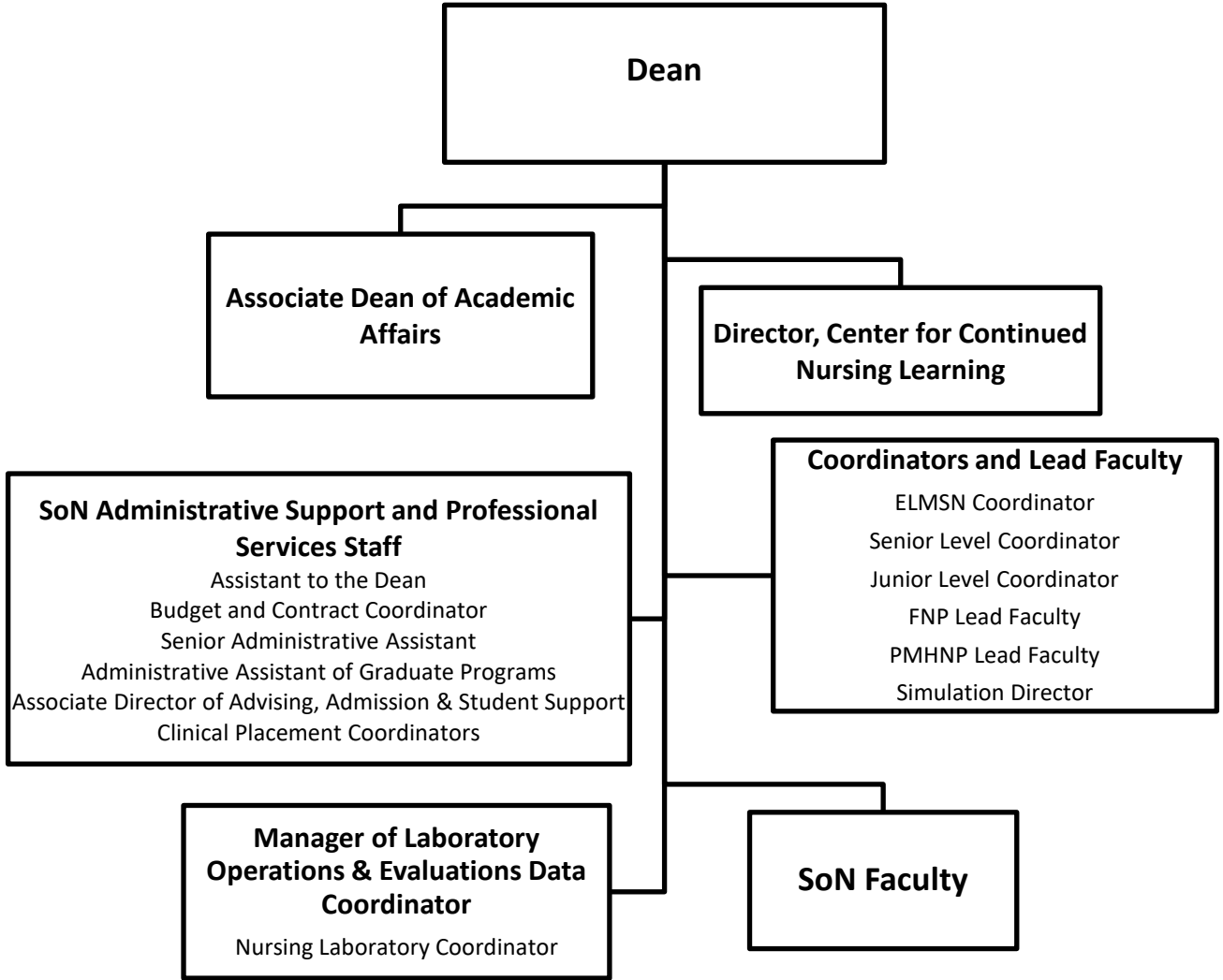
Since interaction with office personnel is as much a component of professional behavior as is performance in the clinical and classroom setting, students are expected to exhibit the same professionalism and courtesy when interacting with any member of the office staff as they would with members of the faculty, student colleagues, and other professionals. As professional office staff, each member is committed to delivering quality service.

In the interest of courtesy and privacy, students are not permitted to enter any individual administrative office without first being invited to do so and should check in with administrative staff. So that confidential information may remain secure, students may not enter the faculty mailroom, also located in the main offices.

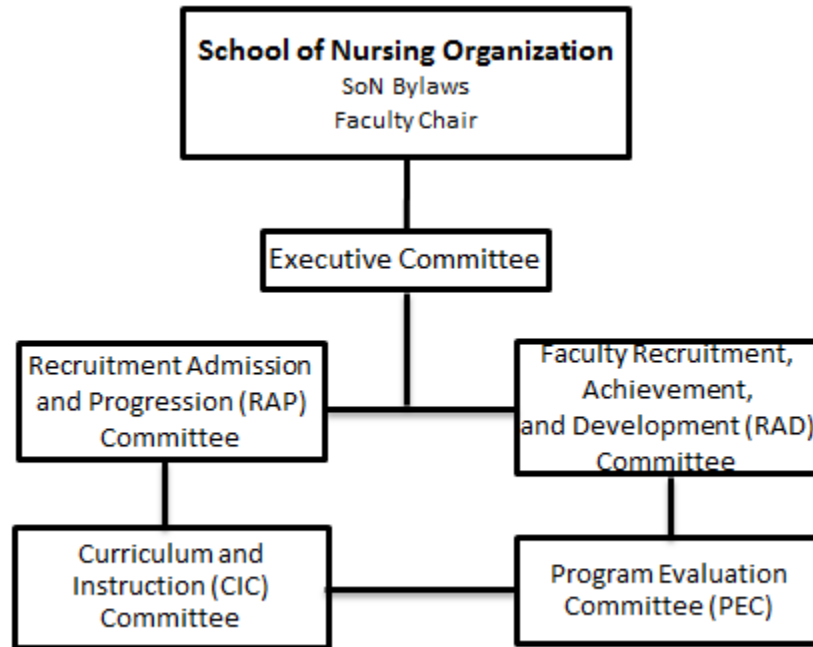
Contact Information for SoN Administrative Personnel is located on our website:

www.plu.edu/nursing/staff

School of Nursing Organization
SoN Organizational Chart



SoN Governance Chart



Communications

Appointments with Administration, Faculty and Staff

Students are welcome to make appointments with the Dean, Associate Dean of Academic Affairs, Associate Director Advisor, Admission, & Student Support, and Clinical Placement Coordinator as appropriate. Appointments with the Dean should be made through the Assistant to the Dean. Other appointments should be made through the main office.

Students also are welcome to make appointments with faculty and staff as appropriate. Students are encouraged to request appointments via email or the faculty's phone number. Please be aware that many of our faculty teach clinical courses or work in the clinical arena off campus, which may limit availability to meet on campus. Faculty are encouraged to post office hours outside their doors or through the School of Nursing office.

As nursing professionals, students are expected to keep and be on time for scheduled appointments, or, in the event of an emergency, to notify the office or faculty member in advance if scheduled appointments must be cancelled.

Change of Name, Address or Telephone Number

Students are responsible for notifying the School of Nursing and Student Services, and any other appropriate university offices of any changes in name, mailing address, email address, or telephone number in a timely manner. Students who do not keep these offices apprised of this information are still responsible for any information/correspondence sent to them at the last address on file. New identification cards and badges should be purchased accordingly.

Electronic Resources

All students are expected to activate and use the [PLU ePass account](#) and familiarize themselves with the systems provided for them by the university, including email, Sakai and BannerWeb. For assistance with electronic resources, students should contact the [Help Desk](#).

Email

Only official PLU e-mail addresses will be used for communication from the School of Nursing office and School of Nursing faculty and staff. Every student is given a PLU account upon official admission and enrollment at PLU. You can forward all your PLU messages to your preferred e-mail address if you have another e-mail account. Also, e-mail is the main vehicle used by the School of Nursing to provide students vital information about scholarships, announcements, class information, etc. and faculty as well as administrators frequently uses e-mail to communicate with students.

Sakai

[Sakai](#) is used for most courses to distribute course syllabi and announcements. It may also be used for distribution of course materials, assignments, individual and group communications, group discussion, and other communication and educational activities. Additional Sakai project sites may be created by the School of Nursing office or faculty as a way to contain and distribute information to large groups of nursing students. All students are expected to access Sakai regularly.

BannerWeb

[BannerWeb](#) is used for course registration, course schedules, unofficial transcripts, CAPP reports, and financial aid.

Mail Folders

Nursing student mail folders are in the foyer outside the main office. Nursing students are expected to check their mail folders regularly when they are on campus for classes. The folders are used to return course materials, communicate messages, share information regarding course scheduling and availability of scholarships, and to provide other relevant information. Any graded coursework or sensitive information will be placed in a sealed envelope (see FERPA Release below). Folders may also be used for peer to-peer-communication.

Bulletin Boards

School of Nursing bulletin boards located on landings and in corridors of the second and third floors of Ramstad may be used to distribute information to students.

Changes to Student Policies

Students are notified of changes to student policies through electronic notification via email, Sakai announcements, revisions to the electronic version of the Student Handbooks, and/or postings to the School of Nursing web pages. It is the student's responsibility to check these resources frequently for updates and revisions.

School of Nursing Curriculum

School of Nursing Conceptual Frameworks

The School of Nursing faculty fully embraces these concepts and further hold beliefs about nursing, persons, environment, and health which direct the development of programs and guide the educational process.

- Nursing is an intellectual discipline that is both an art and a science.
- Persons are individuals, families, and communities, and have inherent dignity and worth.
- Environment is integral to, and inseparable from person, consisting of both internal and external realms of influence.
- Health and wellbeing are defined by all persons within the constructs of the environment in which they live.

Operational Definitions for Conceptual Frameworks

Nursing

Nursing is an art, a humanistic science, and an intellectual discipline of informed caring (Swanson, 1993). Informed caring represents the essence of nursing by reflecting caring as a nurturing way of relating to others toward whom one has a professional commitment and by unifying the diverse knowledge, skills, and processes of nursing into an integrated whole. In the context of “informed caring for the well-being of others” (Swanson, 1993, p. 352), nursing exists as a profession that directs its diverse, integrated elements in a person-centered manner toward assisting person to achieve health, quality of life, well-being, and/or quality of death.

Person

Person represents the client—the central focus of informed caring—and may be an individual, family, community, population, or system. Person includes spiritual, cultural, social, psychological, and bio-physical dimensions. These dimensions are brought by person into any interaction. Person is not only at the center of care, but is also recognized “as the source of control and full partner in providing compassionate and coordinated care.”(QSEN, 2011).

Environment

Environment is local and global and includes, but is not limited to, physical, psychological, cultural, financial, regulatory, technological, and political elements. Environment directly affects a person’s health, health-related behaviors, and overall well-being. The nurse’s concept of environment provides the structure for understanding the impact of multidimensional external elements on person. To facilitate an environment that is conducive to optimum health, the nurse must understand how individual and family relationships, values and beliefs about one’s culture and resources available within the home and community shape environment as well as one’s actual physical living space. The culture of the practice environment—whether inpatient, outpatient, or in-home—is complex and creates the need for interprofessional collaboration and collaboration with person in order to optimize management of each person’s needs within a cost-

effective framework. Through the educational experience, it is essential for the nurse to grasp how the dynamic interaction of environmental factors affects health outcomes.

Health

The word “health” derives from the word “whole.” Health is reflective of the multidimensional nature of persons. The harmonious interconnectedness of the dimensions of person is necessary to achieve health and well-being. Health and well-being are defined by persons with those definitions being influenced by the constructs of the society and culture in which they live. All persons have the right to access health care and to participate fully in decisions affecting their health, quality of life, and/or quality of death. Persons have significant impact on their health through their life choices. Supporting the optimal health of persons includes disease prevention and promoting healthy lifestyle behaviors, regardless of clinical diagnosis.

Advocacy

A philosophical view in which nursing practice supports the well-being of persons through the promotion of self-advocacy as much as possible and through indirect advocacy by the nurse when required. As a patient advocate, a nurse provides services that support and/or empower the client to support quality of life, promotes patients’ rights, and ensures the person’s needs and preferences are the primary concern of health professionals. Being an advocate is a significant role for nurses in any setting. Nurse advocates take other leadership roles to educate, improve healthcare delivery, ensure safety and cost-effectiveness of care, have a voice in healthcare policy decisions, and promote nursing by maintaining a positive image of the profession.

Competency

Competency can have several meanings. A nurse who performs at an expected level is demonstrating competence. Competence can be described as the ability to act effectively using critical thinking, efficient problem-solving, and ethical decision-making. Competency can also reflect a measurable level of performance that integrates knowledge, psychomotor, communication, diagnostic and problem-solving skills in clinical practice. The ability to perform at an expected level is the responsibility of the individual nurse and can be achieved through the process of lifelong learning.

Evidence-Based Practice

A problem-solving approach that combines best evidence from current research, the clinician’s expertise, and the preferences of each person. As part of a leadership role, the nurse serves as a role model and mentor for staff making evidence-based decisions. Incorporating EBP into nursing care allows the nurse to take ownership of his or her practice by serving as a strong patient advocate and transforming health care through quality improvement.

Informed Caring

The result of applying empirical, aesthetic, ethical, and personal understanding to aspects of a given health interaction with the goals of fostering quality of life and well-being while maintaining belief in, knowing, and intervening on behalf of and enabling the person.

Interprofessional Teams

Healthcare teams include person, the nurse, and other healthcare professionals that cooperate, collaborate, communicate, and integrate care which ensures that healthcare delivery is high-quality, person-centered, continuous, and reliable. The nurse is an integral member of the interprofessional team which strives to establish collegial relationships aimed at improving patient health outcomes through shared respect and trust. The nurse has an awareness of the unique discipline-specific knowledge which can impact patient care. Communication among interprofessional teams includes collaborating to identify shared goals, communicating clear role expectations, and engaging in a flexible decision-making process through the establishment of open communication patterns and leadership.

Liberal Arts Education

Liberal arts education prepares students to understand the world better and to become a contributing member of society, whether local or global. Academic studies cover the arts, humanities, languages, social sciences, and physical sciences. It is this broader understanding of the human condition that is integrated into nursing practice.

Person-centered care

Health care that establishes a partnership among healthcare professionals and clients (or person) to ensure that decisions respect clients' wants, needs, and preferences and that clients have the education and support they need to make decisions and participate in self-care. It also means considering clients' cultural traditions, personal values, family situations, social circumstances and lifestyles. Four key attributes of person-centered care are: (1) "whole person" care, (2) coordination and communication, (3) client support and empowerment, and (4) ready access to healthcare services.

Nursing Informatics

Nursing informatics is a broad field where nursing science merges with technology to enhance the quality of nursing practice through improved communication and overall efficiency. Nurses utilize the concepts of information management to identify, collect, record, analyze, and disseminate data pertinent to safe, quality nursing care. The nurse in advanced practice may have responsibilities for education, research, project management from development through implementation, and systems testing and evaluation. These responsibilities serve to support nursing in direct and indirect care delivery as well as to support the health of people through information processing and communication.

Professional Service

Service is action performed for the benefit of another. Professional service involves specialized education, knowledge, judgment and skill; it is the nature of the action, rather than the person, that identifies service as professional. The nurse will exhibit compassion in all professional relationships and respect the dignity, worth and uniqueness of every person.

Professional Values

Nursing is a caring profession. The values associated with caring include, but are not limited to, compassion, empathy, altruism, integrity, respecting human dignity, and social justice. These core values inform practice and the actions of the nurse.

Quality improvement (QI)

QI is the continuous process of increasing the safety of healthcare delivery, improving the quality of healthcare services, and attaining desired health outcomes. From a clinical perspective, this means avoiding preventable injuries, reducing medical errors, improving practice flow, using evidence-based research in practice, and utilizing resources appropriately. From a systems perspective, this means creating an organizational climate where excellence is valued and practiced. Organizational commitments to quality can include policies, procedures, tools, systems, and performance measures that support a safe and high quality healthcare delivery system.

Transformational Leadership

Leadership is described as transformational when there is a positive change in thinking and movement toward a desired state through creating a vision, goal setting, encouragement and direction. A transformational leader shapes and fosters a unified purpose and continuous quality improvement through open, constructive communication; critical thinking; affirmation of others' beliefs and values; empowerment of individuals; and consistent demonstration of responsibility and accountability.

Ways of Knowing

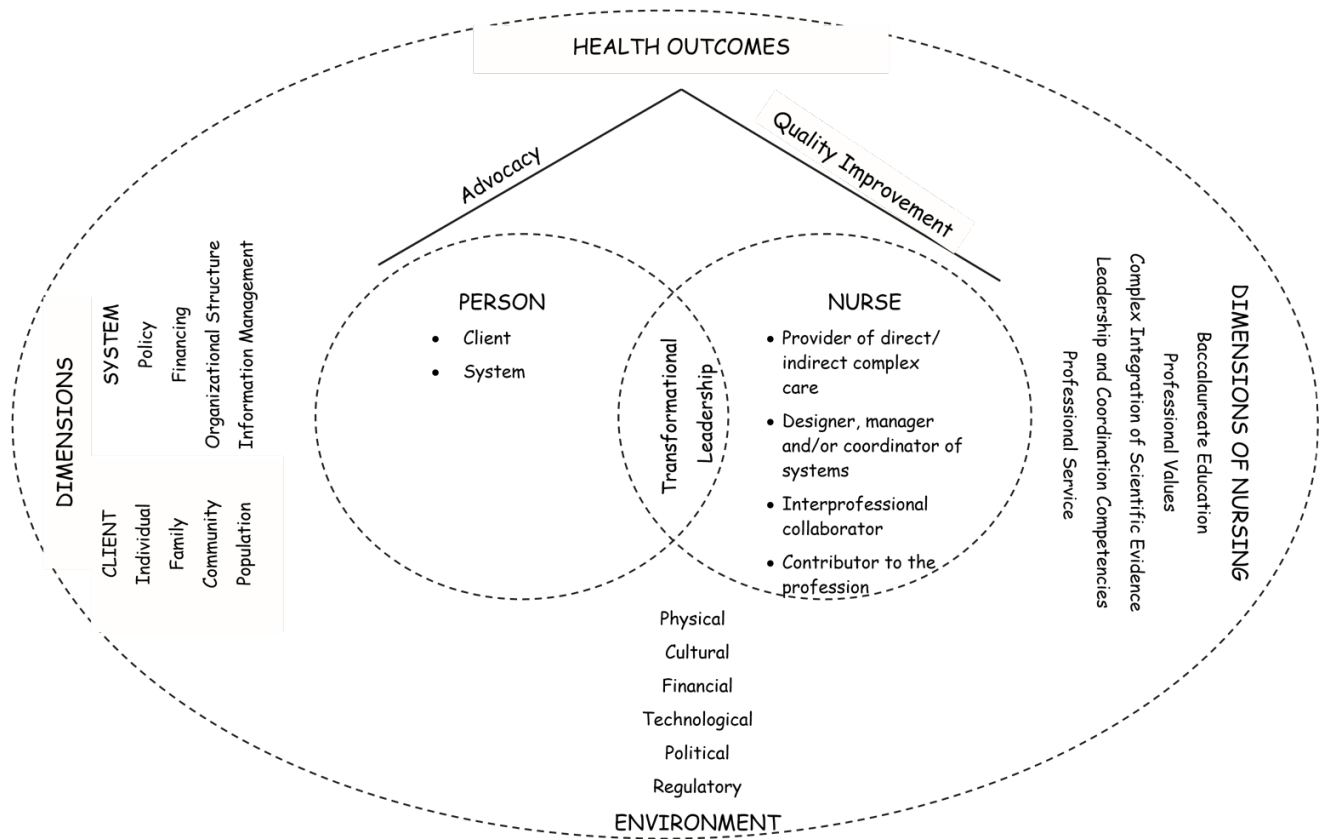
The body of knowledge that a nurse uses in nursing practice is derived from ways of thinking that have fundamental patterns. Understanding these patterns involves attention to what kind of knowing is of value to nursing. Carper (1978) identified four patterns within nursing knowledge:

- (1) ***Empirical knowing*** is concerned with the science of nursing and includes general laws and theoretical frameworks from nursing and related disciplines. The nurse draws from a broad knowledge base to use critical thinking for decision-making and relies on evidence to guide practice.
- (2) ***Aesthetic knowing*** is the art of nursing that is a fluid and dynamic approach to understanding and attaching meaning in a situation. Aesthetic knowing allows the nurse to perceive and empathize with the situations of persons, foster compassion, actively listen, and nurture. Nursing as an art is based on caring and respect for human dignity.

- (3) **Personal** knowing is concerned with interactions and relationships between nurse and person. Personal knowing is a way of employing “therapeutic use of self” by viewing the person as a human being, rather than an object or a diagnosis, and understanding the person in his world.
- (4) **Ethical** knowing is concerned with the “right action” within a situation and the moral obligations inherent in that situation. Ethical knowing goes beyond knowing the norms or ethical code of nursing by recognizing that all voluntary actions are subject to the judgment of right and wrong.

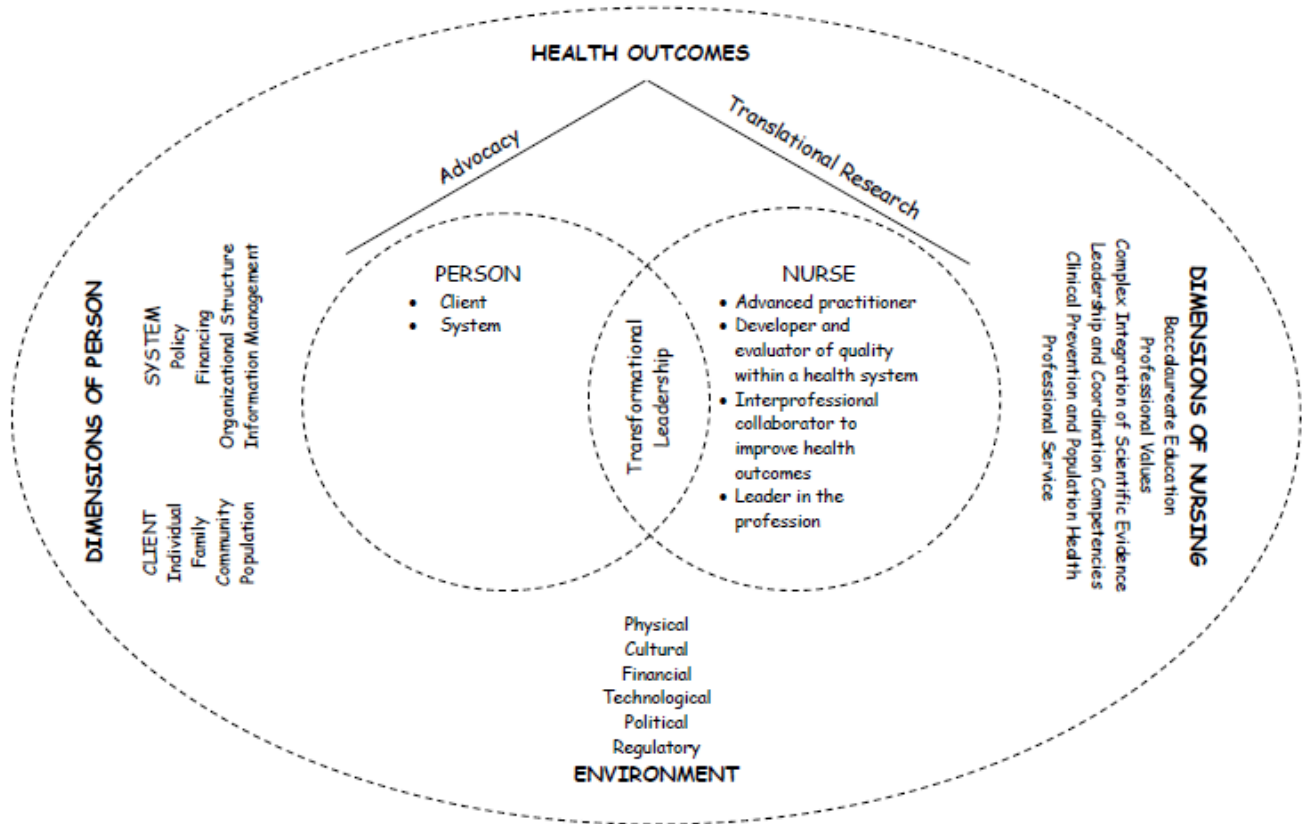
MSN Conceptual Framework

At the graduate level the nurse builds on the baccalaureate foundation by using higher level thinking and conceptualization skills to lead and implement systems change. Master’s-prepared nurses are prepared to lead change by using nursing and related sciences, research evidence, interprofessional collaboration, and informatics/healthcare technologies to design effective person-centered care. Master’s-prepared nurses use integration of scientific evidence in more complex ways to optimize health among persons, whether person represents an individual, family, community, population, or system (which includes the complex dimensions of policy, finance, organizational structure, and information management). The professional relationship between nurse and person is transformational leadership as the nurse interacts with person in four advanced professional roles: 1) Provider of direct/indirect complex care; 2) Designer, manager and/or coordinator of systems; 3) Interprofessional collaborator, and 4) Contributor to the profession. Transformational leadership involves advocating for, implementing, and evaluating change toward the goal of quality improvement by creating and promoting an environment in which person is challenged and supported in envisioning possibilities and transforming shared vision into reality. Through transformational leadership, the nurse values the contribution of each person to the delivery of care, motivates individual and system change by exemplifying behaviors which influence positive outcomes and develop intrinsic quality improvement. The nurse also contributes to a culture of advocacy and safety by establishing an environment of open communication.



Approved May 2012

DNP Conceptual Framework



approved by SNO 9/25/13

School of Nursing Program Outcomes

Master of Science in Nursing Program Outcomes

The PLU Master of Science in Nursing curriculum is based on the American Association of Colleges of Nursing [*Essentials of Master's Education in Nursing \(2011\)*](#) and equips nurses for roles within a complex health system. Master's education at PLU prepares nurses with the knowledge and skills to lead change, promote health, and elevate care, regardless of the setting.

1. Implement evidence-based practice, incorporating theory, models, and science to ensure safe, quality health care.
2. Integrate knowledge of technology, information systems, policy, organization, and financing into the improvement of health care delivery and health outcomes.
3. Demonstrate a commitment to ethical decision making, social justice, and advocacy for vulnerable and diverse populations.
4. Develop and use collaborative leadership and management strategies that foster safety and quality improvement throughout a healthcare system.
5. Advance the profession through collaboration, adherence to nursing standards and values, service, and commitment to lifelong learning.
6. Collaboratively design client-centered strategies for clinical prevention and health promotion.
7. Expand nursing expertise through the application of advanced pathophysiological, pharmacological, and assessment knowledge and skills.

Doctor of Nursing Practice Program Outcomes

The PLU Doctor of Nursing Practice (DNP) program is based on the American Association of Colleges of Nursing [*Essentials of Doctoral Education for Advanced Nursing Practice \(2006\)*](#) and prepares registered nurses to become Family Nurse Practitioners or, if an ARNP from another role or population focus, to advance their practice. Successful completion of the BSN or Non-ARNP MSN to DNP FNP program qualifies students to sit for national certifying examinations for Family Nurse Practitioner, making them eligible under Washington State law for Advanced Registered Nurse Practitioner (ARNP) licensure. All DNP graduates will be prepared to play a key role in providing strong, effective nursing leadership and ensuring the continued quality of patient care and evidence-based outcomes in our nation's health care system.

1. Integrate and actively use science-based theories and concepts in advanced nursing practice.
2. Develop and/or evaluate effective strategies for improvement in practice including risk assessment and quality care delivery approaches that meet current and future needs of patient populations.
3. Integrate and apply current research knowledge to solve complex practice situations while identifying strategies to continuously incorporate and communicate new knowledge.

4. Use information systems/technology to support and improve patient care and healthcare systems.
5. Assume leadership to design, implement, and advocate for health care policy that addresses issues of access, resource management, and equity in health care.
6. Effectively collaborate as a member and/or leader of an interprofessional or a multidisciplinary team to improve health outcomes.
7. Evaluate care delivery models and/or concepts to provide health promotion and risk reduction/illness prevention strategies.
8. Assume the role and distinct skills of the Doctor of Nursing Practice in an area of specialized nursing practice.

Sample Programs of Study

Entry Level Masters

Pre-Licensure		
Year 1		
Summer	NURS 220 Nursing Competencies I NURS 260 Professional Foundations I NURS 270 Health Assessment and Promotion NURS 280 Human Pathological Processes	4 Credits 4 Credits 4 Credits 4 Credits
Fall	NURS 320 Nursing Competencies II NURS 330 Pharmacology and Therapeutic Modalities NURS 340 Situations with Individuals: Adult Health I NURS 350 Situations with Individuals: Mental Health NURS 375 Nursing Research	2 Credits 4 Credits 4 Credits 4 Credits 2 Credits
J-Term	NURS 380 Situations with Families: Childrearing (Peds)	4 Credits
Spring	NURS 370 Situations with Families: Childbearing (OB) NURS 430 Situations with Communities NURS 440 Situations with Individuals: Adult Health II NURS 441 Situations Seminar	4 Credits 5 Credits 4 Credits 1 Credit
Year 2		
Summer	NURS 499 Nursing Synthesis	6 Credits
MSN Core		
Fall	NURS 523 Role of the Advanced Practice Nurse NURS 525 Theoretical Foundations NURS 544 Advanced Nursing Management of Illness and Disease NURS 534 Informatics & Nursing Healthcare	2 Credits 3 Credits 4 Credits 2 Credits
J-Term	NURS 541 Advanced Health Assessment & Health Promotion	3 Credits

Spring	NURS 527 Evaluations and Outcomes Research NURS 526 Leadership and Management NURS 531 Care and Outcomes Manager I NURS 542 Advanced Pathophysiology & Pharmacology for Nursing Practice	3 Credits 3 Credits 3 Credits 3 Credits
Year 3		
Summer	NURS 530 Resource Management NURS 596 Scholarly Inquiry	3 Credits 2 Credits

Total Credits Pre-Licensure 56 Credits

Total Credits MSN Core 31 Credits

MSN Care and Outcomes Manager

Year 1		
Summer	NURS 580 Advanced Pathophysiology	3 Credits
Fall	NURS 523 Role of the Advanced Practice Nurse NURS 525 Theoretical Foundations NURS 526 Leadership and Management	3 Credits 3 Credits 3 Credits
J-Term	NURS 524 Advanced Health Promotion NURS 540 Illness and Disease Management	2 Credits 2 Credits
Spring	NURS 527 Evaluations and Outcomes Research NURS 530 Resource Management NURS 531 Care and Outcomes Manager Practicum 1	3 Credits 3 Credits 3 Credits
Year 2		
Summer	NURS 532 Care and Outcomes Manager Practicum 2 NURS 596 Scholarly Inquiry	6 Credits 2 Credits

Total Credits 33

BSN to DNP Full-Time – Family Nurse Practitioner

Year 1		
Summer	NURS 700 Advanced Practice Roles	3 Credits
	NURS 701 Theoretical Foundations	2 Credits
	NURS 702 Information Systems and Patient Care Technology	3 Credits
Fall	NURS 703 Organizational and Systems Leadership	3 Credits
	NURS 720 Analytical Methods	3 Credits
	NURS 721 Epidemiology and Biostatistics	3 Credits
J-Term	NURS 704 Policy and Politics	3 Credits
Spring	NURS 730 Advanced Pathophysiology	3 Credits
	NURS 731 Advanced Pharmacotherapeutics	3 Credits
	NURS 743 Evaluation and Outcomes Research	3 Credits
Year 2		
Summer	NURS 732 Advanced Physical Assessment	4 Credits
	NURS 733 Advanced Health Promotion	2 Credits
Fall	NURS 770 Primary Care Procedures	3 Credits
	NURS 771 Psych for Primary Care	2 Credits
	NURS 772 Family Nurse Practitioner I – 120 hrs clinical	5 Credits
J-Term	NURS 705 Resource Management	3 Credits
Spring	NURS 773 Family Nurse Practitioner II – 120 hrs clinical	5 Credits
	NURS 790 Translating Research	3 Credits
	NURS 791 Proposal Seminar – 60 hrs clinical	1 Credit
Year 3		
Summer	NURS 774 Women and Children – 120 hrs clinical	4 Credits
	NURS 792 DNP Scholarly Project I – 120 hrs clinical	2 Credits
Fall	NURS 775 Family Nurse Practitioner III – 120 hrs clinical	5 Credits
	NURS 793 DNP Scholarly Project II – 120 hrs clinical	2 Credits
J-Term	NURS 794 DNP Scholarly Project III – 120 hrs clinical	2 Credits
Spring	NURS 776 Family Nurse Practitioner IV – 120 hrs clinical	4 Credits
	NURS 795 Transition to DNP Practice	1 Credit
	NURS 799 DNP Scholarly Project IV – 60 hrs clinical	3 Credits

Total Credits 80
Total post-BSN clinical hrs: 1080
Total FNP clinical hrs: 600

BSN – DNP Part-Time – Family Nurse Practitioner

Year 1		
Summer	NURS 700 Advanced Practice Roles NURS 702 Information Systems and Patient Care Technology	3 Credits 3 Credits
Fall	NURS 720 Analytical Methods NURS 721 Epidemiology and Biostatistics	3 Credits 3 Credits
J-Term	NURS 704 Policy and Politics	3 Credits
Spring	NURS 743 Evaluation and Outcomes Research	3 Credits
Year 2		
Summer	NURS 701 Theoretical Foundations	2 Credits
Fall	NURS 703 Organizational and Systems Leadership	3 Credits
J-Term	NURS 705 Resource Management	3 Credits
Spring	NURS 730 Advanced Pathophysiology NURS 731 Advanced Pharmacotherapeutics	3 Credits 3 Credits
Year 3		
Summer	NURS 732 Advanced Physical Assessment NURS 733 Advanced Health Promotion	4 Credits 2 Credits
Fall	NURS 770 Primary Care Procedures NURS 771 Psych for Primary Care NURS 772 Family Nurse Practitioner I – 120 hrs clinical	3 Credits 2 Credits 5 Credits
J-Term	International/ Global Elective	
Spring	NURS 773 Family Nurse Practitioner II – 120 hrs clinical NURS 790 Translating Research NURS 791 Proposal Seminar – 60 hrs clinical	5 Credits 3 Credits 1 Credit
Year 4		
Summer	NURS 774 Women and Children – 120 hrs clinical NURS 792 DNP Scholarly Project I – 120 hrs clinical	4 Credits 2 Credits
Fall	NURS 775 Family Nurse Practitioner III – 120 hrs clinical NURS 793 DNP Scholarly Project II – 120 hrs clinical	5 Credits 2 Credits
J-Term	NURS 794 DNP Scholarly Project III – 120 hrs clinical	2 Credits
Spring	NURS 776 Family Nurse Practitioner IV – 120 hrs clinical NURS 795 Transition to DNP Practice NURS 799 DNP Scholarly Project IV – 60 hrs clinical	4 Credits 1 Credit 3 Credits

Total Credits 80
Total post-BSN clinical hrs: 1080
Total FNP clinical hrs: 600

BSN to DNP Full-Time – Psychiatric Mental Health Nurse Practitioner (PMHNP)

Year 1		
Summer	NURS 700 Advanced Practice Roles	3 Credits
	NURS 701 Theoretical Foundations	2 Credits
	NURS 702 Information Systems and Patient Care Technology	3 Credits
Fall	NURS 703 Organizational and Systems Leadership	3 Credits
	NURS 720 Analytical Methods	3 Credits
	NURS 721 Epidemiology and Biostatistics	3 Credits
J-Term	NURS 704 Policy and Politics	3 Credits
Spring	NURS 730 Advanced Pathophysiology	3 Credits
	NURS 731 Advanced Pharmacotherapeutics	3 Credits
	NURS 743 Evaluation and Outcomes Research	3 Credits
Year 2		
Summer	NURS 732 Advanced Physical Assessment	4 Credits
	NURS 733 Advanced Health Promotion	2 Credits
Fall	NURS 651 Psychopharmacology Across the Lifespan	3 Credits
	NURS 652 Management of Substance-Related and Addictive Disorders	2 Credits
	NURS 653 PMHNP I – 180 hrs clinical	7 Credits
J-Term	NURS 705 Resource Management	3 Credits
Spring	NURS 654 PMHNP II – 180 hrs clinical	5 Credits
	NURS 790 Translating Research	3 Credits
	NURS 791 Proposal Seminar – 60 hrs clinical	1 Credit
Year 3		
Summer	NURS 655 PMHNP III – 120 hrs clinical	5 Credits
	NURS 792 DNP Scholarly Project I – 120 hrs clinical	2 Credits
Fall	NURS 656 PMHNP IV – 120 hrs clinical	5 Credits
	NURS 712 Trauma Informed Care	3 Credits
	NURS 750 Primary Care for Psych Mental Health	2 Credits
	NURS 793 DNP Scholarly Project II – 120 hrs clinical	2 Credits
J-Term	NURS 794 DNP Scholarly Project III – 120 hrs clinical	2 Credits
Spring	NURS 657 PMHNP Capstone – 180 hrs clinical	4 Credits
	NURS 795 Transition to DNP Practice	1 Credit
	NURS 799 DNP Scholarly Project IV – 60 hrs clinical	3 Credits

Total Credits 90
Total post-BSN clinical hrs: 1260
Total PMHNP clinical hrs: 780

BSN – DNP Part-Time – Psychiatric Mental Health Nurse Practitioner (PMHNP)

Year 1		
Summer	NURS 700 Advanced Practice Roles NURS 702 Information Systems and Patient Care Technology	3 Credits 3 Credits
Fall	NURS 720 Analytical Methods NURS 721 Epidemiology and Biostatistics	3 Credits 3 Credits
J-Term	NURS 704 Policy and Politics	3 Credits
Spring	NURS 743 Evaluation and Outcomes Research	3 Credits
Year 2		
Summer	NURS 701 Theoretical Foundations	2 Credits
Fall	NURS 703 Organizational and Systems Leadership	3 Credits
J-Term	NURS 705 Resource Management	3 Credits
Spring	NURS 730 Advanced Pathophysiology NURS 731 Advanced Pharmacotherapeutics	3 Credits 3 Credits
Year 3		
Summer	NURS 732 Advanced Physical Assessment NURS 733 Advanced Health Promotion	4 Credits 2 Credits
Fall	NURS 651 Psychopharmacology Across the Lifespan NURS 652 Management of Substance-Related and Addictive Disorders NURS 653 PMHNP – 180 hrs clinical	3 Credits 2 Credits 7 Credits
J-Term	International/ Global Elective	
Spring	NURS 654 PMHNP II – 180 hrs clinical NURS 790 Translating Research NURS 791 Proposal Seminar – 60 hrs clinical	7 Credits 3 Credits 1 Credit
Year 4		
Summer	NURS 655 PMHNP III – 120 clinical hours NURS 792 DNP Scholarly Project I – 120 hrs clinical	5 Credits 2 Credits
Fall	NURS 656 PMHNP IV – 120 hrs clinical NURS 712 Trauma Informed Care NURS 750 Primary Care for Psych Mental Health NURS 793 DNP Scholarly Project II – 120 hrs clinical	5 Credits 3 Credits 2 Credits 2 Credits
J-Term	NURS 794 DNP Scholarly Project III – 120 hrs clinical	2 Credits
Spring	NURS 657 PMHNP Capstone NURS 795 Transition to DNP Practice NURS 799 DNP Scholarly Project IV – 60 hrs clinical	4 Credits 1 Credit 3 Credits

Total Credits 90
Total post-BSN clinical hrs: 1260
Total FNP clinical hrs: 780

MSN – DNP Non-ARNP

Year 1		
Summer	None	
Fall	NURS 720 Analytical Methods (Research I) NURS 721 Epidemiology and Biostatistics	3 Credits 3 Credits
J-Term	NURS 705 Clinical Resource Management	3 Credits
Spring	NURS 730 Advanced Pathophysiology NURS 731 Advanced Pharmacotherapeutics	3 Credits 3 Credits
Year 2		
Summer	NURS 702 Information Systems and Patient Care Technology NURS 732 Advanced Physical Assessment NURS 733 Advanced Health Promotion	3 Credits 4 Credits 2 Credits
Fall	NURS 770 Primary Care Procedures and Diagnostics NURS 772 FNP I: Diagnosis and Management of Common Episodic and/or Stable Chronic Illnesses – 120 hrs clinical	3 Credits 5 Credits
J-Term	NURS 704 Policy and Politics: Implications for Health Care	3 Credits
Spring	NURS 790 Translating Research NURS 791 Proposal Seminar – 60 hrs practicum NURS 773 FNP II: Diagnosis and Management of Acute and Complex Health Problems – 120 hrs clinical	3 Credits 1 Credit 5 Credits
Year 3		
Summer	NURS 792 DNP Scholarly Project I – 120 hrs practicum NURS 774 Women and Children in Primary Care – 120 hrs clinical	2 Credits 4 Credits
Fall	NURS 771 Psych for Primary Care NURS 793 DNP Scholarly Project II – 120 hrs practicum NURS 775 DNP III: Diagnosis and Management of Chronic and Complex Health Problems – 120 clinical hours	2 Credits 2 Credits 5 Credits
J-Term	NURS 794 DNP Scholarly Project III – 120 hrs practicum	2 Credits
Spring	NURS 799 DNP Scholarly Project IV NURS 795 Transition to DNP Practice NURS 776 FNP 4: Diagnosis and Management of Complex Comorbid Patients – 120 hrs clinical	3 Credits 1 Credit 4 Credits

Total Credits 69

Post ARNP – DNP

Year 1		
Summer	NURS 702 Information Systems and Patient Care Technology	3 Credits
Fall	NURS 720 Analytical Methods (Research I) NURS 721 Epidemiology and Biostatistics	3 Credits 3 Credits
J-Term	NURS 704 Policy and Politics: Implications for Health Care NURS 705 Clinical Resource Management	3 Credits 3 Credits
Spring	NURS 790 Translating Research NURS 791 Proposal Seminar – 60 hrs practicum	3 Credits 1 Credit
Year 2		
Summer	NURS 792 DNP Scholarly Project I – 120 hrs practicum	2 Credits
Fall	NURS 793 DNP Scholarly Project II – 120 hrs practicum	2 Credits
J-Term	NURS 794 DNP Scholarly Project III – 120 hrs practicum	2 Credits
Spring	NURS 799 DNP Scholarly Project IV NURS 795 Transition to DNP Practice	3 Credits 1 Credit

Total Credits 29

* Already ARNP Prepared

Student Governance/Organizations

Student Participation in School of Nursing Governance

Student input is a very important piece to governing the School of Nursing and creating effective change. We encourage and welcome input from students about courses, faculty, and activities in the School of Nursing. One mechanism in place to facilitate this process is participation on relevant committees. Another is in the selection of new tenure-track faculty and evaluation of faculty.

Recruitment Admission and Progression (RAP) Committee

This committee oversees recruitment of future students, reviews student applications, reviews student issues and petitions, implements policies and procedures that pertain to recruitment, admissions, and progression within the School of Nursing, and oversees the recognition ceremonies. One undergraduate and one graduate student sits on the committee. As student positions become available, the School invites interested students to volunteer. Appropriate nursing faculty choose the student representatives.

Curriculum, Instruction, and Evaluation (CIC) Committee

This committee oversees all curriculum, instruction, and evaluation policies, procedures, revisions, and issues within the School of Nursing. Three students sit on the CIC committee, 1 undergraduate student, 1 ELM student, and 1 MSN/DNP student. As student positions become available, the School invites interested students to volunteer. Appropriate nursing faculty choose the student representatives.

Program Evaluation (PEC) Committee

This committee facilitates the development, maintenance, and implementation of School of Nursing evaluation/assessment and improvement activities and processes. One ELMSN/DNP student sits on the committee. As student positions become available, the School invites interested students to volunteer. Appropriate nursing faculty choose the student representative.

Student Advisory Councils

Dean's Student Advisory Councils have been developed to foster open communications, participation, and productive engagement in continuous improvement processes. Members of the Student Advisory Councils serve as representatives of their respective cohorts and bring input and perspectives from their student peers to share with one another and with the Dean. The Dean meets regularly with the Student Advisory Councils throughout the academic year.

Graduate Student Advisory Council

The Graduate Student Advisory Council is comprised of members of the ELMSN, MSN, and DNP programs. Membership is by appointment of the dean and continues through the student's program of study. Meetings are twice each semester during the fall and spring terms and once during the summer session.

Student/Faculty Assemblies

Student open forums are held once or twice annually and are organized as open conversations with the School of Nursing Dean. The forums provide an additional mechanism for student input into program planning and continuous quality improvement. All nursing students are welcome and encouraged to attend.

Student Participation in Program Evaluation

Student Evaluation of Courses and Faculty

Student evaluations of courses and teaching performance are secured at least once for each course every semester and are one element of faculty evaluation, along with faculty self-evaluation and the Dean's evaluations of faculty. Faculty members are reviewed for promotion and/or tenure (permanent retention) by the PLU Rank and Tenure Committee according to the schedule established by the university. Names of faculty being reviewed are published. The PLU Rank and Tenure Committee solicits recommendations from faculty. However, additional recommendations may be submitted by any student or faculty member. The Rank and Tenure Committee evaluates all submitted information when making recommendations to the president for promotion and/or tenure.

End-of-Program Student Surveys and Meetings

End-of Program Surveys are administered to graduating students from each of the BSN, MSN, and DNP degree programs during finals week. In addition, the graduating classes are scheduled for a group exit interview with the Dean, for purposes of program evaluation and continuous improvement.

Student Participation in Faculty Recruitment

Students may participate, on an informal basis, in interviews with applicants for faculty positions. Notice of visits by applicants may be extended in class or posted on the official bulletin board. Students interested in participating in summer interviews, if any, should notify the Dean's assistant of their interest and willingness to be contacted.

Student Organizations and Organizations of Student Interest

Associated Students of PLU

The Associated Students of PLU ([ASPLU](#)) serves as the representative voice of students in promoting excellence in all aspects of PLU life. It provides for active participation by all students through its committee structure. Nursing students are encouraged to participate in the university-wide student governance by becoming involved in the many ASPLU committees and activities.

Delta Iota Chi

[Delta Iota Chi](#) is PLU's Nursing Service Club and constituency school for the National Student Nurses Association. Their mission is to promote and encourage leadership through networking, community service and advocacy. Students can also hold membership in the [Nursing Students of Washington State](#) (NSWS) and the [National Student Nurses' Association](#) (NSNA). Membership in these organizations is voluntary and helps prepare nursing students to assume the roles and responsibilities of the professional nurse and offers networking avenues and opportunities for professional service. All PLU nursing students are eligible to become members of Delta Iota Chi, NSWS and NSNA.

Sigma Theta Tau Psi Chapter-at-Large International Nursing Honor Society

In 1922, six nursing students at Indiana University founded [Sigma Theta Tau](#), the honor society of nursing, to (1) encourage continuing superior scholarship and leadership among nurses and (2) provide a

mechanism for recognition of nurses who achieved a high level of scholarship or demonstrated leadership in nursing. Today, Sigma Theta Tau is an international society composed of more than 300 chapters. It includes those in Canada, Korea, and Taiwan and has over 150,000 members.

The name Sigma Theta Tau comes from the Greek letters Storga, Tharos, and Tima meaning Love, Courage, and Honor. The purposes of the society are to:

- recognize superior achievement
- encourage leadership development
- foster high nursing standards
- stimulate creative work
- strengthen the commitment to the ideals of the profession

The PLU Nursing Honor Society recognizes students who demonstrate outstanding scholarly achievement and professional promise. The PLU School of Nursing participates in [Psi Chapter-at-Large of Sigma Theta Tau](#), along with Seattle Pacific University and the University of Washington.

All graduate nursing students in good standing are considered for Sigma Theta Tau membership. Eligible graduate students must:

1. have successfully completed one quarter (25%) of the graduate nursing program;
2. have a cumulative GPA of 3.5 or higher; and
3. meet the expectation of academic integrity

Nominations are processed by Sigma Theta Tau in **January** of each year.

School of Nursing Orientation & Ceremonies

School of Nursing Orientation

An orientation session is held prior to the beginning of nursing coursework. The orientation session provides an opportunity for students to meet faculty, staff, administrators, and fellow classmates, as well as to learn specific School of Nursing policies, procedures and requirements. Since information vital to integration to the program is discussed during this time, all students are expected to attend the orientation session.

Opening Convocation

Each academic year formally begins with the University Convocation, held the first day of each fall semester. Steeped in rich tradition, the ceremony is designed to welcome new students and faculty-as well as to recognize new appointments, achievements and honors earned by both faculty and students. Classes are suspended during the ceremony. All students and faculty are highly encouraged to participate in opening ceremony events.

School of Nursing Recognition Ceremony

The Recognition Ceremony, which includes presentation of school pins along with other awards and recognition, is held for the graduating nursing students. The ceremony is planned by the School of Nursing and the graduating students and represents a long-standing tradition of schools of nursing. Participation in the Pinning/Recognition ceremony is limited to students who are graduating from one of the PLU School of Nursing degree programs.

Students are expected to adhere to all professional conduct and values of professional nursing and essential qualification standards as outlined in the student handbook during the planning and participation of the ceremony. Students who violate these standards may not be granted admittance to the ceremony or may be escorted from the ceremony. Students may also incur a deduction of professionalism points from their senior II level courses for breaches of professionalism during this School of Nursing Event.

Commencement

The university holds a formal commencement ceremony in May. Although nursing students are also recognized during the School of Nursing's Recognition Ceremonies, the School highly encourages the participation of nursing students in the university's commencement ceremony. See [PLU's Office of the Registrar Graduation Information](#) for applicable requirements, policies, and information.

Student Awards, Scholarships, and Fellowships

Students may apply for Nursing-specific scholarships on an annual basis. Undergraduate and graduate students are emailed an application form during Spring Semester each year and must comply with the due dates assigned. All applicants will be considered by the Recruitment, Admission, and Progression (RAP) Committee for any scholarship for which the student qualifies. Scholarships available for award by the School of Nursing vary each year in criteria and amount. Many students apply each year; meeting the criteria for a scholarship does not guarantee an award. Students are notified of scholarship awards through the PLU Financial Aid Office.

The Jessie Alice Gould Smith Masters in Nursing Excellence Award is given to a graduating Master of Science in Nursing student who demonstrates excellence in nursing leadership, practice, service, and scholarship that promotes transformational leadership within complex health systems. The Maria Fulton Gould Doctor of Nursing Practice Excellence Award is awarded to a graduating Doctor of Nursing Practice student who demonstrates exemplary accomplishments as an advance-prepared practitioner-scholar, dedicated to highest quality health outcomes and effective nursing leadership in our nation's healthcare system. The awards are provided through the generous support of the Carlson family in recognition of their mother and her strong values in support of baccalaureate nursing education, Mrs. Ruth Carlson.

School of Nursing and PLU Resources

Faculty Advisor

The School of Nursing is committed to the successful progression of its students, not only through the nursing curriculum, but through the university's academic program as well. An important part of this commitment is the assignment of a nursing faculty advisor. Upon entrance to the School of Nursing, all nursing students are assigned an academic advisor from the nursing faculty. Student contact with the advisor early in the academic career can be highly instrumental in students' future success. Students are expected to confer with their advisor each semester to review their progress in the university and nursing curricula. Students are expected to respond to the advisor's request for conferences. Advisors are available during posted office hours or by special appointment. Please see section [Academic Advising](#) within this Student Handbook for more information.

School of Nursing Learning Laboratories

The School of Nursing maintains a nursing skills lab, a simulation lab, a computer laboratory, and a health assessment lab.

Students are scheduled for specific laboratory times to practice those skills taught in the curriculum. Open laboratory times are also available for individual practice and study. Skill acquisition requires hands-on practice and students are expected to use these times to achieve skill competency. Additionally, some lab supplies may be checked out to students for use related to a nursing course. To check out models or supplies, students will need to contact the lab coordinator. Information about courses, events, open labs, and coordinator contact information is available on the Learning Laboratory bulletin board.

Food and drinks are not allowed in any of the laboratories. When practicing in the skills lab and simulation lab it is expected all students will wear a scrub top, closed toed shoes, and have their hair away from their face unless otherwise instructed. It is encouraged that all students, when practicing in the labs, practice as if they were in a real clinical situation. When students are done working in the labs, be sure that tables, chairs, and beds are straightened and supplies and equipment are returned to their designated places for re-use or recycling.

Please be advised that a Learning Resources Center fee is charged each semester during the nursing program for purchase and maintenance of equipment, materials, supplies, computer materials, software as well as pay for standardized testing and clinical consortium fees. The fees are paid with tuition following registration for specific courses in a manner which ensures that only one fee is charged per semester.

University Services

Pacific Lutheran University challenges students to succeed to the best of their ability academically, provides them support to reach their academic and personal goals, and prepares them for a lifetime of success, both in their careers and in service to others. There are a wide variety of services available on campus to foster student success.

Academic Advising

[Academic Advising](#) is located in Mortvedt Library. Academic Advisors at PLU are committed to assisting students as they discover and define their educational, personal, and emergent life goals.

Academic Assistance

[Academic Assistance](#) is located in Mortvedt Library, Room 124. This office provides one-on-one peer tutoring, drop-in labs, group study sessions, language tables, and a variety of student success workshops. Call 253-535-7518 to schedule a tutoring appointment.

Career Connections

[Career Connections](#) is located in Nesvig Alumni Center. The Career Connections office offers a variety of services and resources for first year college students choosing their major to seniors needing help writing a resume and beginning their job search. Check out the web site for more information about career assessments, career counseling, job search skills, career fairs, and more.

Community Service and Engagement

[Center for Community Engagement and Service](#) is located in Nesvig Alumni Center. The center is here to help you get connected to the community! The Center for Community Engagement and Service coordinates and encourages initiatives for service and involvement at PLU.

Disability Support Services

[Disability Support Services](#) is located in the Lee House. The DSS Office provides classroom accommodations to students with documented disabilities. Please visit our web page for additional information.

On-Campus Employment

[Student Employment](#) is located in Nesvig Alumni Center. Whether you are seeking an on-campus, off-campus, or state work study job, this office can assist you in finding opportunities. Jobs are posted on the Student Employment web site.

Library

The [Mortvedt Library](#) Services website is your portal to the PLU library collection. You can search our library catalog, online databases, indexes, and encyclopedias, and access most of our periodical collection online. Other library services include: Inter-Library Loan, Computer labs, Study rooms, The Writing Center, and Help Desk

Writing Center

The Writing Center can assist you in writing your papers by developing an outline, revising drafts, and demonstrating academic integrity. Students are expected to make use of the writing center independently and pro-actively, as needed to improve writing skills at all levels.

Help Desk

The Help Desk can assist you with your laptop computer. PLU provides free antivirus software for all students (www.plu.edu/anti-virus). All computers on campus must have functional antivirus software before a computer can be connected to the network.

Financial Aid & Student Services

The [Student Services Center](#) is a centralized location that simplifies the already complicated lives of students by providing services for three frequented offices on campus: [Office of Financial Aid](#), [Registrar's Office](#), and [Student Accounts](#). The Center focuses on assisting and empowering students with their academic process through registration, financial assistance, account financing, and [Veteran's assistance](#).

Military & Veteran's Services

PLU stands ready to welcome military vets with a complete veterans support cadre including a Director of Military Outreach, VA Certifying Officials, Vet Corps Navigators and more.

Veteran Services at PLU begins with the Director of Military Outreach (DMO.) The DMO supports military affiliated students so they can focus on their academics by working with and finding resources within community resources and military transition authorities. Students eligible to receive VA benefits, must contact the VA Certifying Officials in the Student Services Center and submit the necessary paperwork for certification. The student must turn in the PLU Certification request form each term to insure continuous receipt of benefits. PLU also has a Washington State Department of Veterans Affairs and AmeriCorps trained Vet Corps Navigator. The Navigator's job is to help connect students with supportive opportunities, resources, and people both on and off campus. This navigator is also a veteran of the military and a veteran of the higher education system making them uniquely qualified to assist newly transitioning veterans and their family members as they embark on their new adventure at PLU. For military and veteran's resources on campus, please contact Mike Farnum at mike.farnum@plu.edu.

Bookstore

The [Garfield Book Company](#) is PLU's online textbook resource. PLU Lute gear and general supplies are sold at the Lute Locker, a pop-up store on the first floor of the Anderson University Center.

Student Life

[Student Life](#) provides opportunities for experiential learning, leadership and service; programs that support students physically, emotionally, ethically and intellectually; and programs that are just for fun.

Counseling Center

All of us at PLU recognize that college presents a wide range of challenges. College is a time for personal growth, learning, and self-knowledge, but it isn't always easy. Some students need a place to develop coping skills for social, academic, and personal growth. Other students face more complex problems like anxiety, depression, and similar concerns.

The team of licensed psychologists and mental health counselors at the [Counseling Center](#) are well prepared to help you make the most of your educational experience. All services are provided at no charge for students who are attending classes.

The PLU Counseling Center is located on the third floor of the Loren and MaryAnn Anderson University Center. Contact: 253-535-7206 or councen@plu.edu

Student Health Services

The [Health Center](#) offers health care to PLU students (regardless of insurance), including illness and injury care and physicals. Many services are offered at no cost. Medical health insurance is strongly recommended for all graduate students, though not required. The university does not provide medical insurance for graduate students. During the academic year, the Health Center is open Monday through Friday 8:00 am to 5:00 pm, closed daily from 12:00 noon to 1:00 pm or lunch. Contact: 253-535-7337 or health@plu.edu

Fitness Services

Fitness facilities, such as the pool, Names Fitness Center, Olson and Memorial gyms, outdoor tennis courts and track are available for everyone's use and are administered by the [Department of Athletics](#).

Wang Center for Global Education

The Wang Center for Global Education coordinates university study-away programs and provides support to the university's internationally-focused academic programs. Students interested in study-away opportunities are encouraged to explore the Wang Center website and informational resources.

Campus Ministry

[Campus Ministry](#) provides opportunities and a safe place for the PLU community to explore issues of faith and spirituality through campus activities and individual counseling.

Campus Safety

The [Campus Safety](#) department is privately run by the University, utilizing professional staff as well as 60-70 student employees. The purpose of the Campus Safety office is to provide an effective operating force of trained personnel to protect the university and its community from fire, theft, intrusion and other unlawful acts that disturb the peace or which place life and property in jeopardy. The Director of Campus Safety, Tara Simmelink brings valuable knowledge from her time with the Pierce County Sheriff's Department.

Diversity Center / Center for Gender Equity

The goal of the [PLU Diversity Center](#) is to be an inclusive and inviting space for students to congregate and enjoy community. The Diversity Center has weekly and monthly activities that provide unique opportunities to learn about and socialize with other cultures. Likewise, the [Center for Gender Equity](#) promotes gender equity by providing resources and programs that empower women and men to work for justice and social change.

Title IX Resources

Students of the School of Nursing are encouraged to utilize the university's [Title IX resources](#) as set out in the university's [Title IX Policy](#) and the [Sexual Misconduct Policy](#) if presented with a situation where they may have experienced discrimination on the basis of gender. Additional information about this topic is found in the following sections of this Handbook: [Intimate & Sexual Relationships](#), [Sexual Misconduct](#), and [Pregnancy](#).

Professional Conduct and Values of the Nursing Profession

Nursing is consistently rated as one of the most trusted professions based on honesty and ethical standards. The nursing profession is governed by a Code of Ethics and a core set of values to which faculty and students are held. Professional values and their associated behaviors are foundational to the practice of nursing and are upheld in all aspects of the PLU School of Nursing and its educational programs. The required professional standards and guidelines for nursing and healthcare professions education are necessarily higher than for other academic programs.

The following professional standards and guidelines, values, professional behaviors, and expectations for conduct are adhered to as minimum standards and included as elements of academic performance criteria. As such, all expectations for academic performance apply and may be the basis for the citation of academic deficiencies and consequences for program progressions, up to and including dismissal from the program.

Code of Ethics

The [Code of Ethics for Nursing](#) created by the American Nurses Association (ANA) is the gold standard for ethical professional and practice conduct. All faculty and nursing students at PLU School of Nursing are held to this code of ethics “for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession” (ANA, 2014).

Values and Professional Behaviors

Baccalaureate and graduate education for professional nursing include processes that foster the development of values, attitudes, personal qualities, and value-based professional behaviors. Values are defined as beliefs or ideals to which the individual is committed and which guide behavior. Values are reflected in attitudes, personal qualities, and consistent patterns of behavior. Attitudes are inclinations or dispositions used to respond to persons or situations, while personal qualities are innate or learned attributes of an individual. Professional behaviors reflect the individual’s commitment to specific professional values.

The professional nurse must adopt characteristics such as independence, assertiveness, self-esteem, and confidence, as well as demonstrating compassion, acceptance, consideration, and kindness. Adoption of essential values leads the nurse to a sense of commitment and social responsibility, sensitivity and responsiveness to the needs of others, and a responsibility for oneself and one’s actions (AACN, 2008).

The School of Nursing regards the following values, adapted from [The Essentials of Baccalaureate Education for Professional Nursing Practice](#) (AACN, 2008) as necessary for the professional nurse. Examples of attitudes, personal qualities, and professional behaviors are included that reflect a commitment to one or more of these values. Students are expected to adhere to these values and behaviors in all School of Nursing initiatives.

Values, Attitudes, and Behaviors in Professional Nursing

Essential Values in Professional Nursing	Examples of Attitudes & Behaviors	Examples of Professional Behaviors in Nursing
<p>ALTRUISM: Concern for the welfare and well-being of others; reflected by the nurse's concern for the welfare of patients, family members, society at large, other nurses, and other healthcare providers</p>	<ul style="list-style-type: none"> • Caring • Commitment • Compassion • Generosity • Perseverance 	<ul style="list-style-type: none"> -Understanding of cultures, beliefs, and perspectives of others -Advocates for patients, particularly the most vulnerable -Takes risks on behalf of patients and colleagues -Mentors other professionals
<p>AUTONOMY: The right to self-determination; reflected when the nurse respects patients' rights to make decisions about their health care.</p>	<ul style="list-style-type: none"> • Confidence • Hope • Independence • Openness • Self-Direction • Self-Discipline • Boundary Sensitivity 	<ul style="list-style-type: none"> -Plans care in partnership with patients -Honors the right of patients and families to make decisions about healthcare -Provides information so patients can make informed choices
<p>HUMAN DIGNITY: Respect for the inherent worth and uniqueness of individuals, families, and populations; reflected when the nurse values, respects, and upholds the rights of all patients and colleagues</p>	<ul style="list-style-type: none"> • Consideration • Respect • Empathy • Humaneness • Kindness • Trust 	<ul style="list-style-type: none"> -Provides culturally competent and sensitive care -Protects the patient's privacy -Preserves the confidentiality of patients and healthcare providers -Designs care with sensitivity to individual patient needs
<p>INTEGRITY: Acting in accordance with an appropriate code of ethics and accepted standards of practice; reflected when the nurse is honest and provides quality care based on an ethical framework that is accepted within the profession</p>	<ul style="list-style-type: none"> • Accountability • Authenticity • Honesty • Inquisitiveness • Rationality • Reflectiveness 	<ul style="list-style-type: none"> -Provides honest information to patients and the public -Documents care accurately and honestly -Seeks to remedy errors made by self or others -Demonstrates accountability for own actions
<p>SOCIAL JUSTICE: Upholding moral, legal, and humanistic principles for all members of society; reflected when the nurse works to ensure equal treatment under the law</p>	<ul style="list-style-type: none"> • Courage • Integrity • Risk-taking • Morality • Objectivity • Conviction 	<ul style="list-style-type: none"> -Supports fairness and non-discrimination in the delivery of care -Demonstrates respect and human care for all persons -Promotes universal access to healthcare

and equal access to high quality health care		-Encourages legislation and policy consistent with the advancement of nursing and healthcare
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Adapted from *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)

Integrity and Academic Integrity

Integrity is an essential characteristic for nursing students and practicing nurses. Integrity involves the demonstration of honesty, trustworthiness, accountability, truthfulness, and reliability. The practice of the profession of nursing involves close interactions with a wide range of individual and groups of clients. The nurse must act to safeguard those clients and the public in matters of health care and safety. One aspect of professionalism is the maintenance of one's own integrity.

Academic integrity is honesty concerning all aspects of academic performance including clinical performance and is imperative for nursing students. Nursing is a trusted profession and academic dishonesty is considered a very serious matter. Academic integrity in the classroom is defined in the [PLU Student Rights and Responsibilities](#). Academic integrity in the clinical setting involves accurately representing one's actions with clients, upholding expectations for evidence-based practice, and demonstrating competency in clinical judgment and practice.

Academic dishonesty or other breaches of integrity may result in dismissal from the School of Nursing.

Social Media and Electronic Communication

The use of social media and other electronic communication has become commonplace in our everyday lives. Every day new outlets, platforms, and applications are created and individuals are increasingly participating in blogs, social networking sites, video sites, online chat rooms and forums in both a personal and professional manner. "The very nature of this medium, however, can pose a risk as it offer instantaneous posting opportunities that allow little time for reflective thought and carries the added burden that what is posted on the internet is discoverable by a court of law even when it is long deleted" (NCSBN, nd.).

Nurses and nursing students are welcome to utilize social media but must be very careful in posting information and stories about clinical experiences on social media sites as these may be breaches of patient privacy and confidentiality which is a violation of state and federal laws. Instances of inappropriate use of social and electronic media may be reported to the School of Nursing and/or Board of Nursing. The School of Nursing and/or Board of Nursing may investigate reports of inappropriate disclosures on social media sites by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude (defined as conduct that is considered contrary to community standards of justice, honesty or good morals);

- Mismanagement of patient records;
- Revealing a privilege communication; and
- Breach of confidentiality

If the allegations are supported, the nurse may face disciplinary action by the School of Nursing and/or the Washington Nursing Commission, including a reprimand or sanction, removal from the nursing program, assessment of a monetary fine, temporary or permanent loss of licensure, as well as potential civil and criminal penalties. “A nurse may face personal liability and be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitations.” (NCSBN, n.d.)

For more information on Social media use see the social media policies by the [NCSBN](#) and [NSNA](#).

In addition, nurses and student nurses need to adhere to professional boundaries. To maintain the professional therapeutic relationship student nurses should refrain from “friending” or “following” patients and their families. Students should also refrain from “friending” or “following” the personal social networking sites of School of Nursing faculty/staff while a student at PLU. Students should be aware of professional boundaries and confidential communications within the School of Nursing, just as in the clinical setting. Social media and electronic communication methods such as Linked-in, webinars, web conferencing tools, etc. should be only utilized between students and School of Nursing faculty/staff if it promotes student learning, professional development, academic advising, or assists the faculty/staff in educational pedagogy. Social media and electronic communication methods should still adhere to professional boundaries.

Netiquette

“Netiquette” refers to the etiquette of online communication. The rules of netiquette were created by Virginia Shea and can be looked into in more depth on the [Netiquette website](#). The core of netiquette includes the same principles that are used in all other realms of interpersonal communication and professional relationships. Online communications last forever and can be used in a court of law. To prevent harm and avoid later and/or unintended consequences, be sure to present yourself in a professional manner in all communications:

- Do not include other people in conversations that should be a private.
- Be respectful of others’ time by being clear and concise.
- The tone of an online communication can be easily misinterpreted, address the meaning, not the words.
- Do not send angry emails. Discipline yourself to take a cooling off period, to think clearly on the situation and your response.
- If you would not make a particular statement to a person in front of you, you should not say it online.
- Be forgiving of other people’s mistakes.
- Don’t read into other people’s messages with your own interpretations or assumptions.
- Request clarification of a message if it is ambiguous, unclear, or incomplete.

- Pick up the phone or have a face-to-face conversation when complex matters or sensitive topics are involved.

Intimate and Sexual Relationships

Nursing students are strongly advised to recognize appropriate professional boundaries. As such, they are advised to refrain from inappropriate intimate or sexual relationships with classmates or clinical agency personnel. Intimate and/or sexual relationships with faculty or members of the instructional team are strictly prohibited. Maintenance of appropriate personal and professional boundaries is an essential component of professional relationships and does not include the inappropriate engagement in personal intimacies, sexual contact, or sexual coercion.

Sexual misconduct of any kind is not tolerated and will be addressed through PLU’s Student Conduct System. For more information see [Sexual Misconduct](#) section within this Student Handbook. All suspected inappropriate relationships will be reported to the PLU Title IX Coordinator, and are subject to disciplinary action by the university. See [PLU Title IX Policy](#) and [PLU Sexual Misconduct Policy](#).

Sexual or romantic conduct with a patient or the patient’s family is serious professional misconduct, will be reported immediately, and is grounds for program dismissal. Such conduct is not limited to sexual contact and includes behaviors or expressions of a sexual or intimately romantic nature. Sexual or romantic conduct is prohibited whether or not the client, family member or significant other initiates or consents to the conduct.

General Academic Policies

These policies apply to all PLU School of Nursing students. Please read the [PLU Student Code of Conduct](#), which all nursing students are expected to follow.

Licensing

The Entry Level Masters of Science in Nursing at Pacific Lutheran University meets the educational requirements for professional RN licensure in all 50 US states and the following jurisdictions:

Alabama	Illinois	Montana	Rhode Island	Wyoming
Alaska	Indiana	Nebraska	South Carolina	
Arizona	Iowa	Nevada	South Dakota	
Arkansas	Kansas	New Hampshire	Tennessee	
California	Kentucky	New Jersey	Texas	

Colorado	Louisiana	New Mexico	Utah	
Connecticut	Maine	New York	US Virgin Islands	
Delaware	Maryland	North Carolina	Vermont	
District of Columbia	Massachusetts	North Dakota	Virginia	
Florida	Michigan	Ohio	Washington	
Guam	Minnesota	Oklahoma	West Virginia	
Idaho	Missouri	Pennsylvania	Wisconsin	

Date Reviewed: July, 2020

Will be reviewed annually.

Note: The educational requirements for professional RN licensure requirements for American Samoa cannot be determined at the time of the last review.

Advanced Registered Nurse Practitioner Requirements by State

The following table was created in August 2020 and reflects Advanced Registered Nurse Practitioner (ARNP) education program curriculum requirements by state at this time. These requirements are subject to change, without notification, and may not be entirely inclusive of all state requirements. This information is fluid and is often in process of revision.

State	Web address	Requirements
Alabama	http://www.alabamaadministrativecode.state.al.us	610-X-5-.03 Qualifications for Approval to Practice as A Certified Registered Nurse Practitioner.

	s/docs/nurs/610-X-5.pdf	<p>(1) The applicant for approval to practice as a certified registered nurse practitioner shall have:</p> <p>(a) An active Alabama registered nurse license, or a multistate registered nurse license issued by a party state, as Nursing Chapter 610-X-5 Supp. 3/31/20 5-7 defined in Chapter 4 of these rules, unless authorized by the Board.</p> <p>(b) Met all requirements for completion of or graduation from an organized program of study and clinical experience beyond the basic educational preparation as a registered nurse that prepares nurse practitioners and is recognized by the Board of Nursing and the appropriate specialty-certifying agency.</p> <p>(c) At least a master’s or higher degree in advanced practice nursing from an accredited program recognized by the Board.</p> <p>(d) Current certification as a certified registered nurse practitioner granted by a national certifying agency recognized by the Board of Nursing in the clinical specialty consistent with educational preparation and appropriate to the area of practice.</p> <p>610-X-5-12 Prescriptions and Medication Orders by Certified Registered Nurse Practitioners.</p> <p>(1) Certified registered nurse practitioners engaged in collaborative practice with physicians may be granted prescriptive authority upon submission of evidence of completion of an academic course in pharmacology or evidence of integration of pharmacology theory and clinical application in the certified registered nurse practitioner curriculum.</p> <p>** In addition to the requirements listed above, the State of Alabama also requires ARNP students complete courses in Advanced Physical Assessment, Advanced Pathophysiology, and Advanced Pharmacology as per its Director for Advanced Practice Nursing.</p>
Alaska	https://www.commerce.alaska.gov/web/Portals/5/pub/NursingStatutes.pdf	<p>12 AAC 44.400. REQUIREMENTS FOR INITIAL LICENSURE.</p> <p>(a) Except as provided in (e) and (f) of this section, an applicant for initial licensure to practice as an advanced practice registered nurse (APRN) as defined in AS 08.68.850</p>

		<p>(1) must have satisfactorily completed</p> <p>(A) a formal accredited graduate educational course of study preparing in one of the APRN roles that</p> <p>(i) is a minimum of one academic year in length;</p> <p>(ii) prepares registered nurses to perform an expanded role in the delivery of health care;</p> <p>(iii) includes a combination of classroom instruction and a minimum of 500 separate, non-duplicated hours of supervised clinical practice;</p> <p>(iv) for a certified nurse practitioner, a certified nurse midwife, or a certified clinical nurse specialist, if completed on or after January 1, 1998, has distinct course offerings of three graduate credits or more in advanced pathophysiology, advanced pharmacotherapeutics, and advanced physical assessment, as evidenced by an official transcript or other official documentation received directly from a graduate program accredited by a nursing accrediting body that is recognized by the United States Secretary of Education or that is recognized by the Council for Higher Education Accreditation or its successor organization</p>
American Samoa	https://www.americansamoa.gov/department-of-public-health https://ncsbn.org/American%20Samoa.htm	No information
Arizona	https://www.azbn.gov/sites/default/files/2020-03/RULES.Effective.June3_2019.pdf	<p>R4-19-502. Requirements for APRN Programs</p> <p>A. An educational institution or other entity that offers an APRN program in this state for RNP or CNS roles shall ensure that the program:</p> <ol style="list-style-type: none"> 1. Is offered by or affiliated with a college or university that is accredited under A.R.S. § 32-1644; 2. For new programs, the college or university offering the program has at least one additional nationally accredited nursing program as defined in R4-

	<p>19-101 or otherwise provides substantial evidence of the ability to attain national APRN program accreditation for all graduating cohorts;</p> <p>3. Is a formal educational program, that is part of a masters or doctoral program or a post-master's program in nursing with a concentration in an advanced practice registered nursing role and population focus under R4-19-501;</p> <p>4. Is nationally accredited, or has achieved candidacy status for national accreditation by an approved national nursing accrediting agency as defined in R4-19-101;</p> <p>5. Offers a curriculum that covers the scope of practice for both the role of advanced practice as specified in A.R.S. § 32-1601 and the population focus including;</p> <ul style="list-style-type: none"> a. Three separate graduate level courses in: RULES June 3, 2019 Page 38 of 69 <ul style="list-style-type: none"> i. Advanced physiology and pathophysiology, including general principles across the lifespan; ii. Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; iii. Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad category agents; b. Diagnosis and management of diseases across practice settings including diseases representative of all systems; c. Preparation that provides a basic understanding of the principles for decision making in the identified role; d. Preparation in the core competencies for the identified APRN role including legal, ethical and professional responsibilities; and e. Role preparation in an identified population focus under R4-19-501. <p>6. Verifies that each student has an unencumbered license to practice as an RN in the state of clinical practice;</p> <p>7. Includes a minimum of 500 hours of faculty supervised clinical practice (programs that prepare students for more than one role or population focus shall have 500 hours of clinical practice in each role and population focus);</p>
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		<p>8. Notifies the Board of any changes in hours of clinical practice, accreditation status, denial or deferral of accreditation or program administrator and responds to Board requests for information;</p> <p>9. Has financial resources sufficient to support accreditation standards and the educational goals of the program;</p> <p>10. Establishes academic, professional, and conduct standards that determine admission to the program, progression in the program, and graduation from the program that are consistent with sound educational practices and recognized standards of professional conduct;</p> <p>11. Establishes provisions for advanced placement for individuals holding a graduate degree in nursing who are seeking education in an APRN role and population focus, provided that advanced placement students master the same APRN competencies as students in the graduate-level APRN program; and</p> <p>12. Provides the Board an application for approval under the provisions of R4-19-209(B) before making changes to the: a. Scope of the program, or b. Level of educational preparation provided.</p>
Arkansas	https://www.arsbn.org/Websites/arsbn/images/Rules.Chapter04-%20Effective%202012-29-18.pdf	<p>ARKANSAS STATE BOARD OF NURSING RULES Chapter 4</p> <p>C. EDUCATION PROGRAM</p> <p>1. The education program for advanced practice nursing shall meet the nursing accrediting body standards for advanced practice registered nursing.</p> <p>2. The curriculum plan for advanced practice registered nursing shall include:</p> <p>a. Preparation in one of the four identified APRN roles (CRNA, CNM, CNS, and CNP); and ARKANSAS STATE BOARD OF NURSING RULES 4-13</p> <p>b. Preparation in at least one of the approved population foci:</p> <p>(1) Family/Individual Across the Lifespan</p> <p>(2) Adult-Gerontology</p> <p>(3) Neonatal</p>

		<p>(4) Pediatrics</p> <p>(5) Women’s Health/Gender-Related</p> <p>(6) Psychiatric/Mental Health; and</p> <p>c. Three separate graduate level courses (the APRN Core):</p> <p>(1) Advanced physiology and pathophysiology</p> <p>(2) Advanced health assessment</p> <p>(3) Advanced pharmacology</p> <p>3. Clinical Experiences</p> <p>a. All graduate or post-graduate programs leading to advanced practice licensure shall have a minimum of 500 supervised clinical hours in direct clinical practice during the program.</p> <p>b. APRN programs preparing for two population foci shall have a minimum of 500 supervised clinical hours for each population focus.</p> <p>c. Clinical supervision must be congruent with current national professional organizations and nursing accrediting body standards applicable to the APRN role and population focus.</p> <p>d. Student clinical experiences shall be congruent with the population focus of the role.</p>
<p>California a</p>	<p>https://www.rn.ca.gov/pdfs/regulations/bp2834-r.pdf</p>	<p>1484. Standards of Education.</p> <p>(d) Curriculum</p> <p>(1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.</p> <p>(2) The program shall provide evaluation of previous education and/or experience in primary health care for the purpose of granting credit for meeting program requirements.</p> <p>(3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression.</p>

	<p>(4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.</p> <p>(5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.</p> <p>(6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.</p> <p>(7) The program may be full-time or part-time and shall be comprised of not less than thirty (30) semester units, (forty-five (45) quarter units), which shall include theory and supervised clinical practice.</p> <p>(8) The course of instruction shall be calculated according to the following formula:</p> <p>(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.</p> <p>(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.</p> <p>(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.</p> <p>(9) Supervised clinical practice shall consist of two phases:</p> <p>(A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.</p> <p>(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.</p> <p>(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.</p> <p>(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.</p>
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		<p>(11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.</p> <p>(12) The curriculum shall include, but is not limited to:</p> <ul style="list-style-type: none">(A) Normal growth and development(B) Pathophysiology(C) Interviewing and communication skills(D) Eliciting, recording and maintaining a developmental health history(E) Comprehensive physical examination BP2834-R 9/1998 Rev. 2/2010; BRN NP Committee 8-1-2013; Board Approved 9-11-2013(F) Psycho-social assessment(G) Interpretation of laboratory findings(H) Evaluation of assessment data to define health and developmental problems(I) Pharmacology(J) Nutrition(K) Disease management(L) Principles of health maintenance(M) Assessment of community resources(N) Initiating and providing emergency treatments(O) Nurse practitioner role development(P) Legal implications of advanced practice(Q) Health care delivery systems <p>(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.</p>
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<p>Colorado</p>	<p>https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=5206</p>	<p>CHAPTER XIV - RULES AND REGULATIONS TO REGISTER PROFESSIONAL NURSES QUALIFIED TO ENGAGE IN ADVANCED PRACTICE NURSING</p> <p>2. REQUIREMENTS FOR INCLUSION ON THE ADVANCED PRACTICE REGISTRY</p> <p>2.1 A professional nurse may request inclusion on the APR by:</p> <p>2.1.1 Educational Requirements: The successful completion of a graduate or post-graduate nursing degree in the Role and, where applicable, the Population Focus for which the Applicant seeks inclusion on the APR. Verification of educational requirements shall be evidenced by receipt of a sealed, official transcript from a graduate or post-graduate APN program accredited by a nursing Accrediting Body. The transcript shall verify date of graduation, credential conferred, and Population Focus of the program.</p> <p>CHAPTER XV - RULES AND REGULATIONS FOR PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSES</p> <p>2 EDUCATIONAL REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY</p> <p>2.1 An Applicant for prescriptive authority must have successfully completed a graduate degree or postgraduate nursing degree in the Role/Specialty and Population Focus for which the Applicant seeks prescriptive authority. Such coursework shall include a minimum of three (3) graduate semester hours or four (4) quarter hours in each of the following: Pathophysiology, Pharmacology and Physical Assessment. The coursework in Pharmacology shall include education on prescribing drugs and controlled substances.</p> <p>2.2 The transcript shall verify date of course completion, grade and credits awarded. Applicants must provide copies of course descriptions or course syllabi when the required coursework in Physical Assessment, Pathophysiology, and Pharmacology is integrated into broad categories of advanced practice courses or when course titles do not accurately reflect course content.</p>
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<p>Connecticut</p>	<p>https://www.cga.ct.gov/current/PUB/chap_378.htm</p>	<p>Sec. 20-94a. Licensure as advanced practice registered nurse.</p> <p>(a) The Department of Public Health may issue an advanced practice registered nurse license to a person seeking to perform the activities described in subsection (b) of section 20-87a, upon receipt of a fee of two hundred dollars, to an applicant who:</p> <p>(1) Maintains a license as a registered nurse in this state, as provided by section 20-93 or 20-94;</p> <p>(2) holds and maintains current certification as a nurse practitioner, a clinical nurse specialist or a nurse anesthetist from one of the following national certifying bodies that certify nurses in advanced practice: The American Nurses' Association, the Nurses' Association of the American College of Obstetricians and Gynecologists Certification Corporation, the National Board of Pediatric Nurse Practitioners and Associates or the American Association of Nurse Anesthetists, their successors or other appropriate national certifying bodies approved by the Board of Examiners for Nursing;</p> <p>(3) has completed thirty hours of education in pharmacology for advanced nursing practice; and</p> <p>(4) (A) holds a graduate degree in nursing or in a related field recognized for certification as either a nurse practitioner, a clinical nurse specialist, or a nurse anesthetist by one of the foregoing certifying bodies</p>
<p>Delaware</p>	<p>https://regulations.delaware.gov/AdminCode/title24/1900.shtml</p>	<p>8.0 Rules and Regulations Governing the Practice of Nursing as an Advanced Practice Registered Nurse in the State of Delaware</p> <p>8.9.2 An application for licensure to practice as an Advanced Practice Registered Nurse shall be submitted on forms supplied by the Board along with the required non-refundable fee. A completed application provides the following information: Graduation from an APRN graduate or post-graduate program accredited by a nursing accrediting body that is recognized by the U.S. Secretary of Education and/or the Council for Higher Education Accreditation (CHEA), or its successor organization; documentation shall verify date of graduation, credential conferred, number of clinical hours completed, completion of three separate graduate level courses in advanced physiology and pathophysiology, advanced health assessment, advanced pharmacokinetics and pharmacotherapeutics of all broad categories of agents, role and population focus of the education program, and evidence of meeting the standards of nursing education in this state.</p>

<p>D.C.</p>	<p>https://doh.dc.gov/sites/default/files/dc/sites/doh/service_content/attachments/Chapter%2056%20Nursing%20School%20Regulations%202015.pdf</p>	<p>5610 ADVANCED PRACTICE REGISTERED NURSING EDUCATION STANDARDS</p> <p>5610.8 The program of study shall:</p> <p>(a) Be comprehensive and prepare the graduate with the core competencies for one (1) of the four (4) APRN roles and at least one of the six (6) foci;</p> <p>(b) Prepare the graduate to assume responsibility and accountability for health promotion and maintenance, as well as the assessment, diagnosis, and management of patient problems, including the use and prescription of pharmacologic and non-pharmacologic interventions;</p> <p>(c) Include a minimum of three (3) separate core graduate-level courses in the following:</p> <p style="padding-left: 40px;">(1) Advanced physiology/pathophysiology, including general principles that apply across the lifespan;</p> <p style="padding-left: 40px;">(2) Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and</p> <p style="padding-left: 40px;">(3) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.</p> <p>(d) Include a minimum of five hundred (500) hours of supervised direct care clinical, with a minimum of fifty (50) minutes constituting one (1) hour.</p>
<p>Florida</p>	<p>https://www.ncbi.nlm.nih.gov/books/NBK532859/</p>	<p>The State of Florida has the following educational requirements for ARNPs, taken from the Florida Administrative Code Section 64B9</p> <p>Licensure of Advanced Practice Registered Nurses; Fees; Controlled Substance Prescribing Reflected in the Nurse Practice Act Section 464.012</p> <ul style="list-style-type: none"> • Graduation from a program resulting in a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills. • An APRN may prescribe or dispense a controlled substance as defined in s. 893.03 only if the advanced practice registered nurse has graduated from a master's or doctoral degree program in a clinical nursing specialty area with training in specialized practitioner skills. [flsenate.gov, 2017]

<p>Georgia</p>		<p>The State of Georgia has the following educational requirement for ARNPs, taken from the Georgia Administrative Code Chapter 410-11:</p> <p>Rule 410-11-.03. Rules for Nurse Practitioners</p> <p>(a) Official transcript which verifies graduation with a master's or higher degree in nursing for the respective nurse practitioner specialty or a graduate level post-master's certificate in an advanced practice registered nurse practitioner specialty and evidence of advanced pharmacology within the curriculum or as a separate course, advanced physical assessment, and pathophysiology.</p>
<p>Guam</p>	<p>https://www.ncsbn.org/Guam_rulesregs.pdf</p>	<p>5.11 Standards of Education for APRNs.</p> <p>(d) The curriculum of the program shall meet the following criteria:</p> <ol style="list-style-type: none"> (1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom she/he will provide care. (2) The program shall provide evaluation of previous education and/or experience to primary health care for the purpose of granting credit for meeting program requirements. (3) Training for practice in an area of specialization shall be broad enough to not only detect and control presenting symptoms but to minimize the potential for disease progression. (4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty. (5) Curriculum, course content, methods of instruction and critical experience shall be consistent with the philosophy and objectives of the program. (6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program. (7) The program shall be a minimum of one academic year

		<p>in length. It may be full-time or part-time and shall be comprised of not less than thirty (30) semester units or forty-five (45) quarter units. It shall include theory and planned clinical practice under the direction of a preceptor.</p> <p>(8) The course of instruction shall be calculated according to the following formula:</p> <ul style="list-style-type: none"> (i) One (1) hour of instruction in theory each week throughout a semester or quarter, equal one (1) unit/credit. (ii) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit/credit. (iii) One (1) semester equals 16 to 15 weeks and one (1) quarter equals 10 to 12 weeks. <p>(9) Following acquisition of basic theoretical knowledge prescribed by the curriculum, the student shall receive supervised experience and instruction in an appropriate clinical setting.</p> <p>(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.</p> <p>(11) The program shall have responsibility for arranging the supervised clinical instruction of the student.</p> <p>(12) The curriculum shall include, but is not limited to, the following courses which shall be relevant to the practice of the APRN in the specialized field:</p> <ul style="list-style-type: none"> (i) Normal growth and development (ii) Pathophysiology (iii) Interviewing and communication skills (iv) Eliciting, recording and maintaining a developmental health history (v) Comprehensive physical examination (vi) Psychosocial assessment
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		<p>(vii) Interpretation of laboratory findings Evaluation assessment data to define health and developmental problems</p> <p>(viii) Pharmacology (ix) Nutrition (x) Disease management (xi) Principles of health maintenance (xii) Assessment of community resources (xiii) Initiating and providing emergency treatments (xiv) Practitioner role development (xv) Instruction in legal ethical and professional responsibilities of an APRN (xvi) Health care delivery systems (xvii) Supervised clinical practice of those skills essential for the APRN in the specialized field</p> <p>(13) The course of instruction of a program conducted in a nonacademic setting shall be equivalent to that conducted in an academic setting.</p> <p>(14) Major curriculum changes must first be approved by the Board.</p>
<p>Hawaii</p>	<p>https://cca.hawaii.gov/pvl/files/2013/08/HAR-89-C.pdf</p>	<p>§16-89-46 Curriculum. Curriculum shall be subject to the following requirements. The curriculum shall be:</p> <p>(1) Planned, implemented, and evaluated by faculty;</p> <p>(2) Based on the philosophy or mission and program objectives of outcomes of the nursing education program;</p> <p>(3) Consistent with the policies of the controlling institution, current standards and competencies of nursing practice, and laws governing the practice of nursing;</p> <p>(4) Logically organized and sequenced appropriately; and</p> <p>(5) For a period of time that shall ensure sufficient preparation for the safe and effective practice of nursing.</p> <p>(2) Nursing care of clients, as individuals and groups, through the lifespan in a variety of settings for the promotion, maintenance, and restoration of health; and</p>

		<p>(3) Legal and ethical issues, history and trends in nursing, and professional responsibility.</p> <p>§16-89-49 The minimum curriculum for programs preparing advanced practice registered nurses.</p> <p>The minimum curriculum for nursing programs preparing advanced practice registered nurses shall meet national accreditation standards. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05; comp 12/27/10; comp 3/28/13; comp 10/27/18] (Auth: HRS §457-5) (Imp: HRS §457-11)</p>
<p>Idaho</p>	<p>https://adminrules.idaho.gov/rules/current/24/243401.pdf</p>	<p>IDAHO ADMINISTRATIVE CODE IDAPA 24.34.01 DOPL – Board of Nursing Rules of the Idaho Board of Nursing Section 681 Page 42 nurse as defined in Section 401 of these rules.</p> <p>681. CURRICULUM REQUIREMENTS FOR NURSING EDUCATION PROGRAMS. 01. General Curriculum. For licensed practical nurses, registered nurses, and advanced practice registered nurses the general curriculum is as follows:</p> <ul style="list-style-type: none"> a. Be planned, implemented, and evaluated by the faculty with provisions for student input; b. Reflect the mission and purpose of the nursing education program; c. Be organized logically and sequenced appropriately; d. Facilitate articulation for horizontal and vertical mobility; e. Have a syllabus for each nursing course; f. Have written, measurable terminal outcomes that reflect the role of the graduate; and g. Be responsive to changing healthcare environment. <p>03. Practice Sites. The program will have sufficient correlated practice experiences to assure development of nursing competencies.</p>

		<p>IDAHO ADMINISTRATIVE CODE IDAPA 24.34.01 DOPL – Board of Nursing Rules of the Idaho Board of Nursing Section 285 Page 25:</p> <p>285. QUALIFICATIONS FOR ADVANCED PRACTICE REGISTERED NURSE. To qualify as an advanced practice registered nurse, an applicant shall provide evidence of: (3-20-20)T</p> <p>01. Current Licensure. Current licensure to practice as a registered nurse in Idaho; (3-20-20)T</p> <p>02. Completion of Advanced Practice Registered Nurse Program. Successful completion of a graduate or post-graduate advanced practice registered nurse program which is accredited by a national organization recognized by the Board; and (3-20-20)T</p> <p>03. National Certification. Current national certification by an organization recognized by the Board for the specified APRN role. (3-20-20)T</p>
<p>Illinois</p>	<p>https://www.ilga.gov/commission/jcar/admincode/068/068013000D04000R.html</p>	<p>The State of Illinois has the following educational requirement for ARNPs, taken from the Illinois Administrative Code Title 68 Chapter VII Subchapter b Part 1300:</p> <p>Section 1300.400 Application for Licensure</p> <p>4) Proof of successful completion of a graduate degree appropriate for national certification in the clinical advanced practice registered nursing specialty or a graduate degree or post-master's certificate from a graduate level program in a clinical advanced practice registered nursing specialty.</p>
<p>Indiana</p>	<p>https://www.in.gov/pla/files/APRN%20instructions%202020-6-30.pdf</p>	<p>The Advanced Practice Registered Nurse (ADVANCED PRACTICE REGISTERED NURSE) application is for the authority to prescribe independently as an advanced practice registered nurse. This is not a license to practice as a nurse practitioner or clinical nurse specialist, as no such license exists in the state of Indiana.</p> <p>Instructions & Information for Prescriptive Authority as an Advanced Practice Registered Nurse (ADVANCED PRACTICE REGISTERED NURSE)</p> <p>II. Requirement</p>

		<p>D. Enclose a copy of your current, unrestricted license as a registered nurse in the State of Indiana or another compact state. If you are in the process of applying for an Indiana license, please write "Pending Indiana Licensure" on the application in the space provided for listing of regulated health occupations.</p> <p>E. Have your nursing program directly provide to the Indiana State Board of Nursing an official transcript showing successful completion of a graduate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation. If you received a bachelor's degree rather than a graduate degree, you must submit proof of current national certification. Transcripts may be sent by mail or a secure electronic method (password to be provided by transcript service) to pla2@pla.in.gov.</p> <p>F. Submit proof of having successfully completed a graduate level pharmacology course consisting of at least two (2) semester hours of academic credit from a college or university accredited by the Commission on Recognition of Postsecondary Accreditation:</p> <ol style="list-style-type: none"> 1. within five (5) years of the date of application; or 2. if the pharmacology course was completed more than five (5) years immediately preceding the date of filing the application, the applicant must submit proof of the following: <ol style="list-style-type: none"> a. Completion of at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding the date of the application, including a minimum of at least eight (8) actual contact hours of pharmacology, all of which must be approved by a nationally approved sponsor of continuing education for nurses; and b. Prescriptive experience in another jurisdiction within the five (5) years immediately preceding the date of the application.*this is generally a letter from a physician in another state verifying their prescriptive experience.
Iowa	https://www.legis.iowa.gov/docs/iac/chapter/07-01-2020.655.2.pdf	<p>655—2.10(152) Curriculum. 2.10</p> <p>(1) The curriculum of a program shall: IAC 12/6/17 Nursing Board[655] Ch 2, p.7</p> <ol style="list-style-type: none"> a. Reflect the philosophy/mission and program outcomes supported by the nursing faculty.

		<p>b. Identify program outcomes and define how learning experiences support outcomes.</p> <p>c. Reflect current standards of nursing practice and education.</p> <p>d. Be consistent with laws governing the practice of nursing.</p> <p>e. Ensure sufficient preparation for the safe and effective practice of nursing.</p> <p>f. Include planned learning experiences and strategies that demonstrate integration of knowledge and attainment of the program outcomes.</p> <p>g. Reflect the roles for which the student is being prepared.</p> <p>h. Be evaluated on a regular basis by the faculty and reflect achievement of student outcomes as demonstrated in the program evaluation plan.</p> <p>i. When offered within a college or university:</p> <ul style="list-style-type: none"> (1) Be comparable in quality and requirements to other degree programs within the college or university. (2) Be planned in accordance with the college or university calendar. (3) Assign credit hours for learning experiences that are consistent with the college or university pattern. (4) Provide a teaching/learning environment (classroom, clinical, laboratory, or simulation) that supports achievement of expected outcomes. <p>2.10(2) Standardized examinations may be used to supplement a program’s curriculum but shall not prevent a student’s academic progression or graduation. At the time of enrollment, students shall be informed of the schedule and procedure for any standardized examinations utilized in the curriculum. The program shall have a process and procedure for remediation of students who do not pass the standardized examinations.</p> <ul style="list-style-type: none"> (1) Be consistent with the scope of practice of a registered nurse as outlined in rules 655—6.2(152) and 655—6.7(152). Ch 2, p.8 Nursing Board[655] IAC 12/6/17
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		<p>(2) Focus on attaining, maintaining and regaining health and safety for individuals and groups by utilizing the principles of leadership, management, nursing informatics, and client education.</p> <p>(3) Provide learning experiences in medical, surgical, mental health and gerontological nursing.</p> <p>(4) Provide content in nursing of childbearing families and children that is supported by one or more of the following: clinical instruction, lab/simulation, or observation experiences adequate to meet program outcomes.</p> <p>(5) Provide content in nursing research when the program leads to a baccalaureate, master’s or doctoral degree.</p> <p>(6) Provide learning experiences in community health nursing when the program leads to a baccalaureate, master’s or doctoral degree.</p> <p>2.10(5) Master’s, post-master’s, and doctoral programs for registered nurses who hold a baccalaureate degree in nursing.</p> <p>a. The curriculum of a program leading to a master’s or doctoral degree in nursing shall include in-depth study of:</p> <p>(1) Nursing science, which includes content, practicum experiences and research.</p> <p>(2) Advanced role areas in nursing.</p> <p>b. The curriculum of a program leading to a master’s degree or post-master’s certificate in a nursing population focus, eligibility to apply for certification in the population focus by a national professional nursing organization approved by the board, and licensure as an advanced registered nurse practitioner shall:</p> <p>(1) Be consistent with the scope of practice of the advanced registered nurse practitioner as described in 655—Chapter 7.</p> <p>(2) Include advanced learning experiences in a specialty area of nursing.</p>
<p>Kansas</p>	<p>https://ksbn.kansas.gov/wp-content/uploads/NPA/npa.pdf</p>	<p>60-11-103. Educational requirements for advanced practice registered nurses.</p>

	<p>(a) To be issued a license as an advanced practice registered nurse in any of the roles of advanced practice, as identified in K.A.R. 60-11-102, each applicant shall meet at least one of the following criteria:</p> <p>(1) Complete a formal, post-basic nursing education program located or offered in Kansas that has been approved by the board and prepares the nurse to function in the advanced role for which application is made;</p> <p>(2) complete a formal, post-basic nursing education program that is not located or offered in Kansas but is determined by the board to meet the standards for program approval established by K.A.R. 60-17-101 through 60-17-108;</p> <p>(3) have completed a formal, post-basic nursing education program that could be no longer in existence but is determined by the board to meet standards at least as stringent as those required for program approval by the board at the time of graduation; 45</p> <p>(4) hold a current license to practice as an advanced practice registered nurse in the role for which application is made and that meets the following criteria:</p> <p>(A) Was issued by a nursing licensing authority of another jurisdiction; and</p> <p>(B) required completion of a program meeting standards equal to or greater than those established by K.A.R. 60-17-101 through 60-17-108; or</p> <p>(5) complete a formal educational program of post-basic study and clinical experience that can be demonstrated by the applicant to have sufficiently prepared the applicant for practice in the role of advanced practice for which application is made. The applicant shall show that the curriculum of the program is consistent with public health and safety policy and that it prepared individuals to perform acts generally recognized by the nursing profession as capable of being performed by persons with post-basic education in nursing.</p> <p>(b) Each applicant for a license as an advanced practice registered nurse in a role other than anesthesia or midwifery shall meet one of the following requirements:</p>
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(1) Have met one of the requirements of subsection (a) before July 1, 1994;

(2) if none of the requirements in subsection (a) have been met before July 1, 1994, meet one of the requirements of subsection (a) and hold a baccalaureate or higher degree in nursing; or

(3) if none of the requirements in subsection (a) have been met before July 1, 2002, meet one of the requirements of subsection (a) and hold a master's or higher degree in a clinical area of nursing.

ADVANCED NURSING EDUCATION PROGRAM

60-17-105. Curriculum requirements.

(a) The faculty in each advanced nursing education program shall fulfill these requirements:

(1) Identify the competencies of the graduate for each role of advanced nursing practice for which the program provides instruction;

(2) determine the approach and content for learning experiences;

(3) direct clinical instruction as an integral part of the program; and

(4) provide for learning experiences of the depth and scope needed to fulfill the objectives or outcomes of advanced nursing courses.

(b) The curriculum in each advanced nursing education program shall include all of the following:

(1) Role alignment related to the distinction between practice as a registered professional nurse and the advanced role of an advanced practice registered nurse as specified in K.A.R. 60-11-101;

(2) theoretical instruction in the role or roles of advanced nursing practice for which the program provides instruction;

		<p>(3) the health care delivery system;</p> <p>(4) the ethical and legal implications of advanced nursing practice;</p> <p>(5) three college hours in advanced pharmacology or the equivalent;</p> <p>(6) three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent for licensure as an advanced practice registered nurse in a role other than nurse anesthesia and nurse midwifery;</p> <p>(7) if completing an advanced practice registered nurse program after July 1, 2009, three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent; and</p> <p>(8) clinical instruction in the area of specialization, which shall include the following:</p> <p>(A) Performance of or ordering diagnostic procedures;</p> <p>(B) evaluation of diagnostic and assessment findings; and</p> <p>(C) the prescription of medications and other treatment modalities for client conditions.</p> <p>(c) (1) Each program shall consist of at least 45 semester credit hours or the academic equivalent. As used in this regulation, “academic equivalent” shall mean the prorated proportionate credit for formal academic coursework if that coursework is completed on the basis of trimester or quarter hours rather than semester hours.</p> <p>(2) The clinical component shall consist of at least 260 hours of clinical learning. After January 1, 2003, the clinical component shall consist of at least 500 hours of clinical learning. After July 1, 2009, the clinical component shall consist of at least 500 hours of clinical learning in each clinical track, or the program shall provide documentation of the overlap if any clinical track consists of less than 500 clinical hours.</p>
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Kentucky	https://apps.legislature.ky.gov/law/kar/TITLE201.HTM	<p>201 KAR 20:056. Advanced practice registered nurse licensure and certification requirements.</p> <p>Section 2. Education and Clinical Experience.</p> <p>(1) An applicant for licensure as an advanced practice registered nurse shall complete an accredited education program that prepares a registered nurse for one (1) of the four (4) APRN roles established under Section 12(5) of this administrative regulation and clinical experience. This program shall conform to 201 KAR 20:062 or its substantial equivalence if from an out of state program.</p> <p>(2)(a) If the applicant for licensure as an advanced practice registered nurse completed a program of study after January 1, 2005, the applicant shall hold a master’s degree, doctorate, or postmaster’s certificate awarding academic credit by a college or university related to the advanced practice registered nurse designation.</p> <p>(b) If the applicant for licensure as an advanced practice registered nurse completed a program of study before January 1, 2005, the program shall be evaluated by the board on an individual basis to find if the program sufficiently prepares a student for advanced practice registered nursing by complying with the requirements of 201 KAR 20:062.</p> <p>Section 12. Dual Designations.</p> <p>(5) Role designations shall be the Certified Registered Nurse Anesthetist, Certified Nurse Midwife, Certified Nurse Practitioner, and Clinical Nurse Specialist pursuant to KRS 314.042. (See section 2.1 above)</p>
Louisiana	https://casetext.com/regulation/louisiana-administrative-code/title-46-professional-and-occupational-standards/part-xlvii-nurses-	<p>Section XLVII-3521 - Curriculum: Undergraduate and Graduate Nursing Education Degree Programs</p> <p>A. The faculty shall periodically review, evaluate and revise as appropriate the mission/philosophy, and goals of the undergraduate and/or graduate nursing education degree program(s); the goals and program outcomes shall be consistent with the mission of the nursing education degree program and flow from the mission of the institution.</p>

<p><u>practical-nurses-and-registered-nurses/subpart-2-registered-nurses/chapter-35-undergraduate-and-graduate-nursing-education-degree-programs/section-xlvi-3521-curriculum-undergraduate-and-graduate-nursing-education-degree-programs</u></p>	<p>B. The mission/philosophy, goals and program outcomes shall be used by the faculty in planning, implementing and evaluating the total undergraduate and/or graduate nursing education degree program(s).</p> <p>C. Graduate and Undergraduate Curriculum Content</p> <p>2. Graduate Curriculum</p> <p>a. The curriculum shall include, but not be limited to separate courses in advanced pathophysiology, advanced pharmacology, advanced assessment and diagnostic reasoning, and management of health care status courses and shall evidence appropriate course sequencing.</p> <p>b. The APRN role and population shall have supervised experiences in accordance with accreditation, certification, and education requirements and standards.</p> <p>i. Specialty roles and populations that provide care to multiple age groups and care settings will require additional hours as distributed in a way that represents the populations served.</p> <p>ii. Dual role and population APRN programs shall include and address content and clinical experiences for both roles and populations. Each role and population shall have documented clinical hours in accordance with certification agency requirements. The population foci of the dual roles and populations will determine the extent to which overlap may occur. Overlapping clinical hours between roles and populations must be documented and addressed as to the preparation for the two areas of practice.</p> <p>c. Simulated laboratory experiences may also be utilized as a teaching strategy in classroom and clinical settings to meet outcomes and may be counted as either classroom or clinical hours for the purpose of calculating the hours in the curriculum.</p> <p>d. There shall be provisions for the recognition of prior learning and advanced placement in the curriculum for those individuals who hold a master's or practice doctorate (APRN) in nursing and are seeking to qualify for recognition in a different APRN role and population. Post-graduate nursing students must complete the requirements of a master's or practice doctorate (APRN) program through a formal graduate level certificate or master's or practice doctorate level APRN role and population in the desired functional role. Post-graduate students must master the same outcome criteria as master's or practice doctorate level students. Post-graduate APRN students shall have supervised experiences in the role and population in</p>
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		<p>accordance with accreditation, certification, and education requirements and standards.</p> <p>D. Undergraduate and graduate distant nursing education degree programs leading to licensure must meet the standards and requirements of Louisiana undergraduate and graduate education degree programs contained in LAC 46:XLVII.Chapter 35.</p> <p>E. Undergraduate and graduate distance nursing education degree programs leading to licensure and utilizing Louisiana agencies must be approved by the board at a regularly scheduled meeting (refer to §3539).</p> <p>F. Undergraduate and graduate student learning outcomes of the course and content shall reflect society's concern with the bioethical and legal parameters of health care and professional practice.</p> <p>G. The undergraduate and graduate nursing courses shall provide for classroom and clinical laboratory instruction that shall be under the supervision of a faculty member of the nursing program.</p> <ol style="list-style-type: none">1. The faculty to student ratio per clinical experience shall not exceed 1 to 10 (1:10) per clinical day for undergraduate clinical instruction unless the students are engaged in a board-approved preceptorship experience, which permits a maximum of 1 to 15 (1:15) faculty to undergraduate student ratio and 1 to 9 (1:9) faculty to APRN student ratio per clinical day.2. Repealed. <p>H. Provision shall be made for the development of other knowledge and skills as deemed necessary by the faculty and as appropriate to the role expectations of the graduate.</p> <p>I. The undergraduate and graduate curriculum shall be arranged to provide opportunities for upward career mobility for students who have completed other nursing programs and have met appropriate requirements for licensure as follows.</p> <ol style="list-style-type: none">1. Mechanisms for the recognition of prior learning and advanced placement in the undergraduate and graduate curriculum shall be in place.2. Any formalized agreements between programs to facilitate the transfer of credit between undergraduate and graduate nursing education degree programs shall be identified and described.
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<p>Maine</p>	<p>https://www.maine.gov/boardofnursing/laws-rules/Chapter%2008%20Regulations%20Relating%20Advanced%20Practice%20Registered%20Nursing%20Final%20rule.pdf</p>	<p>Chapter 8 REGULATIONS RELATING TO ADVANCED PRACTICE REGISTERED NURSING</p> <p>Sec. 8.2. Special provisions</p> <p>A. A registered professional nurse who is approved by the Board to practice as an advanced practice registered nurse prior to January 1, 1996 is considered to have met the requirements of 32 M.R.S.A. Section 2201-A (2) and (3) regarding education and certification.</p> <p>B. An applicant for approval as an advanced practice registered nurse who has been -3- approved as such in another jurisdiction may be approved by the Board as set forth below:</p> <p style="padding-left: 40px;">(1) If approved in another jurisdiction prior to September 8, 1993, an applicant must have completed an advanced practice registered nurse program.</p> <p style="padding-left: 40px;">(2) If approved in another jurisdiction on or after September 8, 1993, an applicant must have completed an advanced practice registered nurse program, and must hold a national certification in the specialty area of practice.</p> <p>C. As of January 1, 2006, an applicant for initial approval as an advanced practice registered nurse in Maine must hold at least a master's degree with preparation in the specialty area for which application is made.</p> <p>D. As of January 1, 2006, an applicant from another U.S. jurisdiction seeking approval by endorsement as an advanced practice registered nurse in Maine must have met requirements comparable to what was current Maine law at the time of graduation.</p> <p>Sec. 6.2. Provision for certified nurse practitioners, certified registered nurse anesthetists and certified nurse-midwives with prescriptive authority in other U.S. jurisdictions</p>
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		<p>A. A certified nurse practitioner, certified registered nurse anesthetist or certified nurse midwife who holds prescriptive authority in another U.S. jurisdiction must submit evidence of the following:</p> <ul style="list-style-type: none">(1) minimum of 200 hours of practice in an expanded specialty role within the preceding 2 years; and(2) 45 contact hours (or 3 credits) of pharmacology equivalent to the requirements set forth in Section 6(3)(A) and (B). <p>B. If the applicant has not prescribed drugs within the past 2 years, the applicant shall provide evidence of satisfactory completion of 15 contact hours of pharmacology within the 2 years prior to applying for approval to practice.</p> <p>C. If the applicant has not prescribed drugs within the past 5 years, the applicant shall provide evidence of satisfactory completion of 45 contact hours (or 3 credits) of pharmacology within the 2 years prior to applying for approval to practice.</p> <p>Sec. 6.3. Pharmacology course requirements</p> <p>A. The required 45 contact hours (or 3 credits) of pharmacology may be obtained in a formal academic setting as a discrete offering or as non-credit continuing education offerings.</p> <p>B. A pharmacology course acceptable to the Board shall include:</p> <ul style="list-style-type: none">(1) applicable federal/state laws;(2) prescription writing;(3) drug selection, dosage and route;(4) drug interactions;(5) information resources; and
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		<p>(6) clinical application of pharmacology related to specific scope of practice.</p> <p>C. The applicant shall submit evidence of successful completion of the course and/or continuing education offering in pharmacology.</p>
<p>Maryland</p>	<p>http://mdrules.elsaws.us/comar/10.27.07.06</p>	<p>Chapter 10.27.07 Practice of the Nurse Practitioner</p> <p>Sec. 10.27.07.06. Education</p> <p>A. An applicant certified by a national certifying body before October 1, 2010, who is certified by the Board and in good standing shall be deemed to meet the education requirements under this regulation.</p> <p>B. An applicant for certification shall be a graduate from a Board-approved nationally accredited education program for nurse practitioners in a school of nursing that:</p> <p>(1) Provides advanced practice instruction at the Masters level or higher in a clinical nursing program;</p> <p>(2) Is accredited by a nursing accrediting body recognized by the United States Department of Education, the Council for Higher Education Accreditation or any other national accrediting body recognized by the Board;</p> <p>(3) Follows established educational standards that build upon educational preparation and experience as a registered nurse;</p> <p>(4) Ensures completion of the advanced practice core, nurse practitioner core, and population specific core competencies;</p> <p>(5) Has a didactic and clinical curriculum that, at a minimum, includes advanced courses in:</p> <p>(a) Physiology and pathophysiology;</p>

		<p>(b) Physical and health assessment;</p> <p>(c) Pharmacology; and</p> <p>(d) Diagnosis and management of health problems and diseases commonly encountered within the respective nurse practitioner’s population focus;</p> <p>(6) Provides didactic courses and supervised clinical experiences of sufficient depth and breadth in the nurse practitioner role and the specific population focus of the program; and</p> <p>(7) Ensures that graduates of the program are eligible for national certification and Maryland certification.</p> <p>C. To be a Board-approved education program the program shall:</p> <p>(1) Be a nationally accredited education program; and</p> <p>(2) Ensure ongoing competence and maintenance of certification by:</p> <p>(a) Providing a mechanism for renewing certification;</p> <p>(b) Having a renewal of certification process that is acceptable to the Board; and</p> <p>(c) Developing a mutually agreeable procedure that ensures communication with the Board.</p>
<p>Massachusetts</p>	<p>https://www.mass.gov/doc/244-cmr-4-advanced-practice-registered-nursing/download</p>	<p>4.05: Eligibility Requirements for Advanced Practice Registered Nurse (APRN) Authorization</p> <p>(3) Certified Nurse Practitioner (CNP).</p> <p>(d) Initial Authorization of CNP by Reciprocity. To be eligible for reciprocal Board authorization to practice as a CNP from another jurisdiction an applicant must provide proof satisfactory to the Board of the following:</p>

		<p>3. Compliance with the following academic requirements:</p> <p>a. Graduation from a graduate degree program designed to prepare the graduate for practice as a CNP that is approved by a national accrediting organization for academic programs acceptable to the Board; or</p> <p>b. Satisfactory completion of a formal educational program for RNs which has been approved by a national professional nurses accrediting body which the Board recognizes as such. The program must have as its objective the preparation of professional nurses to practice in an advanced role as a CNP. The Board will accept in satisfaction of this requirement only those educational programs whose attendance and training requirements are the equivalent of at least one academic year; and</p> <p>c. Successful completion of, at minimum, core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics.</p>
<p>Michigan</p>	<p>https://ars.apps.lara.state.mi.us/AdminCode/DownloadAdminCodeFile?FileName=R%20338.10101%20to%20R%20338.10705.pdf</p>	<p>The State of Michigan does not have specific educational requirements for ARNPs, however they must be board certified as noted below:</p> <p>PART 4. NURSE SPECIALTY CERTIFICATION</p> <p>R 338.10404b Specialty certification qualifications; nurse practitioner.</p> <p>Rule 404b. A specialty certification for nurse practitioner shall be granted to a registered professional nurse who satisfies all of the following requirements:</p> <p>(a) Holds a current and valid license to practice nursing in this state.</p> <p>(b) Submits an application for certification as a nurse practitioner, on a form provided by the department with the required fee.</p> <p>(c) Possesses advanced practice certification from 1 of the following certification organizations, or successor organizations:</p>

		<p>(i) The American Nurses Credentialing Center.</p> <p>(ii) The Pediatric Nursing Certification Board.</p> <p>(iii) The National Certification Corporation for Women’s Health Care Nurse Practitioner and Neonatal Nurse Practitioner.</p> <p>(iv) The American Academy of Nurse Practitioners for Adult Nurse Practitioners, Family Nurse Practitioners, and Adult-Gerontology Primary Care Nurse Practitioners.</p> <p>(v) The Oncology Nursing Certification Corporation.</p> <p>(vi) The American Association of Critical Care Nurses Certification Corporation for Acute Care Nurse Practitioner.</p>
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Date Reviewed: July, 2020

Will be reviewed annually.

Prerequisite and Co-requisite Courses

The student is responsible for complying with School of Nursing pre-and co-requisite policies. If a student begins a nursing course but has not yet met the prerequisite conditions or terms expected for the course, he or she will be dis-enrolled from that course. Students should refer to the [PLU Catalog](#), their individual academic program contracts, and academic advisor for more information.

Graduate Students Switching Specialty Concentrations

At times graduate nursing students may request a change in concentration from the concentration they originally were admitted to in the School of Nursing. This may occur when new concentrations are available or when students develop a passion for a new area of nursing. A formal process is required in order for there to be a consistent approach to students who desire to change their concentration. Switching concentrations is not guaranteed.

Students who wish to change their concentration must:

1. Depending on what program you are in; meet with the ELMSN Coordinator, PMHNP Lead Faculty Member, or FNP Lead Faculty Member to discuss their desire to change concentrations.
2. Write a formal letter addressed to [RAP] and the Dean requesting a change in concentration and their reason for the request.
3. The RAP committee chair will assign reviewer(s).

4. Students in the DNP concentrations will have an interview with the lead faculty for the concentration to determine if they are a good “fit” for the specialty area.
5. Lead faculty will forward interview review sheet to reviewers, as additional data for
6. Assigned reviewers will review data and forward recommendation to the Dean.
7. Once change in concentration is approved:
 - a. A new Academic Program Contract will be developed by the ELMSN Coordinator, PMHNP Lead Faculty Member, or FNP Lead Faculty Member depending on what program you are in.
 - b. The ELMSN Coordinator, PMHNP Lead Faculty Member, or FNP Lead Faculty Member will notify the registrar of the change in concentration to ensure the student is coded correctly.
 - c. A new advisor may be assigned.

Textbooks & Course Resources

Textbooks and other required course materials are a major resource for your professional development. Students will be responsible for materials and content assigned, even if it is not directly covered in class. Textbooks purchased for nursing courses may be required in subsequent courses or be needed as reference materials for [NCLEX](#) preparation; students are strongly discouraged from renting textbooks or purchasing short-term access to eBooks / resources for this reason. Nursing students are strongly discouraged from selling their textbooks.

Kaplan Assessment (ELMSN, Pre-licensure)

PLU’s School of Nursing evaluation processes require the use of independent, external measures of student performance. This enables student performance to be compared to that of students in other nursing programs across the country.

Nursing education is academically rigorous, culminating in a comprehensive national licensure exam. While it is our goal that every student admitted to the PLU School of Nursing will be successful in achieving RN licensure, it is necessary and prudent to implement measures shown to foster first-time NCLEX-RN success. To assist students and faculty in assuring success, the School of Nursing employs both internal and external assessments of students’ progress.

The external testing package currently in use for all BSN and entry-level students is a nationally standardized exam from Kaplan. The Kaplan testing package includes multiple resources for students and faculty, including secure, proctored exams in major areas of study, online review modules, and un-proctored practice tests. The cost of Kaplan testing and resources is included in the School of Nursing Program fee.

The testing resources available from Kaplan are used as external assessments, providing students an opportunity to practice with NCLEX-style questions and identify areas in which additional academic work is needed. Faculty use the results of the Kaplan tests to evaluate student

progression and curriculum effectiveness. In some courses the test is required as part of the class grade.

Test scores are available to students via the Kaplan website. Faculty advisors are available to review Kaplan results with all students. If a student performs below expectations on external testing, the student is responsible for seeking remediation (with faculty guidance), which may take the form of self-study, re-testing, use of PLU resources, a class, or other opportunities. Students set up a Kaplan account, check test results, and take un-proctored exams at www.kpatest.com/login.

Portfolios

Portfolios are increasingly used to document professional development and currency after graduation and provide a measure of student achievement of expected program outcomes.

Online portfolios document achievement of the program objectives. By creating the portfolio, students develop self-assessment skills as they reflect on work they have completed and how the work represents what they have learned. The portfolio is a synthesis of knowledge gained and clinical experiences.

Students begin building their portfolios during the first semester of graduate course work and add to them throughout the nursing program. Students are expected to meet with their advisors to review and discuss the progress of their portfolios, which are completed during the final semester of the program. ([Appendix F](#) – MSN Portfolio Rubric) ([Appendix G](#) – DNP Portfolio Rubric)

After graduation from PLU, the portfolio may be used as a resource during job interviews and for applications to graduate school.

Exams

All nursing examinations must be taken at the designated time and place. Students must notify the instructor prior to the exam if an emergency occurs which prevents them from taking the exam. In addition, the student is responsible to follow up by contacting the instructor (within 24 hours of the missed exam) to ensure arrangements for a make-up exam. The time of the make-up exam, if permitted, will be at the discretion of the instructor.

Students enrolled in non-nursing courses with final examinations that conflict with their nursing examinations may seek permission to take the nursing examination during the designated make-up examination date and time. However, the student may be required to validate the conflict with supporting evidence.

Anyone discovered to be in any way dishonest during an exam will be held to the policies and procedures surrounding academic integrity. Please refer to [Violations of Academic Integrity](#) in the School of Nursing Handbook as well as the [university's academic dishonesty policy](#).

Essential Qualifications

The Essential Qualifications for Participation in School of Nursing Degree Programs (below) constitute important elements of academic performance criteria in the PLU School of Nursing degree programs. As such, the Essential Qualifications become part of the criteria by which students are evaluated for satisfactory performance and program progressions. The Essential Qualifications reflect a sample of the performance abilities and characteristics that are necessary to successfully complete the requirements of all nursing programs at PLU. All new and current PLU School of Nursing students are expected to embody these skills. Nursing students must attest to and demonstrate essential motor, sensory/observation, communication, cognitive, and behavioral/emotional skills needed to be successful in the nursing profession.

The Essential Qualifications for Participation in School of Nursing Degree Programs are used to assist the student in determining whether or not s/he meets essential qualifications, or if accommodations or modifications might be necessary for successful completion of the program at the School of Nursing.

The School of Nursing at PLU is approved by the [Washington State Nursing Care Quality Assurance Commission](#). Only graduates of approved programs are eligible to apply for the NCLEX-RN licensing examination. Mental, physical or emotional impairment may result in the commission suspending a license or denying initial licensure. The Washington State Nursing Care Quality Assurance Commission would expect, and the law requires, nursing programs to evaluate student performance and not pass them if they are unsafe or otherwise not demonstrating satisfactory performance for any reason. Refer to [WAC 246 840 710 \(5\)\(b\)](#).

A student's inability to fulfill program requirements, due in part or in whole to her/his ability to meet the Essential Qualifications, may affect the student's grade in a nursing course or courses, program progression, continued program enrollment, and/or program completion/graduation. Such consequences do not imply discrimination and/or harassment on the part of the faculty member assigning such grades; rather, they are the result of the faculty member's application of professional judgment regarding satisfactory performance for professional nursing practice across the spectrum of essential qualifications. Inability to meet classroom and clinical performance expectations, with or without accommodations, will result in progressions consequences.

Students are required to sign a statement of understanding, acknowledgement, and compliance each semester of the nursing program ([Appendix B](#)). For further information, contact the School of Nursing at PLU and the Washington State Nursing Care Quality Assurance Commission, P. O. Box 47864, Olympia, Washington 98504-7864.

Essential Qualifications for Participation in School of Nursing Degree Programs

The Bachelors of Science in Nursing, Masters of Science in Nursing and the Doctor of Nursing Practice signify that the holder of the degree from Pacific Lutheran University (PLU) is prepared to practice as a Registered Nurse and/or Advanced Registered Nurse Practitioner in the State of

Washington. For further health information regarding licensing for the State of Washington, potential students are encouraged to look at the [Washington Department of Health](#) documents.

Nurses must be educated to assimilate clinical, classroom, and laboratory knowledge, acquire skills, critically think and develop judgement through patient care experiences in preparation for semi-autonomous and independent practice, based on the level of nursing preparation. This is often done in collaboration with the patient and among other health care providers including physicians, nurses, and other health professionals. Therefore, intra- and inter-professional communication that is respectful, collegial, civil, and responsible is a requirement of every student enrolled in the program.

Motor Skills

A student should possess motor function sufficient to provide general care and treatment to patients across a variety of health care settings. The student should be able to move safely within work spaces and treatment areas. For safety, students must be able to assist with moving patients in a safe manner and must be able to perform emergency procedures such as basic life support (including Cardiopulmonary Resuscitation) and/or function in other emergency situations.

Sensory/Observation

A student must be able to use and interpret information presented through demonstrations and experiences in nursing. He or she must be able to observe a patient accurately, at a distance and in close proximity, and observe and appreciate non-verbal communications when performing nursing assessment and intervention or administering medications. The student must be capable of perceiving the signs of disease and infection as manifested through physical examination. Such information is derived from images of the body surfaces, palpable changes in various organs and tissues, and auditory information (patient voice, heart tones, bowel and lung sounds). The student must be able to modify decisions and actions when dictated by new relevant data or after analysis of existing data. The student should be capable of recognizing and responding appropriately to life-threatening emergencies.

Communication

The student must communicate effectively verbally, non-verbally, and in writing in a timely manner with other students, faculty, staff, patients, family, and other healthcare professionals. He or she must be able to express ideas clearly and must be open to giving and receiving feedback. The student must be able to convey and exchange information regarding assessments, solutions, directions, and treatments. The student must be able to communicate relevant data to clinical faculty and other healthcare professionals in a timely manner. The student must be able to ask for assistance and supervision when needed. Students are expected to be professional, responsible, sensitive, accountable, and ethical in all interactions that require communication among peer and other professionals on the healthcare team.

Cognitive

A student must be able to accurately elicit, measure, calculate, analyze, integrate, evaluate, and synthesize information collected throughout clinical, lab, and/or classroom settings across all levels of nursing study to adequately and effectively evaluate a patient's condition. This includes being able to modify decisions and actions when dictated by new relevant data or after analysis of new or existing data. The student is expected to use information gained in courses based in the liberal arts, basic and applied sciences in the development of the plan of care which includes being able to relate pathophysiological and psychological basis of disease to client's status. Students must be able to problem solve and think critically in order to develop appropriate treatment plans. Students must be aware of their abilities and contextual scope of practice depending upon setting and level within the program.

The student must be able to quickly read, comprehend, and apply extensive data obtained from written, digital and/or other materials in computer-information systems to the care of patients. The student must be able to acquire and apply information from demonstrations and experiences in the clinical setting, through prepared case studies, and/or through laboratory work. This information may be conveyed through online coursework, lecture, group seminar, small group activities and/or physical demonstrations.

Behavioral/Emotional

A student must possess the emotional health required for the full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients and families. In addition, the student must be able to maintain mature, sensitive, tolerant, professional, and effective relationships with patients, students, faculty, staff and other professionals under all circumstances. The student must have the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways. The student must be able to experience empathy for the situations and circumstances of others and effectively communicate that empathy. The student must know that his or her values, attitudes, beliefs, emotions, and experiences affect his or her perceptions and relationships with others. The student must be able and willing to examine, evaluate, and change his or her behavior when it interferes with productive individual or team relationships. The student must possess skills and experience necessary for effective and harmonious relationships in diverse academic and working environments.

Reasonable Accommodations for Disabilities

It is our experience that a number of individuals with disabilities (as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act) are qualified to study in the School of Nursing with the use of reasonable accommodations. To be qualified to attend the School of Nursing at PLU, all individuals must be able to meet all academic standards including the Essential Qualifications, with or without reasonable accommodations. The School of Nursing

will work with the student and the Disability Support Services office to provide reasonable and appropriate accommodations. It is the student's responsibility to contact Disability Support Services. While the School of Nursing will make every effort to work with our students with disabilities to accommodate their disability-related needs, it is important to note we are not required to provide requested accommodations that would fundamentally alter the essential functions or technical standards of the program. Additionally, we cannot guarantee that specific accommodations will be accepted within our partnering clinical settings and organizations. Further information on nursing students with disabilities can be found at the National Organization of Nurses with Disabilities: <http://www.nond.org/>

For further information regarding services available to students with disabilities and/or to request accommodations please contact [Disability Support Services](#) at:

Disability Support Services

Lee House

Tacoma, WA 98447-0003

Phone: 253-538-6392

Fax: 253-538-8252

Web site: www.plu.edu/dss

Email: dss@plu.edu

Disability Services for PLU Students

A number of individuals with disabilities (as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act) are qualified to study in the School of Nursing with the use of reasonable accommodations. To be qualified to attend the School of Nursing at PLU, all individuals must be able to meet both our academic standards and the Essential Qualifications, with or without reasonable accommodations. The School of Nursing will work with the student and the [Disability Support Services \(DSS\)](#) office to provide reasonable and appropriate accommodations on a case-by-case basis and will be provided at no cost to the student.

It is the student's responsibility to contact Disability Support Services. While the School of Nursing will make every effort to work with our students with disabilities to accommodate their disability-related needs, it is important to note we are not required to provide requested accommodations that would fundamentally alter the essential functions or technical standards of the program. Additionally, our partnering clinical settings and organizations reserve the right to make independent decisions as to whether specific accommodations will be accepted within the clinical practice setting. Further information on nursing students with disabilities can be found at the [National Organization of Nurses with Disabilities](#).

Pregnancy

While pregnancy is not considered a disability, it may impact a student's educational progression. The school of nursing recognizes that pregnancy is protected under Title IX. Students may voluntarily request accommodations related to pregnancy and childbirth. Students will not be penalized for absences related to pregnancy and childbirth as long as the student's

medical provider deems the absences medically necessary. However, students must meet applicable academic standards to complete the program, so any such absences, missed content, assignments, exams, or clinical experiences need to be made up as they would for any other approved absence. Medical provider clearance may be required in order to return to the patient care setting, and extended absences may affect program progression.

NCLEX-RN Testing Accommodations (ELMSN, pre-licensure)

Students who have testing accommodations while a student at PLU may qualify for testing accommodations during the NCLEX-RN examination. To request testing accommodations the student will need to submit the following documentation to the Washington State Nursing Care Quality Assurance Commission:

- A letter with her/his application and request for accommodation;
- A letter from the student's health care provider providing a diagnosis and identify the accommodation needed;
- A letter from the nursing program certifying the student has obtained this accommodation while attending PLU.

If accommodations are requested, do not schedule an appointment to take the NCLEX-RN exam until you have received written confirmation of your accommodations and your ATT email indicating "Accommodations Granted."

Candidates approved for testing with accommodations must schedule their testing appointment through the NCLEX Accommodations Coordinator by calling Pearson VUE NCLEX Candidate Services at the telephone number listed on their ATT and asking for the NCLEX Accommodations Coordinator. Candidates who seek to test with accommodation cannot schedule their appointments through the NCLEX Candidate website. Candidates with accommodations cannot cancel their accommodations at the time of their appointment.

Letters of Recommendation & References

Students are often requested to obtain letters of recommendation or references from faculty and/or staff members of the School of Nursing for scholarships, educational applications, employment, etc. Nursing students first should obtain consent from each faculty/staff member; faculty and staff may choose to decline the request at their discretion.

FERPA Release for Letter of Recommendation & References

Under the Family Educational Rights and Privacy Act ([FERPA](#)), and following [PLU's FERPA Policy Statement](#), all students must sign a release for faculty/staff to disclose any educational information other than direct observation in a letter of recommendation or reference request. The [FERPA Reference-Recommendation Release](#) from the School of Nursing should be completed and filed with the School of Nursing office when the Letter of Recommendation Request form is submitted. Faculty or staff may also ask to see a copy of this release.

Professional Misconduct and Safety Issues

There are many forms professional misconduct that may affect your status as a student or affect your nursing license. Breaches in professional conduct may include, but are not limited to: academic dishonesty, disruptive behaviors, animal cruelty, sexual misconduct, drug, marijuana, or alcohol misuse, professional misconduct, or criminal conduct (such as shoplifting, DUI, fraud, trespassing, forgery, and burglary, without limitation). Nursing Care Quality Assurance Commission's [Decision Making Criteria for License Application](#) has a complete list of convictions that may affect licensure. Students are subject to disciplinary action, up to and including dismissal from the nursing program, for professional misconduct:

1. The School of Nursing may remove a student immediately from a classroom or clinical situation if faculty believes the student is posing harm or significant risk of harm to a patient, client or others.
2. The incident or concern will be reported to the Dean or their designee to begin the process of reviewing the incident in order to determine appropriate action and an incident report will be filed.
3. If appropriate and when required by university policy, the misconduct or safety issue will be referred to the PLU Conduct Officer, Campus Safety, and/or the School of Nursing RAP committee.
4. The student may not be allowed to attend the courses or clinical during the investigational period.
5. If the misconduct or safety issue is a potential violation of the PLU Code of Student Conduct, the matter will be referred to the PLU Office of Student Rights and Responsibilities and/or Campus Safety. PLU's Conduct Procedures will be followed. The School of Nursing (through its RAP Committee and process) reserves the right to determine and apply additional conduct standards and sanctions for nursing professionals
6. If the misconduct or safety issue is a potential violation of School of Nursing policy or professional standards and not a potential violation of the Student Code of Conduct, the matter will be referred to the RAP committee, the student has the right to petition the committee, present their case to the committee, and may present witnesses to the event.

Removal from the classroom or clinical setting for safety reasons may result in failure of the course and clinical. Nursing students who demonstrate a pattern of unsafe practice or who violate standards of academic performance or professional conduct are subject to dismissal from the School of Nursing. Concerns related to student competency or professional conduct will be referred to the School of Nursing RAP committee and/or the Dean or designee for review. Problems involving possible violation of PLU's policies as stated in the PLU Student Code of Conduct are reported to the Office of the Vice President of Student Life.

Personal Working Hours Recommendation

The School of Nursing recognizes that many students must maintain employment outside of their academic obligations. The School of Nursing also recognizes that working over 12 hours (class, lab, clinical, and personal work hours) in a 24-hour period poses patient safety, personal health,

and academic risks. Students should be mindful of these risks and manage their time accordingly. It should be noted that the SoN's recommendation for pre-licensure Entry-Level MSN students is not to work during that rigorous portion of the program. During the MSN portion, it is recommended to begin working as a RN no more than 0.5 FTE.

The DNP program is equally rigorous and requires clinical hours each semester. It is recommended students work no more than .5FTE during the last two years of the program. Many students will drop to per-diem to allow sufficient time to focus on Clinical and DNP project requirements.

Violations of Academic Integrity

Academic integrity is honesty concerning all aspects of academic performance including clinical performance. Academic integrity in the classroom is defined in the [PLU Student Rights and Responsibilities](#). Academic dishonesty in the clinical setting include, but are not limited to:

- Plagiarizing clinical assignments, including care plans, drug reviews, falsifying data in a patient's record, or other required work,
- Submitting work written by others as one's own work,
- Unauthorized collaboration with others in fulfillment of assignments,
- Falsifying data or deliberately submitting inaccurate information; and
- Covering up or denying knowledge of an error in the clinical setting.

When an instructor believes a student has violated the university's academic integrity policy, s/he will contact the student to inform him or her of the issue and will follow the PLU policy for resolving an academic dishonesty incident.

1. The instructor may meet informally with the student to resolve the matter.
2. The instructor may ask to meet with the student in the presence of witnesses to resolve the matter. In this case, the student will be informed in writing of the purpose of the meeting, and of his or her right to have a witness present.
When an instructor is unable to meet with a student, as at the end of Spring Term or a term before a student studies abroad, the instructor will document the allegation and send it to the student, via certified mail or email, together with a letter stating the penalty to be imposed.
3. The instructor may submit an [Academic Dishonesty Report Form](#) (ADRF) and supporting documentation to the chair of the Campus Life Committee (CLC).
4. The instructor may request a formal hearing administered by an Academic Dishonesty Hearing Panel (ADHP) by notifying the chair of the CLC on the ADRF. The Associate Director for Student Rights and Responsibilities will then notify the student of the charge of misconduct and initiate a hearing as outlined below in "Formal Hearing Process." The Associate Director for Student Rights and Responsibilities will also initiate a search of any prior academic misconduct records for that student. When a hearing is requested by the instructor or is required, the student and instructor will be notified at least 48-business hours in advance.

The instructor has the authority to impose penalties with respect to his or her class. The minimum penalty grade for dishonesty in coursework that constitutes 30% or more of a course grade shall be an “E” for the course, unless the student is enrolled “pass/fail” in the class, and then the course grade will be an “F”. Dishonesty in other required course work shall result in a minimum penalty grade of zero for that work.

The violation and the sanction will be documented in writing. The student will be given a copy of the description of the violation and the sanction, and copies should be forwarded to the Dean of the School of Nursing, School of Nursing RAP Committee and when appropriate, to the university's Academic Dishonesty Hearing Panel (ADHP).

Students who disagree with a penalty imposed by the faculty or the filing of an ADRF may request a formal hearing by an ADHP. Such a request must occur within five business days of notification of the grade in question or the notification of suspected academic dishonesty. The process for disputing the penalty or filing an ADRF is outlined in the [Academic Integrity](#) section of the PLU Students Rights and Responsibilities.

All issues of Academic Integrity will be reviewed by the School of Nursing RAP Committee to determine if the breach is severe enough to warrant a recommendation of further sanctions, including dismissal from the program.

Disruptive Behaviors

The faculty and staff of the PLU School of Nursing function in a spirit of mutual respect in dealing with others in the university community. It is thus incumbent upon all members of the School of Nursing to contribute to a culture of respect everywhere on campus, at all times, and in all School of Nursing activities, through our decisions, actions, and speech.

The School of Nursing may remove a student from the clinical setting, classroom, or lab if they exhibit disruptive behavior. Disruptive behaviors such as incivility, lateral violence, horizontal violence, relational aggression, or bullying are not acceptable in the nursing profession. Civility is the reflection of professional empathy and understanding and demonstrates accountability and respect. Incivility includes: openly challenging faculty and classmates, lack of classroom etiquette, gossiping, texting, talking or misusing electronic devices during class or clinical, and making rude gestures (Holm, 2014). From the American Nurses Association, “Lateral violence refers to acts that occur between colleagues, where bullying is described as acts perpetrated by one in a higher level of authority and occur over time. The acts can be covert or overt acts of verbal or non-verbal aggression. Relational aggression is a type of bullying typified by psychological abuse. Behaviors include gossiping, withholding information and ostracism. Behaviors can extend outside the workplace and can occur in person or in cyberspace” (Dellasega, 2009). Respecting classmates, faculty and health care provider peers is essential for coordination of safe patient care. Disruptive, uncivil, and bullying behaviors are not tolerated in the School of Nursing and may be grounds for disciplinary action or dismissal from the program.

Sexual Misconduct and Non-consenting Relationships

Sexual misconduct as identified in the [PLU Student Code of Conduct](#) and by the [Washington State Nursing Care Quality Assurance Commission](#), (see WAC 246-840-740) and [Department of Health](#) will be used to determine sexual misconduct.

Non-consenting sexual relationships, intimate contact, or sexual harassment of any kind between students, between students and faculty, or between students and patients or clinical staff members, are regarded as sexual misconduct. All suspected inappropriate relationships will be reported to the PLU Title IX Coordinator, and are subject to disciplinary action by the university. [PLU Title IX Policy](#) and [PLU Sexual Misconduct Policy](#).

Sexual or romantic conduct with a patient or the patient's family is serious professional misconduct, will be reported immediately, and is grounds for program dismissal. Such conduct is not limited to sexual contact and includes behaviors or expressions of a sexual or intimately romantic nature. Sexual or romantic conduct is prohibited whether or not the client, family member or significant other initiates or consents to the conduct.

Drug, Marijuana or Alcohol Misuse

Nursing requires mental, physical and emotional competencies and coherence to practice safely. The use of drugs, marijuana, or alcohol impairs coherence, decision making, and the ability to practice.

Impairment by drugs or alcohol is a violation of [WAC 246-840-710\(5\)\(b\)](#), which states "Practicing nursing while affected by alcohol or drugs, or by a mental, physical or emotional condition to the extent that there is an undue risk that he or she, as a nurse, would cause harm to him or herself or other persons." Impairments of a nurse or student to practice safely may result in the commission suspending a license or denying initial licensure. Practicing under the influence of drugs, marijuana or alcohol is considered a breach of professional conduct by the Washington State Nursing Care Quality Assurance Commission.

Students whose behaviors suggest use of or impairment from alcohol, marijuana, drugs or medications (including those taken with valid prescriptions for legitimate medical purposes) during clinical, class, or lab activity are subject to removal from that area and possible dismissal from the School of Nursing. These issues are referred to the Recruitment, Admission and Progression (RAP) Committee, and will result in a Performance/Progression Alert. For further information, refer to the [university policy](#) on alcohol/drug misuse: [Alcohol Sanctions](#) or [Drug Sanctions](#). Additional sanctions may be imposed by the School of Nursing given patient safety considerations.

In addition to PLU policies on drug, marijuana, or alcohol misuse students must also adhere to the rules and regulations of the individual clinical agencies they visit. Clinical agencies reserve the right to do mandatory scheduled or random drug screening at your expense. If the drug

screening has a positive result and the clinical agency refuses to allow the student to participate in clinical at their agency, the School of Nursing is not obligated to find the student a new clinical site for the rotation.

Dismissal from the School of Nursing for Reasons of Conduct

Students may be dismissed from the School of Nursing for reasons of conduct that may not be outlined in, or a violation of the PLU Student Code of Conduct. Incidents requiring report to other offices or university officials will be managed according to PLU policy. Criminal violations will be reported to appropriate law enforcement. Dismissal from the School of Nursing for reasons of conduct is an action that can be taken only by the Dean. Students dismissed from the program due to conduct concerns may appeal the decision to the [University Dispute Resolution Committee](#). The UDRC review is limited to whether a School of Nursing or University policy, including the policy on Equal Opportunity, was violated.

Academic Advising

General Advising Information

All students will be assigned a nursing faculty advisor during their first semester in the School of Nursing. The faculty advisor may advise them academically and professionally and serve as the student's advocate. The faculty advisor's role is not to be a personal friend or therapist. Students should plan to meet with their advisors to check their progress and discuss any issues or concerns. Student and advisor review the individual's academic record, progress on portfolio, and graduation requirements.

Change of Advisor

The School of Nursing reserves the right to reassign students to a new faculty advisor when need arises. Such changes most often occur when faculty leave the department, when new faculty are hired, and/or when a faculty member's availability and/or status changes.

Students are also allowed to request a change of advisor. A change of advisor form is available from the SoN office. Keep in mind that change of advisor requests are not granted unconditionally. Students benefit greatly from working with the same advisor for their three years in the School of Nursing. Doing so ensures that one faculty member is familiar with the student's individual goals and academic progress while also facilitating consistency in advising. Students desiring a change of advisor must contact the Advisor, Admission & Student Services Coordinator to discuss why they would like this change. All changes of advisor must be approved by the ELMSN Coordinator, PMHNP Lead Faculty Member, or FNP Lead Faculty Member, depending on what program you are in; who may decline the request if, in their discretion, the change would not be beneficial to the student. A student wishing to work with a specific advisor should contact this faculty member first to see if he or she is accepting additional advisees.

Academic Performance

Attendance

Nursing students are expected to attend all classes, to be in the clinical areas as assigned, and to be on time. Faculty will set other attendance requirements for particular classes, labs and/or clinicals. It is the faculty's discretion to determine what constitutes excused and unexcused absences. Failure to attend the first two classes or a clinical orientation will result in removing the student from the course and affects program progressions accordingly.

A minimum number of clinical hours is required to complete clinical rotations. Absences for any reason, excused or not, may adversely affect the course grade. Unexplained/unexcused absences may result in failure and will definitely affect the student's grade.

The laboratory component of nursing courses is an integral part of the nursing program. Successful demonstration of technical nursing skills in the lab is vital to ensure safe nursing practice in the clinical agencies. Therefore, attendance at all scheduled lab demonstrations, practices and tests are mandatory.

If an absence is unavoidable, the student is responsible for remedial work to master the material or activity missed, as well as for notifying the instructor(s) in a timely, appropriate manner. However, the points or credits may not be recouped. If a scheduled test is missed, there is no guarantee that it can be rescheduled; this may adversely affect the final course grade.

Grading Scale

The following grading scale has been adopted by the School of Nursing faculty and is used in all courses required for the nursing degree programs:

4.00	94-100	A	3.00	84-86	B	2.00	71-75	C	1.00	62 - 64	D
3.67	90- 93	A-	2.67	80-83	B-	1.67	68-70	C-	0.67	59 - 61	D-
3.33	87-89	B+	2.33	76-79	C+	1.33	65-67	D+	0.00	58 & below	E

Academic Progression

Progression in the nursing major is dependent upon satisfactory completion of the prescribed sequence of courses. Nursing students must obtain a minimum grade of "B" (3.0 on a 4.0 scale) in all required prerequisite and nursing courses before students may progress to the next sequence of nursing courses. Students who earn less than a "B" (3.0 on a 4.0 scale) in any nursing course must repeat that course in its entirety in order to continue in the program. Required courses may be repeated only once. The option to repeat a nursing course is not guaranteed. See [Course Failure](#) and [Petition Process](#) sections for more information. Students who earn a "C" or below in a repeated nursing course are not permitted to enroll in the course a third time; they are dismissed from the nursing program.

Graduate students must maintain a grade point average of 3.0 in all graduate work. Graduate-level credit will not be given for any class in which the grade earned is lower

than a B (3.0). A graduate student whose grade point average falls below 3.0 is placed on academic probation and is subject to dismissal from the program. A graduate student cannot earn a master's or DNP degree with less than a 3.0 cumulative grade point average in all graduate-level work.

Earning less than a C (2.0 on a 4.0 scale), is defined as failing a course in the graduate nursing program. Withdrawal from a course in failing status is considered equivalent to a course failure. Failure or withdrawal in failing status from any two nursing courses will result in dismissal from the School of Nursing.

If a student encounters circumstances beyond his or her control, that student is responsible for addressing this as soon as possible with faculty instructors and with the academic advisor. The Recruitment, Admission and Progression Committee (RAP) and/or the Dean may require documentation and testimony of these circumstances.

Performance Progression Alert (PPA)

The School of Nursing faculty may enact a Performance Progression Alert (PPA) for students who are not meeting the Essential Qualifications or not performing to academic, clinical, lab, or professional standards at any point in the academic term and program of study ([Appendix A](#)). The Performance Progression Alert will specify the nature of the performance concern, criteria for satisfactory performance, the timeline for achieving expected improvements, and consequences for failure to improve. The notice will be signed by the issuing faculty member and the student. The original signed form is placed in the student's School of Nursing academic file. Communication regarding the notice will be submitted by the issuing faculty member to the following School of Nursing personnel: Academic Advisor; Chair of RAP committee; Advising, Admission, and Student Support Coordinator; Associate Dean of Academic Affairs; School of Nursing Dean; and as appropriate, Lead Course Faculty and/or the School of Nursing Clinical Placement Coordinator.

Deficiencies are categorized as minor and/or major based on the severity of the event. Major violations will result in immediate notification to the School of Nursing Dean. Three separate minor and/or a single major occurrences during the program of study will result in a review by the RAP committee and/or the Dean of Nursing and may result in dismissal from the School of Nursing. Any occurrences that place the client, self, or others in potential immediate danger will result in immediate review by the Dean.

Incomplete Grades

Incomplete grades provide a mechanism for students who are in good standing but have significant unforeseen circumstances preventing course completion in the normal time-frame. Incomplete grades affect nursing program progression and thus are permitted only in exceptional circumstances. If a student wishes to request an incomplete grade, they must first obtain permission from RAP before they are allowed to negotiate with the faculty of record. This will require the student to work with their advisor to petition RAP and complete the student's portion of the Incomplete Contract Form from the Registrar's office. The petition to RAP should include the reason for the request for an incomplete grade as well as a plan that would allow the student to complete the grade. The decision by the RAP committee will be whether or not the student

may negotiate with the faculty of record for an incomplete grade and not to approve the contract between the student and the faculty of record. The faculty of record has the right to refuse an incomplete grade request regardless of the RAP decision and will determine the final plan for successful completion of the grade. Incomplete grades must be completed before the beginning of the next semester in which the student will be enrolled in nursing courses. Incomplete grades that are not completed by the agreed upon date on the Incomplete Contract Form by the beginning of the next nursing term will default to the agreed upon grade or E/F.

Probationary Status

Students who earn a "C-" or below in a nursing course, withdraw in failing status (withdrawal in failing status is considered a failure in the School of Nursing), or receives a Performance Progression Alert (PPA) for a major violation or 3 minor violations are subject to RAP review and may be placed on probation in the School of Nursing. Students may repeat a failed nursing course, or enroll in other subsequent nursing courses, only after a review by the RAP committee.

If, while on academic probation, a student earns a "C-" or below in any nursing course, or withdraws in failing status, that student will be dismissed from the School of Nursing. If, while on professional conduct-related probation, a student receives a Performance Progression Alert for a major violation or receives an additional 3 Performance Progression Alert for minor violations, the student will be dismissed from the School of Nursing.

Each situation is individually evaluated, and permission to continue and/or repeat is not automatically granted. Generally, students will remain on probation for one calendar year from the date of the RAP review.

Graduate students must maintain a grade point average of 3.0 in all graduate work. Graduate-level credit will not be given for any class in which the grade earned is lower than a C (2.0). A graduate student whose grade point average falls below 3.0 is placed on academic probation and is subject to dismissal from the program. A student's academic probation may be lifted once his or her cumulative GPA meets the minimum standard. If, while on academic probation, a student receives a grade of less than C, the student is subject to dismissal from the program. A graduate student cannot earn a master's or DNP degree with less than a 3.0 cumulative grade point average in all graduate-level work.

Repeating a Course

Students who need to repeat a nursing course must first petition to do so. See [Course Failure](#) and [Petition Process](#) sections for more information. The student will register for that course on a space-available basis. If all sections of the course are closed, students must register for the course during a later semester. If progression is delayed for more than one (1) semester, the student may be required to demonstrate clinical competencies prior to being allowed to continue in clinical courses.

When a student repeats a course, both the new and original grade will appear on their official transcript. However, PLU uses the higher of the two grades to determine the cumulative GPA. For further information regarding PLU's policy on repeating courses, review the PLU handbook ([undergraduate policies & procedures](#) or [graduate policies & procedures](#)).

Dismissal from the School of Nursing for Academic Reasons

Students who earn a "C-" or below in a repeated course are not permitted to enroll in the course a third time; they are dismissed from the nursing program. Students who earn a "C-" or below in any two separate nursing courses are dismissed from the School of Nursing. Dismissal from the School of Nursing is an action that can be taken only by the Dean based on recommendation by the RAP committee. Students dismissed from the program due to unsatisfactory performance may appeal the decision to the [University Dispute Resolution Committee](#). The UDRC review is limited to whether a School of Nursing or University policy, including the policy on Equal Opportunity, was violated. Students who are dismissed from the School of Nursing for academic performance may re-apply to the nursing program.

Course Level Grade Issues

Courses Outside the School of Nursing

Some courses required for completion of the pre-licensure nursing major are offered in academic departments other than the School of Nursing. These courses are administered by the respective departments with regard to scheduling, evaluation, grading, etc. Grades earned in such courses cannot be disputed through the School of Nursing process outlined here, and must be addressed with the respective academic department as appropriate.

Course Failure

1. The Recruitment, Admission and Progression Committee (RAP) reviews the record of every student receiving a grade of less than 2.0 in a course; this record includes the faculty's evaluation and the student's entire educational record. Course faculty is consulted when appropriate.
2. Students must provide a copy of [permission to remain in the program and retake the failed course](#) petition form describing the issue in detail and any plan for future success to the chair of the Committee prior to the date of the next RAP meeting.
3. Students may ask to appear before the RAP Committee with a faculty advocate, if desired, to present their situation. The student and/or faculty advocate does not remain for the Committee deliberations.
4. After all available documentation has been reviewed, and all parties concerned have had the opportunity to voice concerns, the Committee will make its recommendation to the Dean.
5. Nursing students will receive a written statement from the Dean as to the final decision. Letters sent to students placed on academic probation will have identified areas of difficulty and stated specific expectations to be met; the student's probationary status and consequences; and the minimum level of competency to be achieved for successful completion of the course and further progression.
6. Copies of the letter will be sent to the student, appropriate faculty, and the student's faculty advisor, and added to the student's educational record in the School of Nursing. Copies may also be sent to the appropriate university officials.
7. Upon receipt of notification of successful completion of the courses for which the student was originally placed on probation, the RAP Committee will notify the student that the

terms of the probation have been met and that he or she is again in good standing in the School of Nursing.

Grade Dispute Policy

The PLU School of Nursing is dedicated to fair and accurate appraisal of each student's coursework. When disagreements arise over grades assigned in a course, students and faculty should first follow the School's established procedure for informal grade dispute resolution. If the informal procedure is unsuccessful in resolving the grade dispute, students and faculty will undertake the School's formal grade dispute resolution procedure*.

Procedural Steps:

1. A student considering a grade dispute must first read this document in its entirety and discuss it with their assigned faculty advisor before proceeding to step 2. If the student's advisor is also the faculty member responsible for submitting the disputed grade, the student should contact the School of Nursing Associate Director of Advising, Admission, and Student Support to determine an alternative advisor for these proceedings.
2. A student who chooses to dispute a grade should first initiate the informal grade dispute process by addressing the matter with the faculty member responsible for submitting the grade in the following manner:
 - a. Submit to the responsible faculty member a written statement, detailing why the grade is being disputed and the grade and/or remedy the student is seeking, and requesting an appointment time to meet with the faculty member.
 - i. The student is responsible for providing a copy of the written statement to the School of Nursing office to be placed in the student's official School of Nursing file.
 - ii. The written statement should be available during the discussion between the student and the responsible faculty member.
 - b. After the initial discussion, the responsible faculty member should provide a written statement detailing the issues discussed, including why or why not the grade will be changed.
 - i. Both the responsible faculty member and the student should sign this written statement; the student should have an opportunity to provide additional written comments.
 - ii. The faculty member is responsible for submitting this statement, along with any additional written comments from the student, to the School of Nursing office to be placed in the student's official School of Nursing file.
3. If the matter is not resolved between the student and the responsible faculty member, the student may request assistance and advocacy from his or her faculty advisor. With regard to written statements, requests for meetings and discussions held between the responsible faculty member, the faculty advisor, and the student, should follow the same procedures and guidelines as outlined in Step #2.
4. If the matter is not resolved after discussion with the faculty member and the faculty advisor, the student may initiate the formal grade dispute process by appealing to the

Recruitment, Admission, and Progression (RAP) Committee. The RAP committee will consider only those grade disputes arising from documented incidents of discrimination or harassment, or non-compliance as detailed in step #5 of the informal grade dispute procedure. The RAP committee will make a recommendation to the Dean, who will make the final determination. If the Dean is the faculty member responsible for submitting the disputed grade and/or is the student's advisor, the student may appeal to the provost. With regard to written statements, requests for an appeal, and discussions held between the responsible faculty member, the faculty advisor, the student and the Dean or provost, should follow the same procedures and guidelines as outlined in Step #2.

5. If the student chooses to pursue the matter beyond Step #4, he or she may submit a grievance to the University Dispute Resolution Committee (UDRC). It is expected that the procedure outlined here will be followed in its entirety before a grievance is made to the UDRC. All copies of written statements from the student's official School of Nursing file regarding the grade dispute will be made available to the UDRC upon request.

****Some courses required for completion of the nursing major are offered in academic departments other than the School of Nursing. These courses are administered by the respective departments with regard to scheduling, evaluation, grading, etc. Grades earned in such courses cannot be disputed through the School of Nursing process outlined here, and must be addressed with the respective academic department as appropriate.***

Informal Grade Dispute Guidelines

1. Before a student initiates the formal grade dispute process, s/he must complete the informal grade dispute process.
2. A student who disputes a grade should discuss the reason for the grade with the faculty member who assigned the grade prior to initiating any formalized grade appeal.
3. No student should discuss any grade-related complaint with the Dean or with any other faculty member or committee, except his or her advisor, until the informal grade dispute process has concluded (the completion of step 2b under "Procedural Steps"). If necessary, the student may request the assistance of his or her advisor. If the student's advisor is the faculty member responsible for submitting the grade, the student should contact the School of Nursing Associate Director of Advising, Admission, and Student Support to request that an alternative advisor be assigned to act as his or her advocate.
4. The difference between the disputed grades must be one full letter grade or higher, with the exception of those grades that could result in dismissal from, or delay in, the nursing program. (Examples: A-vs. A, No dispute; B vs. A, Can be disputed; C-vs. C, Can be disputed.)
5. Grounds for grade disputes should arise from documented incidents of discrimination and/or harassment based on race, religion, age, color, creed, national or ethnic origin, gender, sexual orientation, marital status or disability**, and/or arising from non-compliance with established PLU and/or School of Nursing policies and procedures.

6. The grade must be disputed within seven (7) working days after the grade has been officially posted, and prior to beginning the first day of any courses for which the disputed course/grade is prerequisite.
7. A student who has completed informal efforts at resolution, has a disagreement amounting to at least one full letter grade, and wishes to invoke the formal grade dispute procedure should understand that in the course of pursuing the dispute, his or her coursework may, with the faculty member's consent, be referred to qualified external graders, most likely the faculty member's school colleagues who teach in the same area. **The student should understand that external referral may lead to a recommendation for lowering the grade as well as to a recommendation for raising the grade or to no change at all.**

Formal Grade Dispute Guidelines

1. A formal grade complaint must be submitted to the School's RAP committee within the first 10 working days after a grade has been officially posted.
2. The RAP committee will consider **only** those grade disputes arising from documented incidents of discrimination or harassment, or non-compliance as detailed in step #5 of the informal grade dispute procedure.
3. The RAP committee may request a meeting with the student, the responsible faculty member, and/or the student's faculty advisor.
4. The RAP committee will provide the Dean with a written statement summarizing the committee's findings. The Dean may then pass this statement on to the student, the responsible faculty member, and the student's faculty advisor. The Dean may provide the responsible faculty member with a recommendation that supports the original grade, or supports the submission of a grade either higher or lower than the original grade, or supports the implementation of some other remedy, (e.g., additional examinations or assignments). Authority to change a student's grade will remain with the faculty member responsible for submitting the grade, except in cases of discrimination or harassment as detailed in step #5 of the informal grade dispute procedure.
5. If the Dean is the faculty member responsible for submitting the disputed grade and/or is the student's advisor, the student may appeal to the provost.
6. All written statements become part of the student's educational record and will be included in the student's official School of Nursing file.
7. As a general guideline, response time from receipt of a written request to a reply to that request should be no longer than ten (10) working days. However, time constraints necessitated by the university and/or School of Nursing calendar may prevent this from occurring.
8. If the student chooses to pursue the matter further, he or she may submit a grievance to the University Dispute Resolution Committee (UDRC). It is expected that the procedure outlined here will be followed in its entirety before a grievance is made to the UDRC. All copies of written statements from the student's official School of Nursing file regarding the grade dispute will be made available to the UDRC upon request.

**** Documented, proven discrimination and/or harassment based on disability will not be tolerated. However, certain physical and psychological expectations exist for those students enrolled in nursing courses, per the Essential Qualifications of Nursing Students Preparing for Professional Nursing Practice. A student's inability to fulfill program requirements, due in part or in whole to physical and/or psychological limitations, may affect the student's grade in a nursing course or courses. Such grades do not necessarily imply discrimination and/or harassment on the part of the faculty member assigning such grades.**

Status and Enrollment

Part-Time Enrollment

ELMSN students must maintain full-time status in the nursing program. A part-time program plan is not available for pre-licensure students.

Post-licensure ELMSN students seeking to change their status from full-time to part time enrollment must follow the procedures outlined for MSN students below.

MSN students need to indicate upon admission whether they are requesting full-time or part-time status. Any student seeking to change their status from full-time to part-time enrollment in the MSN or post-licensure ELMSN program must follow the steps outlined below:

- Prior to taking action (withdrawal from or enrollment in courses), discuss issues regarding part-time status with their assigned nursing advisor;
- After discussion with the advisor, submit, in writing, a request for part-time enrollment to the MSN/ELMSN Coordinator. This written request should be submitted prior to the semester in which the change in status is desired;
- Upon approval by the RAP Committee or the Dean, schedule an appointment with the MSN/ELMSN Coordinator to sign a new academic program contract;
- Use the new part-time status academic program contract as the contractual guide for subsequent enrollment in the nursing curriculum.

DNP students need to indicate upon admission whether they are requesting full-time or part-time status. Any student seeking to change their status from full-time to part-time enrollment in the DNP programs must follow the steps as outlined below:

- Prior to taking action (withdrawal from or enrollment in courses), discuss issues regarding part-time status with their assigned nursing advisor;
- After discussion with the advisor, submit, in writing, a request for part-time enrollment to the PMHNP Lead Faculty Member, or FNP Lead Faculty Member, depending on what program you are in. This written request should be submitted prior to the semester in which the change of status is desired;
- Upon approval by the RAP Committee or the Dean, schedule an appointment with the PMHNP Lead Faculty Member, or FNP Lead Faculty member, depending on what program you are in; to sign a new academic program contract;
- Use the new academic program contract as the contractual guide for subsequent enrollment in the nursing curriculum.

Enrollment management in nursing is very important because of clinical agency expectations, capacity, and demand. A change in any student's enrollment status affects others. Requests to convert to or from full-time status to or from part-time status must follow this same process. Students should be aware that returning to full-time status following part-time enrollment is on a space-available basis and cannot be guaranteed.

Leaves from the School of Nursing

All students enrolled in the nursing program are expected to adhere to the curricular sequence as outlined in the university catalog. Moreover, all nursing students are required to sign an individual academic program contract (APC) within the first month of matriculation to the program. The academic program contract outlines the particular program of study leading to the MSN, or DNP degree; all nursing students must follow their signed program contracts. Enrolling in courses deviating from the signed academic program contract may result in delay in progression through the nursing curriculum, and possible delay in graduation and/or dismissal from the program.

The nursing programs are specialized program at PLU. The course sequence is both highly structured and rigorous, requiring commitment and intensive focus from students. The structure of clinical placement further differentiates the nursing program from other academic programs. Because clinical placements are limited, competitive, and allocated to nursing programs throughout the region well in advance of the semester, the nursing program is structured according to a cohort model. Under this model, students move through the course sequence with the same group of peers for their entire program. The number of students accepted into a cohort is determined by the number of anticipated clinical placements, and faculty are hired and scheduled accordingly. To leave a cohort and/or attempt to reenter a different cohort is a complicated process that can delay a student's progress indefinitely. Students are expected to make reasonable effort and arrangements to complete the sequence as planned without interruptions. The school believes that any interruption of the program as structured should be on a preplanned, or when necessary, an emergency basis. Unapproved deviance from the APC constitutes leaving the accessed cohort and may result in loss of cohort pricing, increased program duration and the course sequencing is not guaranteed subject to curricular changes. Furthermore, leaving the accessed cohort and joining a subsequent cohort occurs on a space available basis. Students leaving their accessed cohort may have to wait one or more semesters before space is available. Students are required to retain and demonstrate continued proficiency upon return.

Leave of Absence

A leave of absence from the School of Nursing is an interruption in academic progress of one year or less. A written request for a leave of absence, stating the reasons, length of time, and expected date of return, should be submitted to the RAP Committee. Students may also be required to supply additional supporting documentation. The leave of absence must ultimately be approved by the Dean.

A leave of absence may be granted because of special foreseeable circumstances, such as completion of military obligations, personal or family health and wellbeing, financial difficulties, planned medical procedures, or childbirth that is known to be occurring in an upcoming term. Because these events are foreseeable, students are expected to request a leave of absence before the term begins. Leaves of absence after the semester has begun may be granted when unforeseeable or emergency circumstances arise such as a sudden illness or a family member's illness, complications with a medical procedure like childbirth, an accident, or military mobilization.

Leave may be denied when the student fails to follow the process established for requesting leave, when the request is not timely, when educational standards would be lowered or require substantial modification for the student requesting leave and/or others, or when the reason for leave is deemed insufficient. Denial of requested leave may require the student to withdraw and seek readmission. Students should be aware that there may be an academic and/or financial consequence to withdrawing during a semester.

When the need for a leave of absence is foreseeable, a student should inform the course instructor(s) and his or her faculty advisor at least 30 days prior to the beginning of the semester in which leave will be needed. This should be prior to the required payment of tuition. Failure to make a timely request for foreseeable leave may result in leave being denied. Tuition will not be refunded. When the need for leave is not foreseeable, notice must be given as soon as is practical. An appointment with the Advisor, Admission and Placement Coordinator is advised to discuss the leave and plan for return. Return to the School of Nursing is offered on a space-available basis.

Students considering a leave of absence should first meet with their advisor to determine if they have sufficient cause to justify a leave and how this leave will impact their academic progress. Those requesting a leave after the add/drop period will further be required to speak with The Office of Financial Aid to determine any fees that will accrue as a result of a withdrawal, and how this will impact their funding.

Depending on the length of the absence, upon return cohort prices and program duration are subject to increase. Graduate courses are only offered annually. Original course sequencing is not guaranteed and subject to curricular changes. Failure to return from the absence will result in withdrawal and the student must then reapply to the program. Readmission to the program is not guaranteed.

Medical Withdrawal

The university recognizes that in certain circumstances a health issue may so significantly impact a student's academic work that a Medical Withdrawal for the term is needed. Students may petition to withdraw completely from the University for a specific term for medical reasons. The student must provide written evidence from a physician and a personal explanation to the Dean of Students in the Office of Student Rights & Responsibilities. The petition and the accompanying materials must be completed and submitted before finals week for the specific term and in no case later than the last day of class in the specific term. If granted, the notation of WM in lieu of grades will appear on the student's transcript. Medical provider clearance is

required prior to re-enrollment. Contact srr@plu.edu for more information and to receive the Petition for Medical Withdrawal.

Withdrawal from the Term

Students in the School of Nursing may choose to pursue a withdrawal from the term if they do not have justifiable cause for a leave of absence, or their petition for a leave of absence was denied. To do this, a [notification of withdrawal](#) form must be submitted to the [Student Services Center](#) and the School of Nursing. Oral requests are not acceptable. Charges will remain on the student account until written notice is received. Students are strongly advised to meet with their academic advisor prior to submitting withdrawal paperwork to determine how this will impact their status in the School of Nursing.

Students must understand that a withdrawal from the university is also a withdrawal from the School of Nursing. Readmission is neither guaranteed nor implied.

Absence in Excess of One Year

Absence in excess of one year requires a letter of withdrawal submitted to the Recruitment, Admission and Progression (RAP) Committee prior to leaving. Students withdrawing from the School of Nursing and the university should follow the appropriate procedures for facilitating future return or transfer to another institution. Returning to the PLU School of Nursing will require reapplication to the nursing program. Readmission is neither guaranteed nor implied. Upon returning to the program; cohort pricing and program duration are subject to change, along with the course sequencing as it is subject to curricular changes.

Returning from Leave of Absence

Returning from Leave

Return to the School of Nursing is offered on a space-available basis. If progression is delayed for more than one (1) semester, the student may be required to enroll in a 1 credit skills refresher course Independent Study (IS) Nursing Clinical Skills Refresher to update knowledge and skills, as well as to make an appropriate transition into the current curricular structure and or Objective Simulated Clinical Evaluation to demonstrate skill and knowledge retention. Inability to sufficiently pass may result in the student being required to retake a course or courses as indicated. Additionally, updated health, certification and clearance documents may need to be submitted.

Returning to Program Following Medical Withdrawal

Students who withdraw from the School of Nursing for medical reasons must submit a verifiable letter from a licensed primary care provider (MD, DO, NP, PA) addressing Essential Qualifications (Appendix B) and a personal statement to the Dean of Students in the Office of Students Rights & Responsibilities. The request for return and the physician's statement will be reviewed by the Dean of Students for approval.

Return to the School of Nursing is offered on a space-available basis, and is coordinated by the Associate Director of Advising, Admission, and Student Support, the Clinical Placement Coordinator, and the Dean. If progression is delayed for more than one (1) semester, students will need to demonstrate continued competency as outlined above under “returning from leave”.

Returning from Withdrawal of the Term

If students are passing all nursing coursework with a B (3.0) or better at the time of their withdrawal, they will be allowed to reapply to the School of Nursing and request permission to reenroll in the courses they were taking when they withdrew. If readmission is granted, the student will reenter the nursing program on a space-available basis. However, priority placement will be given to students who have been granted a leave of absence. If progression is delayed for more than one (1) semester, If progression is delayed for more than one (1) semester, students will need to demonstrate continued competency as outlined above under “returning from leave”.

To return to the University after a withdrawal of the term, students need to fill out the [Re-entry Application](#) and write a statement of good character to [Student Services](#). If the withdrawal was for longer than one semester the student is required to enroll in a 1 credit skills refresher course, Independent Study Nursing Skills Refresher and show knowledge of the curriculum using a simulated patient experience.

Returning from Leave in Excess of One Year

Returning to the PLU School of Nursing will require reapplication to the nursing program. Readmission is neither guaranteed nor implied. If students were passing all nursing coursework with a B (3.0) or better at the time of their withdrawal, they will be allowed to reapply to the School of Nursing and request permission to reenroll in the courses they were taking when they withdrew. If readmission is granted, the student will reenter the nursing program on a space-available basis. If progression is delayed for more than one (1) semester, students will need to demonstrate continued competency as outlined above under “returning from leave”. Additionally, updated health, certification and clearance documents will need to be submitted. If a student leaves the program at any time, for any reason, they are subject to the curriculum in place at the time of their return. All prior APC’s and pricing are null and void.

To return to the University after a leave in excess of one year but less than six years, students need to fill out the [Re-entry Application](#) and write a statement of good character to [Student Services](#). If leave is in excess of six years, students will need to re-apply through the Office of Admissions.

Petitions

The General Petition Process

Many student interactions with the RAP committee require the student to submit a petition to explain the circumstances of their situation. The petition process allows students to request an exception to policy, permission to step out of the nursing curriculum sequence, address professional conduct issues, or to dispute a grade. Regardless of the circumstances, the process of writing a petition is the same. Please also see the Handbook section on [Interplay between PLU’s Student Code of Conduct and the School of Nursing](#). Students should work with their advisors to be sure petitions are complete and accurate.

1. Students considering a petition must contact their advisor as soon as possible. Advisors can help them determine the best course of action: what type of petition the student should pursue, how to craft this petition, and the process involved.
2. After meeting with their advisor, students may also request a meeting with the Advisor, Admission, and Placement Coordinator to discuss the petition process further and determine a timeline for completion.
3. The student will draft a statement that outlines their request, their reason for this request, and their proposal for future study and/or course(s) of action. This statement will vary depending upon the student's circumstances and request. Students should consult with their advisor to determine what kinds of information should be included in the statement.
4. Additional documentation, such as primary care provider notes, may also be required.
5. Students may request letters of support from current nursing faculty, but this is not required.
6. Once the petition statement is complete, students must submit it to their advisor for feedback and suggestions.
7. Once the advisor deems the statement suitable, the student may submit the statement, along with any supporting documentation, to the Advisor, Admission, and Placement Coordinator.
8. The petition will be reviewed at the next available Recruitment, Admissions, and Progression (RAP) committee meeting.
9. The student has the option to make a personal presentation at this meeting, and to bring along one academic advisor or designated faculty substitute. Students may also choose to bring witness to the event if applicable. However, personal attendance at the RAP meeting is not required.
10. Based upon their collective evaluation of the petition, the RAP committee will make a recommendation to the Dean regarding the petition. This recommendation will include an approval or denial of the petition, and may contain suggested or required course(s) of action from the student.
11. The Dean will review the petition and the committee's recommendation before making the final determination.
12. Students will be informed by mail of the outcome. At this point, petition decisions are final.
13. Students may contact the [University Dispute Resolution Committee](#) (UDRC) if they feel the processes for the petition did not follow School of Nursing or University policy. The UDRC review is limited to whether a School of Nursing or University policy, including the policy on Equal Opportunity, was violated.
14. Students who have petitions denied should consult with their advisor to determine how best to proceed with their nursing education.
15. Students who have petitions approved, but fall out of sequence with their cohort, will be placed in a new cohort on a space available basis.

Clinical Practice Policies and Health Requirements/Expectations

Clinical Placements

Progression to clinical placement is a privilege dependent upon successful completion of previous required classroom, lab, and clinical experiences. All clinical placements are coordinated through Clinical Placement Northwest Consortium and independently with non-consortium agencies. At no time is a student to seek out their own preceptor or placement. Failure to abide by this policy may result in loss of clinical placement opportunities. In addition, clinical health requirements and essential qualifications must be met each semester prior to beginning clinical experiences.

The School of Nursing uses a variety of clinical sites. To accommodate all students, the School of Nursing may offer clinical coursework in evenings, nights, weekends, summer or J-term, and students are required to enroll when clinical course is made available to their cohort. At times, due to agency, preceptor and/or School of Nursing requirements, choices may not be available. Students unable to participate in the clinical courses offered will not be able to progress in the program.

While clinical hours are listed at registration, please be aware that clinical hours and placements may change. The Clinical Placement Coordinator will communicate sites and pre-placement requirements in a timely manner.

The Clinical Placement Coordinator and lead faculty will make decisions regarding all placement requests. Clinical placement assignments are subject to change after registration, if necessary, to meet agency and School needs. Clinical assignments may not be changed by the student. Ideally, clinical placements are not in a setting in which students are employed. Students may not count hours for which they are paid as clinical hours.

Precepted students will coordinate with their clinical preceptor for specific clinical days/times and communicate this information with their clinical faculty. Students are expected to be available for clinical hours based upon preceptor schedule and availability. If, for some reason, there is a conflict in preceptor availability and scheduled class times, the student should discuss this issue with the clinical faculty to seek resolution.

Clinical placement is based upon student learning needs and clinical site/preceptor availability. Students may be required to travel to their clinical site and transportation to and from the clinical site is the responsibility of the student. At times, based upon student learning needs and clinical site/preceptor availability, this travel may exceed an hour or more.

Compliance and Immunization Requirements

Students are required to maintain compliance with all health and clearance requirements. These requirements are in place to comply with the policies of the clinical agencies where students receive learning experiences; protect the university by ensuring strict adherence to its guidelines; ensure that clients receive quality care, protect the health and wellbeing of clients, and protect the student in the clinical area. Failure to comply with these requirements will prevent the

student from beginning and/or continuing in clinical nursing courses. This may alter progression in the program or lead to the rescission of admission for newly entering students. Students are responsible for the submission, maintenance and record keeping of their own health information.

The School of Nursing utilizes a vendor for tracking, access and maintenance of these immunization and compliance records throughout your academic program. Instructions for usage will be provided to you upon admission to the program and at your request from the School of Nursing office.

Many of the required items do expire each year and need to be renewed on an annual basis. You will receive notifications direct from the vendor for items that are expiring.

All Compliance and Immunization requirements are determined by the Clinical Placement Consortium Northwest and the School of Nursing policies.

Health Requirements Submission Deadlines

	Deadline
Fall Semester	July 15
January Term	November 15
Spring Semester	November 15
Summer Term(s)	April 15

Continuing students are notified of required updates as they come due.

Criminal Background Checks (Annual)

Additionally, all entering students are required by state law to undergo criminal history screening at both the state and national level. All Washington schools of nursing are required to have clearance verification on students prior to participation in clinical experiences. The state and/or national criminal history background check must be repeated every year. Students will be alerted to these requirements as they become due.

A criminal history may necessitate withdrawal from nursing classes. A student has a professional responsibility to inform their advisor and the School of Nursing administration (Dean, Associate Dean of Academic Affairs, Advisor, Admission, & Placement Coordinator) within 5 working days of any new criminal offenses. No penalty results in most cases if the offense would not affect unrestricted RN licensure in Washington and if the student reports the offense within 5 working days. If the offense would result in restrictions upon or denial of RN licensure, the student is not eligible to participate in the nursing program. (See [Decision Making Criteria for License Application](#)). Regardless of the offence, failure to divulge criminal offences to their

advisor and the School of Nursing administration within 5 working days is considered a violation of standards of professionalism and integrity and will be referred to the School of Nursing Recruitment, Admission, and Progression (RAP) Committee. This may result in dismissal from the program.

Maintenance of Washington State RN Licensure

Students in the MSN and DNP program are required to maintain their Washington State Registered Nurse (RN) license throughout the program. MSN and DNP students are required to provide a copy of their current license upon initial registration for coursework and provide a copy of their license each year as they renew. Failure to provide updated licensure information to the School of Nursing will prevent students from progressing in the program, as licensure is required for all graduate level clinical courses.

Entry-Level MSN students are required to pass the NCLEX-RN exam by December 1 of the second year of their program; the Fall they start the MSN level coursework. Failure to pass the NCLEX-RN exam by December 1st will prevent the student from progressing in the MSN program, as RN licensure is required for J-term clinical courses. Students are to provide proof of licensure to the School of Nursing by December 1st.

If a student in the Entry-Level MSN program is approved to take a leave of absence after completing the pre-licensure portion of the program, they are still required to pass the NCLEX-RN exam by December 1st. If the student chooses not to return to PLU after the leave (or if a student withdraws from PLU after completing the pre-licensure portion of the Entry-Level MSN), they may not request to complete the BSN degree instead, or apply to graduate with a BSN. While they may maintain nursing licensure, they eligible to earn a BSN from PLU.

Uniform Policy

While in clinical agencies and throughout clinical rotations, students are representing PLU and the nursing profession and must wear the PLU uniform. A professional appearance is imperative. The PLU uniform may be used in the clinical agencies only when a student is on official school business as assigned by the faculty. Failure to comply with the uniform policy will result in dismissal for that clinical day.

Pre- Licensure Uniform: For Pre-Licensure ELMSN students, the PLU uniform consists of gray scrub pants, scrub top, and optional white lab coat. A scrub dress is also acceptable, with scrub pants underneath. The scrub top is embroidered with the PLU logo. A short white lab coat may be required by individual faculty. Shoes shall be all-white, closed-toed, impermeable athletic or nursing shoes. Students may wear an all-white, close-fitting, non-textured, short-sleeved or $\frac{3}{4}$ length sleeve tee-shirt under the scrub top. The scrub uniform and embroidery must be purchased at the PLU SoN's vendor of choice.

Post-Licensure, MSN & DNP Students: The gray scrub uniform is not required for post-licensure, MSN and DNP clinical rotations. Students will wear short white lab coat an PLU Student ID Badge over appropriate professional (business/business casual) attire. Students have the option to embroider the lab coat with the PLU logo via the SoN's vendor of choice. All students will wear closed toe shoes.

Individual instructors will provide specific information concerning appropriate attire for their clinical rotation, according to PLU and clinical agency expectations. Students must follow the uniform guidelines described by instructors.

Grooming and Appearance

Students must exercise good personal hygiene and present themselves in clean, well-fitting (not tight), unstained uniforms/clothing without holes or tatters. Pants shall be hemmed appropriately so that the cuffs do not touch the ground.

Undergarments must be worn and should not be seen. Socks or hose must be worn. Socks shall be all-white; if hose are worn they may be neutral or white in color.

Makeup and hairstyles must be in keeping with a professional image. Hair must be fashioned to stay out of the face and eyes; if shoulder length or longer it must be tied back inconspicuously so it does not fall forward when providing care. Moustaches and beards must be neatly trimmed. Fingernails are to be short (no longer than ¼ inch beyond the fingertip) and clean. Acrylic, false fingernails, and nail polish are not permitted as they pose a potential source of injury and infection.

Use of scents such as perfumes or heavily scented lotions or deodorants is not allowed in the patient care environment. Students who smoke should not do so in uniform as the odors cling to clothes and can have ill effects on some patients. Students who do smell of smoke or perfume may be sent home from clinical and missed hours may not be made up.

Tattoos must be covered unless doing so interferes with infection control. Jewelry should be conservative and appropriate. Earrings should be non-dangling. Facial, tongue, and visible body jewelry must be removed in the clinical setting.

Some clinical agencies have grooming and uniform policies that differ from the School of Nursing policies. Students are to follow the grooming and uniform policy that is more restrictive for the clinical setting.

Photo IDs

All students will wear picture identification tags when in a clinical setting. Students will obtain a clinical photo ID badge when they begin their clinical courses.

Some health agencies require that students wear an agency identification nametag. These nametags are obtained from the agency.

Transportation

Students are responsible for their own transportation between the university and clinical practice settings and are encouraged to carpool; however, the diversity of agencies makes private transportation essential. Transportation challenges are not acceptable reasons for clinical absences. Students are encouraged to have backup transportation plans should problems arise with their primary transportation. Parking areas for student use are designated by the agencies. Students are not allowed to transport clients in their private vehicles.

Privacy Protection / Computer Security

Students are expected to know and practice data and information security measures when using agency computers or private computers with access to agency data on or off-campus. These measures include, but are not limited to:

- maintaining strong confidential passwords,
- ensuring that computers are password protected and those passwords are changed at least once a semester,
- logging off computer when finished,
- not sharing computer with others once logged into the confidential system,
- ensuring that only those who have a right to know have access to the information,
- immediately reporting any breach in security, including lost or stolen computers, to instructor and appropriate facility staff.

Students may be required to complete computer security training courses prior to or during clinical setting placements.

Students receive training regarding patient confidentiality and are required to comply with the letter and spirit of the [Health Information Portability and Accountability Act](#) (HIPAA) at all times. Students should not discuss in any public forum (including public spaces such as elevators, hallways, cafeterias or electronic forums such as blogs or any social media such as Facebook or Twitter) client information or anything occurring in the clinical setting having to do with patients, even if names/clinical sites/treating practitioners, etc. are omitted. Students should refrain from leaving the clinical site with identifying information such as patient stickers, census sheets, etc. Students should monitor with the utmost care any written statements about patients, whether in a personal journal or in the context of classroom assignments such as clinical logs or reports. When stored in the form of data, such as saved assignments on a computer, portable drive, or disk, the student takes full responsibility for the security of this data. Students are strongly advised to protect such data with passwords and the School requests students to leave computers, portable drives or disks bearing any patient information at home. Names and personally identifying information are not to be used in any written assignment or data collection.

Students may not, under any circumstances, utilize their access to electronic medical records through the School of Nursing to directly or utilize a third party to look up medical records belonging to themselves, friends, family, or significant others as this is a violation of the HIPAA laws. Students must go through the proper channels of the individual agencies to obtain personal medical records.

Failure to maintain the security of agency computer systems, and failure to maintain patient confidentiality in any forum is considered a breach of professional and ethical standards and will be reported to the School of Nursing Recruitment, Admissions and Progression Committee. This may result in dismissal from the School of Nursing.

Health Protection Policy

All students are expected to render safe, quality nursing care to all clients. Students are expected to know policies and procedures that reduce the risk of spread of infection to self and others. Students must demonstrate an understanding of infection control principles, including the transmission of HIV/AIDS, through tests or certification. Other skills which incorporate measures to decrease the transmission of infection will be validated in the practice laboratory prior to the clinical application.

Exposure to communicable diseases and potential physical injury are inherent risks in healthcare. Students are responsible for exercising reasonable prudence to prevent injury or risk. Students will comply with approved safety precautions so as to not compromise their own safety or that of others in the vicinity. Students who are injured or come in contact with a communicable disease should contact their clinical faculty immediately to determine appropriate action. Expenses incurred over the course of treatment for an illness or injuries acquired in the clinical setting are the responsibility of the student.

In order to protect vulnerable patients, students should not participate in clinical if they are exhibiting symptoms of a communicable disease, including fever, productive cough, diarrhea, vomiting, etc. If you are unsure if you should participate in the clinical setting, students should contact their clinical faculty. If an absence is necessary, the student will be required to make up the clinical time to meet the minimum clinical hours at the time and place determined by faculty teaching the course.

Clinical Placement Compliance

Clinical placement orientation and onboarding requirements

To progress to the clinical setting all students are responsible that the following requirements are met:

1. All Compliance and Immunization requirements are maintained and up-to-date.
2. All e-learning modules are maintained current and updated annually.
3. All clinical onboarding paperwork and other requirements of the clinical agencies are submitted by the deadline communicated by the clinical placement coordinator.

Failure to ensure these components are current and completed by the due date will result in forfeiture of your clinical placement and will affect your progression in the school of nursing.

Health Insurance Requirement

All students in the PLU School of Nursing are required to carry personal health insurance coverage at all times, in addition to the PLU Wellness Access Plan required for all PLU undergraduate students (the Wellness Access Plan is not sufficient coverage for nursing students). Required coverage must include emergency medical care. PLU is not responsible for students' personal injuries or illness that occur in class, lab, or clinical settings.

Incident Reports

The School of Nursing at Pacific Lutheran University complies with all Washington Administrative Codes (WAC) rules that relate to nursing education programs. Event reporting and recordkeeping requirements are in accordance with [WAC 246-840-513](#) that states, “The nursing education program shall keep a log of all events reported by a patient, family member, student, faculty or a health care provider resulting in patient harm, an unreasonable risk of patient harm, or allegations of diversion, and medication errors”.

The School of Nursing is committed to fulfilling its role through reporting, investigation, analysis, plan for remediation and/or systematic corrective action of an event involving a student or faculty member that the program has reason to believe resulted in patient harm, an unreasonable risk of patient harm, diversion of legend drugs, or controlled substances, and medication errors. Systematic investigation and analysis of events qualifying for reporting and evaluation is essential to reduce risk and prevent patient harm, and protect public health and safety. This policy defines reportable events, and student, faculty, and administrator duty to report infractions based on the principles of just culture, fairness, and accountability in nursing education. Barnsteiner (2011) states that “organizations that have cultures of safety, foster a learning environment and evidence-based care, promote positive working environments for nurses, and are committed to improving the safety and quality of care are considered to be high reliability organizations (HRO).” PLU School of Nursing seeks to become a contributing member towards achieving HRO status with our community clinical partners.

Managing Healthcare Risk- The Three Behaviors

Normal Error	At-Risk Behavior (negligence)	Recklessness
What is it? “A product of our current system design”	What is it? “Unintentional risk-taking”	What is it? “Intentional risk-taking”
How can we manage this? <ul style="list-style-type: none"> • Processes • Procedures • Training • Design • Environment 	How can we manage this? <ul style="list-style-type: none"> • Understanding our at-risk behaviors • Remove incentives for at-risk behaviors • Creating incentives for healthy behavior • Increasing situational awareness 	How can we manage this? <ul style="list-style-type: none"> • Disciplinary action

Just Culture

According to the American Nurses Association (2010), principles of *Just Culture* were borrowed from the aviation industry and seek to “create an environment that encourages individuals to report mistakes so that the precursors to errors can be better understood in order to fix the system issues” (p.1). The School of Nursing is committed to applying the principles of Just Culture to find a balance between blamelessness and corrective interventions for students and faculty practicing in nursing education settings. The School of Nursing believes that applying principles of Just Culture to the educational milieu will:

- Promote a culture of safety
- Demonstrate the School of Nursing’s commitment to patient safety initiatives
- Raise the level of transparency regarding clinical errors or near-misses
- Improve patient safety
- Understand how aggregate data from near-miss analyses are used to direct attention to critical safety issues for ongoing program improvement

Human Error

Human error is defined as inadvertent action; inadvertently doing other than what should have been done; slip, lapse, mistake.

Near-miss

Near-miss is defined as an unplanned event that did not result in injury, illness, or damage – but had the potential to do so. These events can represent an opportunity for students and faculty to identify and correct errors that have the potential to jeopardize patient safety.

At-risk Behavior

At-risk behavior is defined as a behavioral choice that increases risk where risk is not recognized, or is mistakenly believed to be justified.

Reckless Behavior

Reckless behavior is defined as a behavioral choice to consciously disregard a substantial and unjustifiable risk.

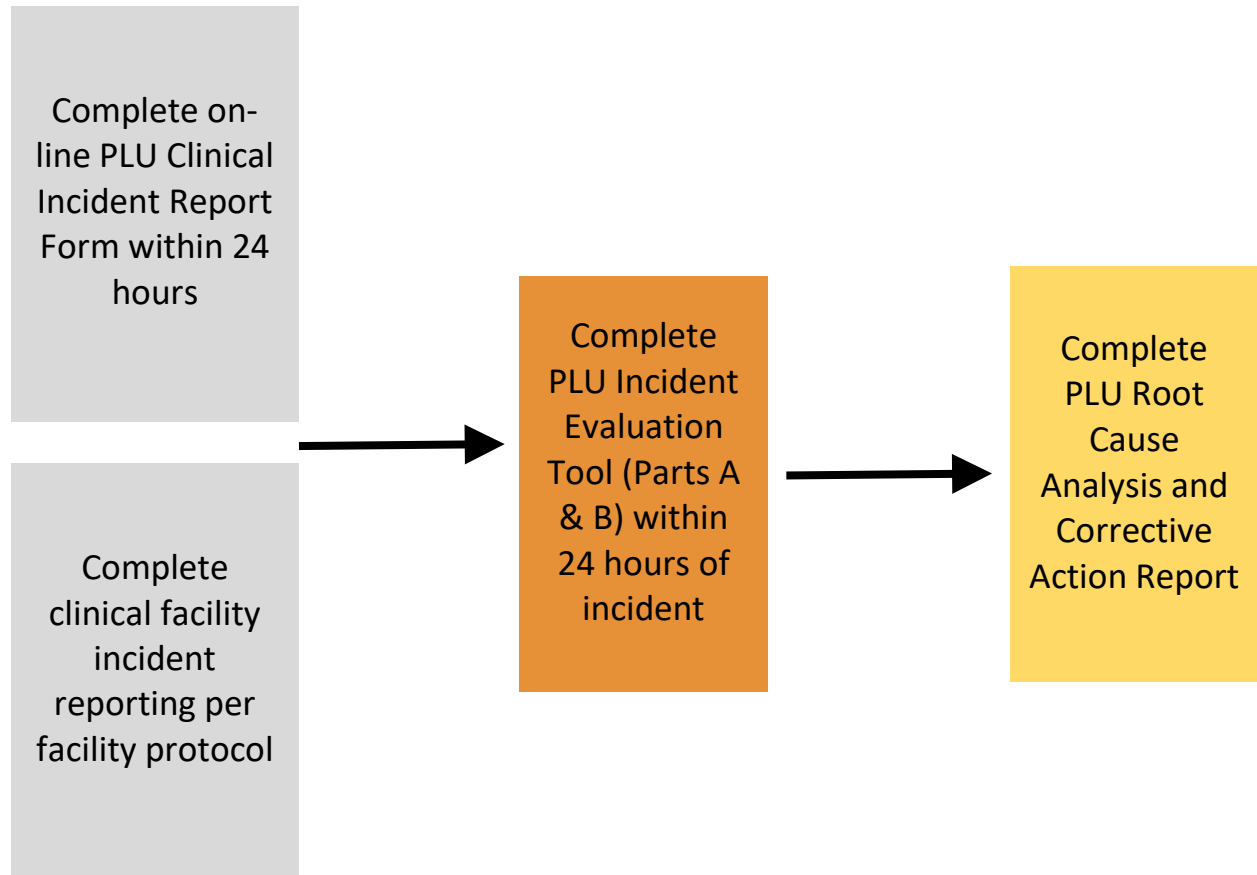
Hostile Environment

A hostile environment may include, but not limited to: bullying, sexual harassment, sexual misconduct, lateral violence, discrimination, and physical violence. Incidences of a hostile environment should be reported to the faculty of record. If the faculty of record is involved then the incident should be reported to the Dean.

Clinical Facility Incident Reporting

When an incident occurs, the student should notify faculty as soon as possible. Timely reporting of the incident is essential. Students, under clinical faculty supervision, will need to fill out the online School of Nursing Clinical Incident Report (located at www.plu.edu/nursing/documents) and possibly a University Injury Report. Incidences that occur within a clinical setting will simultaneously follow facility policy on incident reporting. Students should work with faculty to

help determine the appropriate action for the specific type of incident. Students are responsible for the cost of treatment for injuries sustained to themselves while in classroom / clinical / lab. Students and faculty that identify a clinical incident or near-miss will follow the following 3 step process:



The School of Nursing Administration will review the documents to determine if consultation with Washington State Nursing Quality Assurance Commission (WA NQAC) is required based upon established criteria detailed in the Incident Evaluation Tool (Appendix E). If the incident requires consultation or reporting to the WA NQAC, Chair of the Recruitment Admission Progression (RAP) Committee is responsible to assemble an ad hoc committee of members from the RAP committee, clinical faculty, course lead, and School of Nursing administration to initiate a formal Root Cause Analysis and develop a plan for corrective action. School of Nursing administration is responsible to keep a perpetual log of incidents and will investigate and report to the Chair of the Curriculum Committee, on a bi-annual basis, if incidents have occurred that require changes in the School of Nursing curriculum.

Needle Stick Injury/Bloodborne Pathogen Exposure/Exposure to Communicable Disease

Exposure to bloodborne pathogens can occur through needle sticks, skin exposure to blood when skin is chapped or cut and body fluid splash to the eye, inside of nose or mouth.

All potential exposures to bloodborne pathogens must be reported to your clinical instructor and agency staff within 1 hour of occurrence. Needle stick injuries as a result of clean or dirty needles must be reported. First aid should be immediately accessed for any exposure. Immediate medical evaluation should be sought (Emergency room, urgent care, primary provider). Additional guidance for testing/treatment will be provided by your medical provider post exposure. Prophylaxis medication, if needed, should be started within 72 hours. Students are responsible for the cost of treatment for injuries sustained while in classroom / clinical / lab.

All needle stick and bloodborne pathogen exposures must be reported via clinical facility and School of Nursing incident reports.

Professional Relationships in Clinical Practice

Many relationships and opportunities for students arise while in the clinical setting. Maintaining professional boundaries and relationships is essential to ethical practice. Students are requested to refrain from accepting employment and socializing outside of the clinical setting with clients or a client's family while maintaining a professional relationship.

Students may not care for family members, significant others, friends, or close acquaintances during clinical rotations as this poses ethical, legal, privacy, and personal conflict issues.

Students should not give their home/cell phone numbers to clients or a client's family. Students should have clients contact them through either the clinical agency or through an approved method of communication as determined by the clinical faculty of record. This will help prevent unnecessary, unwanted, or inappropriate contacts. When students need to contact clients within a community, students should call their clients during the regular workday; unscheduled calls should not be made after 9:00 p.m. or on the weekend.

Students must not transport clients in their personal vehicle. Students should arrange to meet the client as needed at the health care agency.

Students should not sign as witnesses for legal documents such as surgery permits. It is also recommended students not witness wills or other similar legal documents. Refer any such requests to instructor or appropriate nursing personnel in the clinical agency.

Students are discouraged from giving gifts to faculty and clinical staff or accepting gifts from clients. Students are encouraged to show their appreciation through words and thank you notes rather than gifts.

N499 Clinical Placements (ELMSN Pre-Licensure)

1. Several months prior to the students' enrollment in N499, the Clinical Placement Coordinator and course faculty will review the process with students at a class session.
2. Students will be provided access to a Google Form "N499 Capstone Preference Form".
3. This form allows the student to indicate their top 3 clinical focus areas and geographical areas with highest priorities emphasized.
4. The information gathered by this form is used to guide the coordination of the placements.

5. The Clinical Placement Coordinator and assigned N499 course faculty review the preference forms and strive to place students into available slots based on preference.
6. Faculty review of all suggested placement occurs to allow for input into the student's historic academic and clinical performance.
7. The goal of the practicum placement is to place the student into a setting where they will successfully be able to integrate all aspects of nursing into a cohesive beginning nursing practice.
8. Student's preferences are taken into consideration, but the focus of the placement is for the setting to be beneficial to the students' development into the professional RN role. The only guarantee through this process is that every student will have a placement in which to complete their Capstone Practicum.

While clinical hours are listed at registration, please be aware that clinical hours and placements may change. The Clinical Placement Coordinator will communicate sites and pre-placement requirements timely. The expectation is that students will complete these pre-placement timely to avoid any delays in starting their clinical rotations.

Clinical Orientation & Electronic Medical Record (EMR) Training

Please note that students may be required to meet agency specific clinical orientation and EMR training prior to the official start of the clinical rotation. It is the student's responsibility to check PLU email and Sakai notifications several weeks before the beginning of the term as this is the method of communication for such announcements.

Clinical Attendance

The Pacific Lutheran University School of Nursing believes that clinical experience is instrumental to the training and education of the professional nurse. Student participation in the clinical setting is the opportunity for the student to develop practice competencies and expertise that are essential to professional development. This also provides faculty the opportunity to evaluate if a student is able to think critically, maintain an appropriate demeanor, interact appropriately with patients, prioritize problems, have basic knowledge of clinical procedures, complete care procedures correctly, and practice the art of nursing in a safe manner. This evaluation helps the clinical faculty determine if the student has met the course objectives.

The Washington State Nursing Commission requires schools of nursing to document direct patient care clinical hours completed by students. Each clinical course has a minimum clinical hour requirement. Students are responsible for keeping an updated log of the total number of clinical hours in their individual student portfolio and submitting hard copies of their clinical hours with their clinical evaluation at the end of each clinical course (Appendix D).

Students must complete ALL required clinical hours. The student must demonstrate satisfactory completion of all course objectives and any clinical absence jeopardizes the faculty's ability to assess achievement of the course objectives and perform a thorough clinical evaluation. Failure of the student to meet course and/or program clinical hour requirements will result in issuance of a Performance Progression Alert (PPA) that may result in failure of the clinical rotation. Any

students found to have falsified clinical hours will receive a major PPA, failure of the clinical rotation, and face dismissal from the School of Nursing program.

PLU does not separate excused/unexcused absences. Regardless of the reason, missed clinical hours may affect the student's grade as well as their ability to fulfill clinical requirements for the course. A student who misses clinical experiences due to unforeseen circumstances may not be able to meet the course objectives and may not pass the clinical. Under some circumstances, students may be required to complete makeup assignments to fulfill course objectives at the discretion of the clinical faculty and course lead. Unforeseen/unavoidable absences because of illness or medical/family emergencies will occasionally occur and these circumstances will be evaluated on an individual basis. At the instructor's discretion, an exception can be made for legitimate, documented illness or personal family emergencies. It is the student's responsibility to obtain any requested documentation in a timely manner. Students must notify the instructor in advance if he/she believes they will be late or will miss any part of the clinical day. Repeated tardiness or absences may lead to a PPA and/or failure of the course. The instructor and the School of Nursing are under no obligation to make up any missed clinical opportunities.

Planned and unplanned university closures, and instructor absences reduce the total number of clinical hours, but do not count against student attendance. These activities do not count towards the total number of direct clinical hours.

Liability Insurance

The University maintains general liability insurance that covers students while they are caring for patients or clients as part of a University course. Students should consider carrying their own liability insurance policy if they work in a nurse-related position outside of their student responsibilities.

Clinical Evaluations

All students will receive feedback (written and oral; formative and summative) from faculty regarding their performance during the clinical rotation (Clinical Evaluation Tool and Criteria for Satisfactory Performance) in Appendix C. The length of a clinical rotation will dictate the frequency of formal evaluation sessions. In all clinicals, students are evaluated at least twice - at the middle and end of the course. Students should be aware that evaluation of clinical performance is ongoing.

Students who are not meeting minimum standards of performance are counseled in a timely manner by the instructor and are given written notification of their unsatisfactory performance using the Performance Progression Alert. Students may at any point be removed temporarily or permanently from clinical sites for egregious, dangerous, or unprofessional conduct.

Satisfactory clinical performance is a requirement of all clinical experiences and is required for a passing grade in the associated course.

Approved by School of Nursing Organization 5/27/15

Approved by Dean of School of Nursing 5/27/15

Revisions Approved by School of Nursing Organization 2/19/16
Revisions Approved by School of Nursing Organization 5/18/2016
Revisions Approved by School of Nursing Organization 5/16/2017
Updated for Clarity by RAP Committee 8/17/18
Revised and Updated 8/2020

Appendices

Appendix A

PACIFIC LUTHERAN UNIVERSITY

School of Nursing

Performance Progression Alert

Information on Occurrence:	Student's level in the SoN program:
Report date: _____	<input type="checkbox"/> Sophomore I <input type="checkbox"/> Sophomore II
Student name: _____	<input type="checkbox"/> Junior I <input type="checkbox"/> Junior II
Course number: _____	<input type="checkbox"/> Senior I <input type="checkbox"/> Senior II
Issuing faculty: _____	<input type="checkbox"/> ELMSN <input type="checkbox"/> MSN <input type="checkbox"/> DNP

Details:

1. Description of deficiency:

2. Issuing faculty comments:

3. Student comments:

4. Student goals:

5. Timeline for completion:

6. Consequences for failure to achieve student goals and timeline:

Student Signature: _____ Date: _____

Issuing Faculty Signature: _____ Date: _____

Reporting Documentation:

Student notified by issuing faculty on: _____ (Date)

Submit the original form via inter-office mail, Fax (253) 535-7590, or hand delivery to the School of Nursing office for placement in student file: _____ (Date)

The following individuals were notified by issuing faculty on: _____ (Date)

Academic Advisor: _____ (Name)

Lead Course Faculty/Coordinators (as appropriate): _____ (Name)

School of Nursing Clinical Placement Coordinator (as appropriate)

Advising, Admission, and Student Support Coordinator

Chair of RAP

Associate Dean of Academic Affairs

Dean of the School of Nursing (major deficiency)

***Pacific Lutheran University School of Nursing
Essential Qualifications***

The Essential Qualifications for Participation in School of Nursing Degree Programs (below) constitute important elements of academic performance criteria in the PLU School of Nursing degree programs. As such, the Essential Qualifications become part of the criteria by which students are evaluated for satisfactory performance and program progressions. The Essential

Qualifications reflect a sample of the performance abilities and characteristics that are necessary to successfully complete the requirements of all nursing programs at PLU. All new and current PLU School of Nursing students are expected to embody these skills. Nursing students must attest to and demonstrate essential motor, sensory/observation, communication, cognitive, and behavioral/emotional skills necessary to be successful in the nursing profession.

The Essential Qualifications for Participation in School of Nursing Degree Programs are used to assist the student in determining whether or not they meet essential qualifications, or if accommodations or modifications might be necessary for successful completion of the program at the School of Nursing.

The School of Nursing at PLU is approved by the [Washington State Nursing Care Quality Assurance Commission](#). Only graduates of approved programs are eligible to apply for licensing examination. Mental, physical or emotional impairment may result in the commission suspending a license or denying initial licensure. The Washington State Nursing Care Quality Assurance Commission would expect, and the law requires, nursing programs to evaluate student performance and not pass them if they are unsafe for any reason. Refer to [WAC 246 840 710 \(5\)\(b\)](#).

A student's inability to fulfill program requirements, due in part or in whole to her/his ability to meet the Essential Qualifications, may affect the student's grade in a nursing course or courses, program progression, continued program enrollment, and/or program completion/graduation. Such consequences do not imply discrimination and/or harassment on the part of the faculty member assigning such grades. Inability to meet classroom and clinical performance expectations, with or without accommodations, will result in progressions consequences.

Students are required to sign a statement of understanding, acknowledgement, and compliance each semester of the nursing program. For further information, contact the School of Nursing at PLU and the Washington State Nursing Care Quality Assurance Commission, P. O. Box 47864, Olympia, Washington 98504-7864.

Essential Qualifications for Participation in School of Nursing Degree Programs

The Bachelors of Science in Nursing, Masters of Science in Nursing and the Doctor of Nursing Practice signify that the holder of the degree from Pacific Lutheran University (PLU) is prepared to practice as a Registered Nurse and/or Advanced Registered Nurse Practitioner in the State of Washington. For further health information regarding licensing for the State of Washington, potential students are encouraged to look at the [Washington Department of Health](#) documents.

Nurses must be educated to assimilate clinical, classroom, and laboratory knowledge, acquire skills, critically think and develop judgement through patient care experiences in preparation for semi-autonomous and independent practice, based on the level of nursing preparation. This is often done in collaboration with the patient and among other health care providers including physicians, nurses, and other health professionals. Therefore, intra- and inter-professional communication that is respectful, collegial, civil, and responsible is a requirement of every student enrolled in the program.

Motor Skills

A student should possess motor function sufficient to provide general care and treatment to patients across a variety of health care settings. The student should be able to move safely within work spaces and treatment areas. For safety, students must be able to assist with moving patients in a safe manner and must be able to perform emergency procedures such as basic life support (including Cardiopulmonary Resuscitation) and/or function in other emergency situations.

Sensory/Observation

A student must be able to use and interpret information presented through demonstrations and experiences in nursing. He or she must be able to observe a patient accurately, at a distance and in close proximity, and observe and appreciate non-verbal communications when performing nursing assessment and intervention or administering medications. The student must be capable of perceiving the signs of disease and infection as manifested through physical examination. Such information is derived from images of the body surfaces, palpable changes in various organs and tissues, and auditory information (patient voice, heart tones, bowel and lung sounds). The student must be able to modify decisions and actions when dictated by new relevant data or after analysis of existing data. The student should be capable of recognizing and responding appropriately to life-threatening emergencies.

Communication

The student must communicate effectively verbally, non-verbally, and in writing in a timely manner with other students, faculty, staff, patients, family, and other healthcare professionals. He or she must be able to express ideas clearly and must be open to giving and receiving feedback. The student must be able to convey and exchange information regarding assessments, solutions, directions, and treatments. The student must be able to communicate relevant data to clinical faculty and other healthcare professionals in a timely manner. The student must be able to ask for assistance and supervision when needed. Students are expected to be professional, responsible, sensitive, accountable, and ethical in all interactions that require communication among peer and other professionals on the healthcare team.

Cognitive

A student must be able to accurately elicit, measure, calculate, analyze, integrate, evaluate, and synthesize information collected throughout clinical, lab, and/or classroom settings across all levels of nursing study to adequately and effectively evaluate a patient's condition. This includes being able to modify decisions and actions when dictated by new relevant data or after analysis of new or existing data. The student is expected to use information gained in courses based in the liberal arts, basic and applied sciences in the development of the plan of care which includes being able to relate pathophysiological and psychological basis of disease to client's status. Students must be able to problem solve and think critically in order to develop appropriate treatment plans. Students must be aware of their abilities and contextual scope of practice depending upon setting and level within the program.

The student must be able to quickly read, comprehend, and apply extensive data obtained from written, digital and/or other materials in computer-information systems to the care of patients. The student must be able to acquire and apply information from demonstrations and experiences in the clinical setting, through prepared case studies, and/or through laboratory work. This information may be conveyed through online coursework, lecture, group seminar, small group activities and/or physical demonstrations.

Behavioral/Emotional

A student must possess the emotional health required for the full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients and families. In addition, the student must be able to maintain mature, sensitive, tolerant, professional, and effective relationships with patients, students, faculty, staff and other professionals under all circumstances. The student must have the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways. The student must be able to experience empathy for the situations and circumstances of others and effectively communicate that empathy. The student must know that his or her values, attitudes, beliefs, emotions, and experiences affect his or her perceptions and relationships with others. The student must be able and willing to examine, evaluate, and change his or her behavior when it interferes with productive individual or team relationships. The student must possess skills and experience necessary for effective and harmonious relationships in diverse academic and working environments.

Reasonable Accommodations for Disabilities

It is our experience that a number of individuals with disabilities (as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act) are qualified to study in the School of Nursing with the use of reasonable accommodations. To be qualified to attend the School of Nursing at PLU, all individuals must be able to meet all academic standards including the Essential Qualifications, with or without reasonable accommodations. The School of Nursing will work with the student and the Disability Support Services office to provide reasonable and appropriate accommodations. It is the student's responsibility to contact Disability Support Services. While the School of Nursing will make every effort to work with our students with disabilities to accommodate their disability-related needs, it is important to note we are not required to provide requested accommodations that would fundamentally alter the essential functions or technical standards of the program. Additionally, we cannot guarantee that specific accommodations will be accepted within our partnering clinical settings and organizations. Further information on nursing students with disabilities can be found at the National Organization of Nurses with Disabilities: <http://www.nond.org/>

For further information regarding services available to students with disabilities and/or to request accommodations please contact [Disability Support Services](#) at:

Disability Support Services
Anderson University Center, #300

Tacoma, WA 98447-0003
Phone: 253-535-7206
Fax: 253-536-5124
Web site: www.plu.edu/dss
Email: dss@plu.edu

PACIFIC LUTHERAN UNIVERSITY

School of Nursing

Statement of Understanding, Acknowledgement, and Compliance for Essential Qualifications

Student signature below indicates that the student understands, is and will continue to meet all of the above qualifications at their current level in the program. If a change occurs to the student's status that results in the student no longer being able to meet the Essential Qualifications, the student is to contact Disability Support Services to request addition and/or revision of reasonable and appropriate accommodations to be successful in the nursing program. Disability Support Services, the Chair of the Recruitment, Admission, and Progression (RAP) committee, Dean, and faculty teaching in the School of Nursing may be consulted in order to identify reasonable accommodations that will meet the course and program objectives. While the School of Nursing will make every effort to work with our students with disabilities to accommodate their disability-related needs, it is important to note we are not required to provide requested accommodations that would fundamentally alter the essential functions or technical standards of the program. Additionally, we cannot guarantee that specific accommodations will be accepted within our partnering clinical settings and organizations.

Student Name (Please Print)

Student Signature

Date

Appendix C

Clinical Evaluation Tool. The first page shown here. Full document is located on the BSN Students page of Sakai, under "Resources".

**Pacific Lutheran University School of Nursing
Clinical Evaluation Tool**

Student: Click here to enter text.	Course: NURS Click here to enter text.	Semester: Choose an item.
Instructor: Click here to enter text.	Site: Click here to enter text.	Year: Click here to enter text.
Clinical hours completed: Click here to enter text.	Clinical hours required: Click here to enter text.	Evaluation time frame: Choose an item.

Introduction: The clinical evaluation tool consists of nine essential competencies with specific performance criteria encompassing cognitive, affective, and psychomotor domains of learning and provides a comprehensive evaluation of a student's clinical performance. It is required to be used in each pre-licensure clinical course.

Student development is seen as occurring along a continuum. Nursing students move from requiring extensive guidance and assistance to becoming self-directed. It is expected that students will progress along this continuum through each clinical experience and through the nursing program as a whole.

Instructions:

- 1) Clinical faculty will discuss the evaluation tool with students at the beginning of each clinical rotation and explain how it will be used.
- 2) At the end of the clinical assignment, the student will complete their portion of the evaluation and send it to the appropriate clinical faculty member. Student comments are encouraged for each of the nine categories.
- 3) The clinical faculty will then complete their portion of the evaluation considering the quality of the student's performance and the amount of guidance required. Faculty will rate students on each of the nine competencies as either: HP high pass, P pass, LP low pass, and NP no pass. Faculty comments are required for each competency section in which a student is rated as anything other than P (Pass). An overall rating is assigned (either pass or fail) and summary comments along with recommendations for further development/improvement are added at the end of the evaluation.
- 4) A meeting will be held between the student and clinical faculty member to discuss the evaluation. At the conclusion of the meeting the document is signed and dated by both the clinical faculty and the student. The student will be provided with a copy by the clinical faculty.
- 5) A signed copy of the evaluation will be delivered to the School of Nursing office by the clinical faculty for filing in the student's academic record.

Swanson's Theory of Caring: Explanation of the Five Caring Processes

Maintaining Belief - Philosophical belief in persons, their capacity and potential for a meaningful future - in general and for each person specifically

Knowing - Understanding of the general clinical condition and its meaning for the person and his/her situation, specifically

Being With - Conveying the message of informed caring so that the person realizes the commitment, concern, and personal attentiveness of the care provider

Doing For - Therapeutic actions the person would do for him/herself, if possible

Enabling - Therapeutic actions that support the person's self-care abilities

References

- American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.
- Cronenwett, L., Sherwood, G., Barnsteiner J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D., & Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55,122-131.
- Holaday, S., & Buckley, K. (2008). A standardized clinical evaluation tool-kit: Improving nursing education and practice. In M. H. Oermann & K. T. Heinrich (Eds.), *Annual Review of Nursing Education*, Vol. 6. New York: Springer.
- Swanson, Kristen M. (1993). Nursing as Informed Caring for the Well-Being of Others. *IMAGE: Journal of Nursing Scholarship*, 25(4), 352--357.

Acknowledgement

Special thanks to the University of North Carolina - Chapel Hill for providing the foundational elements for this evaluation form.

Appendix D Clinical Hour Tracking

Appendix D. 1. Pre Licensure Clinical Hours Calculator.

Pre-licensure students are required to document clinical hours on their individual course hour logs and submit to their course faculty at the end of each semester. You will be directed by your lead faculty on documentation of any simulated hours. Students must also keep track of their cumulative clinical hours via the clinical hour calculator. This document is shared with the Academic advisor each semester to ensure that the student is on track and will have enough clinical hours to sit for their RN boards.

Example of the Clinical Hours Calculator shown here. Full document is located on the BSN Students page of Sakai, under “Resources”.

Program Clinical Hours

STUDENT NAME:		COHORT START - SEMESTER/YEAR		END - SEMESTER/YEAR							
Pacific Lutheran University											
School of Nursing											
Program Clinical Hours Calculator				Student Clinical Hours Calculator							
SEMESTER	YEAR	Clinical Course Number	Expected course clinical hours	Cumulative program clinical hours	√	Maximum hours deficit per course (10%)	Minimum course clinical hours	Cumulative minimum program clinical hours (5%)	Student clinical hours per clinical course	Student Cumulative program clinical hours	Student Initials
0	0	N220	50	50		5	45	48	0	0	
0	0	N340	84	134		8.4	76	127	0	0	
0	0	N350	84	218		8.4	76	207	0	0	
0	0	N370	84	302		8.4	76	287	0	0	
0	0	N380	84	386		8.4	76	367	0	0	
0	0	N430	84	470		8.4	76	447	0	0	
0	0	N440	84	554		8.4	76	526	0	0	
0	0	N499	252	806		0	252	778	0	0	
		Program Total	806				751	778	0		
			Maximum cumulative clinical hours				68.7 hrs (10%) per course	38.15 hrs (5%) program			

Appendix D. 2. MSN & Post-Licensure Clinical Hours Documentation

MSN and Post-Licensure ELMSN students are required to document clinical hours on their individual course hour logs and submit to their course faculty at the end of each semester along with any other required clinical evaluation documents.

Appendix D. 3. APRN and DNP Clinical Hour Documentation

APRN DNP certificate and degree students will enter all clinical hours into the electronic clinical documentation system Typhon ®. Documentation includes clinical site, preceptor, number of hours, patient demographics, diagnostic codes, procedures, and other information in order to demonstrate range of patient encounter experiences. No personally identifiable information will be entered. Simulation, such as OSCE activities, i-human or other simulated experiences will be entered into the system under “Simulated Clinic” “Fictitious Provider” so that the hours will be tracked. Telehealth activities count as regular clinical hours and should be annotated as such. Clinical tracking data will be submitted with all other clinical documents at the end of each semester.

Appendix E

Incident Evaluation Tool. Example shown here. Document is located at www.plu.edu/nursing/documents.

**Pacific Lutheran University School of Nursing
INCIDENT EVALUATION TOOL
Part A**

Incident:		Student Name:						
Criteria	Human Error	At Risk Behavior or Near-Miss			Reckless Behavior Score		Score	
	0	1	2	3	4	5		
G	General Nursing Practice	No prior written counseling for practice issues.	Prior written counseling for single non-related practice issue.	Prior written counseling for single related practice issue.	Prior written counseling for various practice issues within the last 12 months.	Prior written counseling for same practice issue.	Prior written counseling for same or related practice issue with minimal to no risk.	
U	Understanding/ Level of experience	Has knowledge skills, and ability. Incident was accidental, inadvertent or oversight.	Limited understanding of correct procedure(s).	Limited understanding of options/ resources. Aware of correct procedure but in this instance cut corners.	Aware of correct action/ rationale but failed to apply in this incident. Did not obtain sufficient information or utilize resources before acting.	In this instance there was intentional negligence or failure to act/ not act according to standards. Risk to client outweighed benefit.	In this instance there was intentional gross negligence/ unsafe action/ inaction. Student demonstrated no regard for client safety and harm almost certainly would occur.	
I	Internal policies/ Standards/ Orders	Unintentional breach or no policy, standard or order exists.	Policy / standard / order has not been enforced as evidenced by cultural norm (common deviation of staff) or policy / standard / order was misinterpreted.	Policy / standard/ order clear but student deviated in this instance as a time saver. Failed to identify potential risk for client. No evidence of pattern.	Aware of policy / standard / order but ignored or disregarded to achieve perceived expectations of management, client, or others. Failed to utilize resources appropriately. May indicate a pattern.	Intentionally disregarded policy / standard / order for own personal gain.	Intentional disregard of policy / standard / order with understanding of negative consequences for the client.	
D	Decisions/ Choices	Accidental mistake or inadvertent error.	Emergent situation - quick response required to avoid client risk.	Non-emergent situation. Chose to act / not act because perceived advantage to client outweighed the risk.	Emergent or non-emergent situation. Chose to act / not to act without weighing options or utilizing resources. Used poor judgement.	Clearly a prudent nurse would not have taken same action. Unacceptable risk to client / agency / public. Intentional disregard for client safety.	Willful egregious / flagrant choice. Put own interests above that of client / agency / public. Intentionally neglected red flags. Substantial and unjustifiable risk.	
E	Ethics/ Credibility/ Accountability	Identified own error and self reported. Honest and remorseful.	Readily admitted to error and accepted responsibility when questioned. Identified opportunities and plan for improvement in own practice.	Reluctantly admitted to error but attributed to circumstances to justify action / inaction. Cooperative during investigation and demonstrated acceptance of performance improvement plan.	Denied responsibility until confronted with evidence. Blamed others or made excuses for action / inaction. Failed to see significance of error. Reluctantly accepted responsibility and denied need for corrective action.	Denied responsibility despite evidence. Indifferent to situation. Uncooperative, insubordinate and/ or dishonest during investigation.	Took active steps to conceal error or failed to disclose known error. Provided misleading information during investigation or destroyed evidence. May have inappropriately confronted others regarding investigation.	
Criteria Score:								

Modified from North Carolina Board of Nursing (NCBON) and used with permission

Appendix F

Master of Science in Nursing Portfolio Rubric

**Pacific Lutheran University School of Nursing
Master of Science in Nursing Portfolio Rubric**

CRITERIA	Exemplary		Accomplished		Developing		Incomplete		POINTS
Introduction	Philosophy, goals, and all introduction selections demonstrate thoughtful, comprehensive and insightful integration of self and nursing. 9-10 points		Philosophy, goals, and most introduction selections demonstrate some integration of self and nursing but not in-depth. 7-8 points		Philosophy, goals, and other introduction selections demonstrate superficial thought and minimal integration of self and nursing. 4-6 points		Philosophy, goals, and other introduction selections lack thoughtful, comprehensive and insightful integration of self and nursing. 0 - 3 points		
Reflections	All reflections clearly describe professional growth as well as key program contributions. Insightful analysis of own performance and learning. Well-defined plan for future growth. 9-10 points per outcome		Most reflections identify and describe professional growth; limited identification of program contributions. Thoughtful analysis of own performance and learning. Limited plan for future growth. 7-8 points per outcome		Few reflections identify and describe professional growth; scant identification of program contributions. Superficial analysis of own performance and learning. No well-defined plan for future growth. 4-6 points per outcome		No reflections identify or describe professional growth; no identification of program contributions. Superficial analysis of own performance and learning. Only provides links to documents without any analysis and thoughtful reflection. No stated plan for future growth. 0-3 points per outcome		
Selection of Evidence	Provides adequate number and type of relevant sources. Claims strongly supported by evidence. 2 points per outcome		Modest variety of sources. Claims mostly supported by evidence 1.5 points per outcome		Limited variety of sources, used multiple times, and/or inappropriately. Claims poorly supported by evidence. 1 point per outcome		Minimal or lack of sources. Claims not supported by evidence. Inappropriate choice of sources. 0 points per outcome		
Program Outcomes: Implement evidence-based practice, incorporating theory,	Reflection	Evidence	Reflection	Evidence	Reflection	Evidence	Reflection	Evidence	

models, and science to ensure safe, quality health care.									
Integrate knowledge of technology, information systems, policy, organization, and financing into the improvement of health care delivery and health outcomes.									
Demonstrate a commitment to ethical decision-making, social justice, and advocacy for vulnerable and diverse populations.									
Develop and use collaborative leadership and management strategies that foster safety and quality improvement throughout a healthcare system.									
Advance the profession through collaboration, adherence to nursing standards and values, service, and commitment to lifelong learning.									
Collaboratively design client-centered strategies for clinical prevention and health promotion.									
Expand nursing expertise through the application of advanced pathophysiological, pharmacological, and assessment knowledge and skills.									

CRITERIA	Exemplary	Accomplished	Developing	Incomplete	POINTS
Design	Easy to read; logical organization and flow. Fonts, point size, bullets, italics, bold, and indentations for headings and sub-headings enhance the presentation. Colors, pictures, or other items support the material presented and appear professional in content selection and appearance. The entire portfolio appears professional in appearance. No errors in grammar and/or spelling. 6 points	Generally easy to read; fairly well organized and adequate flow. Fonts, point size, bullets, italics, bold, and indentations for headings and sub-headings enhance the presentation. A few minor changes would enhance the professional appearance (colors, pictures, or other items are a detraction and/or are not professional in content selection or appearance). More than 1 error in grammar and/or spelling. 5 points	Often difficult to read; not well organized. Fonts, point size, bullets, italics, bold, and indentations for headings and sub-headings do not always enhance the presentation. Amateur appearance (colors, pictures, or other items are a major detraction). More than 1 error in grammar and/or spelling. 4 points	Difficult to read; disorganized. Fonts, point size, bullets, italics, bold, and indentations for headings and sub-headings do not enhance the presentation. Unprofessional appearance. Multiple errors in grammar and spelling not demonstrative of graduate work. 0 - 3 points	
TOTAL POINTS					

Comments:

Appendix G

Doctor of Nursing Practice Portfolio Rubric

**Pacific Lutheran University School of Nursing
Doctor of Nursing Practice Portfolio Rubric**

CRITERIA	Exemplary		Accomplished		Developing		Incomplete		POINTS
Introduction	Philosophy, goals, and all introduction selections demonstrate thoughtful, comprehensive and insightful integration of self and nursing at the doctoral level. 9-10 points		Philosophy, goals, and most introduction selections demonstrate some integration of self and nursing but not in-depth. 7-8 points		Philosophy, goals, and other introduction selections demonstrate superficial thought and minimal integration of self and nursing. 4-6 points		Philosophy, goals, and other introduction selections lack thoughtful, comprehensive and insightful integration of self and nursing. 0 - 3 points		
Reflections	All reflections clearly describe professional growth in the doctoral program, as well as key program contributions. Insightful analysis of own performance and learning. Well-defined plan for future growth. 9-10 points per outcome		Most reflections identify and describe professional growth; limited identification of program contributions. Thoughtful analysis of own performance and learning. Limited plan for future growth. 7-8 points per outcome		Few reflections identify and describe professional growth; scant identification of program contributions. Superficial analysis of own performance and learning. Poorly defined plan for future growth. 4-6 points per outcome		No reflections identify or describe professional growth; no identification of program contributions. Superficial analysis of own performance and learning. Only provides links to documents without any analysis and thoughtful reflection. No stated plan for future growth. 0-3 points per outcome		
Selection of Evidence	Provides key assignments completed in coursework as evidence of meeting all the PLU DNP Program Outcomes in depth. Evidence organized in a thoughtful and logical manner. 2 points per outcome		Provides key assignments completed in coursework as evidence of meeting all the DNP Program Outcomes. 1.5 points per outcome		Limited variety of sources to demonstrate meeting DNP Program Outcomes, used multiple times, and/or inappropriately. Claims poorly supported by evidence. 1 point per outcome		Minimal or lack of evidence to demonstrate meeting DNP Program Outcomes. Inappropriate choice of sources. 0 points per outcome		
Program Outcomes: Integrate and actively use science-based theories and concepts in advanced nursing practice.	Reflection	Evidence	Reflection	Evidence	Reflection	Evidence	Reflection	Evidence	

**Pacific Lutheran University School of Nursing
Doctor of Nursing Practice Portfolio Rubric**

Develop and/or evaluate effective strategies for improvement in practice including risk assessment and quality care delivery approaches that meet current and future needs of patient populations.									
Integrate and apply current research knowledge to solve complex practice situations while identifying strategies to continuously incorporate and communicate new knowledge.									
Use information systems/technology to support and improve patient care and healthcare systems.									
Assume leadership to design, implement, and advocate for health care policy that addresses issues of access, resource management, and equity in health care.									
Effectively collaborate as a member and/or leader of an interprofessional or a multidisciplinary team to improve health outcomes.									

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Doctor of Nursing Practice Portfolio Rubric**

Evaluate care delivery models and/or concepts to provide health promotion and risk reduction/illness prevention strategies.									
CRITERIA	Exemplary	Accomplished	Developing	Incomplete	POINTS				
Design	<p>Easy to read; logical organization and flow. Fonts, point size, bullets, italics, bold, and indentations for headings and sub-headings enhance the presentation. Colors, pictures, or other items support the material presented and appear professional in content selection and appearance. The entire portfolio appears professional in appearance. No errors in grammar and/or spelling.</p> <p style="text-align: center;">6 points</p>	<p>Generally easy to read; fairly well organized and adequate flow. Fonts, point size, bullets, italics, bold, and indentations for headings and sub-headings enhance the presentation. A few minor changes would enhance the professional appearance (colors, pictures, or other items are a detraction and/or are not professional in content selection or appearance). More than 1 error in grammar and/or spelling.</p> <p style="text-align: center;">5 points</p>	<p>Often difficult to read; not well organized. Fonts, point size, bullets, italics, bold, and indentations for headings and sub-headings do not always enhance the presentation. Amateur appearance (colors, pictures, or other items are a major detraction). More than 1 error in grammar and/or spelling.</p> <p style="text-align: center;">4 points</p>	<p>Difficult to read; disorganized. Fonts, point size, bullets, italics, bold, and indentations for headings and sub-headings do not enhance the presentation. Unprofessional appearance. Multiple errors in grammar and spelling not demonstrative of graduate work.</p> <p style="text-align: center;">0 - 3 points</p>					
TOTAL POINTS									