



VERA Z. DWYER COLLEGE OF HEALTH SCIENCES

INDIANA UNIVERSITY SOUTH BEND

School of Nursing

Handbook

2019-2020

MSN FNP PROGRAM

www.iusb.edu/nursing

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Mission Statement

Indiana University South Bend School of Nursing prepares holistic, caring, ethical professional nurses who respect the uniqueness of each individual. Graduates of this program provide safe, competent nursing care to meet the healthcare needs of the individual, family, and community.

Our nursing graduates function in cohesive healthcare teams using critically evaluated evidence. The School of Nursing values compassion, moral integrity, respect, inclusivity, and service to others.

Reviewed and revised February 16, 2018

Goals

- Prepare nurses to competently and professionally deliver nursing care.
- Prepare graduates to provide safe, evidence-based, patient-centered care that reflects ethical clinical judgement, and inter-professional collaboration.
- Cultivate an intellectual desire for study and life-long learning.
- Contribute to the profession of nursing by engaging in leadership, scholarship, and practice activities.

Created March 9, 2018



Welcome From the Dean of Vera Z. Dwyer College of Health Sciences:

Let me be one of the first to officially welcome you to our college and to your journey in becoming a health professional.

The Vera Z. Dwyer has a long history and tradition in educating health professionals in the Michiana region. Our graduates serve not only our region, but the rest of the state of Indiana and beyond. The employers are complimentary about our graduates' work performance. Many employers report our graduates are what make them the employers they are. The alumni of Indiana University South Bend are committed to excellence. You have now become a part of this tradition. Congratulations! As a college, we look forward to facilitating your journey of learning, professional development and completion of the program for which you were admitted. You have embarked on a career that will provide you opportunities to grow not only as a student but as an individual and a competent and compassionate health professional.

Upon graduation and passing an examination, you will earn credentials as a health professional. We trust you will value those credentials and serve clients professionally and ethically.

The handbook is provided to you as a resource to answer questions you might have during the time in the program. In addition, there are other services and resources available to you on campus. We encourage you to take advantage of these.

Again, welcome!

Thomas F. Fisher, PhD, OT
Dean, Vera Z. Dwyer College of Health Sciences
Indiana University South Bend

Chapter I

Introduction to School of Nursing

Graduate Nursing at Indiana University South Bend

The goal of the MSN program is to prepare graduates for leadership roles in advanced nursing practice as Family Nurse Practitioners. Graduates of this program are eligible to take the national certification examination for Family Nurse Practitioners offered by the American Nurses Credentialing Center (ANCC) or the American Association of Nurse Practitioners (AANP). All graduates are expected to meet the MSN program outcomes detailed below.

Students are expected to complete their degree requirements within 27 months. However, if there are extenuating circumstances, all degree requirements must be met within six years of initial enrollment. Degree requirements can be met through a combination of distance accessible and on campus learning opportunities.

Master's Program Learning Outcomes

The purpose of the Master of Science in nursing program is to prepare registered nurses for advanced practice as a Family Nurse Practitioner. The graduate of the master's degree program will be able to do the following:

1. Model excellence in nursing leadership to improve nursing practice within a complex healthcare system.
2. Perform advanced nursing practice within ethical/legal guidelines, professional policies and regulations, and standards of practice associated with a specialty area of practice.
3. Synthesize knowledge from nursing as well as biological, behavioral, social, administrative, educational, and communication sciences for application to a chosen domain of advanced practice nursing.
4. Demonstrate scholarly inquiry and reflection that exemplifies critical, creative, and systems thinking to advance the practice of nursing.
5. Frame problems, design interventions, specify outcomes and measure outcome achievement while balancing human, fiscal, and material resources to achieve quality health outcomes.
6. Use information technology and knowledge based resources to manage and transform data that informs clinical practice.
7. Systemically apply knowledge from research findings and best evidence to answer clinical questions, solve clinical problems and develop innovative nursing interventions and health policies for selected patient populations.
8. Demonstrate collaborative practice and interpret nursing science within an interdisciplinary context.
9. Articulate the effects of culture, diversity, values, and globalization in the design, delivery, and evaluation of health services.
10. Engage in life-long learning activities that contribute to professional development as well as the advancement of nursing.

AACN MSN Essentials for Advanced Practice Nursing (March 21, 2011)

The dynamic nature of the healthcare delivery system underscores the need for the nursing profession to look at the future and anticipate the healthcare needs for which nurses must be prepared to address. The complexities of health and nursing care today make expanded nursing knowledge a necessity in contemporary care settings. The transformation of healthcare and nursing practice requires a new conceptualization of master's education. Master's education must prepare the graduate to:

- Lead change to improve quality outcomes
- Advance a culture of excellence through lifelong learning
- Build and lead collaborative interprofessional care teams
- Navigate and integrate care services across the healthcare system
- Design innovative nursing practices
- Translate evidence into practice
- Navigate and integrate care services across the healthcare system
- Design innovative nursing practices
- Translate evidence into practice

The nine Essentials addressed below delineate the knowledge and skills that all nurses prepared in master's nursing programs acquire. These Essentials guide the preparation of graduates for diverse areas of practice in any healthcare setting.

<p>Essential 1: Background for Practice from Sciences and Humanities</p>	<p>Recognizes that the master's prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.</p>
<p>Essential 2: Organization and Systems Leadership</p>	<p>Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.</p>
<p>Essential 3: Quality Improvement and Safety</p>	<p>Recognizes that a master's prepared nurse must articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.</p>

<p>Essential 4: Translating and Integrating Scholarship into Practice</p>	<p>Recognizes that the master’s prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.</p>
<p>Essential 5: Informatics and Healthcare Technologies</p>	<p>Recognizes that the master’s prepared nurse uses patientcare technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.</p>
<p>Essential 6: Health Policy and Advocacy</p>	<p>Recognizes that the master’s prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and healthcare.</p>
<p>Essential 7: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p>	<p>Recognizes that the master’s prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.</p>
<p>Essential 8: Clinical Prevention and Population Health for Improving Health</p>	<p>Recognizes that the master’s prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregate/identified populations.</p>
<p>Essential 9: Master’s Level Nursing Practice</p>	<p>Recognizes that nursing practice, at the master’s level, is broadly defined as any form of nursing intervention and influences healthcare outcomes for individuals, populations, or systems. Master’s level nursing graduates must have an advanced level of understanding of nursing and relevant services as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.</p>

In addition to the foundational essential content required of all master’s education, the purpose or outcome of the advanced practice nursing curriculum is to prepare a graduate to assume responsibility and accountability for the health promotion, assessment, diagnosis, and management of client problems including the prescription of pharmacologic agents within clinical practice. A strong emphasis must be placed on developing sound clinical decision-making skills including diagnostic reasoning throughout the entire advanced practice curriculum. The essential core advanced practice courses include advanced health assessment, advanced physiology/pathophysiology and advanced pharmacology.

MSN Program Learning Outcomes Aligned with MSN Essentials and NP Competencies

MSN Program Learning Outcomes	MSN Essentials	NP Core Competencies	Population FNP Competencies
1. Model excellence in nursing leadership to improve nursing practice within a complex health care system	II. Organizational and Systems Leadership	2. Leadership Competencies 1. Assumes complex and advanced leadership roles to initiate and guide change. 2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care. 3. Demonstrates leadership that uses critical and reflective thinking. 4. Advocates for improved access, quality and cost effective health care. 5. Advances practice through the development and implementation of innovations incorporating principles of change. 6. Communicates practice knowledge effectively, both orally and in writing. 7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.	1. Works with individuals of other professions to maintain a climate of mutual respect and shared values. 2. Assumes leadership in inter-professional groups to facilitate the development, implementation and evaluation of care provided in complex systems.
2. Conduct advanced nursing practice within ethical-legal guidelines, professional policies and regulations, and standards of practice associated with a specialty area of practice	II. Organizational and Systems Leadership VI. Health Policy and Advocacy	6. Policy Competencies 1. Demonstrates an understanding of the interdependence of policy and practice.	

		<p>2. Advocates for ethical policies that promote access, equity, quality, and cost.</p> <p>3. Analyzes ethical, legal, and social factors influencing policy development.</p> <p>4. Contributes in the development of health policy.</p> <p>5. Analyzes the implications of health policy across disciplines.</p> <p>6. Evaluates the impact of globalization on health care policy development.</p> <p>8. Ethics Competencies</p> <p>1. Integrates ethical principles in decision making.</p> <p>2. Evaluates the ethical consequences of decisions.</p> <p>3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</p>	
<p>3. Synthesize knowledge from nursing as well as biological, behavioral, social, administrative, educational, and communication science from application to a chosen domain of advanced practice nursing</p>	<p>I. Background for Practice from Sciences and Humanities</p>	<p>1. Scientific Foundation Competencies</p> <p>1. Critically analyzes data and evidence for improving advanced nursing practice.</p> <p>2. Integrates knowledge from the humanities and sciences within the context of nursing science.</p> <p>3. Translates research and other forms of knowledge to improve practice processes and outcomes.</p> <p>4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.</p>	
<p>4. Demonstrate scholarly inquiry and reflection that exemplifies critical, creative, and systems thinking to advance the practice of nursing</p>	<p>IV. Translating and Integrating Scholarship into Practice</p>	<p>4. Practice Inquiry Competencies</p> <p>1. Provides leadership in the translation of new knowledge into practice.</p> <p>2. Generates knowledge from clinical practice to improve practice and patient outcomes.</p> <p>3. Applies clinical investigative skills to improve health outcomes.</p>	

		<p>4. Leads practice inquiry, individually or in partnership with others.</p> <p>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.</p> <p>6. Analyzes clinical guidelines for individualized application into practice</p>	
<p>5. Frame problems, design interventions, specify outcomes, and measure achievement of outcomes while balancing human, fiscal, and material resources to achieve quality health outcomes</p>	<p>III. Quality Improvement and Safety</p>	<p>3. Quality Competencies</p> <p>1. Uses best available evidence to continuously improve quality of clinical practice.</p> <p>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</p> <p>3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.</p> <p>4. Applies skills in peer review to promote a culture of excellence.</p> <p>5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.</p>	
<p>6. Use information technology and knowledge- based resources to manage and transform data that inform clinical practice</p>	<p>V. Informatics and Healthcare Technologies</p>	<p>7. Health Delivery System Competencies</p> <p>1. Applies knowledge of organizational practices and complex systems to improve health care delivery.</p> <p>2. Effects health care change using broad based skills including negotiating, consensus building, and partnering.</p> <p>3. Minimizes risk to patients and providers at the individual and systems level.</p> <p>4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.</p> <p>5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</p>	

		<p>6. Analyzes organizational structure, functions and resources to improve the delivery of care.</p> <p>7. Collaborates in planning for transitions across the continuum of care.</p> <p>5. Technology and Information Literacy Competencies</p> <p>1. Integrates appropriate technologies for knowledge management to improve health care.</p> <p>2. Translates technical and scientific health information appropriate for various users' needs.</p> <p style="padding-left: 40px;">2a. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.</p> <p style="padding-left: 40px;">2b. Coaches the patient and caregiver for positive behavioral change.</p> <p>3. Demonstrates information literacy skills in complex decision making.</p> <p>4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.</p> <p>5. Uses technology systems that capture data on variables for the evaluation of nursing care.</p>	
<p>7. Systematically apply evidence from research findings to answer clinical questions, solve clinical problems, and develop innovative nursing interventions and health policies for selected patient populations</p>	<p>IX. Master's Level Nursing Practice</p>	<p>3. Quality Competencies</p> <p>1. Uses best available evidence to continuously improve quality of clinical practice.</p> <p>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</p> <p>3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.</p>	

		<p>4. Applies skills in peer review to promote a culture of excellence.</p> <p>5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.</p> <p>4. Practice Inquiry Competencies</p> <p>1. Provides leadership in the translation of new knowledge into practice.</p> <p>2. Generates knowledge from clinical practice to improve practice and patient outcomes.</p> <p>3. Applies clinical investigative skills to improve health outcomes.</p> <p>4. Leads practice inquiry, individually or in partnership with others.</p> <p>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities</p> <p>6. Analyzes clinical guidelines for individualized application into practice</p>	
<p>8. Demonstrate collaborative practice and interpret nursing science within an interdisciplinary context</p>	<p>VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p> <p>IX. Master’s Level Nursing Practice</p>	<p>2. Leadership Competencies</p> <p>1. Assumes complex and advanced leadership roles to initiate and guide change.</p> <p>2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</p> <p>3. Demonstrates leadership that uses critical and reflective thinking.</p> <p>4. Advocates for improved access, quality and cost effective health care.</p> <p>5. Advances practice through the development and implementation of innovations incorporating principles of change.</p> <p>6. Communicates practice knowledge effectively, both orally and in writing.</p>	<p>1. Engages diverse health care professionals who complement one’s own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.</p> <p>2. Engages in continuous professional and interprofessional development to enhance team performance.</p>

		<p>9. Independent Practice Competencies</p> <p>1. Functions as a licensed independent practitioner.</p> <p>2. Demonstrates the highest level of accountability for professional practice. 3. Practices independently managing previously diagnosed and undiagnosed patients.</p> <p>3a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.</p> <p>3b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</p> <p>3c. Employs screening and diagnostic strategies in the development of diagnoses.</p> <p>3d. Prescribes medications within scope of practice.</p> <p>3e. Manages the health/illness status of patients and families over time.</p> <p>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</p> <p>4a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</p> <p>4b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</p> <p>4c. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</p> <p>4d. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</p>	<p>1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle using collateral information, as needed.</p> <p>2. Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of all ages (including developmental and behavioral screening, physical exam and mental health evaluations).</p> <p>3. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.</p> <p>4. Identifies and plans interventions to promote health with families at risk.</p> <p>5. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.</p> <p>6. Distinguishes between normal and abnormal change across the lifespan.</p> <p>7. Assesses decision-making ability and consults and refers, appropriately.</p> <p>8. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.</p> <p>9. Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.</p> <p>10. Formulates comprehensive differential diagnoses.</p> <p>11. Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the development of complications and promote function and quality of living.</p>
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		<p>12. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women, and older adults.</p> <p>13. Prescribes therapeutic devices.</p> <p>14. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, co-morbidities, psychosocial, and financial issues.</p> <p>15. Assesses and promotes self-care in patients with disabilities. 16. Plans and orders palliative care and end-of-life care, as appropriate.</p> <p>17. Performs primary care procedures.</p> <p>18. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.</p> <p>19. Facilitates family decision-making about health.</p> <p>20. Analyzes the impact of aging and age-and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly.</p> <p>21. Demonstrates knowledge of the similarities and differences in roles of various health professionals providing mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and advanced practice psychiatric nurse.</p> <p>22. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).</p>
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			<p>23. Applies principles of self-efficacy/empowerment in promoting behavior change.</p> <p>24. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient. 25. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families</p>
<p>9. Articulate the effects of culture, diversity, values, and globalization in the design, delivery, and evaluation of health services</p>	<p>VIII. Clinical Prevention and Population Health for Improving Health</p>	<p>7. Health Delivery System Competencies</p> <ol style="list-style-type: none"> 1. Applies knowledge of organizational practices and complex systems to improve health care delivery. 2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering. 3. Minimizes risk to patients and providers at the individual and systems level. 4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. 5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment. 6. Analyzes organizational structure, functions and resources to improve the delivery of care. <p>8. Ethics Competencies</p> <ol style="list-style-type: none"> 1. Integrates ethical principles in decision making. 2. Evaluates the ethical consequences of decisions. 3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care. 	
<p>10. Engage in life-long learning activities that contribute to professional development as well as the advancement of nursing.</p>	<p>IX: Master's-Level Nursing Practice</p>	<p>2. Leadership Competencies</p> <ol style="list-style-type: none"> 1. Assumes complex and advanced leadership roles to initiate and guide change. 	<p>IV. Professional Role</p> <ol style="list-style-type: none"> 1. Demonstrates in practice a commitment to care of the whole family.

		<p>2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</p> <p>3. Demonstrates leadership that uses critical and reflective thinking.</p> <p>4. Advocates for improved access, quality and cost effective health care.</p> <p>5. Advances practice through the development and implementation of innovations incorporating principles of change.</p> <p>6. Communicates practice knowledge effectively both orally and in writing. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.</p>	<p>2. Recognizes the importance of participating in community and professional organizations that influence the health of families and supports the role of the family nurse practitioner.</p> <p>3. Interprets the family nurse practitioner role in primary and specialty health care to other health care providers and the public.</p> <p>Serves as a resource in the design and development of family community-based health services.</p>
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Indiana University Code of Student Rights, Responsibilities, and Conduct

Each student is provided with a copy of the Indiana University Code of Student Rights, Responsibilities, and Conduct (formerly Indiana University Code of Ethics) upon admission or transfer to the School of Nursing as a pre-nursing or nursing student. This document, which applies to all Indiana University students, contains the following sections: I. Student Rights and Responsibilities, II. Student Complaint Procedures, III. Student Misconduct, IV. Student Disciplinary Procedures, V. General Provisions, VI. Adoption Provisions, and VII. Appendix. It is available online at studentcode.iu.edu

Essential Abilities Policy

The School of Nursing faculty has specified essential abilities (technical standards) critical to the success of students in any IU nursing program. Students must demonstrate these essential abilities to succeed in their program of study. Qualified applicants are expected to meet all admission criteria and matriculating students are expected to meet all progression criteria, as well as these essential abilities (technical standards) with or without reasonable accommodations.

Essential judgment skills to include: ability to identify, assess, and comprehend conditions surrounding patient situations for the purpose of problem-solving around patient conditions and coming to appropriate conclusions and/or course of actions.

Essential physical/neurological functions to include: ability to use the senses of seeing, hearing, touch, and smell to make correct judgments regarding patient conditions and meet physical

expectations to perform required interventions for the purpose of demonstrating competence to safely engage in the practice of nursing. Behaviors that demonstrate essential neurological and physical functions include, but are not limited to observation, listening, understanding relationships, writing, and psychomotor abilities consistent with course and program expectations.

Essential communication skills to include: ability to communicate effectively with fellow students, faculty, patients, and all members of the healthcare team. Skills include verbal, written, and nonverbal abilities as well as information technology skills consistent with effective communication.

Essential emotional coping skills: ability to demonstrate the mental health necessary to safely engage in the practice of nursing as determined by professional standards of practice.

Essential intellectual/conceptual skills to include: ability to measure, calculate, analyze, synthesize, and evaluate to engage competently in the safe practice of nursing.

Other essential behavioral attributes: ability to engage in activities consistent with safe nursing practice without demonstrated behaviors of addiction to, abuse of, dependence on alcohol or other drugs that may impair behavior or judgment. The student must demonstrate responsibility and accountability for actions as a student in the School of Nursing and as a developing professional nurse consistent with accepted standards of practice

Procedure

1. The essential abilities criteria is published in the IU South Bend Bulletin and incorporated into informational packets given to those demonstrating an interest in nursing.
2. Applicants accepting admission in the BSN/MSN program will be required to sign a letter of agreement that specifies the essential abilities criteria. This agreement states they have read and understand that they will be expected to meet the essential abilities. Students questioning their ability to meet these essential abilities criteria will be encouraged to address their inquiries to Student Services.
3. Faculty has the responsibility to determine whether a student has demonstrated these essential abilities. Faculty has the right to request consultation from recognized experts as deemed appropriate.
4. Students failing to meet these essential abilities, as determined by faculty, at any point in their academic program may have their progress interrupted until they have demonstrated their ability to meet these essential abilities within negotiated time frames.
5. Students will be dismissed from their program of study if faculty determines that they are unable to meet these essential abilities even if reasonable accommodations are made.
6. Students failing to demonstrate these essential abilities criteria, as determined by the faculty, may appeal this adverse determination in accordance with Indiana University's appeal procedures.

American Nurses' Association Code of Ethics for Nurses

Students who are preparing to enter the profession of nursing are expected to follow the Code of Ethics for Nurses. Each person, upon entering the profession, inherits a measure of responsibility and trust in the profession and the corresponding obligation to adhere to standards of ethical practice and conduct set by the profession. The code was adopted by the American Nurses' Association in 1950 and revised in 1960, 1968, 1976, 1985, 2001, and 2015. The code and interpretive statements can be found at:

nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html

Provisions of the Code of Ethics for Nurses

Provision 1	The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
Provision 2	The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
Provision 3	The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
Provision 4	The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
Provision 5	The nurse owes same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, and maintain competence, and continue personal and professional growth.
Provision 6	The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
Provision 7	The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
Provision 8	The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
Provision 9	The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

The Indiana University South Bend School of Nursing strictly adheres to the American Nurses' Association's Code for Nurses. Each student is expected to consistently uphold these standards.

Student Nurse Resources

M.A.N.

M.A.N. is the Michiana Alliance of Men in Nursing, a chapter of the national organization American Assembly for Men in Nursing. It is a regional organization for men in nursing. The purpose of this organization is to provide the opportunity for nurses to meet, discuss, and positively influence factors which affect men as nurses. We encourage men of all ages to become nurses and join together with all nurses in strengthening and humanizing health care, support men who are nurses to grow professionally and demonstrate to each other and to society the increasing contributions made by men within the nursing profession, advocate for continued research, education and dissemination of information about men's health issues, men in nursing, and nursing knowledge at the local and national levels, and support members' full participation in the nursing profession and its organizations. Membership in the Chapter is open to Registered Nurses, Licensed Practical/Vocational Nurses, nursing students in entry-level programs, and anyone the Board of the Chapter deems worthy of membership. Meetings are held monthly on days and times determined by the group in August each year. There are no membership dues. Faculty mentor/contact person is Kristy Ludy (kludy@iu.edu).

CAPNI

CAPNI is a professional organization with the purpose of promoting the practice of APRNs that includes Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists in the state of Indiana. Learn more at www.capni.org

“Our objective is to serve our peers by providing the following

Collaboration:

- Among APRNs
- With other health care professionals

Advancement of the APRN role:

- Increased public and professional awareness
- Enhanced utilization of APRNs

Education:

- Develop, participate in, and sponsor educational activities for APRNs •
Provide opportunities to support the education of APRN students

Legislation:

- Protect the role of the APRNs as defined by law
- Initiate, facilitate, support legislation favorable to APRNs“

AANP

On January 1, 2013, the American Academy of Nurse Practitioners (founded in 1985) and the American College of Nurse Practitioners (founded in 1995) came together to form the American Association of Nurse Practitioners® (AANP), the largest full-service national professional membership organization for NPs of all specialties.

As The Voice of the Nurse Practitioner®, AANP represents the interests of more than 248,000 NPs around the country, advocating for the active role of NPs as providers of high-quality, cost-effective, and comprehensive, patient-centered health care.

The mission of AANP is to empower all nurse practitioners to advance quality health care through practice, education, advocacy, research and leadership. Learn more at www.aanp.org.

GRADUATE FACULTY COMMITTEE

The Graduate Faculty Committee is comprised of all eligible full-time IU South Bend School of Nursing faculty who may have teaching responsibilities in the MSN program. The chair of the committee will be the Graduate Program Director. A student representative will be invited from each cohort.

COMMITTEE FUNCTION

- The enactment of the IU South Bend School of Nursing and IU South Bend graduate studies and procedures.
- The evaluation and the making of recommendations on Master's program curricular issues.
- -To oversee and maintain the integrity of the Master's curriculum.
- To assist in planning curricular changes.
- To communicate all significant implementation and evaluation changes to the administration.

SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING

The nursing program at IU South Bend proudly supports the Sigma Theta Tau international Honor Society of Nursing through participation in the Alpha Chapter. Sigma Theta Tau was founded in 1922 by six nursing students at what is now Indiana University in Indianapolis. In 1936, Sigma Theta Tau was the first organization in the U.S. to fund nursing research. All Indiana University campuses combine to be part of the Alpha chapter-at-large. The Alpha Chapter is the original chapter that was founded by the six nursing students, so it is especially noteworthy to be a member of this chapter.

The Vision of Sigma Theta Tau

Create a global community of nurses who lead in using scholarship, knowledge and technology to improve the health of the world's people.

The Mission of Sigma Theta Tau

Support the learning, knowledge, and professional development of nurses committed to make a difference in health worldwide.

Registered Nurses with a BSN may become members as nurse leaders. More information about Sigma Theta Tau can be found at nursingsociety.org and information on the Alpha Chapter at www.iupui.edu/~ssta.

BSN and MSN students must meet specific grade point criteria to be eligible to apply for admission. If you meet the criteria in your senior year, (7th or 8th semester or RN who has completed half of the nursing courses), or are in the MSN program, you will be contacted by the campus counselor Kristy Ludy.

For further information contact Kristy Ludy, campus counselor, at kludy@iu.edu.

HEALTH AND WELLNESS CENTER

IU South Bend Health and Wellness Center, located in Vera Z. Dwyer Hall (formerly Riverside Hall), 1960 Northside Boulevard, offers free or reduced rate services to IU South Bend students, faculty and staff. Services for a nominal fee include physical exams, assessment of minor injuries and illness, routine health monitoring such as taking blood pressure and answering health related questions.

For a reasonable fee, lab services including pap smears and cholesterol testing are offered. Hours vary by semester. Watch IU South Bend mass email or the Bulletin Board for announcements of health and wellness activities offered by the center or check the website iusb.edu/~iusbwell.

BLUE: ONLINE STUDENT EVALUATION SYSTEM

Students are invited and encouraged to complete teacher and course evaluations for each course enrolled in. This information is confidentially compiled and reported. This feedback is used to improve course instruction. Your participation is highly valued.

SCHOOL OF NURSING SCHOLARSHIPS

The School of Nursing is fortunate to have received monies from several generous donors to fund scholarships for our students. On the IU South Bend campus, the William and Kathryn Shields Scholarships, the Raymond and Frances Grandorf Scholarships, the John O'Connor Scholarships, Vera Z. Dwyer Scholarship in Healthcare and the Dodd Scholarships are available annually to reward students for their academic and clinical achievements, and to help meet their financial needs. Other scholarship monies are available from the Indianapolis campus of the Indiana University School of Nursing. Students must apply through ONE.IU by March 1st in order to be considered for scholarships the following academic year.

Chapter II

MSN Specific Policies

Appearance Code

The Appearance Code provides IU South Bend SON students with information necessary to select on-duty attire and accessories which are compatible with professionalism, infection control, employee identification, neatness, and modesty. If attire is unacceptable to the clinical instructor or preceptor, the student may be sent home and will have to makeup clinical time at their expense.

Attire must be clean, unstained, and ironed. The attire fabric should be of sufficient thickness so undergarments do not show through. Good judgment should be exercised in selecting the appropriate size of the clothing so that it is not low cut at the neck or tight across the chest and hips.

CLINICAL ATTIRE

All students should purchase a white lab coat. White lab coats may be required for most clinical experiences. Lab coats must be worn at least mid-thigh in length and have a collar. Front button lab coats with a collar are preferable lab coats. Attire under lab coats need to be professional, modest, and tasteful. Metal fabrics (sequins, beads, etc.) shorts, jeans, and sweats are not acceptable. Slacks must be ankle length. **Denim fabric and leggings are not considered acceptable business attire.** If not wearing appropriate attire, students may be sent home. Additional uniform accommodations may be made upon request.

SHOES

Shoes must be clean, quiet, safe and comfortable. No open-toe shoes may be worn. Appropriate stockings or socks must be worn at all times.

PROFESSIONAL WEAR FOR VOLUNTEER ACTIVITIES

When assisting with health programs and assignments outside traditional clinical settings (health fairs, flu shot/immunization programs, ceremonies, volunteer efforts connected to the school, etc.) please check with the instructor or coordinator of the program for appropriate attire. Unless otherwise directed, the guidelines for professional attire are to be followed. Also, see "other" for additional appearance requirements, which are extended to any setting where the student is representing the School of Nursing. It is expected that student nurses acting in a professional capacity dress and behave in a professional manner at all times. The name badge from the School of Nursing is to be worn for these activities regardless of attire.

PICTURE ID

A valid IU South Bend picture ID or valid driver's license must be carried with the student at all times.

Certain agencies may require display of the official picture identification as part of the uniform.

NAME BADGE

An IU South Bend School of Nursing name badge is required to be worn and visible at all times on clinical units. Name badges must be worn when participating in a professional setting; volunteering for community health programs; and as designated by the faculty in certain clinical settings. **Forms for obtaining the name badge will be handed out at orientation.** We recommend the purchase of two (2) name badge. It is the responsibility of the student to purchase the name badge(s).

APPEARANCES OTHER

- Tight fitting attire is not appropriate. Discreet underwear which is not readily visible through clothing is to be worn. At no time should undergarments be visible.
- Fingernails must be neatly trimmed and clean. Nail polish, if worn, must be neutral or pastel in color and without chipping. **NO artificial nails** may be worn by those providing patient care.
- Hair and beards must be clean and neatly groomed. If hair falls below shoulder length, it must be pulled back.
- Tattoos are not to be visible.
- Only two earrings for each ear are permitted. Dangling earrings are to be avoided for safety reasons. Additional exposed body piercing is not acceptable, including tongue piercing. Facial jewelry should be removed, if possible.
- Good personal hygiene is expected.
- Smelling of tobacco smoke is prohibited. **It is not** acceptable to leave patient care areas to smoke. Area facilities are smoke free environments and these policies are strictly enforced for nursing students.
- Light cologne, simple make-up, and a watch and/or ring may be worn. All jewelry should be simple, inconspicuous and kept to a minimum. One ring per hand is permissible.
- Gum chewing is **prohibited** in direct patient/client care areas and roles.

Travel

Travel liability to and from clinical assignment and community activities sites is the sole responsibility of the student. Indiana University South Bend does not provide travel liability insurance. Such travel has inherent risks and these risks are accepted by the student.

Continuing Nursing Student Responsibilities

For students enrolled in clinical nursing courses during the summer sessions, TB screening, immunizations, and CPR certification must be valid through the final day of the summer session in which the student is enrolled.

For students who are finishing an “Incomplete” grade in a nursing course with a clinical component, the CPR recertification, immunizations, and TB screening must be valid until the course requirements are completed.

Additional Documentation

Due to frequent changes in the national standards and recommendations for adult immunizations, it may be necessary for the School of Nursing to request additional documentation beyond what is listed here prior to clinical admission. Criminal background checks may be conducted at any time in the program depending upon a clinical site’s requirements or due cause. Students will be notified if they are affected.

Progression in the Master of Science in Nursing Program

DIDACTIC AND CLINICAL COURSE ATTENDANCE

- Students are expected to attend all classes and are held responsible for all required reading and content presented. In case of absence, it is the student's responsibility to obtain the information presented from another classmate.
- Attendance is monitored at the discretion of the instructor and will be taken into consideration when final grades are calculated.
- All classes canceled due to snow or other unforeseen events will be rescheduled, if possible, or material will be made available.

LABS AND SIMULATION RULES

High fidelity (realistic) patient care simulations may be offered throughout the program. These simulated patient experiences are treated like actual clinical experiences; appropriate behavior and attire are expected. Students also may engage in an online simulated learning environment. Students have an opportunity to solve real life problems in a safe environment where they can learn and experience common clinical situations which do not always arise during actual patient care. These experiences are very popular with the students, truly enhancing learning and problem-solving, especially regarding how to deal with emergencies and complications.

Rules for lab and simulations are:

- All simulated experiences must be considered as live experiences. This means that professional communication and behavior are expected at all times.
- Children are not allowed in the classroom or labs at any time.
- Clean up after your practice or lab time, returning the lab to the state you found it in.
- Sign in for practice time.
- Expensive, high tech equipment is in the labs and should be cared for appropriately; assure that the doors are closed if you are the last one to leave.
- If you do not know how to use the equipment, please seek assistance. Simulations provide essential learning (or evaluation) and are to be taken seriously including any assigned preparation.
- Inappropriate use of the lab and equipment can result in disciplinary action.

CLASSROOM ETIQUETTE

- In order to maintain a respectful environment, collegial behavior is required. Students who do not demonstrate professional, collegial behavior will be asked to leave the classroom and must meet with the instructor prior to the next class session. Any student who continues to demonstrate intimidating and/or disruptive behavior that interferes with a respectful environment conducive to learning may not be permitted to return to the classroom and will be referred to the Admission, Progression, and Graduation Committee of the IU South Bend School of Nursing for action.
- Following IU South Bend policy, children are not permitted in the classroom, lab or clinical setting at any time.
- Lecture content is presented beyond reading assignments and not all reading assignments are covered in the lecture – please plan accordingly when studying.

- As a courtesy, students are to request permission of the instructor conducting the class to tape/digitally record the class.
- All handouts and test questions are considered to be the intellectual property of the course instructor. Students are prohibited from posting and/or sharing handouts or test questions with other students. Sharing test questions with other students is considered **cheating** and will be dealt with according to IU South Bend policy.
- It is not mandatory for faculty to provide handouts prior to class. If individual faculty elects to provide handouts, students are not required to print them unless otherwise instructed. Students should be prepared to take detailed notes. Any handouts are intended as a tool for students and should not be distributed for uses beyond the class note-taking.

TEST TAKING AND MAKE-UP

Students are expected to take quizzes and exams at the scheduled time. In the event a student misses a quiz or exam, the lead teacher must be notified in advance. The lead faculty will approve make-up a quiz or exam ONLY for a student who has an excused absence. The quiz or exam must be made up within one week. The only acceptable excuse for missing an exam is serious illness or death of a close family member. The student must notify the professor directly no later than one hour before the exam is to be given via phone call or e-mail. All makeup exams or quizzes are taken at the IUSB Testing Center. Contact information: tpciusb@iusb.edu or call 574-520-4164. Accommodations for testing are only provided with written documentation from the Office of Student Disabilities.

DESCRIPTORS FOR CHEATING AND PLAGIARISM

Cheating: dishonest, corrupt, amoral, immoral, devious, deceitful, wrong, unethical, dishonorable
 Plagiarism: copying, lifting, stealing, illegal use, breach of copyright, bootlegging

GRADING SCALE

All courses in the Indiana University South Bend School of Nursing MSN program utilizes the following grading scale in nursing courses:

100-97	A+	89-87	B+	79-77	C+	69-67	D+
96-93	A	86-83	B	76-75	C	66-63	D
92-90	A-	82-80	B-	74-70	C-	62-60	D-
						Below 60	F

An attainment of at least a B- or 80% is required to successfully pass a course. Failure to receive a final grade of “B-“or higher will require that the student retake the course. Please note that rounding is not permitted and 79.9% is not a passing grade. The course work in each semester serves as a pre-requisite for subsequent courses; therefore the student must pass each course in a given semester before progressing in the program.

The official grade code of Indiana University includes quality points for the purpose of determining the cumulative grade point average. Quality points are assigned as follows:

A+	4.0	B+	3.3	C+	2.3	D+	1.3
A	4.0	B	3.0	C	2.0	D	1.0
A-	3.7	B-	2.7	C-	1.7	D-	0.7
						F	0.0

If a student is unsuccessful in a course, refer to the Handbook section regarding progression guidelines. It is recommended that the student meet with the faculty member first. Before repeating a course, it is recommended that the student carefully examine and rectify study/class habits that may have led to difficulties in the course; this may include counseling for text anxiety and time management. Students will be asked to submit a plan for success before repeating a course. Students having difficulty can contact the Assistant Dean for Student Success Janielle Tchakerian at jtchaker@iu.edu

INCOMPLETE

Graduate faculty follow the IU South Bend Incomplete policy as listed in the Bulletin. In order to receive an Incomplete, **a substantial amount (at least 75%) of course work must be successfully completed by the end of the semester.** Furthermore, an Incomplete “is awarded only under circumstances of hardship”. The student is responsible for initiating the request for an incomplete. If a student receives an Incomplete, he/she is Out-of-Progression and must resume progression the following year. If a student receives an incomplete and wants to finish the course work during the next semester he/she must have approval by the appropriate faculty member and Graduate Program Director. The student must finish all coursework prior to registering for classes the following semester unless other arrangements are made with the faculty and graduate director.

COURSE FAILURE AND PROGRAM PROGRESSION

Failure of either didactic, lab, or clinical coursework means that the student fails the course and must repeat the entire course. Courses in each semester serve as a pre-requisite for all subsequent coursework; therefore failed courses must be successfully completed before the student may enroll in subsequent courses and/or progress in the program.

FORMAL COMPLAINTS

Non-Academic Student Complaints

The SON follows the procedures as outlined by the IU South Bend Office of Student Conduct under “Complaints against Members of the University Faculty and Administration.” Students are encouraged to discuss complaints about course matters directly with faculty members. Students should first talk to the faculty member of concern. If the issue cannot be resolved between the student and individual faculty member, students are invited to discuss it with the Program Director, Assistant Dean, and/or Dean. A non-academic student complaint is one that relates to non-instructional incidents or concerns, including the following: a difference or dispute between a student and University personnel; a service issue regarding University policies; or unfair treatment. All complaints must be submitted via email or written letter to the Assistant Dean for Student Success. A formal complaint is one that outlines perceived violations related to nursing, university,

or Indiana State Board of Nursing policies and procedures. Any complaints received are considered by the Program Director, Assistant Dean, Dean, or university administration as necessary and appropriate action in regards to changing policy or revising curricular decisions are determined. Complaints of a serious nature or a formal complaint that is signed and submitted by a student or community constituent should be submitted to the Program Director, Assistant Dean, Dean, or upper university administration in writing as an email or letter. Student to student complaints are referred to the Office of Student Conduct (conduct@iusb.edu or 574-520-5524).

Academic Student Complaints

The SON follows the procedures as outlined by the IU South Bend Office of Student Conduct under “Complaints against Members of the University Faculty and Administration.” Students are encouraged to discuss complaints about course matters directly with faculty members. Students should first talk to the faculty member of concern. If the issue cannot be resolved between the student and individual faculty member, students are invited to discuss it with the Program Director, Assistant Dean, and/or Dean. An academic student complaint is one that relates directly to an incident related to instruction or to academic advising that has not been resolved with the faculty, staff, or other involved. All complaints must be submitted via email or written letter to the Admission Progression Graduation committee chairperson. A formal complaint is one that outlines perceived violations related to nursing, university, or Indiana State Board of Nursing policies and procedures. Any complaints received are considered by the Program Director, Assistant Dean, Dean, or university administration as necessary and appropriate action in regards to changing policy or revising curricular decisions are determined. Complaints of a serious nature or a formal complaint that is signed and submitted by a student or community constituent should be submitted to the Program Director, Assistant Dean, Dean, or upper university administration in writing as an email or letter. Student to student complaints are referred to the Office of Student Conduct (conduct@iusb.edu or 574-520-5524).

SON Faculty Formal Complaint

This is a proposed procedure on how to file formal faculty complaints in accordance to the IUSB Faculty Handbook Formal Complaint Policy (Article XI). According to the Handbook, this policy “provides procedures to review complaints against faculty members of substantial or chronic incompetence or misconduct, limited to violations of formal rules of the University, such as violations of the Code of Academic Ethics (IU Academic Handbook), or failure to meet generally understood and accepted standards of professional conduct (4/2002). “Faculty members are encouraged to discuss concerns directly with the faculty member related to the concern. If the issue cannot be resolved between the faculty members, faculty are invited to discuss it with the Program Director. A formal complaint is defined as a complaint against faculty members of substantial or chronic incompetence or misconduct, limited to violations of formal rules of the University, such as violations of the Code of Academic Ethics (IU Academic Handbook), or failure to meet generally understood and accepted standards of professional conduct (4/2002). All complaints must be submitted via email or written letter to the next administrator in command (i.e. Program Director, Assistant Dean and/or Dean). A formal complaint is one that outlines perceived violations related to nursing, university, or Indiana State Board of Nursing policies and procedures. Any complaints received are seriously considered by the Program Director, Assistant Dean, Dean,

or university administration as necessary and appropriate action in regards to changing policy or revising curricular decisions are determined. Complaints of a serious nature or a formal complaint that is signed and submitted by a faculty or community constituent should be submitted to the Program Director, Assistant Dean, Dean, or upper university administration in writing as an email or letter.

GOOD STANDING

A student is in good academic standing when his or her cumulative grade point average is 3.0 or higher.

MAINTAINING

- Students admitted on probation who fail to remove the conditions of admission within one semester will be dismissed from the program.
- Students attaining an unsatisfactory grade (below B-) in any course may repeat the course only once. If a course must be repeated, the department may specify additional conditions relating to progression in the program.
- Evidence of lack of progress toward the degree is described as failure to successfully attain a B- or higher in a course in which an unsatisfactory grade has been previously received. This means that a student will be dismissed from the MSN program if the student fails to achieve a minimum grade of B- or S (Satisfactory) in any one nursing course (didactic or practicum/clinical) by the second attempt, or any two nursing courses (didactic or practicum/clinical) on the first attempt.
- Students who do not complete all degree requirements within six years following initial registration will be dismissed. Students may appeal their dismissal to the Admission, Progression, and Graduation Committee (APG) at apgboard@iusb.edu one time only.

DISCIPLINARY PROBATION

Disciplinary probation is administered under the Code of Student Rights, Responsibilities, and Conduct. The faculty reserves the right to request the withdrawal of a student when problems related to personal integrity, health, maturity, or safety in the practice of nursing demonstrate the student's unfitness to continue preparation for professional nursing.

UNSATISFACTORY PERFORMANCE BY A CLINICAL STUDENT

If a student receives a failing grade in any area on the clinical evaluation form by the preceptor, faculty or student, the faculty will meet with the preceptor and student to discuss the situation. They may receive a course failure. The Graduate Program Director will be informed at the time of the outcome.

OUT-OF-PROGRESSION

MSN students who are considered to be out-of-progression are those who:

1. Receive a grade below B- in any course;
2. Receive an unsatisfactory grade in any clinical course;
3. Withdraw from any course or semester for any reason after the first three semesters. (Withdrawal within the first three semesters requires application for re-entry);
4. Does not meet health and safety requirement deadlines.

RESUMING PROGRESSION FOR OUT-OF-PROGRESSION STUDENTS

Resuming progression for out-of-progression students is not automatic. Out-of-progression MSN students who wish to reenter or progress in the program must submit a written request for reentry to the Admission, Progression, and Graduation Committee at apgboard@iusb.edu. This request requires a list of the specific courses in which the student wishes to enroll and, as appropriate, an explanation of any extenuating circumstances that may have hindered academic performance, and a Plan for Success addressing areas of deficiency. All requests for progression are evaluated on the basis of available resources, and, if appropriate, on the satisfactory completion of any conditions and/or faculty recommendations that existed at the time progression was disrupted. It is highly recommended that the student meet with the Assistant Dean for Student Success before emailing the APG Committee to ensure that the correct components have been addressed.

DISMISSAL

A MSN student is dismissed from the program when, in the judgment of the Admission, Progression, Graduation Committee (APG), there is a lack of progress toward the degree. Lack of progress includes, but is not limited to the following:

- Failure to achieve a 3.0 cumulative GPA.
- Failure to meet Indiana University School of Nursing Essential Abilities expectations (refer to the Statement of Essential Abilities listed under General Policies of the School of Nursing in this section of this publication).
- Failure to meet the standards outlined in the ANA Code of Ethics

Dismissal may occur without prior probation. Falsification of records and reports, plagiarism, or cheating on an examination, quiz, or any other assignment is cause for dismissal (see Indiana University Code of Student Rights, Responsibilities, and Conduct).

- The faculty reserves the right to dismiss any nursing student whose personal integrity, health, or conduct demonstrates unfitness to continue preparation for the profession of nursing. Integrity and conduct is judged according to the standards of the most recent Code of Ethics for Nurses as adopted by the American Nurses' Association and the IU School of Nursing Statement of Essential Abilities.
- When a student is dismissed, he or she will receive a formal letter from the Dean of the College of Health Sciences and Graduate Program Director, and/or Judicial Affairs. The dismissal of any nursing student is contingent upon review by the Admission, Progression, and Graduation Committee on the campus of enrollment. Nursing student dismissal is subject to the appeal process on the campus of enrollment.

REINSTATEMENT OF A DISMISSED STUDENT

healthscience.iusb.edu/docs/policies/Reinstatement%20Process.pdf

Appeals for immediate reinstatement are not considered except as warranted by extraordinary circumstances. In such cases, students reinstated by the Admission, Progression and Graduate Committee have prescribed standards of performance for the semester for which they are reinstated. Failure to meet these standards results in an irrevocable dismissal. Students who are reinstated must adhere to policies in effect at the time of reinstatement

TESTING REQUIREMENT FOR PROGRAM RE-ENTRY

All students who re-enter the program must adhere to the academic policies in effect at the time of resuming studies. This applies to out-of-progression students, reinstated students after a dismissal, or students who are returning after finishing a course in which an “Incomplete” was given. Patient safety is a priority; therefore prior to reinstatement, any out-of-progression or dismissed student must demonstrate satisfactory knowledge and skill in previously completed courses including pathophysiology, pharmacology, and advanced physical assessment. The Graduate Faculty Committee reserves the right to determine the manner of testing for this content. Typically this testing is done through a written pharmacology/pathophysiology exam passed with a minimum score of 80% and successful validation of skill in performing a head-to-toe physical assessment and evidence of synthesis of clinical knowledge. Students who do not meet minimum requirements set forth by the Graduate Faculty Committee may not progress in the program and are subject to dismissal from the program.

Master of Science in Nursing Graduation Requirements

Students in the Master of Science in Nursing program are responsible for meeting the following degree requirements. Though the School of Nursing makes every attempt to provide students with academic advising and program planning assistance, students are accountable for complying with all published academic policies related to the Master of Science in Nursing graduate program. To be eligible for graduation from the program students must:

1. Complete all required MSN FNP graduate nursing courses and one graduate elective with a B- or better and have an AGPA of 3.0 or better.
2. Complete 600 supervised direct patient care clinical hours.
3. Complete all MSN degree requirements. Students with extenuating circumstances must complete all requirements within 6 years of enrolling in the first graduate course.
4. File a Graduation Application Form

COMPLETION OF DEGREE REQUIREMENTS

The registrar must receive all removal of Incompletes, deferred grades, special credit, and independent study grades no later than three weeks prior to the end of classes of the student’s last semester before graduation.

GRADUATION RELATED ACTIVITIES

Additional graduation activities include but are not limited to:

- Sigma Theta Tau Induction
- Rental of Caps and Gowns for Commencement and Hooding
- Application for Degree Form

REVIEW COURSES

The School of Nursing highly recommends that all graduating students take a review course prior to taking their credentialing examination. Participating in a structured review course prepares the

student for not only the content of the exam, but for the unique computer format of the testing. These courses also address the common problem of test anxiety that many students experience before their state boards, and teach specific techniques, which significantly improve a student's probability of success.

The School of Nursing will provide all graduating students with information on review courses that become available in our area each semester. It is the responsibility of the individual student to register and pay for a review course of their choice.

Clinical Policies

Clinical Experiences

The educational program should provide direct client care experiences for the graduate to master critical clinical experience and knowledge. The National Organization of Nurse Practitioner Faculties (NONPF) guidelines state that **"500 clinical hours is the minimum number required for nurse practitioner education"** (p. 77). The MSN curriculum is based upon the strong foundation set in accredited BSN programs. The students are expected to have achieved the following essentials as set forth by the AACN in regards to baccalaureate education.

Clinical Placement

Clinical placement is a complex process and shared responsibility between the student and faculty. The Graduate Program Director and faculty will assist students with planning for clinical rotations. We make every reasonable effort to accommodate a student's placement request. Specialty locations may be incorporated in the student's clinical experiences throughout the program and are not limited to one semester. The student must be delivering hands on patient care. In hospital or observation only situations are not acceptable. The focus of the Family Nurse Practitioner program is the provision of primary care to individuals and families across the lifespan; therefore, in-hospital, acute care clinical rotations are not permitted. Clinical placements will be within 1 hour drive time from the IUSB campuses. Special circumstances will occur as needed.

Preceptor Qualifications and Guidelines

Based on the National Task Force on Quality Nurse Practitioner Education: Criteria for Evaluation of Nurse Practitioner Programs 2012 (4th) Edition: Preceptors must:

- Engage in patient care consistent with the program's mission: Primary care or specialty that complements primary care knowledge.
- Have clinical practice experience; a minimum of one year of clinical experience in the population focused practice area prior to engaging in clinical supervision.
- Engage in clinical practice consistent with the population focus of specialty courses: i.e. pediatric, women's health, and adult/geriatric patients.
- Be a Nurse Practitioner with minimum of a Master's Degree in Nursing or extensive clinical experience in the content area in which he or she provides clinical supervision, have national certification, or be a physician (MD or DO).

- Have an unrestricted license to practice in the state where the clinical rotations are completed.
- Be willing to precept the student by facilitating the educational process for the required number of clinical hours; engage in formative and summative evaluation with the student; communicate with and meet with the faculty member throughout the semester.

Before students engage in clinical time with a preceptor, that preceptor must be properly vetted. This means that the School of Nursing engages in careful review of the preceptor's qualifications before granting formal approval. Students are prohibited from being placed with their personal providers or providers who are family members.

Clinical Hours Requirements

Clinical hour requirements are carefully calculated to meet Indiana State Board of Nursing, academic, and accreditation standards. IU South Bend requires students to engage in a **minimum of 600 supervised direct patient care clinical hours in a primary care setting** or a setting that complements primary care knowledge. Therefore, all clinical hours are mandatory and all missed time must be made up. Students are responsible for contracting with the preceptor for the time spent in the clinical agency. It is important for students to understand that their time in a clinical agency with a clinical preceptor will be different than hours published in the official Schedule of Classes.

Students may only engage in clinical hours during the semester; this means students may not engage in clinical activities before or after the semester begins or ends. Furthermore, students may not engage in clinical activities if the approved preceptor is off-site and/or unable to provide supervision of direct patient care. Clinical hours should extend over the course of the semester. Expedited clinical experiences will be approved only for extenuating circumstances (i.e. pregnancy, illness) at the discretion of the Program Director.

Students may not engage in clinical activities within a hospital setting other than rounding with the preceptor on primary care patients who are hospitalized or in an extended care facility. When rounding in a hospital or extended care facility, students must be actively engaged in the direct patient care process when possible. Urgent care or Fast Track settings in ERs are allowed only on a case by case review.

Insufficient clinical hours may result in course failure, or if extenuating circumstances exist, a grade of Incomplete. Please note that faculty will not make accommodations for a student's work schedule. A grade of Incomplete will not be granted when work requirements interfere with the student's ability to engage in the required amount of clinical hours. Incomplete grades must be removed before the student may progress in the program.

Clinical Time Policy

Assigned faculty are responsible for clinical supervision of students in all precepted clinical experiences. Students are expected to engage in clinical activities during regular business hours (Monday through Friday) and are required to complete all clinical hours as directed by course

faculty. Students in clinical courses are required to contact their clinical agency/preceptor to negotiate their schedule no later than the end of the first week of classes. **The tentative full semester schedule MUST be in Typhon by no later than the beginning of the second week of the semester.** Students must provide their supervising clinical faculty with a detailed schedule of the days and times they will be in the clinical site. **If the schedule is not entered into Typhon by the second week of the semester, the student cannot participate in clinical and previously completed hours will not be approved and need to be repeated.** Clinical faculty will notify the preceptor that the student is not to attend clinical until notified. **If the schedule is not complete and entered by midterm, clinical failure will occur which leads to course failure.**

Supervising clinical faculty must be notified of any schedule variation as soon as possible (i.e. missed day due to illness, a late start or early end to the day, or engaging in clinical activities on an unscheduled day). Students planning to be at a clinical site outside regular business hours or during finals week must receive permission well in advance and in writing from their supervising clinical faculty via the “Request to Engage in Clinical Time Outside of Regular Business Hours” form. This form may be found on the Canvas Graduate Program Central under modules.

Students must document in Typhon the shift time (start and end time, lunch and breaks) that they are in the agency and the clinical activities that they engaged in. Clinical time claimed may only include time that the student is actively engaged in Category A and B Clinical Activities (see below).

Falsification of clinical time and/or activities will result in course failure, immediate suspension and possible dismissal from the program and the filing of an academic integrity violation with the Office of Student Conduct.

Typhon

Typhon is an online patient tracking software system with scheduling, evaluation, and portfolio functions. Students will be notified of and expected to adhere to these policies. More information about Typhon is discussed in the following section.

Clinical Checklist

1. Preceptor Information Form and Preceptor Agreement Form: Due to Program Director at least **two weeks before** beginning of the semester. Must be signed by the student, preceptor, and supervising clinical faculty.
 - a. It is the student’s responsibility to complete the “Preceptor Information Form” and the “Preceptor Agreement Form” and turn it in to the Program Director.
 - b. These forms are generated by the Program Director and sent to the students before clinical rotations begin.
 - c. Students who do not have the form turned in on time may not engage in clinical activities until the preceptor has been vetted and forms are complete.
 - d. Students engaging in clinical time with an un-approved preceptor may not claim any of the clinical time and are at risk for course failure for unprofessional behavior.
2. Request to Engage in Clinical Time Outside of Regular Business Hours Form: Must be signed by supervising clinical faculty when student wishes to engage in clinical experiences in

times outside regular business hours or during finals week. Signed form must be scanned and uploaded by the student to Typhon External Documents, Outside Hours folder as soon as it is signed.

3. Students must: Provide instructor with name, address, dates/times of clinical experiences.
4. The student must put their individual clinical schedules into the Typhon calendar by the end of week 2 of classes. If the student does not put his/her schedule into Typhon by the requested time, he/she will not be allowed to participate in any clinical time until this is completed. Hours that have been completed without verifying with the clinical faculty will not be approved and will need to be repeated.
5. Maintain clinical time and patient activity logs via Typhon. Typhon client encounters need to be completed within 7 days from the date of service. The encounters will be locked and unable to be edited if not done within 7 days. If you were unable to enter them in the 7 day timeframe, that clinical time will need to be made up.
6. Facilitate at least three clinical visits by the clinical faculty during the semester.
 - a. The first visit will occur early in the semester and serves as an introduction to the preceptor.
 - b. The next two visits are the formative and summative evaluation visits. The student must inform the preceptor that the instructor would like to observe the student in a minimum of two patient encounters (to include physical assessment, diagnosis, treatment, education of patient). Clinical faculty reserve the right to conduct more than three visits if deemed necessary.
 - c. The midterm and final evaluation from preceptor and student must be completed in Typhon prior to the faculty evaluation or the on-site evaluation cannot be completed and previous hours will not be approved.
7. Evaluations: Students must attend a midterm and final clinical evaluation with the instructor, who reserves the right to schedule the time and place.
 - a. Typhon evaluations must be completed by the student prior to the faculty evaluations on site.
 - b. The student must do a self-evaluation for the midterm visit as well as the final visit. Self-evaluations must be completed before the scheduled visit.
 - c. The final evaluation cannot be scheduled until the midterm evaluations by the preceptor, student and faculty are completed. **Final exams cannot be completed until all clinical documentation (Typhon documentation, evaluations, assignments, etc) are received**
 - d. If the above are not completed by the final exam, clinical failure will occur, which leads to course failure.

Definition of Clinical Activities*

A minimum of 80% of clinical activities must be Category A activities (supervised direct patient care, observation, and clinical consultation). The remaining 20% of clinical time may be Category B clinical activities (telephone callbacks, record review, and clinical review/research).

CATEGORY A CLINICAL ACTIVITIES (SHOULD CONSTITUTE 80% OF CLINICAL TIME):

Direct patient care: Activities spent in face-to-face contact with the patient collecting subjective and objective data, deriving diagnosis/diagnoses, developing a care plan, and documenting findings in the patient chart. Students must note their level of involvement in the patient contact and decision making: independent, <50%, >50% of care. A minimum of 80% of Category A clinical time should be in the provision of direct patient care.

Observation/Shadowing: Activities spent observing the preceptor engage in direct patient care. Observation generally occurs early in the semester, or with extremely complex patient situations. It is expected that as the student gains clinical experience, that the amount of observation time diminishes. Observation should constitute less than 20% of Category A clinical time.

Clinical preparation and review: Activities that may include in-the-office patient chart review, case discussion with the preceptor, review of evidence-based practice guidelines that pertain to the patient case, reviewing and calculating medications/dosages. Time spent reviewing diseases etc. outside of clinical hours may not be counted as clinical time.

CATEGORY B CLINICAL ACTIVITIES (SHOULD CONSTITUTE NO MORE THAN 20% OF CLINICAL TIME):

Telephone callbacks: Activities in which the student responds to patient telephone messages or calls patients with results of diagnostic testing.

Review of records: Activities that involve the review of lab, imaging, pathology or other patient care records/documents. This also may include time spent preparing for a patient who did not arrive for a scheduled appointment.

Clinical review/research: Learning activities that occur within the clinical setting in which the student spends time researching particular disease processes, pathophysiology, diagnostic testing options or meaning of results, medication choices, treatment options, and evidence-based treatment plans. This may also include preceptor-led discussions of patient cases that the student was not directly involved with.

***Adapted from the University of Arizona College of Nursing Clinical Time Policy.**

1. Self-evaluations must be done by the end of the day of their onsite midterm/final evaluation. If not, faculty may reschedule your evaluation and you may need to add another day

2. Students will be required to upload an exemplar assignment each semester as designated by the course faculty.

Appendix A

Dwyer College of Health Sciences Policies

<https://healthscience.iusb.edu/programs/policies-and-forms.html>