# Table of Contents

Mission Statement .................................................................................................................. 1
FERPA: Family Education Rights & Privacy Act ..................................................................... 1

## I. Introduction to Graduate School of Nursing

- Graduate Nursing at IUSB .................................................................................................... 1
- Master’s Program Learning Outcomes ................................................................................ 1
- AACN Essentials of Master’s Education ......................................................................... 2
- MSN Program Learning Outcomes Aligned with MSN Essentials and NP Competencies ...... 4
- Essential Advanced Practice Nursing Core Curriculum .................................................. 10
  - Advanced Health Assessment ......................................................................................... 10
  - Advanced Physiology and Pathophysiology .................................................................. 10
  - Advanced Pharmacology .............................................................................................. 10
  - Clinical Experiences ..................................................................................................... 10
- AACN Essentials of Baccalaureate Education .................................................................. 11

## II. School of Nursing Policies

- Code of Student Rights, Responsibilities, and Conduct ..................................................... 13
- Essential Abilities Policy .................................................................................................. 13
  - Judgment Skills ........................................................................................................... 13
  - Physical/Neurological Functions ................................................................................. 13
  - Communication Skills ................................................................................................. 13
  - Emotional Coping Skills ............................................................................................ 14
  - Intellectual/Conceptual Skills to Include .................................................................... 14
  - Other Essential Behavioral Attributes ......................................................................... 14
- American Nurses’ Association Code of Ethics for Nurses ................................................... 14
- Confidentiality and Patient Care Policy .......................................................................... 15
- Graduate Credit-Contact Hour Calculation Policy ........................................................... 16
- Travel ............................................................................................................................... 16
- Impaired Student Policy .................................................................................................. 17
- Appearance Code ............................................................................................................ 17
  - General Guidelines .................................................................................................... 17
  - Lab Coat ..................................................................................................................... 18
  - Shoes ........................................................................................................................... 18
  - Professional Wear for Volunteer Activities .................................................................. 18
  - Picture ID .................................................................................................................. 18
  - Name Pin .................................................................................................................... 18
  - Appearance Other ....................................................................................................... 19
- Social Networking Etiquette ............................................................................................. 19

## III. Regulatory Requirements: State/Federal Policies

- Clinical Site Health and Education Requirement Policy .................................................. 21
- Immunizations, Testing, and Health Records .................................................................. 21
- Newly Admitted MSN Students ...................................................................................... 21
- Continuing Nursing Students Responsibilities .............................................................. 22
- Health Care Provider Affidavit Form Example ............................................................... 23
- Additional Documentation ............................................................................................... 24
- Criminal Background Checks ........................................................................................ 24
  - Policy .......................................................................................................................... 24
  - Criminal History Information Sheet ............................................................................. 25
  - Procedure .................................................................................................................... 26
  - Criminal History Disclosure Statement Form Example .............................................. 27
- Nursing Student Drug Screening Policy ........................................................................... 28
  - Purpose ....................................................................................................................... 28
  - Policy .......................................................................................................................... 28
- Bio-Safety Policies .......................................................................................................... 30
- Bloodborne Pathogens In-Service ................................................................................... 35
- Immunization Information ............................................................................................... 36
IV. Admission, Progression, and Graduation Policies .......................................................... 41
   MSN Admission Criteria ................................................................................................. 41
      Withdrawal in the First Three Semesters ................................................................. 42
      Intercampus Transfer Students .............................................................................. 42
      Transfer Students ....................................................................................................... 42
      Essential Abilities ........................................................................................................ 42
   Progression in the MSN Program .................................................................................. 43
      Didactic and Clinical Course Attendance ............................................................... 43
      Labs and Simulation Rules ......................................................................................... 43
      Classroom Etiquette .................................................................................................... 43
      Test Taking and Make-Up .......................................................................................... 44
      Writing Guide/Expectations ....................................................................................... 46
      Cheating/Plagiarism .................................................................................................... 47
      Descriptors of Cheating and Plagiarism ................................................................... 47
      Grading Scale .............................................................................................................. 47
      Incomplete .................................................................................................................. 48
      Course Failure and Program Progression .................................................................. 48
      Grade Grievance ......................................................................................................... 48
      Formal Complaints ...................................................................................................... 49
      Good Standing ............................................................................................................. 49
      Maintaining Standing ................................................................................................. 49
      Disciplinary Probation ............................................................................................... 50
      Academic Probation .................................................................................................... 50
      Unsatisfactory Performance ........................................................................................ 50
      Learning Contracts ...................................................................................................... 50
      Out-of-Progression ....................................................................................................... 50
      Resuming Progression ............................................................................................... 50
      Dismissal ....................................................................................................................... 51
      Reinstatement of a Dismissed Student ....................................................................... 51
      Testing Requirements for Program Re-Entry ............................................................. 52
   Communication and Use of Technology ...................................................................... 52
      Professional Communication and Harassment ......................................................... 52
      Canvas and Email ........................................................................................................ 52
      Communication Policy ............................................................................................... 53
      Smartphones ............................................................................................................... 53
      Cell Phones and Text Messaging/Image Taking ......................................................... 53
      Computer Competency ............................................................................................... 54
      Laptops ........................................................................................................................ 54
      Religious Accommodation ......................................................................................... 54
   MSN Graduation Requirements ..................................................................................... 55
      Completion of Degree Requirements ........................................................................ 55

V. Clinical Policies ........................................................................................................... 56
   Immunizations, Drug Screen, CPR, and Criminal Background Histories .................... 56
   HIPAA Training ............................................................................................................. 56
   HIPAA Statement .......................................................................................................... 56
   Preceptor Qualifications and Guidelines ...................................................................... 57
Clinical Placement .............................................................................................................. 57
Clinical Hours Requirements ............................................................................................... 58
Clinical Time Policies ......................................................................................................... 58
Clinical Paperwork Checklist .............................................................................................. 59
Definition of Clinical Activities .......................................................................................... 59
  Category A ......................................................................................................................... 59
  Category B ........................................................................................................................ 60
Typhon Policies .................................................................................................................... 60

VI. Program Organizations, Committees, and Services ......................................................... 61
  Graduate Faculty Council .................................................................................................. 61
  Sigma Theta Tau ................................................................................................................ 61
  Health and Wellness Center ............................................................................................... 62
  School of Nursing Scholarships ......................................................................................... 62

VII. Graduation Information and Guidelines ......................................................................... 63
  Graduation Related Activities ........................................................................................... 63
  Section 8.02 Review Courses ........................................................................................... 63
  Application for Graduation Form Example ....................................................................... 64
  Commencement .................................................................................................................. 64

VIII. Program of Study and Course Descriptions ............................................................... 65
  MSN Family Nurse Practitioner Program of Study .......................................................... 65
  Course Descriptions .......................................................................................................... 65

IX. Resources ........................................................................................................................ 68
  IUSN School of Nursing Directory .................................................................................. 68
  Graduate Program Directory .............................................................................................. 70
  Campus Resources ............................................................................................................. 71
  Equipment and Software: Cost Estimate Table .................................................................. 72
  CPR Courses in Area .......................................................................................................... 73
    BLS Healthcare Provider Online Renewal Course ......................................................... 73
    Local Programs ................................................................................................................ 73
  2015-2016 School Year Calendar ...................................................................................... 74
  F572 Preceptor Agreement Form ....................................................................................... 75
  F574 Preceptor Agreement Form ....................................................................................... 76
  F576 Preceptor Agreement Form ....................................................................................... 77
  F578 Preceptor Agreement Form ....................................................................................... 78
  Preceptor Information Sheet ............................................................................................... 79
Chapter I

Introduction to the Graduate School of Nursing
MISSION STATEMENT

The mission of the Indiana University South Bend School of Nursing is to prepare holistic, caring, ethical professional nurses who respect the uniqueness of each individual and who provide safe, competent healthcare to meet the needs of the individual, family, and community. These professional nurses function from a critically evaluated evidence-base as respected members of cohesive healthcare teams.

FERPA: Family Education Rights and Privacy Act – What are the basic rules?
As a student you and your family need to be informed about this law. For more information about this law please go to the link below: http://www.iusb.edu/~regr/ferpaweb/ferba_basics.shtml.

I. Introduction to the Graduate 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 major purpose of the Master of Science in nursing program is to prepare 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.

The American Association of Colleges of Nursing Essential of Master’s Education 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

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.
<table>
<thead>
<tr>
<th>Essential 1: Background for Practice from Sciences and Humanities</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential 2: Organizational and Systems Leadership</td>
<td>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.</td>
</tr>
<tr>
<td>Essential 3: Quality Improvement and Safety</td>
<td>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.</td>
</tr>
<tr>
<td>Essential 4: Translating and Integrating Scholarship into Practice</td>
<td>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.</td>
</tr>
<tr>
<td>Essential 5: Informatics and Healthcare Technologies</td>
<td>Recognizes that the master’s prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.</td>
</tr>
<tr>
<td>Essential 6: Health Policy and Advocacy</td>
<td>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.</td>
</tr>
<tr>
<td>Essential 7: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</td>
<td>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.</td>
</tr>
<tr>
<td>Essential 8: Clinical Prevention and Population Health for Improving Health</td>
<td>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.</td>
</tr>
</tbody>
</table>
### Essential 9: Master’s Level Nursing Practice

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.

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

<table>
<thead>
<tr>
<th>MSN Program Learning Outcomes</th>
<th>MSN Essentials</th>
<th>NP Core Competencies</th>
<th>Population FNP Competencies</th>
</tr>
</thead>
</table>
| 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. Works with individuals of other professions to maintain a climate of mutual respect and shared values.  
2. Assumes leadership in interprofessional groups to facilitate the development, implementation and evaluation of care provided in complex systems. |
|                             |                | 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. | |
| 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.  
2. Advocates for ethical policies that promote access, equity, quality, and cost.  
3. Analyzes ethical, legal, and social factors influencing policy development. | |
### 8. Ethics Competencies

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.

<table>
<thead>
<tr>
<th>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</th>
<th>I. Background for Practice from Sciences and Humanities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Scientific Foundation Competencies</td>
<td></td>
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<tr>
<td>1. Critically analyzes data and evidence for improving advanced nursing practice.</td>
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<tr>
<td>2. Integrates knowledge from the humanities and sciences within the context of nursing science.</td>
<td></td>
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<tr>
<td>3. Translates research and other forms of knowledge to improve practice processes and outcomes.</td>
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<tr>
<td>4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.</td>
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<tr>
<th>4. Demonstrate scholarly inquiry and reflection that exemplifies critical, creative, and systems thinking to advance the practice of nursing</th>
<th>IV. Translating and Integrating Scholarship into Practice</th>
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<tbody>
<tr>
<td>4. Practice Inquiry Competencies</td>
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<tr>
<td>1. Provides leadership in the translation of new knowledge into practice.</td>
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<tr>
<td>2. Generates knowledge from clinical practice to improve practice and patient outcomes.</td>
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<tr>
<td>3. Applies clinical investigative skills to improve health outcomes.</td>
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<tr>
<td>4. Leads practice inquiry, individually or in partnership with others.</td>
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<tr>
<td>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Frame problems, design interventions, specify outcomes, and measure achievement of outcomes while balancing human, fiscal, and material resources to achieve quality health outcomes</th>
<th>III. Quality Improvement and Safety</th>
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<tbody>
<tr>
<td>3. Quality Competencies</td>
<td></td>
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<tr>
<td>1. Uses best available evidence to continuously improve quality of clinical practice.</td>
<td></td>
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<tr>
<td>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</td>
<td></td>
</tr>
<tr>
<td>3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.</td>
<td></td>
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<tr>
<td>4. Applies skills in peer review to promote a culture of excellence.</td>
<td></td>
</tr>
<tr>
<td>5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.</td>
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</tbody>
</table>
### 7. Health Delivery System Competencies

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.

### 6. Use information technology and knowledge-based resources to manage and transform data that inform clinical practice

### V. Informatics and Healthcare Technologies

### 5. Technology and Information Literacy Competencies

1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users’ needs.
   2.a Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care.
   2.b Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision making.
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

### 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

### IX. Master’s-Level Nursing Practice

### 3. Quality Competencies

1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.
### 4. Practice Inquiry Competencies
1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.
4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.

### 8. Demonstrate collaborative practice and interpret nursing science within an interdisciplinary context

VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

IX. Master’s-Level Nursing Practice

### 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.

### 9. Independent Practice Competencies
1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previously diagnosed and undiagnosed patients.
3.a 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.
3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
3.c Employs screening and diagnostic strategies in the development of diagnoses.
3.d Prescribes medications within scope of practice.
3.e Manages the health/illness status of patients and families over time.
4. Provides patient-centered care
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.
2. Engages in continuous professional and interprofessional development to enhance team performance.
3. 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.
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).
3. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.
4. Identifies and plans interventions to promote health with families at risk.
5. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.
6. Distinguishes between normal and abnormal change across the lifespan.
7. Assesses decision-making ability and consults and refers, appropriately.
8. Synthesizes data from a variety of sources to make clinical decisions regarding
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<tbody>
<tr>
<td>recognizing cultural diversity and the patient or designee as a full partner in decision-making.</td>
<td>4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</td>
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<tr>
<td>4.b Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</td>
<td>4.c Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.</td>
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<tr>
<td>4.d Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.</td>
<td>appropriate management, consultation, or referral.</td>
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<tr>
<td>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.</td>
<td>10. Formulates comprehensive differential diagnoses.</td>
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<tr>
<td>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.</td>
<td>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.</td>
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<td>17. Performs primary care procedures.</td>
<td>18. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.</td>
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<td>19. Facilitates family decision-making about health.</td>
<td>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.</td>
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<tr>
<td>21. Demonstrates knowledge of the similarities and differences in roles of various health professionals proving mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and advanced</td>
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<tr>
<td>9. Articulate the effects of culture, diversity, values, and globalization in the design, delivery, and evaluation of health services</td>
<td>VIII. Clinical Prevention and Population Health for Improving Health</td>
<td>7. Health Delivery System Competencies</td>
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<td></td>
<td>1. Applies knowledge of organizational practices and complex systems to improve health care delivery.</td>
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<td>2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.</td>
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<td>3. Minimizes risk to patients and providers at the individual and systems level.</td>
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<td>4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.</td>
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<td>5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</td>
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<td></td>
<td></td>
<td>6. Analyses organizational structure, functions and resources to improve the delivery of care.</td>
</tr>
<tr>
<td>10. Engage in life-long learning activities that contribute to professional development as well as the advancement of nursing.</td>
<td>IX. Master’s-Level Nursing Practice</td>
<td>2. Leadership Competencies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Assumes complex and advanced leadership roles to initiate and guide change.</td>
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<td>2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</td>
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<td>3. Demonstrates leadership that uses critical and reflective thinking.</td>
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<td>4. Advocates for improved access, practice psychiatric nurse.</td>
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<td>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).</td>
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<td>23. Applies principles of self-efficacy/empowerment in promoting behavior change.</td>
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<td>24. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.</td>
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<td>25. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families.</td>
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<tr>
<th>8. Ethics Competencies</th>
</tr>
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<tbody>
<tr>
<td>1. Integrates ethical principles in decision making.</td>
</tr>
<tr>
<td>2. Evaluates the ethical consequences of decisions.</td>
</tr>
<tr>
<td>3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</td>
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</tbody>
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<tr>
<th>IV. Professional Role</th>
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<tbody>
<tr>
<td>1. Demonstrates in practice a commitment to care of the whole family.</td>
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<tr>
<td>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.</td>
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<tr>
<td>3. Interprets the family nurse practitioner role in primary and...</td>
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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.
specialty health care to other health care providers and the public.
4. Serves as a resource in the design and development of family community-based health services.

Essential Advanced Practice Nursing Core Curriculum

ADVANCED HEALTH ASSESSMENT
The purpose of advanced health assessment is to develop a thorough understanding of the client in order to determine appropriate and effective healthcare, including health promotion strategies.

ADVANCED PHYSIOLOGY AND PATHOPHYSIOLOGY
This course enables the student to relate normal and pathologic mechanisms of disease “to interpreting changes in normal function that result in symptoms indicative of illness” (NONPF, 1994, p. 152), and in assessing an individual’s response to pharmacologic management of illness.

ADVANCED PHARMACOLOGY
To provide the graduate with the knowledge and skills to assess, diagnose, and manage (including the prescription of pharmacologic agents) a client’s common health problems in a safe, high quality, cost-effective manner.

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.

The following page lists the AACN’s Nine Essentials of Baccalaureate Education.
American Association of Colleges of Nursing Essentials of Baccalaureate Education for Professional Nursing Practice © 2008

**Essential I:**
Liberal Education for Baccalaureate Generalist Nursing Practice
A solid base in liberal education provides the cornerstone for the practice and education of nurses.

**Essential II:**
Basic Organizational Systems Leadership for Quality Care and Patient Safety
Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality healthcare.

**Essential III:**
Scholarship for Evidence Based Practice
Professional nursing practice is grounded in the translation of current evidence into one’s practice.

**Essential IV:**
Information Management and Application of Patient Care Technology
Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.

**Essential V:**
Healthcare Policy, Finance, and Regulatory Environments
Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.

**Essential VI:**
Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.

**Essential VII:**
Clinical Prevention and Population Health
Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.

**Essential VIII:**
Professionalism and Professional Values
Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.
Essential IV:
Baccalaureate Generalist Nursing Practice
The baccalaureate graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments. The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.

Learning opportunities, including direct clinical experiences, must be sufficient in breadth and depth to ensure the baccalaureate graduate attains these practice focused outcomes and integrates the delineated knowledge and skills into the graduate’s professional nursing practice. Clinical learning is focused on developing and refining the knowledge and skills necessary to manage care as part of an interprofessional team. Simulation experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional nurse. A clinical immersion experience provides opportunities for building clinical reasoning, management, and evaluation skills.

[Fully endorsed by the IU South Bend School of Nursing BSN program and faculty.]
Chapter II

School of Nursing Policies
II. School of Nursing Policies

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:

- Student Rights and Responsibilities
- Student Complaint Procedures
- Student Misconduct
- Student Disciplinary Procedures
- General Provisions
- Adoption Provisions
- Appendix

Essential Abilities Policy

The School of Nursing, faculty, have specified essential abilities (technical standards) critical to the success of students in any 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.

Essentials

JUDGMENT SKILLS
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.

PHYSICAL/NEUROLOGICAL FUNCTIONS
Ability to use 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.

COMMUNICATION SKILLS
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.
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.

INTELLECTUAL/CONCEPTUAL SKILLS TO INCLUDE
Ability to measure, calculate, analyze, synthesize, and evaluate to engage competently in the 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.

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, and 2001.

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

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

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

The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of task consistent with the nurse’s obligation to provide optimal patient care.

The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality healthcare and consistent with the values of the profession through individual and collective action.

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

The nurse collaborates with other health professionals and public promoting community, national, and international efforts to meet health needs.

The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintain the integrity of the profession and its practice, and for shaping social policy.

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

Confidentiality and Patient Care Policy

Each clinical agency has strict guidelines regarding patient information, including computer access, security and documentation, and patient confidentiality. These specific guidelines are available at each agency, and several will ask for students to sign a confidentiality statement of understanding. Violation of these guidelines can result in disciplinary action by the agency, the assignment of a failing grade for a nursing course, and/or dismissal from the nursing program. The following guidelines are adapted from Memorial Healthcare Systems of South Bend and in general reflect expectations of all students in all agencies.

1. Original patient records are not to be removed from their location.
2. Students granted record accesses are accountable for the protection of the record and its contents while in their possession.
3. Students accessing records from medical records shall follow the strict guidelines set forth by this department (including providing written requests for review, keeping the materials in the department and reviewing the records in the area specified for this purpose).
4. It is prohibited to share the medical record with family, friends, and staff not directly involved in the patient’s care. When in doubt, excuse yourself and check.
5. Students are expected to keep the medical record accessible at all times for medical care purposes.
6. Photocopying or printing off any of the medical record for a student’s purpose is strictly prohibited. Students cannot photocopy parts of the record for their learning purposes.
7. When referring to patients in written work for schoolwork purposes, only initials are to be used. When possible all identifying information should be kept to a minimum.
8. Census records used for report should be properly destroyed before the student leaves the unit.
9. HIPAA guidelines are to be followed at all times as outlined by each clinical agency and federal regulations.
10. Professional standards expect that student nurses withhold discussing any patient situations and confidences outside the professional setting. Situations may only be discussed in private, for the purpose of learning, as instructed by the clinical instructor. When discussing patients in the clinical learning situation, anonymity is to be maintained. Information is not to be shared in public settings including personal emails, or with family and friends.

**Graduate Credit-Contact Hour Calculation Policy**

The IU South Bend School of Nursing MSN Family Nurse Practitioner (FNP) program has adopted the same graduate credit-contact hour calculation formula that has traditionally been used at IUPUI. The laboratory and clinical credit-contact formula is necessary to ensure that graduates accumulate sufficient number of hours necessary to meet the requirements for certification upon graduation.

- Didactic and seminar credit contact hour calculation is based on a 1:1 ratio per 15-week academic semester. Example: 3 credit hour didactic = 3 credit hours per week (15 week semester) or 45 contact hours per semester.
- Laboratory hour credit contact calculation is based on a 1:4 ratio per 15-week academic semester. Example: 1 credit hour laboratory = 4 contact hours per week (15 week semester) or 60 contact hours per semester.
- Clinical hour credit contact calculation is based on a 1:5 ratio per 15-week academic semester. Example: 1 credit hour clinical = 5 contact hours per week (15 week semester) or 75 contact hours per semester.
- Didactic and seminar contact hours are based on a 50-minute hour, per Indiana University and Indiana University South Bend policy.
- Laboratory and clinical contact hours are based on a 60-minute hour, per Indiana University and Indiana University South Bend policy.

**Travel – Nursing Clinical Courses**

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.
Impaired Student Policy

IU South Bend School of Nursing Policy regarding impaired students states:

- The Statement of Adherence of Clinical Facility Policies and Procedures Form will be signed by the student upon admission and will remain in effect while the student is matriculating in the School of Nursing. MSN students will sign the form upon entry into clinical placements. A completed and signed form is required prior to any clinical placement.
- The faculty or staff member who suspects impairment will request that the student immediately leave the clinical area while ensuring the student’s safety.
- The faculty member will determine the most appropriate testing location. The student is responsible for receiving immediate testing and bears the costs involved in the testing. If the testing location is not on site, the student will bear the cost of public transportation to the site.
- The student will not be suspended from all clinical activities until the investigation into the situation is complete.
- The IU South Bend School of Nursing enforces a zero tolerance for alcohol and/or drug use.
- Results must be submitted to the Graduate Program Director of the IU South Bend School of Nursing by the testing facility. Submit results to:
  
  Sue Anderson, PhD, RN, FNP-BC  
  Graduate Program Director  
  Indiana University South Bend  
  College of Health Sciences – NS466  
  1700 Mishawaka Avenue, PO Box 7111  
  South Bend, IN 46634-7111

Appearance Code

The appearance code provides IU South Bend School of Nursing graduate students information necessary to select on-duty clothing and accessories which are compatible with professionalism, infection control, employee identification, neatness, and modesty. If attire is unacceptable to the clinical instructor or clinical preceptor the student will be asked to leave the clinical area and return in appropriate attire.

GENERAL GUIDELINES

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.
LAB COATS

*White lab coats are 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 and can be purchased at Joyce’s Scrubs, 2527 South 11th Street, Niles, MI; (269) 687-8475, where embroidery will identify the IU South Bend student. 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. Stockings or socks must be worn in patient care areas according to state regulations (no open-toe shoes may be worn). Denim fabric is not considered acceptable business attire. 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 pin 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 PIN

An IU South Bend School of Nursing name pin is required to be worn and visible at all times on clinical units. Name pins 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 pin are located in **Student Services, NS416**. You may purchase a lab coat with embroidered name and school logo for those situations in which a lab coat is required. No name pin needs to be worn if your name and approved IU logo is embroidered on the lab coat.

Name pins are ordered directly from Plastimatic in Mishawaka; we recommend the purchase of two (2). *It is the responsibility of the student to purchase the name tag(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.
- Good personal hygiene is expected.
- Smelling of tobacco smoke is prohibited. **It is not** acceptable to leave patient care areas to smoke. Area hospitals 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.
- Patient gowns or isolation gowns are not acceptable as a cover-up for your uniform except when working in isolation or other restricted areas.
- Gum chewing is **prohibited** in direct patient/client care areas and roles.

Social Networking Etiquette

Often social networking sites such as Facebook are used to share personal thoughts, images, opinions, experiences and frustrations. The line between what is socially and professionally acceptable can be thin. It is considered unprofessional to share patient experiences with any specificity. Furthermore, posting thoughts, discussions and ideas expressed by faculty and colleagues during class time may serve to inhibit the flow of academic freedom and expression. Keep in mind what you might post about a patient, experience, agency, including the School of Nursing, and staff. Sometimes, even innocent remarks that label patients, groups or experiences can be considered derogatory, invasive, and offensive. Nursing students have an obligation to act in a professional manner at all times, including online. Comments and images can be readily shared and the offense quickly spread. Students who post comments or photographs that violate patient or classroom confidentiality or are deemed as unprofessional may face disciplinary action by the Graduate Faculty Council.

The graduate faculty has decided that they may not engage in social media activities with current students. Therefore, if you are "unfriended" by a faculty member, please do not be offended. After you graduate, the social media friendship may resume.

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient-nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
5. Nurses should bring content that could harm patient’s privacy, rights or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

6 Tips to Avoid Problems:

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers, or co-workers even if they are not identified.
5. Do not take photos or videos of patients on personal devices including cell phones.
6. Promptly report a breach of confidentiality or privacy.

The IU South Bend Office of Communications web page has related guidelines which should be reviewed at: http://www.iusb.edu/~sbocm/social-media-standards.
Chapter III

Regulatory Requirements: State/Federal Policies
III. Regulatory Requirements: State/Federal Policies

Clinical Site Health and Education Requirement Policy

Rationale

OSHA regulations and clinical agencies affiliated with IU South Bend require that students engaged in clinical contact with clients must provide evidence of current professional-level CPR certification (Healthcare Provider CPR through the American Heart Association, or CPR/AED for the Professional Rescuer through the American Red Cross). The professional level includes: one and two man CPR; adult, child, and infant CPR; adult, child and infant choking; and use of the AED (automatic external defibrillator). *Heart saver certification is inadequate.*

Immunizations, Testing and Health Records

Annual TB screening, up-to-date immunization status and a health evaluation (history and physical examination) are required. This policy is necessary so that we are in compliance with hospital and community health agency policies.

The School of Nursing must provide the clinical agencies with proof that each student assigned to their agency for clinical experience has completed all immunizations (including Hepatitis B series, DT booster, MMR, and Varicella), CPR certification, and annual TB screening. It is the student’s responsibility to update their health records and have all documentation submitted to the School of Nursing as outline below. Documentation is due no later than December 1st prior to enrolling in clinical nursing courses for the spring semester, and no later than April 1st prior to enrolling in MSN nursing courses for the Summer I semester.

*Failure to submit all required health documentation by the appropriate deadline will result in administrative withdrawal from all nursing courses and the student will be considered out-of-progression in the nursing degree program.*

Newly Admitted MSN Students

When an MSN student is first admitted to the clinical nursing courses, the student receives information regarding the need for proper immunization verification (including Hepatitis B series, DT booster, MMR, and Varicella), a health evaluation (history and physical examination) completed by a primary care provider, current professional-level CPR certification and TB (PPD or X-ray) screening. Every student must provide written verification of a history of chicken pox or a Varicella Zoster Titer before entering clinicals.

Newly admitted students must provide written documentation of the above stated items in advance of beginning their clinicals. For students who are enrolled in clinical nursing courses in the fall semester, the above materials must be filed with the School of Nursing Student Services office (NS416) by July 15th. For students who will begin their clinical nursing courses in the spring
semester, the above materials must be filed by **October 15th**. Zachary (background) checks are also performed on all new MSN students.

*Failure to submit all required health documentation by the appropriate deadline will result in administrative withdrawal from all nursing courses and the student will be considered out-of-progression in the nursing degree program.*

Students who are admitted late to the nursing program will be handled on a case-by-case basis. However, those applicants who are on a “waiting list” or “alternate list” are encouraged to begin gathering the necessary documentation so as to avoid delays. Even students who are admitted late must have all documentation on file with the School of Nursing prior to the beginning the clinical nursing courses. Failure to do so will result in the student being automatically withdrawn from all clinical nursing courses for which they are registered.

**Continuing Nursing Students Responsibilities**

Nursing students are responsible for making sure they receive annual TB screening (PPD or X-ray) and current professional-level CPR recertification. In addition, immunization status must be updated as necessary. It is the student’s responsibility to monitor the status of these and to submit proper documentation to the School of Nursing in a timely manner.

Documentation of annual TB screening and current professional-level CPR recertification needs to be submitted to the School of Nursing, Student Services office (NS456B) no later than one week prior to the date they expire each year. *Heart saver certification is inadequate*. Students will be notified of upcoming expiration, but it is the student’s sole responsibility to provide documentation of updates prior to expiration. Clinical instructors will be notified, and students will be prohibited from attending clinicals if these vital documents are not submitted. These unexcused absences could lead to course failure in clinical courses.

Some agencies require more recent verification of TB screening before they will allow our students to see clients. Therefore, students may be required to submit this documentation just prior to beginning a semester even if it is not yet expired. Students will be informed if this is required.

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.

*On the following page is the Health Care Provider Affidavit Form example.*
Indiana University South Bend
College of Health Sciences
Master of Science Nursing Program

Health Care Provider Affidavit Form Example

Applicant Name:_____________________________________ Date:______________

Please read and sign this portion of the form only if you can attest, to the best of your
knowledge at this time, that the below statement is true.

I attest, to the best of my knowledge, that I have no current or past actions resolved or pending
that have had or would have had an impact upon my licensure as a Healthcare Provider in any
state or country in which I have been licensed to practice.

______________________________________________________________ ____________
Legal Signature         Date

If you are unable to sign the above statement due to any current, resolved or unresolved past
action(s) that have or may have impacted your licensure as a Healthcare Provider in any state
or country in which you have been licensed to practice, please sign below.

______________________________________________________________ ____________
Legal Signature         Date
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.

Criminal Background Check(s)

Criminal history background checks are required of all nursing students in compliance with state and federal (House Bill 1633) regulations for individuals in clinical settings and working with patients and individuals who are vulnerable or minors. Licensure is also contingent upon the absence of most felony and some misdemeanor charges (see graduation section on licensure). A past criminal history may become a significant barrier to clinical practicum rotation placements or have a negative impact on a nursing graduate’s ability to obtain a license to practice nursing. In addition, current Indiana law states that individuals who have been convicted of certain crimes may not be employed by or operate a home health facility or work in the Indiana public school system. While a conviction of a crime does not automatically disqualify a student from participation in community-based clinical, a criminal history may be grounds for denying progression depending on the facts and circumstances surrounding each individual case. An updated check from an enrolled student might have a bearing on the clinical site in which the student will be placed.

POLICY

1. Individuals must register and submit a criminal background check with backgroundchecks.com at their own expense ($18) upon application to any MSN clinical program and again prior to progression into community-based clinical experiences on the South Bend campus. You must submit checks for any county you have lived in for the last 7 years and additional charges apply for extra counties.
2. Students will be asked to complete a Criminal Disclosure Form each year in the fall.
3. Individuals requesting transfer from any campus other than IUPUI, IUB, or IUPUC must submit a completed criminal history check prior to transfer.
4. The Office of Student Services (NS456B) for nursing on the South Bend campus is responsible for maintaining updated documentation of criminal background histories for IU South Bend students enrolled in the graduate program. The student recorder will notify the graduate director when a criminal conviction is noted on a student’s criminal background check.
5. Students may be asked to provide a more current check at any point in the program, based on a clinical agency’s request or if they have been out of progression.
6. RN’s entering any clinical course must provide a current criminal background check. RN students may provide documentation from their employer’s background check service if it is less than one year old and a Criminal Disclosure Form is completed.
CRIMINAL HISTORY INFORMATION SHEET (General Guidelines used by the School of Nursing)
The following offenses will prohibit admittance and continuation in the nursing program:

- Felony that involves the intent to cause death or serious impairment of a bodily function that result in death or serious impairment of the bodily function that involves the use of force or violence or that involves the threat or the use of force or violence. This includes:
  - Homicide
  - Assault and inflection of serious injury
  - Assault with intent to commit murder
  - Assault with intent to do great bodily harm less than murder
  - Assault with intent to maim
  - Attempt to murder
- Felony involving cruelty or torture.
- Felony of crime committed against “vulnerable adults” who because of age, developmental disability, mental illness or physical disability, require supervision or personal care or lack the personal and social skills required to live independently.
- Felony involving criminal sexual conduct.
- Felony involving abuse or neglect generally related to vulnerable adults or children which typically results in serious physical or mental harm to the vulnerable adult or child.
- Felony involving the use of a firearm or dangerous weapon.
- Felony involving the diversion or adulteration of a prescription drug or other medications.
- Misdemeanor involving use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.
- Misdemeanor crime committed against “vulnerable adults”.
- Misdemeanor involving criminal sexual conduct which involve instances of sexual contact with another person that does not involve sexual penetration and are typically known as “fourth degree criminal sexual conduct”.
- Misdemeanor involving cruelty or torture (usually first conviction regarding animals).
- Misdemeanor involving abuse or neglect in the third of fourth degree if the caregiver intentionally or recklessly causes “physical harm” to a vulnerable adult.
- Third driving under the influence (DUI) conviction.

In order to be granted clinical privileges at any facility, 5 years must have lapsed since the individual completed all the terms and conditions of sentencing, parole and probation for conviction of the following offenses:

- Misdemeanor involving cruelty if committed by an individual who is less than 16 years of age, including cruel treatment of animals.
- Misdemeanor involving home invasion that typically is described as “breaking and entering” into another person’s home.
• Misdemeanor involving embezzlement/stealing which is a person who has taken money from another person who had entrusted the money with the wrongdoer, e.g. a store cashier.
• Misdemeanor involving negligent homicide which is committed when a person engages in careless or reckless driving that causes death.
• Misdemeanor involving larceny which is legally described as the act of stealing but it does not include shoplifting. An example would be a theft from a building of an item that is not offered for sale.
• Misdemeanor involving shoplifting property from a store, that is offered for sale, at a price of $200 or more but less than $1,000 or less than $200 if the person has been previously convicted of any crime or theft.
• Any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance unless otherwise provided for under other subsections.
• Misdemeanor for assault which is defined as the individual attempting or threatening to hurt another.
• Misdemeanor involving the creation, delivery or possession with intent to manufacture or deliver a controlled substance.

PROCEDURE FOR SUBMITTING THE CRIMINAL BACKGROUND CHECK
Indiana University South Bend School of Nursing requires that each student purchase a background check through https://consumer.backgroundchecks.com/Affiliates/indianauniversity.html.

Backgroundchecks.com is a background check service that allows students to purchase their own background check ($18). The results of a background check are posted to the www.backgroundchecks.com web site in a secure, tamper-proof environment, where the student can view the background check. To order your background check, please follow the instructions below:

1. Go to https://consumer.backgroundchecks.com/Affiliates/indianauniversity.html and click on “register now”.
2. Complete form and in the promo code box, enter: university.
3. Select a method of payment: Visa, MasterCard or money order.

Once your order is submitted, you will receive a password to view the results of your background check. The results will be available in approximately 48-72 hours. The School of Nursing cannot access the report. Students must submit a copy of the Criminal Background Check to the university.

If any additional residences are found within the previous 7 years, (from your residency history), additional county criminal searches will be performed for an additional cost of $13 per county. Positive reports will be reviewed by the program director and discussed with the student. If acceptable for progression the student record is noted as “passed”.
Criminal History Disclosure Statement Form (completed annually)

Example

Student Name_________________________________________________________ Date________________

Health facilities will be prohibited from allowing students from providing care, treatment or services if an individual has been convicted of a certain crime. These certain crimes include: any endangerment to a child; Medicaid or Medicare Fraud; rape; criminal deviate conduct; exploitation of an endangered adult; failure to report batter, neglect, or exploitation of an endangered adult or child, murder; or voluntary manslaughter and a third offense for DUI/OWI. (A complete list is available from Student Services.)

A conviction of any of the above crimes at any time during an individual’s life prohibits entering clinical rotations. In addition, if an individual was convicted of involuntary manslaughter: felony batter; a felony offense relating to a controlled substance; or theft within five (5) years before the individual’s start of clinical rotations, the individual may not enter clinical rotations. Background checks will be completed and all convictions will be reviewed.

Any criminal infraction (including OWI’s) must be reported to the Undergraduate Program Director or the Graduate Program Director prior to the next assigned clinical day or within five days. This is in compliance with contracts held by the School of Nursing with the clinical agencies and consistent with state and federal regulations.

1. I verify that I have not been convicted of a crime or offense that prohibits me from being granted clinical privileges in a clinical agency or to be licensed as a Registered Nurse.

___________________________________________ ______________________
Signature of Student Date

2. I verify that I have not been convicted of certain crimes nor have committed certain acts that have been entered into the Nurse Aide Registry maintained by the Indiana State Department of Health.

___________________________________________ ______________________
Signature of Student Date
Nursing Student Drug Screening Policy

PURPOSE
To provide a safe working environment, area hospitals and other institutions are requiring individuals who provide care to patients to undergo drug testing. For this reason, students in the School of Nursing will undergo similar testing to meet the criteria of clinical agencies. All students in the pre-licensure, RN-BSN and MSN programs will undergo drug testing as a condition of admission into the program. Those admitted prior to the May 1, 2013 policy implementation will be screened prior to the Fall 2013 semester in order to allow continued participation in the nursing program.

POLICY
The IU South Bend School of Nursing enforces a zero tolerance for impairment due to alcohol and/or drug use while on campus or in clinical affiliation experiences. Infringement of this policy will cancel the offer of admission, and for those admitted to the nursing programs, be subject to disciplinary action up to and including academic dismissal.

1. Student admission to the nursing program is contingent upon a drug screening test result indicating no evidence of drug use. A drug screening result indicating dilution of the sample will require a repeat drug test.

2. The student is responsible for the cost of the drug screening which is part of the background check conducted for admission and the screening must be completed at least three weeks prior to starting the semester.

3. In the event of a drug screening result indicating use of an illegal drug or controlled substance without a legal prescription, student admission to the nursing program will be denied. Results will be submitted to the program director or designee. Duty to Report: if the student is a licensed/registered health professional, a report will be made to the Attorney General and Indiana Professional Licensing Agency (or in the state(s) in which the applicant holds a license).

4. Students may be permitted to take legally prescribed and/or over-the-counter medications consistent with appropriate medical treatment plans while on duty. However, when such prescribed or over-the-counter medications affect clinical judgment, the student’s safety or the safety of others, the student will be removed from clinical. The program Director will be consulted to determine if the student is capable of continuing to participate in academic and clinical programs. The Admission, Progression, and Graduation (APG) Committee/MSN Faculty Council may be consulted.

5. After admission to the nursing program, at any time faculty or an administrator suspect a student is impaired due to drug or alcohol use while in the clinical, classroom, or campus areas, the student will be removed from the area and required to undergo immediate testing for drug and alcohol use at the student’s expense. Impaired students will not be permitted to drive and must bear the cost of transportation. The student will be suspended from all clinical activities until the investigation into the situation is complete.

6. In the event of medication administration/handling discrepancy (i.e., in the case of the improper documentation of narcotics) or in the event of a medical error, accident or injury, testing will be conducted according to the policy of the clinical agency.
7. Referrals for evaluation and counseling for drug and/or alcohol use will be a part of a plan for a student with a positive screening or incident related to drug or alcohol use.

8. In the event of a positive drug screening of a student currently enrolled the nursing program, the student will be suspended from the program pending review by the Admission, Progression, and Graduation (APG) committee/MSN Faculty Council. **Duty to Report**: if the student is a licensed/registered health professional, a report will be made to the Attorney General and Indiana Professional Licensing Agency (or in the state(s) in which the applicant holds a license).

9. More frequent drug testing (ex. annually) can be implemented at any time and without further notice.

Note: Students currently (as of Fall 2012) enrolled in an IU-South Bend pre-licensure BSN, RN-BSN, or Master program will submit results of drug screening completed at least three weeks prior to the fall 2013 semester. Students will be notified by mail about time and location of drug screening. Results will be submitted to the program director or designee.

Nursing Student Drug Screening Policy effective November 30, 2013; update of impaired Nurse Policy
Bio-Safety Policies for the College of Health Sciences (January 16, 2002; revised April 21, 2003)

Healthcare workers (HCW) have both a professional and legal obligation to render treatment utilizing the highest standards of infection control available. Strict adherence to the principles and practices of infection control will ensure the standard of care and practice expected by both practitioner and patient.

The Indiana University South Bend Exposure/Infection Control policies and procedures are based on the concept of Standard precautions and are in compliance with the current recommendations of the United Public Health Service and Occupational Safety and Health Administration. Standard Precautions refers to an approach to infection control that assumes all human blood and other potentially infectious materials (OPIM’s) of all patients are potentially infectious with HIV, HBV, or other bloodborne pathogens. Standard Precautions are intended to prevent healthcare workers from parenteral, mucous membrane and on-intact skin exposure to bloodborne pathogens while carrying out the tasks associated with their occupation.

SECTION I: OBJECTIVES FOR THE DELIVERY OF CARE

Infectious diseases: The College of Health Sciences (COHS) has the obligation to maintain standards of healthcare and professionalism that are consistent with the public’s expectations of the health professions. The following principles should be reflected in the education, research, and patient care divisions for all healthcare workers, students, faculty and staff:

1. All healthcare workers are ethically obligated to provide competent patient care with compassion and respect for human dignity.
2. No healthcare workers may ethically refuse to treat a patient whose condition is within their realm of competence solely because the patient is at risk of contracting, or has, an infectious disease, such as human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), hepatitis B infection, or other similar diseases. These patients must not be subjected to discrimination.
3. All healthcare workers are ethically obligated to respect the rights of privacy and confidentiality of patients with infectious diseases.
4. Healthcare workers who pose a risk of transmitting an infectious agent should consult with appropriate healthcare professionals to determine whether continuing to provide professional services represents any material risk to the patient, and if so, should not engage in any professional activity that would create a risk of transmission of the disease to others.

SECTION II: GUIDELINES FOR THE ADMISSION AND PROGRESSION OF STUDENTS WHO ARE HIV OR HBV POSITIVE

Policy

Qualified individuals will not be denied admission into courses in the College of Health Sciences on the Basis of HIV or HBV status.
Guidelines
Upon voluntary report of HIV or HBV infection by a student to any faculty member, administrator, or dean, efforts will be made to:

- Maintain confidentiality of the infection information.
- Advise the student to receive appropriate treatment and counseling from a qualified healthcare professional.
- Reinforce the consistent use of Standard Precautions in clinical practice.
- Assign responsibilities to the infected student that do not require the performance of exposure-prone invasive procedures (as outlined by the affiliated agency or office).

Any modifications in clinical activity will be determined by a Bloodborne Pathogen (BBP) Expert Review Panel who will take into account the nature of the clinical activity, the technical expertise of the infected student, the risks imposed by HIV or HBV carriage, functional disabilities, and the transmissibility of simultaneously carried infectious agents. Refusal for admission to a clinical course will occur only after attempts to make reasonable accommodations result in undue hardship to the College of Health Sciences.

SECTION III: GUIDELINES FOR THE BLOODBORNE PATHOGEN-INFECTED HEALTHCARE WORKER
Currently available data provide no basis for recommendations to restrict the practice of healthcare workers infected with HIV or HBV who perform invasive procedures not identified as exposure-prone provided that Standard Precautions are adhered to in practice. In order to reduce, to the greatest extent currently possible, the potential for transmission of bloodborne pathogens from the BBP-infected healthcare worker to a patient, and to support the healthcare workers efforts to practice safely, the College of Health Sciences has adopted the following guidelines.

Guidelines
All activities related to patient care by students of IU South Bend will be carried out in accordance with the college’s Bio-Safety Policies.

The policies and procedures in this document are based upon Standard Precautions currently practiced by the faculty, staff and students in the IU South Bend College of Health Sciences and are consistent with United States Public Health Service, Indiana State Department of Health and the Indiana Occupational Health and Safety regulations.

- All healthcare workers who provide direct patient care (including faculty, staff and students) are encouraged to undergo voluntary HIV testing and to know their hepatitis B virus (HBV) immune status. HIV testing is not mandatory.
- Any healthcare worker involved in clinical practice that believes that he/she may be at risk of HIV or HBV infection should be voluntarily tested for confirmation.
- Upon voluntary report of HIV or HBV infection by students, faculty or staff to their unit Director or Dean of the College of Health Sciences, efforts will be made to:
Maintain infection information confidential.
Advise the student to receive appropriate treatment and counseling from a qualified healthcare professional.
Reinforce the consistent use of Standard Precautions in clinical practice.
Assign responsibilities to the infected student that do not require the performance of exposure prone invasive procedures.

- When a healthcare worker who provides direct patient care is infected with a BBP and informs the administration, the Dean of the College of Health Sciences may refer the case to the BBP Expert Review Panel for review and recommendation.

The BBP Expert Panel has the responsibility to:

- Review each case of a BBP-infected healthcare worker and determine if he/she may represent an increased risk for transmission of BBP infection to a patient.
- Make a recommendation to the Dean regarding the suitability of any BBP-infected healthcare worker to continue to fulfill his/her clinical responsibilities or requirements in a complete modified fashion or to have his/her clinical privileges suspended.
- Develop guidelines for use in determining the needs for both temporarily and permanent administrative acts including guidelines on patient notification.

The review panel should include experts who represent a balanced perspective. Such experts might include all of the following:

- The healthcare workers personal physician(s).
- An infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission.
- A health professional with expertise in the procedures performed by the healthcare worker and State or local public health officials). If the healthcare workers’ practice is institutionally based, the expert review panel might also include a member of the infection-control committee, preferably a hospital epidemiologist.
- The Dean of the College of Health Sciences will, within a reasonable period of time, consider the above mentioned recommendation and take appropriate action. This may include continuation of clinical responsibilities at the current level, modification of those responsibilities or suspension of clinical privileges.
- Prior to receiving the panels’ individual recommendations, the Dean may temporarily suspend or modify privileges based on guidelines developed by the panel.
- This protocol is subject to annual review and modification as new knowledge and recommendations from appropriate agencies become available.

Section IV: HBV Vaccination Policy
Policy
Prior to registration in any clinical course and at the student’s expense, every full-time or part-time, graduate or undergraduate student of the College of Health Sciences must undergo HBV vaccination and
vaccine response evaluation unless the student is shown to be immune, the vaccine is contraindicated for medical reasons, or a declination is signed.

**Procedures**

Evidence of receipt of the HBV vaccination and vaccine response, immunity to HBV, or declination will be filed with the student’s program Director/Dean prior to registration in a clinical course. When the vaccine is contraindicated for medical reasons, a declination form must be signed.

Evidence of the receipt of the HBV vaccination series including vaccine response should be in the form of a signed statement from the student’s healthcare professional (HCP) and evidence of declination can be submitted on the College of Health Sciences Form. Evidence of immunity to HBV, medical risk from the vaccine, or receipt of a booster(s) should be in the form of a signed statement from the healthcare provider.

Students who have completed the HBV series prior to entry into any clinical course are governed by the CDC guideline on vaccine response evaluation.

**CDC Guidelines for Non-responders**

Healthcare workers should be tested for antibody to HBsAg (anti-HB’s) 1 to 2 months after completion of the 3-dose vaccination series (CDC Immunization, 1997).

Persons who do not respond to the primary vaccine series should complete a second 3-dose vaccine series or be evaluated to determine if they are HBsAg-positive. Revaccinated persons should be retested at the completion of the second vaccine series. People who prove to be HBsAg-Positive should be counseled regarding how to prevent HBV transmission to others and regarding the need for medical evaluation. Non-responders to vaccination who are HBsAg negative should be considered susceptible to HBV infection and should be counseled regarding precautions to prevent HBV infection and the need to obtain HB1G prophylaxis for any known or probably parenteral exposure to HBsAg positive blood.

**Declination Form** should be stated as follows (Source: FR Doc. 91-28886, December 6, 1991).

I understand that, due to my occupational exposure to blood or other potentially infectious materials as a student in a healthcare program, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine at my own expense. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupation exposures to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at my own expense.
SECTION V: POST EXPOSURE EVALUATION AND FOLLOW-UP

Policy

Any student occupationally exposed to blood or other potentially infectious material while performing in the healthcare program, will be counseled by a Health Care Professional as soon as possible after exposure and provided preventive treatment and counseling, as appropriate, at the student’s expense.

Procedures

• Immediate Procedures
   Cleanse the wound with soap and water, and apply protective covering
   Flush mucous membranes with water
   Report incident to supervisor

• When there is an occupational exposure to blood or other potentially infectious material while performing as a healthcare student, the student should be counseled and evaluated by a Healthcare Professional as soon as possible after exposure and no later than within the first 24 hours of exposure.

Healthcare Professional should be provided an incident report, past information on student’s hepatitis B vaccination and any past exposure incidents.

• The Healthcare Professional will determine whether treatment is indicated and develop plans for post-exposure follow-up, if indicated.
   Evaluation and treatment information will be discussed by the Healthcare Professional with the exposed student.
   A record of this evaluation and treatment information will be retained by the Healthcare Professional and is confidential unless written permission is granted by the exposed student for release of the information.
   Expenses for post-exposure evaluation and follow-up for the exposed student will be the responsibility of the student.

SECTION VI: LATEX ALLERGIES POLICY

Policy

Students with latex allergies must have documentation from a primary care provider in order to be provided accommodations. Those who experience symptoms that may indicate a latex allergy should complete an accident/exposure report form of the affiliated agency/program.

Procedures

• Students with latex sensitivity will have documentation of the sensitivity placed on file with the student’s program Director/Dean prior to registration in a clinical course. Documentation of the sensitivity should be in the form of a signed statement from the student’s healthcare professional.
• Students should notify each clinical faculty for accommodations. Students will be asked to follow the specific guidelines/procedures of the clinical agency where they are assigned.
• Students are asked to provide their own latex-free gloves and bring them to all patient care and lab experiences.
Information: Latex allergies involve any physical reaction from the exposure to latex products (including rubber products). The symptoms may range from localized skin reactions to non-localized reactions. Symptoms may include any of the following:

- Contact dermatitis (skin reactions) including dry, crusting, thickening, or peeling skin, scabbing sores, swelling and raised areas of skin that may be pink or blanched (white).
- Non-localized reactions such as the development of hives over parts of the body that did not come into contact with the latex, tearing itchy eyes, swelling of the eyelids, lips or face, runny nose, cough, or wheezing.
- Increased symptoms of a non-localized reaction may include nausea, abdominal cramps, difficulty breathing, rapid heart rate, sudden decrease in blood pressure, and shock.

Anyone has the potential to be latex sensitive. However, the following seem to have an increased risk of being latex sensitive:

- Anyone who is frequently exposed to latex products, such as healthcare workers or persons with a history of several surgical or urological procedures.
- Persons with chronic conditions requiring continuous or intermittent catheterization.
- Persons with Myelomeningoule or Meningocele.
- Persons with a history of allergies, asthma or allergies to avocados, bananas, chestnuts, kiwi, and other tropical fruits are at particularly high risk for a latex allergy.
- Persons with a history of reactions to latex products (balloons, condoms, gloves).
- Those who are female gender – 75% with allergy are female.

Many people believe that they are allergic to powder because they have experienced problems (coughing, wheezing, skin reactions) when they are around powdered latex gloves. It is actually the latex proteins carried by the powder through the air that cause reactions in most people. Once a person has developed a latex sensitivity of any form, it is impossible to predict if the allergy will continue to produce only localized symptoms or if a more serious reaction may occur at a later date.

**Bloodborne Pathogens In-Service: Annual In-Service Training and Education on Bloodborne Pathogens: Requirement for Nursing Students**

Almost any transmittable infection may occur in the community at large or within healthcare organizations and can affect both healthcare personnel and patients. The Centers for Disease Control and Prevention (CDC) has periodically issued and updated recommendations for the prevention of transmission of bloodborne pathogens in healthcare settings which provide detailed information and guidance. In 1991, Occupational Safety and Health Administration published a bloodborne pathogen standard that was based on the concept of standard precautions to prevent occupation exposure to bloodborne pathogens (U.S. Department of Labor, 1991).

The use of standard precautions (which incorporates universal precautions), including appropriate hand washing and barrier precautions, will reduce contact with blood and body fluids. Currently the CDC (198) recommends that all healthcare personnel, including but not limited to physicians, nurses,
technicians, therapists, pharmacists, nursing assistants, laboratory personnel, dental personnel, and students in all of these disciplines, complete an annual in-service training and education on infection control appropriate and specific for their work assignments, so that personnel can maintain accurate and up-to-date knowledge about the essential elements of infection control.

The following topics should be included:

1. Hand washing.
2. Modes of transmission of infection and importance of complying with standard and transmission-based precautions.
3. Importance of reporting certain illnesses or conditions (whether work-related or acquired outside the healthcare facility), such as generalized rash or skin lesions that are vesicular, pustular or weeping; jaundice; illnesses that do not resolve within a designated period (e.g. cough which persists for 2 weeks, gastrointestinal illness, or febrile illness with fever of 103 F lasting 2 days), and hospitalizations resulting from febrile or other contagious diseases.
4. Tuberculosis control.
5. Importance of complying with standard precautions and reporting exposure to blood and body fluids to prevent transmission of bloodborne pathogens.
6. Importance of cooperating with infection control personnel during outbreak investigations.
7. Importance of personnel screening and immunization programs.

To remain in compliance with the CDC recommendations, Indiana University South Bend, College of Health Sciences, will conduct annual in-service training and education sessions for all students who enroll in courses requiring a clinical experience.


Additional annual in-service requirements may be added, for example, dealing with violence and life-span competencies.

Immunization Information

It is imperative that students have required immunizations prior to entering the clinical portion of the program because of direct patient contact during the clinical experiences. IU South Bend School of Nursing adheres to the CDC recommended adult immunizations for all healthcare workers. Due to epidemiological changes, requirements may change abruptly and those involved in clinicals will need to meet the requirements. The student’s primary care provider on the Immunization Record Form must properly record the appropriate information. Students will not be allowed in the clinical areas unless all information is up-to-date and on file with the School of Nursing.
Due dates for all immunization and criminal check information are October 15, for students admitted to the Fall semester (will begin clinical in Spring); and July 15, for students admitted to the Spring semester (and will begin clinical in Fall). Students are requested to make a copy of all submitted documentation for their personal files.

THE SCHOOL OF NURSING WILL NOT PROVIDE COPIES FOR PERSONAL OR EMPLOYER REQUESTS.

The following immunizations/tests are required for entrance into clinical sites:

**TETANUS DIPHTHERIA (TETANUS/DIPHTHERIA/ACCELULAR PERTUSSIS TDAP)**

All students must be immunized. Immunizations must be current within the past 10 years. If it is more than 10 years it is recommended that you receive Tdap for adults. In fall of 2005, FDA approved Tdap for adults due to recent increases in pertussis outbreak among adults. The updated Tetanus/Pertussis policy states the following:

- The Advisory Committee on Immunization Practices (ACIP) has issued guidelines for tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine (Adacel) for adults. ACIP voted to recommend routine use of Tdap among adults aged 19-64 years.
- Healthcare personnel who have direct patient contact working in hospitals or ambulatory care settings should receive a single dose of Tdap as soon as possible if they have not previously received Tdap. The guidelines recommend an interval as short as 2 years from the last dose of Tdap, but shorter intervals may be used.

Nursing students shall receive this new booster vaccine prior to entering the program, especially if working with children and infants, and if they have been immunized in the past two years. These students may receive this booster even if they had a tetanus booster less than two years ago. It is recommended that all nursing students have their tetanus updated with this booster as soon as possible. Students starting in the Fall 2007 shall have the Tdap vaccine as the required tetanus vaccine.

**MEASLES, MUMPS, RUBELLA**

CDC for healthcare workers is 2 doses of MMR for all healthcare workers unless born prior to 1957 (June 1, 2006).

**RUBEAL (3 DAYS)**

2 doses of MMR or 2 doses of ProQuad or Rubella titer of 1.11 is required.

**MUMPS**

2 doses of MMR or 2 doses of ProQuad or Mumps titer of 1.10 is required.

**VARICELLA (CHICKEN POX)**

Those who have had the disease may submit a written statement. If a student has not had the disease, but requires vaccines, they will need 2 doses of Varicella or 2 doses of ProQuad or Varicella titer of 1.10.
**TUBERCULOSIS**

All students must have a tuberculin skin test (TST) upon admission (a PPD tuberculin skin test; a Tine or Heaf test are not acceptable) to determine if they have been infected with *M. tuberculosis*.

Testing will also be required upon exposure or travel to high risk areas. Some community health placements and area agencies may require more frequent PPD documentation – you will be notified if you are affected.

If you have a newly positive reaction to the skin test (called a conversion), a chest x-ray is required and results recorded on the immunization care. Your patient care provider should indicate what treatment, if any, has been prescribed for you as a result of a positive skin test or chest x-ray.

Students with a history of conversion or a positive skin test and a recent negative for TB chest x-ray should be evaluated and may be able to complete the TB Questionnaire instead of a PPD Documentation of evaluation from the health care provider is required.

Any international student or student whose country of origin where TB is considered endemic must be tested at the IU South Bend Health and Wellness Center. Those testing positive will be required to have a blood test confirming their TB status.

Anyone testing positive for tuberculosis will require treatment.

IU South Bend School of Nursing generally follows ACHA guidelines:


These updated Guidelines include TB Screening and Risk Assessment Appendices. Accordingly, those changes have been incorporated into another of our ACHA Guidelines, “Recommendations for Institutional Pre-matriculation Immunizations” (RIPI) under Part II. K, of the Sample Immunization Record. The updated RIPI can be found at [http://www.acha.org/Publications/docs/ACHA_RIPI_Mar2011.pdf](http://www.acha.org/Publications/docs/ACHA_RIPI_Mar2011.pdf).

ACHA provides several other position statements and recommendations. All are available to download in pdf format at [http://www.acha.org/info_resources/guidelines.cfm](http://www.acha.org/info_resources/guidelines.cfm). Any International Student(s) whose country of origin where TB is considered endemic must be tested at the IU South Bend Health and Wellness Center. Those testing positive will be required to have a blood test confirming their TB status. Anyone testing positive for tuberculosis will require treatment. IU South Bend School of Nursing generally follows ACHA guidelines.

ACHA is pleased to announce and release its most recent updated ACHA Guidelines, “Tuberculosis Screening and Targeted Testing of College and University Students”. The guidelines statement can be found at: [http://www.acha.org/Publications/docs/ACHA_Tuberculosis_Screening_Apr2011.pdf](http://www.acha.org/Publications/docs/ACHA_Tuberculosis_Screening_Apr2011.pdf).
These updated guidelines include TB screening and Risk Assessment Appendices. Accordingly, those changes have been incorporated into another of our ACHA Guidelines, “Recommendations for Institutional Pre-matriculation Immunizations” (RIPI) under Part II. K. of the Sample Immunization Record. The updated RIPI can be found at: http://www.acha.org/Publications/docs/ACHA_RIPI_Mar2011.pdf.

HEPATITIS B IMMUNIZATION
All healthcare providers with regular exposure to blood products are required by the Occupational Safety and Health Administration, Department of Labor to have the Hepatitis B vaccinations. Consistent with this requirement, the Hepatitis B vaccination is required for students in the Indiana University School of Nursing. The series must be initiated by the immunization deadline. Evidence of the first vaccination is due 1-2 months after the first vaccination. The third vaccination is due 4-6 months after the first vaccination. Students who currently work in a healthcare setting may want to contact their employer regarding arrangements to receive their vaccination. You may also contact the St. Joseph County Health Department for vaccination information. The St. Joseph County Health Department requires a minimum group of 10 pre-paid for Hepatitis B.

FLU SHOTS
The CDC has identified healthcare workers in the high risk category in prioritizing who should receive the vaccine; therefore, the School of Nursing highly recommends all students receive their annual immunization against the flu. Many clinical agencies require this of their employees to reduce the spread of this illness. If an unvaccinated student nurse is exposed to a patient with the flu, the student may be removed from clinicals and required to begin treatment against the flu. The absence must be made up and, the student is responsible for the costs related to the treatment against the flu.

ADDITIONS
Due to frequent changes in the national standards and recommendations for adult immunizations, it may be necessary for the College of Health Sciences to request additional documentation beyond what is listed here prior to clinical admission. Students will be notified if they are affected, and it is the responsibility of the student to provide this information prior to the deadline.

Cardiopulmonary Resuscitation (CPR) Requirements
All students must have professional-level CPR certification (Healthcare Provider CPR through the American Heart Association, or CPR/AED for the Professional Rescuer through the American Red Cross) before they will be allowed to participate in clinical experiences. The professional level includes: one- and two- man CPR; adult, child and infant CPR; adult, child and infant choking; and use of the AED (automatic external defibrillator). Heart saver certification is inadequate.

Courses fill up fast so find and register for a course early. If you have to cancel please notify them (they have a lot of problems with students who register by phone and do not show up – this is considered unprofessional behavior).
Recertification is required prior to expiration. The American Heart Association certification is valid for a two-year period. However, failure to recertify prior to the expiration requires the student complete the entire certification course. A recertification course will only be accepted if completed prior to the expiration date.

IU South Bend School of Nursing faculty strongly encourages students to obtain their CPR certification or recertification through the American Heart Association. It is possible for individuals previously certified through the American Red Cross to be recertified through the American Heart Association. The American Heart Association CPR certification is valid for a two-year period.

**BLS Healthcare Provider Online Renewal Course**

The online BLS Renewal Course provides a review for healthcare professionals who have prior CPR training. This program recognizes that healthcare professionals have knowledge and skills acquired from prior CPR training and years of patient care. *Be careful, there are online programs which appear to be the American Heart Association but are not – they do not require skills validation. Skills validation by an AHA instructor is required.*

Once you have completed the online portion of the course, you go to an authorized American Heart Association Training Center for the skills validation portion. After you have completed both sections of the course, you will be issued an American Heart Association BLS – Healthcare Provider card.

**RN Licensure**

A copy of a current Indiana license is to be on file to enroll in any nursing class. All RNs must complete and have on file, the RN Licensure Affidavit Form.

*RNs are held to all regulatory requirements outlined above.*
Chapter IV

Admission, Progression, and Graduation Policies
IV. Admission, Progression, and Graduation Policies

Master of Science in Nursing Admission Criteria

Admission to the IU South Bend School of Nursing master’s program requires approval by the Graduate Faculty Council and is based on the applicant’s official transcripts, references, essay, and interview. Acceptance into the program is competitive. The following criteria must be met for unconditional admission:

- **Official transcripts** from all post-secondary coursework.
- **BSN Undergraduate GPA** of 3.0 or higher on a 4.0 scale from an NLNAC or CCNE accredited program.
- **GRE testing** is not required; however students with a BSN undergraduate GPA that falls below 3.0 may opt to take or submit GRE scores if the exam was taken within the past two years. This information is due to the Graduate Faculty Council no later than April 1.
- **Copy of current Indiana RN license**. Current unencumbered license as a Registered Nurse (RN) in Indiana. Also, applicants must complete a form attesting that no action is pending nor have been taken against the RN licensure in Indiana or any other state they currently hold or have held a license to practice nursing or healthcare. International applicants not yet licensed by any state in the U.S. will need to submit evidence of passing the CGFNS exam before applying for a RN license in Indiana. A copy of the license must be submitted at the time of application.
- **Statistics grade** (by transcript or current completion at IU South Bend). Applicants need to have a grade of B- or higher in a three credit 500 level (or higher) statistics class within the last five years.
- **Essay** (goal statement): A 250 word essay that addresses the following: Discuss your professional career goals and how you believe obtaining your MSN as a Family Nurse Practitioner will assist you in meeting those goals. Be as specific as possible.
- **Interview**: Qualified applicants will be interviewed by Graduate Faculty Council members.
- **Computer skills**. Verification of ability to use computer technologies including accessing, retrieving, receiving, and communicating information.
- **A Test of English as a Foreign Language (TOEFL)**. Applicants whose native language is not English must take the Internet-based version of the Test of English as a Foreign Language (TOEFL), which has a speaking portion. The applicant’s score must meet the requirements of the IU South Bend Office of Graduate Admissions. International students must apply through the IU South Bend Office of International Student Services.
- **Essential Abilities**. Applicants must agree to the Essential Abilities Policy of the School of Nursing. The policy states that students must demonstrate Essential Abilities in a variety of areas (judgment, neurological function, emotional coping skills, intellectual/conceptual skills, and other behavioral attributions) as well as meeting all progression criteria.
- **References**. Applicants must provide three professional references.
- **Criminal background check.** Applicants must provide verification of a federal criminal background check within the past 12 months.

- **Clinical practice.** Two years of relevant full-time clinical practice as a Registered Nurse (RN) or equivalent in the past five years. Application may be made during the cycle when the two years of experience as an RN will be reached.

**WITHDRAWAL IN THE FIRST THREE SEMESTERS**

MSN students who withdraw from any part of the first three semesters of the program must reapply to the program. Readmission in this situation is not automatic.

**TRANSFER STUDENTS (INTERCAMPUS TRANSFER)**

The Graduate Faculty Council discourages mid-year intercampus transfer requests. Intercampus transfer requests are evaluated individually on the basis of the student’s academic record, the availability of space in the required courses, and faculty and facility resources.

Nursing students who wish to transfer between campuses should check for the process on the campus to which they are transferring. To transfer to the South Bend campus, the student must submit a written request for intercampus transfer to the Graduate Faculty Council by July 1 for Fall transfer, October 1 for Spring transfer, and February 1, for Summer session transfer.

**TRANSFER FROM NON-INDIANA UNIVERSITY NURSING PROGRAM**

Graduate nursing students in good academic standing at another university who wish to transfer should contact the Graduate Program Director. Graduate courses completed at other universities must be evaluated by the IU South Bend Graduate Faculty Council for transfer equivalency and for student placement. Students must submit copies of the syllabi for each graduate course completed at another university and a release of information form. These syllabi must be evaluated in comparison to the IU South Bend graduate courses. This process can take time; therefore, students are encouraged to contact the IU South Bend graduate program director at least three months prior to the semester they wish to begin at IU South Bend. Transfer students will be evaluated by the Graduate Faculty Council on a case-by-case basis.

**ESSENTIAL ABILITIES**

1. MSN applicants accepted into the program will be required to sign a letter of agreement that specifies the Essential Abilities criteria (see Chapter II). This agreement states the applicant has read and understands that adherence to the Essential Abilities is mandatory. Students questioning their ability to meet the Essential Abilities criteria are encouraged to discuss their concerns with the Graduate Program Director, Sue Anderson at sanderso@iusb.edu

2. 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.

3. Students failing to meet the 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.

4. Students will be dismissed from their program of study if faculty determines they are unable to meet these Essential Abilities even if reasonable accommodations are made.
5. 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.

**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 ones; appropriate behavior and attire are expected. IU South Bend School of Nursing is fortunate to have state of the art simulation models and labs. 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
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. The student also may notify the Faculty Services Specialist at (574) 520-4382 if the professor is unavailable. Failure to notify the secretary or professor will result in a “0” for that exam. The course professor will decide on the type of examination to be given to the student who is unable to take the original examination.

1. Examinations will be scheduled, and all students are required to take all examinations.
2. The proctor of the examination will:
   a. Distribute the exam and answer sheet; or, with computer based exams, ensure students have logged in properly.
   b. Give any instructions and corrections verbally prior to commencement of the exam.
   c. Write corrections on the chalkboard.
   d. Not answer any questions during exam time regarding exam questions nor define any terms.
3. The student(s) taking the examination will:
   a. Arrive at the designated room on time.
   b. Be the only person allowed in the classroom.
   c. Leave all books, coats, purses, etc., securely under the desk or area designated by the proctor. This policy also applies to exam hand-back sessions. Note taking is not permitted during exam hand-back sessions.
   d. Turn off cell phones and place securely in backpack or purse.
   e. Remove hats, hoodies, and jackets with large pockets.
   f. If calculators are permitted, **only freestanding** pocket calculators are allowed. **Cell phones or other personal digital devices (PDAs) cannot be used** as a calculator. In computer based exams, a calculator is embedded within the software.
g. Refrain from suspicious behaviors such as talking, looking around the room, looking at another student, raising your paper for others to view or glancing at other computer screens.

h. Place yourself in a position or space in the test room to avoid the appearance of cheating. Often seating assignments will be made for exams.

i. Keep answer sheets covered.

j. Refrain from opening any computer program other than the one to take the exam; this includes email, internet, PDAs, cell phones.

k. Your exam will be removed and you will receive a zero “0” if suspected of cheating.

l. Report any misconduct or annoying behavior to the proctor during the exam so appropriate action may be taken.

m. Accept responsibility for transposing answers from test form to the computer answer sheet. Credit will not be given for any answer erroneously transposed.

n. Place your name and student identification number on the answer sheet and the test booklet.

4. Return the exam and answer sheet as directed.

5. The student will refrain from discussing exam content with class members. Most faculty will provide an opportunity to review exams when all students have taken the exam.

6. Those students coming late will:
   a. Wait until all initial directions are given and questions answered.
   b. Be given the exam and answer sheet by the proctor.
   c. Be given no additional verbal directions.
   d. Be given no extension beyond the time allotted for the exam.

7. Questions about test content will not be answered during an exam. If you have some other difficulty, raise your hand and a proctor will come to your seat.

8. Individual professors reserve the right to determine the manner of testing. Some utilize Canvas, others ExamSoft, while others prefer paper exams. If a professor gives a paper exam, all papers will be collected at the end of the class session. Both the test booklet and the answer sheet must be returned. Check your answer sheet before turning it in for completeness and accuracy! Avoid erasures.

9. Cheating is not tolerated and is dealt with immediately. Please see the information about cheating and plagiarism in this chapter.

10. If you display any of the following behaviors: looking around the room, looking at another student’s paper, not covering your answer sheet, raising your paper, looking at another computer in a computer lab, you will be suspected of cheating. **YOUR PAPER WILL BE TAKEN FROM YOU (or your exam blocked on the computer) AND YOU WILL BE GIVEN A “0” FOR THE EXAM.** If you have any problems with the above stated behaviors, you need to move to the front of the room at the beginning of the test session.

11. Disclosure of exam material including its nature or content during or after the exam is prohibited and will be considered cheating.

12. Faculty has the right to determine if behavior appears to be cheating. The Student Code of Conduct is followed for reporting and discipline.
13. Exams are essential measures of competence and knowledge in order to provide safe patient care, and cheating is not only prohibited by the university but is considered unsafe behavior in preparation for professional practice.

14. Accommodations for testing are only provided with written documentation from the Office of Student Disabilities.

15. Test anxiety should be addressed with assistance from the Student Counseling Center.

16. The only acceptable method to avoid distractions, are ear plugs.

17. Policy for make-up tests is as follows:

18. Make-up exams are possible, but are the exception. They may be given for such circumstances as personal illness/injury, hospitalization of student’s own child, or death in the family.

19. The prerequisite to this is the student must call the instructor in advance of the test to explain the absence (illness, for example, unless the student is involved in a traffic accident on the way to the test). Documentation may be required.

20. Make-up tests may be the same test or essentially the same test given to the entire class. It should be given on the next work day following the original test date unless extenuating circumstances (such as a continuing illness, death of an immediate family member or funeral out-of-town) prevent the student from taking the test within 24 hours or the next day. Documentation may be required.

21. Final exams. The published exam schedule as provided by the Registrar’s Office for the IU South Bend campus is followed and adhered to by the School of Nursing.

22. Reporting of Exam Results.
   a. Faculty requires a minimum of 24-hours to review exam results including item analysis. It is inappropriate and unprofessional to argue with faculty regarding exam questions. Faculty are experts of their course content and will provide guidelines for students who identify questions they believe need additional review. How faculty handle this is up to the individual faculty or course and will be announced.
   b. Examination scores will be posted to Canvas within a week of the exam. Please do not call or email faculty regarding exam grades. Results will not be called or emailed.
   c. Students will refrain from coming to faculty offices or congregating in hallways awaiting results. This behavior is deemed inappropriate by course faculty.
   d. Exam hand-back sessions are scheduled at the discretion of the faculty. Note taking is not permitted during these review sessions unless directed by the faculty.
   e. Final exams are not subject to exam review unless deemed appropriate by faculty.

WRITING GUIDE/EXPECTATIONS (Indiana University School of Nursing Standard)
Writing competency is an expected outcome of the nursing program and university. In an effort to prepare students to meet this vital competency, faculty developed the following criteria to be used in assessing student writing:

1. The writing has a focus.
2. The writing is organized with an introduction, purpose, sense of audience, thesis and conclusion.
The writing shows development, organization and detail; the writing reveals the student’s ability to develop ideas with balanced and specific arguments.

4. The writing is clear.

5. There is coherence within and between paragraphs.

6. The writing reflects critical thinking and linking the specific to the general.

7. The writing contains appropriate sentence structure, variety, punctuation and spelling; it is free from errors in grammar and punctuation.

8. The writing follows APA style and format unless otherwise specified for a specific purpose.

9. The writing demonstrates original work, and where ideas or materials of others are used, appropriate credit is given to original sources.

10. The writing shows evidence of analysis and synthesis of ideas.

CHEATING/PLAGIARISM
Cheating or plagiarism will not be tolerated and will result in severe penalties which may include course failure, dismissal from the program, and suspension from IU South Bend. Refer to the IU Code of Student Rights, Responsibilities and Conduct, Part 2: Student Responsibilities. Students must complete the plagiarism tutorial prior to starting their first class; the tutorial completion certificate will be filed in the student record. All instances of plagiarism will be referred to the IU South Bend Office of Student Conduct.

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.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-97</td>
<td>100-97</td>
<td>A+</td>
</tr>
<tr>
<td>96-93</td>
<td>89-87</td>
<td>B+</td>
</tr>
<tr>
<td>92-90</td>
<td>86-83</td>
<td>B</td>
</tr>
<tr>
<td>89-77</td>
<td>79-77</td>
<td>C+</td>
</tr>
<tr>
<td>86-75</td>
<td>76-75</td>
<td>C</td>
</tr>
<tr>
<td>79-67</td>
<td>69-67</td>
<td>D+</td>
</tr>
<tr>
<td>83-63</td>
<td>66-63</td>
<td>D</td>
</tr>
<tr>
<td>77-60</td>
<td>62-60</td>
<td>D-</td>
</tr>
<tr>
<td>Below 60</td>
<td>Below 62</td>
<td>F</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>4.0</td>
</tr>
<tr>
<td>A</td>
<td>4.0</td>
</tr>
<tr>
<td>A-</td>
<td>3.7</td>
</tr>
<tr>
<td>B+</td>
<td>3.3</td>
</tr>
<tr>
<td>B</td>
<td>3.0</td>
</tr>
<tr>
<td>B-</td>
<td>2.7</td>
</tr>
<tr>
<td>C+</td>
<td>2.3</td>
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<tr>
<td>C</td>
<td>2.0</td>
</tr>
<tr>
<td>C-</td>
<td>1.7</td>
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<tr>
<td>D+</td>
<td>1.3</td>
</tr>
<tr>
<td>D</td>
<td>1.0</td>
</tr>
<tr>
<td>D-</td>
<td>0.7</td>
</tr>
<tr>
<td>F</td>
<td>0.0</td>
</tr>
</tbody>
</table>

If a student is unsuccessful in a course, refer to the campus Bulletin for progression guidelines. It is recommended that the student meet with the faculty member first. Advisors are available to assist students with the procedures. 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 test anxiety and time management. Students will be asked to submit a plan for success before repeating a course.

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” (p.33). 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 students fails 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.

GRADE GRIEVANCE

The MSN Family Nurse Practitioner program upholds the established IU Code of Student Rights, Responsibilities, and Conduct in regards to conduct and academic concerns. Furthermore, the MSN Family Nurse Practitioner program recognizes the ANA Code of Ethics, the Indiana Nurse Practice Act, and the AACN MSN Essentials for Graduate Education as professional standards to which students are expected to follow.

The campus grade grievance policy is stated in the campus Bulletin, which is available online or in limited print copy. The School of Nursing adheres to this policy as stated. Students are expected to become acquainted with the stated policies dealing with the code of conduct and grade grievance listed in the Campus Bulletin.
FORMAL COMPLAINTS
The MSN program follows the procedures as outlined by the IU South Bend Office of Student Conduct under “Complaints Against Members of the University Faculty and Administration” (https://www.iusb.edu/judicial/admincomplaint.php). Students are encouraged to discuss minor complaints about course matters directly with faculty members. Likewise, faculty members are discouraged from talking about other faculty members with students. Therefore, students should first talk to the faculty member of concern. If the minor issue cannot be resolved between the student and individual faculty member, students are invited to discuss it with the Graduate Program Director and/or Dean.

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 Graduate Program Director, Dean, or the upper university administration. 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 by the program are seriously considered by the Graduate Program Director, Dean, or university administration as necessary and appropriate action in regards to changing policy or revising curricular decisions are determined.

Process for documentation of formal complaints

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

MAINTAINING STATUS
• Students who do not register for a period of three consecutive semesters will be dismissed from the program.
• 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 Graduate Faculty Council 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.

ACADEMIC PROBATION
A student is placed on academic probation when the cumulative grade point average falls below 3.0 or if he or she earns below a B- in a required course. Students who are placed on academic probation for two semesters will be dismissed from the program.

UNSATISFACTORY PERFORMANCE BY A STUDENT
If a student receives a one or two in any area on the clinical evaluation form by the preceptor, faculty or student, the Graduate Program Director will be informed and an emergency Graduate Faculty Council meeting will be held to determine the course of action for the student. If a student receives an average of a B- or below at any time during any course taken during the program, the issue will come before the Graduate Program Director and possibly the Graduate Faculty Council for further course of action for the student.

LEARNING CONTRACTS
Learning Contracts are designed to help students succeed in a course when the student has been experiencing difficulties. It is not intended to be punitive but it is a serious effort to identify ways to avoid failure in a clinical. A Learning Contract will include competencies not being achieved, description of problem behaviors, goals to achieve in order to be successful in the course, and a mutually developed plan. This plan will include deadlines by which these goals must be achieved. The student is expected to fully participate in developing and implementing the plan for improvement, and to communicate the plan to all relevant faculty members as long as the contract is in effect. If a student is unable to meet the terms of their Learning Contract, it may become grounds for failure of the course or dismissal from the program.

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. Do 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 Graduate Faculty Council Committee by July 1 for Fall reinstatement, October 1, for Spring reinstatement, and February 1 for Summer session reinstatement. 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.

DISMISSAL
A MSN student is dismissed from the program when, in the judgment of the Graduate Faculty Council, 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).

Dismissal may occur without prior probation. Any student who is academically dismissed at one Indiana University campus is also in dismissal status at all other Indiana University campuses.

- 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 Graduate Faculty Council on the campus of enrollment. Nursing student dismissal is subject to the appeal process on the campus of enrollment.

REINSTATEMENT OF A DISMISSED STUDENT
Reinstatement to the MSN program for dismissed students is not automatic. Students who have been dismissed by the Graduate Faculty Council and/or the Office of Student Conduct, and desire reinstatement must submit a written request for reinstatement to the Graduate Faculty Council. The written request must be submitted to the Graduate Faculty Council by July 1 for Fall reinstatement, October 1 for Spring reinstatement, and February 1 for Summer session reinstatement. 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.

Reinstatement requests are evaluated individually by the Graduate Faculty Council on the basis of academic standing, potential for progress toward the degree, availability of resources, and satisfactory completion of any conditions and/or faculty recommendations existing at the time of dismissal. Appeals for immediate reinstatement are not considered except as warranted by extraordinary circumstances. In such cases, students reinstated by the MSN Faculty 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. (See MSN Student Policy Handbook, the IU South Bend Bulletin, and policy updates.)
A nursing student is reinstated only one time. A reinstated nursing student is dismissed from the MSN program upon failure of one additional nursing course, or breach of the Code of Ethics for Nurses, the Statement of Essential Abilities, or the Indiana University Code of Student Rights, Responsibilities, and Conduct (see Dismissal policy).

**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 pathophysiology, pharmacology, and advanced physical assessment. The Graduate Faculty Council 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 Council may not progress in the program and are subject to dismissal from the program.

**Communication and Use of Technology**

**PROFESSIONAL COMMUNICATION AND HARASSMENT**
Students are required to engage in professional, civil behavior and demonstrate professional communication skills in the classroom, clinical, and in any school-related situation. Program-related grievances or frustrations should be brought to the attention of the Graduate Program Director. Discussions that portray the University and/or School of Nursing in a poor light within the community or workplace, or are considered to be harassment of faculty, staff, or fellow students may result in disciplinary action including program dismissal. Harassment of faculty, staff, and fellow students is not tolerated. Please notify the Graduate Program Director immediately if you believe you have experienced sexual, discriminatory, or personal harassment.

**CANVAS AND EMAIL**
It is the professional responsibility of the student to check email and Canvas on a daily basis. Canvas is used for course communication and content and should be checked often for announcements and changes.

Students are expected to use Canvas, have and maintain general word processing and computer skills. Insufficient skill in using Canvas or computers is not an acceptable excuse for submitting late assignments. IU South Bend provides resources and training. Please seek training and assistance from the Office of Information Technology if you have problems with the program or its use.
COMMUNICATION POLICY
If a clinical faculty member provides a cell phone number and permits students to call or text message, this communication should only pertain to clinical or course issues and be within the standard working day, Monday through Friday, 8 a.m. to 5 p.m. Course or clinical emergency calls or text messages outside of these hours are permitted. Students should not contact faculty members via their cell phone number for any other reason. Exceptions to this policy may apply at the discretion of individual faculty members.

The IU South Bend e-mail system is the official method of communicating electronically with faculty members. Faculty members make every effort to answer e-mails within 48 hours. E-mails that occur after 5 p.m. during the week or on the weekend may not be answered until the next standard working day, Monday through Friday, 8 a.m. to 5 p.m.

SMARTPHONES
Smartphones can be an invaluable resource for students and nurses. Numerous options are available. Currently the School of Nursing does not endorse any specific product and encourages students to select a tool which they find to be most useful and cost effective. Smartphones and medical software are considered a RESOURCE and do not replace required textbooks or library resources recommended by faculty or coursework. Faculty has the right to limit reliance on these tools especially in testing situations. Students may not use their phone during a clinical situation other than activities to support clinical decision making.

In the past, we have attempted to provide students with useful internet sites and electronic purchase recommendations. The options are immense and we will no longer be able to supply such a list.

Remember – anyone can develop a web site on the Internet. Always evaluate sites for legitimacy before accepting what is said as fact.

CELL PHONES AND TEXT MESSAGING/IMAGE TAKING
Students may not use cell phones during class or clinical unless they are accessing medically-based applications that supplement the provision of care. Cell phones must be turned to silent mode or off in the classroom and in clinical. In the event of an emergency (i.e. sick child call, etc.) the instructor reserves the right to make exceptions. Making phone calls or playing with non-medically-based applications may result in course failure.

At no time are students permitted to text message during lectures. Students found using cell phones inappropriately will be asked to leave the class and return during the next class period. DURING EXAMS, CELL PHONES MUST BE SHUT OFF AND ZIPPED INSIDE THE STUDENT’S PURSE OR BOOK BAG – NO EXCEPTIONS. STUDENTS FOUND WITH A CELL PHONE OUT DURING AN EXAM ARE SUBJECT TO EXAM AND/OR COURSE FAILURE.
COMPUTER COMPETENCY
Computer competency is required in the study and practice of nursing. Students in the School of Nursing are required to demonstrate computer competence in the following areas:

- **Word Processing**: Students must be proficient in the use of a word processing program compatible with the IU South Bend computer system, such as Microsoft Word.
- **Internet Resources**: Students must be proficient in utilizing the internet to locate nursing resources.
- **Electronic Database Searching**: Students must be proficient in utilizing library and other database web sites to search for scholarly resources.
- **E-mail**: Students must be proficient in sending and receiving e-mail messages.
- **PowerPoint Presentations**: Students must be proficient in the use of PowerPoint.

The Office of Information Technologies at IU South Bend offer frequent classes/resources for students in all of the areas listed above. Students are strongly encouraged to utilize these resources.

LAP TOPS
In accordance with IU South Bend policy, lap tops are permitted in the classroom for appropriate use only. Students found to be using lap tops inappropriately (internet surfing, checking email, etc.) will be asked to leave the class. Unless an exam is computer-based, use of a lap top is not permitted during testing/exam(s).

RELIGIOUS ACCOMMODATION
For any student that will require academic accommodations for a religious observance, please provide the professor with a written request to consider a reasonable modification for that observance by the end of the second week of the course. Contact the professor after class, during office hours, or by individual appointment with the professor to discuss the issue. If after discussion no consensus is reached, either party or both should seek the advice of the Dean, and again if no consensus is reached, then the advice of the Executive Vice Chancellor of Academic Affairs (EVCAA). Either the instructor or the student may appeal the EVCAA’s decision to the Office of Affirmative Action within 10 business days of the determination.
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 Graduate 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 with the School of Nursing Recorder, by September 15th for the December graduation.

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.
Chapter V

Clinical Policies
V. Clinical Policies

Immunization, Drug Screen, CPR, and Criminal Background Histories

Clinical agencies require that a record of immunizations, drug screening, criminal background history check, and CPR completion is available to them. Therefore, all documentation must be submitted to the Faculty Services Specialist on time. Students may not engage in any clinical experiences and will forfeit any clinical time earned until the record is turned in. Students ignoring repeated requests to turn in this information may be suspended from the course and/or program.

HIPAA Training

Students are required to complete IU’s HIPAA Privacy and Security training and provide a certificate of completion that will be uploaded to Typhon. This training can be found on One.IU under E Training at this link: https://etrain.iu.edu/ninja/#/catalog/category/141.

HIPAA STATEMENT (APPLICABLE TO ALL IUSON CLINICAL COURSES)
Patient related information cannot be removed from the clinical unit. Charts may not be photocopied. Clinical information system printed items cannot be taken from the clinical facility. Any notes and or written assignments must not contain any of the following 18 Data Elements for HIPAA de-identification:

1. Names
2. Geographic subdivisions
3. All elements of dates
4. Telephone #
5. Fax #
6. Electronic mail addresses
7. Social security #
8. Medical record #
9. Health plan beneficiary #
10. Account #
11. Certificate/license #
12. Vehicle identifiers and serial #
13. Device identifiers & serial #
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address #
16. Biometric identifiers, including finger and voice prints
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic code
Preceptor Qualifications and Guidelines

It is the student’s responsibility to find appropriate preceptors. While faculty may offer suggestions for appropriate preceptors, it is ultimately the student’s responsibility to contact and secure qualified preceptors. Faculty and/or the Graduate Program Director must approve and reserve the right to deny students’ preceptor choices.

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 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. It is the student’s responsibility to have the preceptor fully complete the “Preceptor Information Form” (found on Canvas Graduate Program Central modules) and turn it in to the Graduate Program Faculty Services Specialist at least two weeks before the beginning of the semester. Students who do not have the form turned in on time may not engage in clinical activities until the preceptor has been vetted. 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.

Within the first week of the clinical rotation, the “Preceptor Agreement Form” (found on Canvas Graduate Program Central modules) must be signed by the student, preceptor, and supervising clinical faculty. Signed forms must be uploaded by the student to Typhon External Documents, Clinical Agreement folder by end of third week of clinicals.

Clinical Placement

Students are responsible for finding their own primary care clinical placements. No student is to have a clinical placement in a specialty area during the “Adults, Pediatrics, or Women’s Health” rotation other than what is specified in the course. The expectation is that the student must be engaged in direct patient care through hands-on clinical practice; therefore observation-only clinical rotations are not permitted. 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 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. Patient demands may require that a student stay in the setting for additional time, which will not be monetarily compensated.

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.

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.

See the MSN Student Policy Handbook and/or course syllabus for specific clinical requirements and policies regarding missed time. 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. It is the student’s responsibility to complete all clinical coursework in a timely manner, regardless of her or his work schedule. 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, 8 a.m. to 5 p.m.) and are required to complete all clinical hours before the last regular day of classes. Supervising clinical faculty must be aware of the days and times that students are in the clinical setting. 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. 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.

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 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). The preceptor must sign off on student documented time.

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.

Clinical Paperwork Checklist

1. **Preceptor Information Form**: Due to Faculty Services Specialist at least two weeks before beginning of the semester.

2. **Preceptor Agreement Form**: Due to supervising clinical faculty by end of the second week of semester. Must be signed by the student, preceptor, and supervising clinical faculty. Signed forms must be scanned and uploaded by the student to Typhon External Documents, Clinical Agreement folder by end of third week of clinicals.

3. **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.

Definition of Clinical Activities*

A minimum of 80% of clinical activities must be Category A activities (supervised direct patient care, observation, 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.

**Typhon Policies**

Typhon is an online patient tracking software system with scheduling, evaluation, and portfolio functions. Students who are graduating after December 2015 will be required to purchase this program. Typhon policies will be updated after it is implemented in September, 2015. Students will be notified of and expected to adhere to these policies.
Chapter VI

Program Organizations, Committees, and Services
VI. Program Organizations, Committees, and Services Relevant to Student Success at IU South Bend School of Nursing

Graduate Faculty Council

The Graduate Faculty Council is comprised of full-time faculty who have teaching responsibilities in the graduate program. A current student serves on this council as the liaison for graduate students. The Dean of the School of Nursing is an ex-officio member of the Council.

COUNCIL FUNCTION

To enact the policies and procedures of IU South Bend School of Nursing and IU South Bend graduate studies program regarding:

1. Admission, Graduation and Progression (APG) of students enrolled or enrolling in the MSN program including recommendations for changes in MSN policies and procedures in regards to APG issues.

2. Develop, enact, and oversee the IU South Bend School of Nursing’s campus blueprint for Assessment; to serve as a liaison to administration in the planning for gathering of assessment data; and to review the valuation data and share analysis with the Master’s faculty.

3. The evaluation and the making of recommendations on the Master’s program curricular issues; to oversee and maintain the integrity of the Master’s curriculum; to assist in planning curricular changes; and, 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 www.nursingsociety.org and information on the Alpha Chapter at www.iupui.edu/~ssta.

For further information contact Lori Cox, Faculty Advisor, at lojcox@iusb.edu

Health and Wellness Center

IU South Bend Health and Wellness Center, located in the Student Activities Center (SAC-130), center level, 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 http://www.iusb.edu/~iusbwell.

School of Nursing Scholarships

To apply for scholarship monies available from Indiana University, School of Nursing, Indianapolis campus please go to the following website http://nursing.iupui.edu/cost/index.shtml.
Chapter VII

Graduation Information and Guidelines
VII. Graduation Information and Guidelines

Graduation Related Activities

Additional graduation activities include but are not limited to:

Sigma Theta Tau Induction (Approximately $125)

Rental of Caps and Gowns for Commencement and Hooding (Approximately $35 – Check with the Bookstore, Northside)

Application for Degree Form in back of Student Handbook (time sensitive). Application can be obtained from Student Services, Laurie Richards, NS456B.

Section 8.02 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.
Example Application for
Graduation Form

SCHOOL OF NURSING
APPLICATION FOR A DEGREE

Step 1: Print your name as you want it to appear on the diploma and indicate the address to which you want your diploma mailed:

Name:

____________________________________________________________________________
First    Middle (or initial)                          Last
Address:  _____________________________________________________________________________

City                                       State                  Zip
Social Security #:  _________________________
Telephone:  _________________________

Step 2: Check appropriate Degree:

□ Master of Science in Nursing Degree

Step 3: Date and year you will complete all requirements:

□ December    □ May    _______ Year of Graduation
□ June        □ August

Step 4: Sign and date this form:

____________________________________________________________________________
Signature                              Today’s date

Commencement ceremonies occur only in May. Attendance is optional.

The student must file an application with the School of Nursing recorder (NS 456 B) by September 15 for December graduation and by January 15 for May, June or August graduation.

Commencement

Commencement ceremonies occur only in May. Attendance is optional although highly encouraged and requested. This is your day and an acknowledgement of your accomplishments. The student must file an application with the School of Nursing recorder by September 1 for December graduation and by January 15 for May, June or August graduation.

Commencement is held at University of Notre Dame, Joyce Center.

(Application is available at the back of this book.)
Chapter VIII

Program of Study and Course Descriptions
VIII. Program of Study and Course Descriptions

Master of Science in Nursing Family Nurse Practitioner Program of Study

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
<th>Summer Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 1: Semester 1</td>
<td>Spring 1: Semester 2</td>
<td>Summer 1: Semester 3</td>
</tr>
<tr>
<td>N504: Leadership for ANP Nursing (3 credits)</td>
<td>N502: Nursing Theory (3 credits)</td>
<td>Y535: Dynamics of Family Health Care (3 credits)</td>
</tr>
<tr>
<td>Y515: Advanced Pathophysiology (3 credits)</td>
<td>Y612: Advanced Pharmacology (3 credits)</td>
<td>F570: Advanced Health Assessment (3 credits)</td>
</tr>
<tr>
<td>Fall 2: Semester 4</td>
<td>Spring 2: Semester 5</td>
<td>Summer 2: Semester 6</td>
</tr>
<tr>
<td>F574: Primary Health Care (PHC) of Adults (3 credits: 75 clinical contact hours)</td>
<td>F572: PHC of Children (3 credits: 75 clinical contact hours)</td>
<td>F576: PHC of Women (3 credits: 75 clinical contact hours)</td>
</tr>
<tr>
<td>R500: Nursing Research (3 credits)</td>
<td>Y620: Advanced Office Procedures (3 credits)</td>
<td>R590 Scholarly Project (3 credits)</td>
</tr>
<tr>
<td>Fall 3: Semester 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F578: PHC of Families (6 credits: 375 clinical contact hours)</td>
<td></td>
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</tr>
</tbody>
</table>

Course Descriptions

APRN CORE COURSES

NURS-Y 515 Advanced Pathophysiology (3 credits)
Provides advanced knowledge of pathophysiology as the foundation for nursing management in the health care of adults.

NURS-Y 612 Advanced Pharmacology Across the Lifespan (3 credits)
This course provides a basis for understanding the use of pharmacotherapeutic agents for clients across the life span. The course builds upon the pharmacologic knowledge base acquired at the bachelor’s-level in nursing.

NURS-F 570 Advanced Health Assessment Across the Lifespan (3 credits)
This course enables students to develop advanced practice nursing skills in individual health assessment of infants, children, adults, and aging people. In addition, students develop skills in family and community assessment.
GRADUATE CORE COURSES

NURS-N 504 Leadership For Advanced Nursing Practice (3 credits)
Course addresses core competencies as leadership, role, healthcare economics, policy, and the law and ethics that are essential to all advanced nursing practice roles and healthcare in complex systems.

NURS-N 502 Nursing Theory (3 credits)
Focus is on evaluating the factors and issues influencing the development of theory in nursing. Theoretical terminology and criteria for the evaluation of theories are examined. Linkages applied between theory, practice, and research are explored.

NURS-Y 535 Dynamics of Family Health Care (3 credits)
Provides students with opportunities to study families within the community context. Consideration is given to theories of family functioning and roles in family health care, using family assessment tools and other nursing intervention strategies.

NURS-R 500 Nursing Research Methods (3 credits)
This course provides a survey of research in nursing, including critique of research literature, research designs, sampling, data collection and measurement strategies, relation of research and theory, development of researchable problems, and theory utilization.

NURS-R 590 Scholarly Project (3 credits) Prerequisite: NURS-R 500.
A guided experience in identifying a researchable nursing problem and in developing and implementing a research proposal.

APRN CORE FNP CLINICAL COURSES (TOTAL OF 600 DIRECT PATIENT CARE CLINICAL HOURS)

NURS-F 574 Primary Health Care of Adults (3 credits: Minimum of 75 direct patient care clinical hours)
Enables students to develop a knowledge base for clinical decision making in the assessment and management of primary health care for adults and families. Topics include health promotion and maintenance, disease prevention, diagnosis, and treatment of common acute and stable chronic illnesses in adults. Minimum of 75 clinical hours/semester.

NURS-F 576 Primary Health Care of Women (3 credits: Minimum of 75 direct patient care clinical hours)
Enables students to develop a knowledge base for clinical decision making in the assessment and provision of primary healthcare for women and families. Topics include health promotion and maintenance, disease prevention, diagnosis, and treatment of common acute and stable chronic illnesses in women.

NURS-F 572 Primary Health Care of Children (3 credits: Minimum of 75 direct patient care clinical hours)
Enables students to develop a knowledge base for clinical decision making in assessment and provision of primary healthcare nursing for children and families. Topics include health promotion/maintenance, disease prevention, diagnosis, and treatment of common acute and stable chronic illnesses in children. Minimum of 75 clinical hours/semester.
NURS-F 578 Primary Health Care of Families (6 credits: Minimum of 375 direct patient care clinical hours)
Enables the FNP student to develop a practice base for clinical decision making in the assessment and management of healthcare of families. The course includes identification of health needs, nursing interventions for the prevention of illness, and health promotion.

GRADUATE ELECTIVE COURSE
NURS-Y 620 Advanced Primary Care and Office Management Procedures (3 credits)
This elective course introduces students to advanced practice concepts and procedures related to the care of clients in the primary care setting. In addition, students are introduced to documentation and professional relationship building skills necessary for advanced practice nurses (APNs) in the primary care setting.
Chapter IX

Resources
IX. Resources

IU South Bend School Of Nursing Directory

HOURS: Monday – Friday: 8 a.m. – 5 p.m.

Student Services Walk-ins: Wednesdays: 1:30 – 4 p.m. Northside 456B

DEAN: Mario R. Ortiz, RN; PhD; PHCNS-BC
Northside Hall Rm. 460
Phone: 574-520-4207
ortizmr@iusb.edu

CHS Website: www.iusb.edu/health-sci
Nursing: www.iusb.edu/nursing

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Graduate Program Director
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CHS Website: www.iusb.edu/health-sci
Nursing: www.iusb.edu/nursing

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## Campus Resources

### ACADEMIC CENTERS OF EXCELLENCE (ACE):

- **Writer’s Room**
- **Learning Center**

  Virginia Heidemann EdD, Director  
  574-520-4823  
  Administration Bldg. 117C

### AFFIRMATIVE ACTION

- Responds and provides resolutions to those who are experiencing personal discomfort as a result of their race, sex, sexual orientation, age, religion, ethnicity, national origin, disability, or veteran’s status

  Administration Bldg.  
  574-520-4384

### CHILDREN’S CENTER DAYCARE

- Childcare Services  
- Pre-school program  
- Kindergarten program  
- Hours not limited to class time  
- Offered to IU South Bend students, staff, faculty and alumni

  Administration Bldg.,  
  Rm. U120  
  574-520-4435 Information

### DENTAL CLINIC

- Oral cancer screening, instructions in proper dental care, teeth cleaning, fluoride treatment, dental x-rays for adults and children.  
  *Open weekdays – September through June. By appointment only. Nominal charges.*

  Kristyn Quimby  
  Ed/Arts Bldg., Rm 1251  
  574-520-4405

### Office of Disability Support Services

- Provides taped texts for students with vision impairments or dyslexia, note takers for students with mobility impairment. Assistance in scheduling and registration, special parking permits, alternative testing and referral to and from Vocational Rehabilitation and other community agencies.

  James Hasse, Director  
  Administration Bldg.,  
  Rm. 113  
  574-520-4832

### LIBRARY SERVICES

- “Ask a Librarian”—answers relatively simple questions about research and sources  
- Hammes information commons  
- Library Guide—provides help to access references by subjects  
- Handout available online—provides information on databases, support services, policies and procedures of the library, and library loan system policies.  
- FAQ’s – Inter-library loans

  Library Information  
  574-520-4844  
  Reference Desk  
  574-520-4441

### OFFICE OF INFORMATION TECHNOLOGIES (OIT)

- Computer labs are available for students to use. Free classes for students attending IU South Bend. Consultants are available to help students at computer labs.

  Help Desk, 574-520-5555, will help you with software problems if required by the course you are taking

### HEALTH AND WELLNESS CENTER

- Provides preventive health care and generates health awareness  
- Offers health maintenance checks, flu shots, skin, bone marrow, and cholesterol screenings  
- Organizes discussions on health related issues, etc.

  Kari S. Frame, Director  
  SAC Rm. 130  
  574-520-5557

### ACADEMIC CENTERS OF EXCELLENCE (ACE): The Writer’s Room

Free tutorial help with planning, writing, revising, and editing papers for any course. (Does not include proofreading or correcting papers for students.)

- Help with reading and understanding assignments and writing essay exams  
- Help with writing research papers, review of grammar, mechanics and spelling  
- Workshops and small group sessions on special composition problems  
- Consultation on writing letters of application, resumes, and personal essays

  Joshua Giorgio-Rubin  
  Writing Center  
  Administration Building 122  
  574-520-4500  
  Lynn Branch  
  Tutoring Services  
  574-520-4302


<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Approx. Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laptop with webcam</td>
<td></td>
<td>Personal choice</td>
</tr>
<tr>
<td>Latest version of Microsoft Office</td>
<td></td>
<td>Market price</td>
</tr>
<tr>
<td>Stethoscope—Littman Classic II or Littman Cardiology III recommended</td>
<td>Professional quality with bell and diaphragm.</td>
<td>Cost starts around $60.</td>
</tr>
<tr>
<td>Otoscope/ophthalmoscope</td>
<td>Welch-Allyn type set</td>
<td>Costs start at $200</td>
</tr>
<tr>
<td>Clear metric ruler</td>
<td>Available in uniform shops or retail stores.</td>
<td>Personal Choice</td>
</tr>
<tr>
<td>Pen Light</td>
<td>Two of these are recommended as well.</td>
<td>Costs start at $5.</td>
</tr>
<tr>
<td>Reflex Hammer</td>
<td></td>
<td>Costs start at $3.50.</td>
</tr>
<tr>
<td>ECG calipers</td>
<td></td>
<td>Costs start at $5.</td>
</tr>
<tr>
<td>Epocrates® Essentials or Plus version</td>
<td>Clinical app with up-to-date medical information about medications, diseases, laboratory tests.</td>
<td>$174.99/year</td>
</tr>
<tr>
<td>Shadow Health® Assessment Course</td>
<td>Educational software that includes online interactive learning environments including the Digital Clinical Experience™.</td>
<td>Cost starts at $99. One time fee.</td>
</tr>
<tr>
<td>Typhon® NPST for Advanced Practice Nursing</td>
<td>Online patient tracking software with scheduling, evaluation, and portfolio functions.</td>
<td>Costs start at $80. One time fee.</td>
</tr>
</tbody>
</table>

*Updated by Graduate Faculty Council in 2015. Please allow for a variation in costs.
CPR Courses in Area

The following is a list of sites that offer American Heart Association Healthcare Provider CPR. Times and costs are variable. Call the facility for details.

**BLS HEALTHCARE PROVIDER ONLINE RENEWAL COURSE**

The online BLS Renewal Course provides a review for healthcare professionals who have prior CPR training. This program recognizes that healthcare professionals have knowledge and skills acquired from prior CPR training and years of patient care. *Be careful, there are online programs which appear to be American Heart but are not—they do not require skills validation. Skills validation by an AHA faculty is required.*

Once you have completed the online portion of the course, you go to an authorized American Heart Association Training Center for the skills validation portion. After you have completed both sections of the course, you will be issued an American Heart Association BLS-Healthcare Provider card.

The cost is $18.00 for the online portion, plus the cost of the skills check—that varies by site.


**LOCAL PROGRAMS FOR CPR COURSES/SKILLS VALIDATION**

**ELKHART GENERAL HOSPITAL**
(574) 523-3314
Ask for Vicki

**SAINT JOSEPH REGIONAL MEDICAL CENTER**
(574) 237-3314, Alyce Pittman or (574) 237-7844 to register
Offered quarterly

**GOSHEN GENERAL HOSPITAL**
Call “Nurse on Call” for information
(574) 535-2600, Or toll free (877) 846-4447

**AMERICAN RED CROSS**
*Certification is only good for one year*
(574) 234-0191
Ask for CPR training information

**MEMORIAL HOSPITAL**
(574) 647-7364
Offers monthly retraining sessions

**CLAY TOWNSHIP FIRE DEPARTMENT**
(574) 272-0955, Donna
Offered quarterly

**IVY TECH COLLEGE**
(574) 289-7001 ext. 5712
Ask for Jody Holderman

**HOLY CROSS COLLEGE**
(574) 239-8364
Ask for Pat Adams
# 2015-2016 School Year Calendar

## August '15
- **24**: Classes Begin

## September '15
- **7**: Labor Day—Campus Closed

## October '15
- **17**: Fall Break (after last class)
- **21**: Classes Resume
- **Mid-term Reports Due**
- **31**: Halloween

## November '15
- **24-29**: Thanksgiving (Break starts after last class—Tuesday 24th)
- **30**: Campus Closed

## December '15
- **14**: Final Exams Begin
- **19**: Final Exams End
- **25-1**: Winter Break—Campus Closed

## January '16
- **1**: New Year’s Day
- **2**: Campus Open
- **11**: Classes Begin
- **18**: M.L. King Jr. Day—Campus Closed

## February '16

## March '16
- **12**: Mid-term Reports Due
- **Spring Break (Begins After Last Class)**
- **21**: Classes Resume

## April '16
- **27**: Last Day of Classes
- **29**: Final Exams Begin

## May '16
- **5**: Final Exams End
- **10**: Commencement
- **16**: 1st Summer Session—Classes Begin
- **30**: Memorial Day—Campus Closed

## June '16
- **27**: 1st Summer Session—Classes End

## July '16
- **4**: Independence Day—Campus Closed
- **5**: 2nd Summer Session—Classes Begin
Indiana University South Bend  
School of Nursing  
Master of Science in Nursing – Family Nurse Practitioner Program  
Clinical Preceptor Agreement Form

Student’s Name:________________________________________________________________
Preceptor’s Name:_______________________________________________________________
Clinical Site:___________________________________________________________________
Clinical Site Address: ___________________________________________________________

F572: Primary Health Care Nursing for Children

CLINICAL COMPONENT OUTCOMES:
Upon completion of the clinical component of the course, students will be able to:
1. Improve the health and illness status of children by assessing, diagnosing, monitoring, providing, and coordinating direct primary health care services.
2. Incorporate advanced nursing practice roles and skills, including organization and leadership, into clinical encounters with pediatric clients and other health care providers.
3. Monitor and ensure the quality of health care practice with children and families by performing advanced nursing practice within professional, legal, and ethical rules, regulations, and standards.
4. Demonstrate beginning competence in the healing role of the advanced practice nurse by ensuring a safe and therapeutic environment within which to deliver effective health care to children and their families.
5. Demonstrate beginning competence in the teaching and coaching aspects of advanced nursing practice.
7. Collaborate with consumers, professionals, and other groups in the delivery of primary health care nursing to children within a community context.

Clinical Faculty Contact Information:  
Name:  
Phone:  
E-mail:  

Course Lead Faculty Contact Information:  
Roxanne Wolfram DNP, RN, FNP-BC  
rwolfram@iusb.edu  
(574) 520-4368

Signature indicates understanding of student, preceptor, and faculty responsibilities:

Student signature:_________________________ Date:_________________________
Student e-mail:__________________________ Student phone:_____________________
Preceptor signature:_______________________ Date:_________________________
Preceptor e-mail:__________________________ Preceptor phone:____________________
Clinical faculty signature:_________________ Date:_________________________
Indiana University South Bend
School of Nursing
Master of Science in Nursing – Family Nurse Practitioner Program
Clinical Preceptor Agreement Form

Student’s Name: ________________________________________________________________
Preceptor’s Name: ______________________________________________________________
Clinical Site: __________________________________________________________________
Clinical Site Address: ____________________________________________________________

F574: Primary Health Care Nursing for Adults

CLINICAL COMPONENT COURSE OBJECTIVES:
At the completion of the clinical component of the course the learner will be able to:

1. Improve the health and illness status of adults by assessing, diagnosing, monitoring, providing, and coordinating direct primary health care services.
2. Incorporate advanced nursing practice roles and skills, including organization and leadership, into clinical encounters with adult clients and other health care providers.
3. Monitor and ensure the quality of health care practice with adults and families by performing advanced nursing practice within professional, legal, and ethical rules, regulations, and standards.
4. Demonstrate beginning competence in the healing role of the advanced practice nurse by ensuring a safe and therapeutic environment within which to deliver effective health care to adults and their families.
5. Demonstrate beginning competence in the teaching and coaching aspects of advanced nursing practice.
6. Evaluate nursing interventions directed toward health promotion, disease prevention, and symptom management for adults experiencing common acute and stable chronic illnesses.
7. Implement appropriate self-care education strategies with adults and families.
8. Collaborate with consumers, professionals, and other groups in the delivery of primary health care nursing to adults within a community context.

Clinical Faculty Contact Information:
Name: ________________________________________________________________
Phone: __________________________________________________________________
E-mail: __________________________

Course Lead Faculty Contact Information:
Caitlin Vlaeminck, MSN, FNP-BC
cwendelb@iusb.edu
574-520-4167

Signature indicates understanding of student, preceptor, and faculty responsibilities:

Student signature: ___________________________________________ Date: __________________________
Student e-mail: ___________________________ Student phone: ___________________________
Preceptor signature: ___________________________________________ Date: __________________________
Preceptor e-mail: ___________________________ Preceptor phone: ___________________________
Clinical faculty signature: ___________________________________________ Date: __________________________
Indiana University South Bend  
School of Nursing  
Master of Science in Nursing – Family Nurse Practitioner Program  
Clinical Preceptor Agreement Form

Student’s Name:________________________________________________________________  
Preceptor’s Name:______________________________________________________________  
Clinical Site:___________________________________________________________________  
Clinical Site Address: ___________________________________________________________

F576: Primary Health Care Nursing for Women

CLINICAL COMPONENT OUTCOMES: Upon completion of the clinical component of the course, students will be able to:
1. Improve the health and illness status of women by assessing, diagnosing, monitoring, providing, and coordinating direct primary health care services.
2. Incorporate advanced nursing practice roles and skills, including organization and leadership, into clinical encounters with women and other health care providers.
3. Monitor and ensure the quality of primary health care practice with women.
4. Demonstrate beginning competence in the healing role of the advanced practice nurse by ensuring a safe and therapeutic environment within which to deliver effective health care to women.
5. Demonstrate beginning competence in the teaching and coaching aspects of advanced nursing practice.
6. Evaluate nursing interventions directed toward health promotion, disease prevention, and symptom management for women experiencing common acute and stable chronic illnesses.
7. Implement appropriate self-care education strategies with women and families.
8. Collaborate with consumers, professionals, and other groups in the delivery of primary health care nursing to women within a community context.

Clinical Faculty Contact Information:         Course Lead Faculty Contact Information:  
Name:                                         Teresa Dobrzykowski DNS, APRN,BC  
Phone:                                         tdobrzyk@iusb.edu  
E-mail:                                   574-520-4569

Signature indicates understanding of student, preceptor, and faculty responsibilities:

Student signature:_____________________________ Date:______________________________
Student e-mail:______________________________ Student phone:_______________________
Preceptor signature:___________________________ Date:______________________________
Preceptor e-mail:_____________________________ Preceptor phone:_______________________
Clinical faculty signature:_______________________ Date:______________________________
Indiana University South Bend  
School of Nursing  
Master of Science in Nursing – Family Nurse Practitioner Program  
Clinical Preceptor Agreement Form

Student’s Name:________________________________________________________________
Preceptor’s Name:______________________________________________________________
Clinical Site:___________________________________________________________________
Clinical Site Address: ___________________________________________________________

F578: Primary Health Care Nursing for Families

CLINICAL COMPONENT OUTCOMES: Upon completion of the clinical component of the course, students will be able to:

1. Improve the health and illness status of individuals and families by assessing, diagnosing, monitoring, and coordinating direct primary health care services across the life span.
2. Monitor and ensure the quality of health care practice by performing advanced nursing practice within professional, legal, and ethical rules, regulations, and standards.
3. Demonstrate competence in the role of advanced practice nurse by functioning as a leader, collaborator, and consultant to clients, colleagues, and other professionals in dealing with organizational aspects of health care delivery to individuals and families.
4. Demonstrate the healing role of the advanced practice nurse by establishing and ensuring a safe and therapeutic environment within which to deliver effective health care to individuals and families.
5. Integrate the teaching/coaching function of the advanced practice nurse into the health care of individuals and families.
6. Evaluate the usefulness of research findings from nursing and related disciplines for the care of individuals and families.
7. Evaluate nursing interventions directed toward health promotion, disease prevention, and symptom management for individuals and families experiencing common acute and stable chronic illnesses.
8. Implement appropriate self-care education strategies with individuals and families.
9. Collaborate with consumers, professionals, and other groups in the delivery of primary health care nursing to individuals and families within a community context.

Clinical Faculty Contact Information:  
Name:  
Phone:  
E-mail:  

Course Lead Faculty Contact Information:  
Sue Anderson PhD, RN, FNP-BC  
sanderso@iusb.edu  
574-520-4369

Signature indicates understanding of student, preceptor, and faculty responsibilities:

Student signature:____________________________________Date:______________________________
Student e-mail:____________________________________Student phone:_______________________
Preceptor signature:________________________________Date:______________________________
Preceptor e-mail:____________________________________Preceptor phone:______________________
Clinical faculty signature:___________________________Date:_______________________________
IU South Bend Vera Z. Dwyer College of Health Sciences
School of Nursing
Master of Science in Nursing- Family Nurse Practitioner Program
Preceptor Information

Please return this form at least two weeks prior to the beginning of the semester to Graduate Program Director of Faculty Services Specialist.

Student name: ____________________________________________________________

Semester and Course Number: ________________________________________________

Preceptor name and credentials: _____________________________________________

Name and Mailing Address of Practice Site: ___________________________________

__________________________________________________________________________

Practice Site Phone number: _________________________________________________

Practice Site Fax number: ___________________________________________________

Preceptor e-mail: ___________________________________________________________

Preferred contact method: ___________________________________________________

Population Focus/Specialty: _________________________________________________

State/License Number: ______________________________________________________

Clinical Education (Institution/Year Graduated): _________________________________

Specialty/Certifying board(s): ______________________________________________

Number of years in practice as NP, MD, or DO: _________________________________

Number of students supervised by preceptor this semester: _______________________

Site Classification- Please circle all that apply:

- Urban
- Rural
- Rural Health Clinic (RHC)
- Medically Underserved (MUA)
- Migrant Health Center
- Tribal Health Center
- Health Professional Shortage Area (HPSA)
- Federally Qualified Health Center (FQHC)

For internal documentation:

*License verification check date: _______________________________________________

*Copy of license on file