Dear Graduate Nursing Student:

It is a pleasure to welcome you to the Graduate Nursing program at California Baptist University. Didactic (classroom) and supervised clinical experiences are presented in a dynamic and innovative way so that students learn how to improve patient outcomes and influence health at the local, national, and global level. The coursework throughout the MSN program is designed to provide you with more than just concrete, empirical, and scientific knowledge. You will learn more about the ‘art’ of nursing, how it is more about ‘being’ and less about ‘doing’, and our obligation to treat each person with dignity, reverence, honor, and respect. We are called to witness objects, ideas, and events with patients as we co-create their living quality (Parse, 2013).

I would like to personally thank you for choosing California Baptist University for your continuing education plans. I would also like to commend you for pursuing master’s level nursing education; graduate level education requires a commitment to excellence. We look forward to sharing your dynamic, rewarding, and exciting journey with you. Let the Lord prepare you; love the Lord, walk in His ways, obey His commands, hold fast to Him, and serve Him with all your heart and all your soul (Joshua 22:5).

Geneva G. Oaks, PhD, RN, FNP
Dean School of Nursing
California Baptist University
CALIFORNIA BAPTIST UNIVERSITY  
SCHOOL OF NURSING, MSN Program

RECEIPT AND ACKNOWLEDGEMENT OF MSN STUDENT HANDBOOK, CBU STUDENT HANDBOOK & CALENDAR, AND AGREEMENT TO ARBITRATE

I the undersigned acknowledge that the California Baptist University (CBU) School of Nursing has made it known that the most current CBU MSN Student Handbook is available on the website at http://www.calbaptist.edu/ under Schools & Colleges, School of Nursing, Programs, Master of Science in Nursing, Forms and Scholarships, MSN Handbook.

This together with the CBU Student Handbook & Calendar, also available on-line, contains policies and procedures applicable to myself as relates to my attendance and progress at California Baptist University. To the extent, if at all, there is any inconsistency between these two Handbooks, I understand the CBU Student Handbook & Calendar is to control. I also understand that it is my responsibility to keep apprised of changes in policies related to students that occur during my progression through the program.

I further understand that as a condition of my becoming a student at the University and continued status as a student, I agree to submit any complaints or disputes through the grievance procedure set forth in the Handbooks. However, to the extent that any such matter cannot be resolved by way of the internal grievance procedure set forth at the University, I agree to abide by and accept the final decision of the arbitrator with respect to any and all events that relate to or arise out of my status as being a student, as set forth in the University’s Handbooks. I further understand that arbitration represents an alternative to a jury trial and this constitutes a waiver of my right to a jury trial.

PRINT NAME: ____________________________________________

SIGNATURE: ____________________________________________

DATE: ________________________________________________

After signing, return to the School of Nursing for placement in the student’s file.
# TABLE OF CONTENTS

School of Nursing Faculty ............................................................................................................. 7

## Section 1: Core Foundations

1.1: Introduction ......................................................................................................................... 8
1.2: History of the University .................................................................................................... 9
1.3: Mission of the University ................................................................................................ 10
1.4: History of the Nursing Program ........................................................................................ 11
1.5: Mission of the Nursing Program ....................................................................................... 12
1.6: Philosophy .......................................................................................................................... 13
1.7: Conceptual Framework ...................................................................................................... 16
1.8: Graduate Nursing Program Purpose .................................................................................. 18
1.9 Graduate Nursing Student Learning Outcomes ................................................................. 19
1.10: Essentials of a Master’s Education ................................................................................... 20
1.11: Accreditation .................................................................................................................... 21
1.12: CBU Student Resources .................................................................................................. 22

## Section 2: Admissions

2.1: Admission Requirements ................................................................................................ 23
2.2: Conditional Admission ...................................................................................................... 25
2.3: Transfer Credit ................................................................................................................... 26
2.4: Progression and Retention ............................................................................................... 27
2.5: Course Descriptions ......................................................................................................... 28
2.6: Practicum Information ...................................................................................................... 34
2.7: Course Sequencing ............................................................................................................ 35
2.8: Certifications/Credentialing .............................................................................................. 39
2.9 Nurse Core Competencies ................................................................................................. 43
2.10: Graduation Requirements ............................................................................................... 44

## Section 3: Policies – Academic Standards

3.1: Attendance .......................................................................................................................... 45
3.2: Incomplete Grades ............................................................................................................. 46
3.3: Satisfactory Progress ........................................................................................................ 47
3.4: Grading Scale .................................................................................................................... 48
3.5: Grading Policies ................................................................................................................ 49
3.6: Progression in the Event of Failure .................................................................................. 52
3.7: Withdrawal/Repeating Courses/Progression/Dismissal from Program .............................. 53
3.8: Academic Honesty ............................................................................................................ 54
3.9: Below Satisfactory Performance ..................................................................................... 55
3.10: Criteria for Contract ...................................................................................................... 56
3.11: Clinical Evaluation of Students ..................................................................................... 57
3.12: Student Grievances ....................................................................................................... 58
Section 4: Student Responsibilities
4.1: Student Professional Behaviors.......................................................... 61
4.2: School of Nursing Classroom Etiquette................................................. 63
4.3: Professional/Safety Concerns................................................................. 64
4.4: Student Feedback/Evaluation................................................................. 66
4.5: Communication Guidelines................................................................. 67

Section 5: Learning Resource Center
5.1: Learning Resource Center Lab Guidelines............................................ 68
5.2: Simulation Learning Environment......................................................... 69
5.3: Simulation and Standardized Patients................................................... 70
5.4: Latex....................................................................................................... 71
5.5: Social Media.......................................................................................... 73

Section 6: Clinical Affiliations
6.1: Background Check.................................................................................. 77
6.2: Health Status & Clinical Clearance....................................................... 79
6.3: Clinical Information................................................................................ 82
6.4: Physical Activity Restriction................................................................... 84
6.5: Pregnant Students.................................................................................... 85
6.6: Liability Insurance.................................................................................. 86
6.7: Unusual Occurrence................................................................................. 87
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This handbook is a supplement to the current California Baptist University (CBU) Graduate University Catalog and University Student Handbook for students in the MSN program. Please review the Graduate University Catalog, University Student Handbook, and MSN Student Handbook as they can answer many of your academic questions.

The academic calendar, found online at (https://insidecbu.calbaptist.edu/ICS/Academics/Academic_Calendars.jnz) provides dates and deadlines that may facilitate smooth and timely movement through your program of study. Official CBU holidays are listed and deadlines are indicated for events such as receiving tuition refunds, removing incomplete grades, and petitioning for graduation.

Included in this MSN Student Handbook are information about our accreditation status, academic advising information, and programs of study. In addition, information about grading policies and certification are included. The hope is that the information provided in this handbook contributes to an enjoyable and successful personal and academic journey for students at CBU.

The Master’s of Science in Nursing Program at California Baptist University is taught from a biblical worldview and builds on Baccalaureate nursing education. The coursework enables the graduate to genuinely understand the discipline and practice of nursing, commit to leadership within the discipline, and engage in lifelong learning.

The CBU graduate will be prepared for innovative specialization in graduate prepared roles such as Clinical Nurse Specialist (CNS), Family Nurse Practitioner (FNP), Healthcare Systems Management, and Teaching-Learning Education. This program will also prepare the graduate for seamless entry into doctoral education. Each specialty concentration is guided by nationally recognized guidelines and specialty specific core competencies.
California Baptist University is a Christian liberal arts institution founded by Southern Baptists to serve the world. The University is composed of the Dr. Bonnie G. Metcalf School of Education, the School of Behavioral Sciences, the Shelby and Ferne Collinsworth School of Music, the School of Christian Ministries, the Dr. Robert K. Jabs School of Business, the College of Arts and Sciences, the School of Engineering, and the School of Nursing.

California Baptist University is accredited by the Western Association of Schools and Colleges (WASC). The University’s teacher preparation programs are approved by the State of California Commission on Teacher Credentialing. The Robert Jabs School of Business is nationally accredited by the Association of Collegiate Business Schools and Programs. The School of Music is accredited by the National Association of Schools of Music. The University also holds memberships in the Association of Independent California Colleges and Universities, the Association of Southern Baptist Colleges and Schools, and the Council for Christian Colleges and Universities, and the Service Members Opportunity Colleges. All women graduates are eligible for membership in the American Association of University Women.

California Baptist College opened in El Monte, California in 1950 with 120 students. After four years of growth, the college relocated to larger facilities in Riverside which today house classrooms, campus housing, a library, offices, and maintenance and athletic facilities on the 105 acre campus. The college achieved university status and became California Baptist University in 1998.

As a University committed to the Great Commission, CBU seeks to provide students with “spiritual formation, personal development, vocational preparation, and a sound, academic, liberating education (which will lead them to) investigate, practice, and refine their aesthetic, moral, social, and spiritual values in order to prepare themselves to make substantial contributions to the cause of Christ as skilled professionals, thinking citizens, and educated persons” (California Baptist University Philosophy Statement).
As a "University Committed to the Great Commission," CBU embodies this commitment by providing "academic programs that prepare students for professional careers, as well as co-curricular programs that foster an environment supporting the intellectual, physical, social and spiritual development of each student. Within these arenas of the student experience the University, through its faculty and administration, has identified student outcomes as desirable and reflective of the impact it seeks to have in the lives of its students”.

The centrality of Christian faith and practice that is introduced in the founding Articles of Incorporation can be seen permeating the University in relation to its mission, guiding philosophy, goals, and University Student Outcomes (USOs) which are designed to prepare students who are Biblically Rooted (USO 1), Globally Minded (USO 2), Academically Prepared (USOs 3-5), and Equipped to Serve (USOs 5-6). These are the four pillars of a California Baptist University education, which grounds students in the Christian liberal arts, which fosters intellectual skills guided by well-ordered habits of the heart, and its corollary in the mechanical arts tradition, which equips students with the best professional and clinical skills to be used in the service of human enrichment and contribution to the global good. This type of education, we believe, will prepare our graduates for service in the ever-changing global dynamic that is the twenty-first century.
As early as 2004, the possibility of initiating a baccalaureate nursing program was considered by California Baptist University administration. The University completed a feasibility study for the California Board of Registered Nursing in 2004-2005. Dr. Constance L. Milton began her work as the founding dean of the School of Nursing in the summer of 2005. A self study of pre-licensure baccalaureate curriculum was submitted to the California Board of Registered Nursing and initial approval for the baccalaurate program was obtained in December of 2005.

The first students in baccalaureate nursing education started in the fall of 2006. This traditional class had 40 students entering into the sophomore year. In addition, 3 cohort groups totaling 36 RN-BSN completion students began in the fall of 2006. The traditional baccalaureate class has grown to 60 students and the RN-BSN program has grown as well.

In the fall of 2006, the School of Nursing established a nontraditional track of the program of nursing for registered nurses with an associate degree or a three-year diploma desiring a Bachelor of Science Degree in Nursing. The first class began in September 2006 at Desert Valley Hospital in Riverside County.

In 2006-2007, a Master’s in Nursing Program was established to prepare nurses for the advanced practice role. The first entry-level students began pre-licensure coursework in May 2008 and achieved RN licensure in Fall 2009. These students returned to begin post-licensure work in January 2011 and now the Master’s Program has more than 250 students enrolled. In September 2011 the Family Nurse Practitioner concentration was added.

The School of Nursing is located on the corner of Magnolia and Adams Street, and includes the Lambeth building, the Nursing Annex, and the Lambeth house. The Lambeth building includes offices, classrooms and a high-fidelity simulation lab for use in both undergraduate and graduate courses. The Nursing Annex building is brand new and includes offices, flex-classrooms, simulation rooms, meeting rooms, exam rooms for the advanced practice concentrations, and the latest technology to engage students. The Lambeth house is for student services staff and student lounge/study area. Occasionally classrooms on the main campus in the Yeager Center and the James building are utilized for classes.

The School of Nursing is a member of the American Association of Colleges of Nursing and received nursing accreditation through the Commission on Collegiate Nursing Education (CCNE) in 2008.
The mission of the California Baptist University School of Nursing is to educate competent, responsible, caring, and professional nurses prepared from a biblical worldview to serve locally, nationally and globally; revering the human dignity of all persons created in the image of God.
The Nature of the Individual

The Faculty of the School of Nursing at California Baptist University believes that nursing is a human science discipline, the practice of which is a performing art. As such, and consistent with the overall mission and philosophy of California Baptist University, the faculty believes that nursing is concerned with human freedom, dignity and living quality from the perspective of persons, families, and communities. Each individual is indivisible, unpredictable, and everchanging as created in God’s image, and endowed by God with inherent dignity and worth. As image bearers of God, each individual possesses august presence, a noble bearing. Persons structure personal meaning, and coauthor living quality, freely choosing ways of becoming and moving on with hopes and dreams. Individuals, families, and communities are not merely composed of parts, instead, they are illimitable, that is more than and different from the sum of parts. Persons possess innate worth and a right to live and die with dignity. Throughout human life, persons coexist with and interconnect with the universe in community and establish health priorities based on value priorities. Persons choose from many options emerging with living experiences in constructing personal reality in giving meaning to universal living experiences.

Health

The term health may be defined from the viewpoints of different perspectives. For example, health may be defined as a label or diagnosis from a biomedical totality perspective. However, to the person, the definition of what constitutes health may be very different. What constitutes the meaning of health in individuals, families, and communities can only be defined from the perspective of the persons who are living it. Health is dynamic and ever-changing, and in the 21st century, more persons are defining their own health and making explicit-tacit choices for their healthcare.

Nursing

The phenomena of concern for nursing is the human-universe-health process; articulated by CBU SON as “humanuniverse” (Parse, 2014, p.8). Nurses provide leadership to society through a concern for persons, families, communities, healthcare, and quality of living, and through participating in community change. Nursing practice focuses on offering attentive presence to persons, families, communities in choosing possibilities in their ever-changing health process. The nurse initiates nurse-person, nurse-family, and nurse-group processes for the purpose of offering services and to be present with people as they enhance health and quality of life. The essence or quality of living is the core substance that makes each human life created by God to be different, and uniquely irreplaceable. The purpose of nursing is to demonstrate fruits of the Holy Spirit, to respect, support and enhance each person’s quality of life articulated within CBU SON as living quality. Living quality is the visible-invisible becoming of the emerging now; it is what the person is living now and goes beyond static notions of quality of life.

Nursing is an ever-changing, scientific discipline with its own growing body of knowledge which is embedded in nursing theories and frameworks. The faculty values the extant nursing theoretical frameworks as guides for nursing practice, research, and education. The science of nursing is supported by natural, behavioral, social sciences, and the humanities. Nurses integrate knowledge of other disciplines while practicing the art of nursing. The art of nursing requires critical thinking ability and purposeful planning with persons, families, and
communities through unique processes emanating from theoretical frameworks. Nurses provide services to society as related to health, well-being and illness. Nurses cooperate with other healthcare providers to meet this mandate to society which is quality healthcare. The practice of nursing is differing from and complementary to the practice of medicine.

As one of the major healthcare professions, the faculty believes that nursing is accountable to God and to society for the provision of quality healthcare services in a broad variety of settings. Nurses prepared in higher education endeavor to encounter and explore this responsibility through leadership, collaboration, research utilization, and educational activities to improve nursing practice in all community settings, influence healthcare policies, and further enhance the development of nursing science.

**Nursing in Society**

In a rapidly, ever-changing technological universe, adequate and equitable delivery of nursing services and healthcare is a critical issue. Through its unique contributions, nursing can and ought to be a voice advocating for quality of healthcare services for all persons. To participate in changing healthcare delivery systems, nurses prepared in higher education are exposed to thinking and discussions regarding ethical issues, issues of healthcare law, issues regarding the evaluation of the adequacy of healthcare services, as well as participating in community legislative processes at the local, state, national, and international levels.

**Nursing Education**

The faculty believes that initial preparation of professional nurses to meet the healthcare needs of society is best accomplished through learning acquired through baccalaureate nursing education and beyond. Baccalaureate nursing education provides teaching-learning opportunities that facilitate knowledge acquisition along with the practice necessary to prepare graduates for professional practice, leadership and graduate nursing education.

Consistent with this belief about the nature of persons, the faculty (as defined by CBU’s Faculty Section of the Employee Manual) believes that students and faculty members are created by God and are uniquely endowed with dignity and worth. Nursing educators and students have distinctive backgrounds and histories and faculty and students affirm that encounters with each person enhance opportunities for learning.

Nursing higher education provides an opportunity for the educator to innovatively create a climate of learning with the student for the purposes of providing an atmosphere of enhancement through utilization of diverse learning styles, maturation of character, interprofessional collaborative teaching-learning practices, and a discovery–validation process of values clarification.

Teaching–learning is a process of coming to know through guided and purposeful activities. The processes transform both the teacher and learner in the emerging now. Teacher and learner collaborate in the educational process through sharing knowledge and planning educationally sound and fulfilling experiences. Learning is an active, purposeful, dynamic process that involves transformation with knowledge, skills, attitudes, values, and beliefs.

Transformation happens as experiences move and shift the unfamiliar with the familiar. Organizing principles are emphasized to facilitate learning with novel situations.

The faculty believes critical and creative thinking are essential attributes of professional nursing. The development of these skills is nurtured with settings of learning whereby students have designed activities of problem-solving, inquiry, and discovery. These activities promote increasing self-direction, independence, and confidence in the role development, practice and profession of nursing.
The nurse educator serves as a mentor and role model by demonstrating characteristics consistent with biblical worldview and the skills of inquiry, discovery, and expert practice. Faculty members serve as expert teachers, facilitators, and resource persons as students’ journey with professional nursing education. The faculty believes that education is a life-long process of coming to know and be with others in meaningful ways as they seek health and quality of life; living quality.
CONCEPTUAL FRAMEWORK

The conceptual framework emerges from the philosophy. The major concepts of the philosophy of the School of Nursing are: person, community, environment, health and humanuniverse. The unifying concepts of the school of nursing conceptual framework are meaning, rhythmicity, transcendence, and the themes are communication-collaboration, teaching-learning, change-persistence, critical thinking-problem-solving, leading-following, and mentoring. The following unifying concepts, themes, support theories, and theorists are defined as follows:

From the nursing theoretical perspective of the human becoming school of thought (Parse, 1981, 1998, 2014), the nurse is guided in practice with the following dimensions:

**Meaning** is structured uniquely in all person-community relationships. It is assigning significance to persons, places, events, and ideas as they are experienced in diverse situations by persons. All persons make choices in healthcare. Each person assigns different significance to personal situation. Persons signify what is important in picturing, making clear, and exploring ramifications for healthcare. All persons, families, and communities choose what their healthcare needs are and prioritize what is most important for them.

**Rhythmicity** is the resonance arising in person-community relationships as persons choose a focus of healthcare services and seek desired healthcare information. Rhythmicity refers to the cadence of human experiences that are paradoxical. Paradoxes are seeming opposites and yet coexist as one rhythm. These rhythms happen all-at-once in human relationships as persons decide to tell their story and disclose some aspects of their health and at the same time choose to not tell and conceal or hide other aspects of their situation. Human beings are unfolding mysteries as persons choose one possible direction in healthcare decision-making over others. In choosing a particular focus and making a decision in one direction, some doors are opened while simultaneously other doors are closed. Making healthcare decisions and choosing a priority for health in one direction means that persons also live with the responsibilities, ramifications or consequences of those decisions which have unknown outcomes. In choosing one direction over another, there is movement and change in lives of individuals, families, and communities.

**Transcendence** is the movement or change happening in person-community relationships. As intentions are made known as persons picture hopes, dreams, and plans for the future, they are moving beyond the moment and creating the new. As persons picture and speak about their situations, their health options, and what they hope will happen, they are creating a new way with different perspectives with the changing of health patterns. Nurses encourage, support, and follow the lead of the community and change in offering services as people change in desiring and endeavoring for healthcare services.

**Conceptual Themes**

The curriculum of the California Baptist University School of Nursing educational programming emphasizes increasing demonstration of competence in communication/collaboration, critical thinking, and researching while participating in activities of teaching-learning, change-persistence, leading-following, and mentoring.
Communication/collaboration is a complex, ongoing, interactive process which forms the basis for interpersonal relationships in the human-nurse-health process; articulated as “humanuniverse” (Parse, 2014). Communication processes includes listening, oral, non-verbal, written skills, and emerging technologies (AACN 2008). Nurses listen and dialogue with individuals, families, and communities who ponder and shape future resources according to articulated health desires and preferences. Communication/collaboration activities are essential to the professional practice of nursing which further enhance the ongoing development of nursing science. As professional nurses collaborate with other healthcare providers, questions surface and consideration is given for the meaning and utilization of what select nursing activities are considered to be best practices or evidence for practice through systematic processes of coming to know and interrogation activities known as researching. Teaching-learning is a process of coming to know through purposeful and guided activities which transform the teacher and learner all-at-once. Faculty members are facilitators of learning and are responsible to collaborate with providers of healthcare services including students, non-faculty nursing preceptors in diverse healthcare agencies, and the recipients of nursing services in the design of educationally sound and fulfilling learning experiences. Providers and recipients of nursing services engage in purposeful healthcare activities and projects with ongoing rhythms of change–persistence. In the human-universe global healthcare context, professional nurses are present with individuals, families, and communities as values, priorities, and intentions for healthcare services, resources, and systems change-persist with diversity over time. Professional nurses offer their energies to the attainment of desired changes in the global healthcare community providing opportunities in mentoring while endeavoring with a variety of disciplines. Nurses change-persist through demonstrating tolerance for ambiguity and unpredictability of the world and its effects on healthcare.

Critical thinking skills are essential processes necessary for the practice of professional nursing. This core competency underlies independent and interdependent decision-making. It includes such processes as questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, creativity, and information literacy (AACN, 2008). In utilizing these processes in nursing theory guided practice with nurse-person, nurse-group and nurse-community relationships, the nurse prepared assumes the roles of provider of care, designer/manager/coordinator of care, and member of a profession. These professional nursing roles are performed in leading-following and mentor-mentee situations whereby the nurse uses theory-guided and research-based knowledge in the direct and indirect delivery of nursing services to persons, groups, and communities where a priority and direction is set forth for decision-making and the changing of healthcare patterns, policies, and procedures needed in the shaping of local, national, and global healthcare delivery systems.
The purpose of the graduate program leading to a Master of Science degree in Nursing (MSN) is to provide curriculum guiding the learner with the intention of broadening their theoretical knowledge base, become an advocate for serving, and/or to pursue future doctoral study. The nurse at the master’s level develops, tests, and evaluates concepts in nursing while critically examining ideas, research, and theories in relation to health issues and clinical practice in preparation for direct and indirect care on a local, national, and/or global level.

The MSN curriculum meets the accreditation standards of CCNE and includes four concentrations: 1). Clinical Nurse Specialist (CNS); 2). Family Nurse Practitioner (FNP); 3). Healthcare Systems Management; and 4). Teaching-Learning.

The Clinical Nurse Specialist Program will prepare the student for direct interaction with young adult, adult, and older adult patients to improve quality of life. Evidence based strategies will be demonstrated as the student develops specialized expertise and skills to think critically and problem solve.

The Family Nurse Practitioner Program will provide students an overview of contemporary family structure and functioning from a theoretical perspective. This will prepare graduates to offer primary care on the local, state, national, and global level.

Students who select Healthcare Systems Management as their concentration area examine roles in nursing administration emphasizing clinical outcomes management, care environment management, and interprofessional collaboration.

Students who select Teaching-Learning as their concentration area analyze selected teaching and learning models that are applicable to nursing education, including course development, research, and instructional strategies with didactic and practicum teaching opportunities.
Healthcare delivery is a dynamic process and nursing professionals prepared at the Master’s level must be prepared to meet the complexity of nursing practice. The AACN Essentials of Master’s Education in Nursing (2011) provides the curricular framework for CBU’s MSN program.

The Essentials recommendations consist of 3 components:
- Direct care core – pathophysiology, health assessment, and pharmacology
- Competencies for indirect care – aggregates, systems, and organizations
- Competencies for direct care roles – supervised practice experiences

Didactic and supervised practice experiences are provided so the student can demonstrate integration of advanced nursing knowledge.

Consistent with these AACN recommendations, CBU’s student learning outcomes, and the School of Nursing’s mission, upon completion of the Master’s Degree Program, the graduate will be able to:

1. Demonstrate competent, responsible graduate and/or advanced practice nursing guided by a theoretical perspective, grounded in a Biblical worldview committed to compassionate service, lifelong learning, and professional development (Essential I, IX).
2. Translate and integrate scholarship into practice, within a Biblical perspective using evidence drawn from science and humanities (Essential I, IV, IX).
3. Implement information technology to manage data, communicate, coordinate care, improve patient outcomes, and optimize patient safety (Essential III, IV, V, IX).
4. Analyze social determinants and policies to influence population health, healthcare systems, and patient outcomes (Essential I, II, VI, VII, VIII, IX).
5. Develop a global perspective of healthcare needs and display innovative, inter-professional leadership that improves health in local, national, and international populations (Essential II, VII, VIII, IX).
The MSN curriculum has been developed utilizing the American Association of Colleges of Nursing (AACN) Essentials of Master’s Education in Nursing (2011) as a foundation. The Essentials are:

**Essential I: Background for Practice from Sciences and Humanities**
Recognizes that 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.

**Essential II: Organizational and Systems Leadership**
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.

**Essential III: Quality Improvement and Safety**
Recognizes that a master’s-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

**Essential IV: Translating and Integrating Scholarship into Practice**
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.

**Essential V: Informatics and Healthcare Technologies**
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.

**Essential VI: Health Policy and Advocacy**
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 health care.

**Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes**
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.

**Essential VIII: Clinical Prevention and Population Health for Improving Health**
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 aggregates/identified populations.

**Essential IX: Master’s-Level Nursing Practice**
Recognizes that nursing practice, at the master’s level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.
California Baptist University is accredited by WASC to offer Associate, Bachelor’s, and Master’s degrees. The University holds membership in the following for the School of Nursing:

- Commission on Collegiate Nursing Education (CCNE)
- American Association of Colleges of Nursing (AACN)
- California Association of Colleges of Nursing (CACN)
- National League for Nursing (NLN)
California Baptist University offers a variety of resources to help students succeed. A few highly recommended resources are:

**Annie Gabriel Library**

The Annie Gabriel Library, located centrally on campus, is an aesthetically pleasing environment conducive to learning. (Insert description) databases for periodical and reference articles (many of which are available in full text). The library catalog is computerized on the BLIS web, which can be accessed through CBU’s Home Page. The librarians offer reference assistance through e-mail, phone, or in person. The library has approximately 1,000 periodicals on site as well as newspapers from across the nation (i.e., New York Times and Washington Post).

**Office of Student Success**

CBU’s on campus resource to improve academic performance, including information on how to write an annotated bibliography, APA style, tutoring, and other support materials. Students can make appointments or visit their website: https://www.calbaptist.edu/explore-cbu/offices/office-of-student-success/

**Counseling Center**

The mission of the California Baptist University Counseling Center is to provide professionally competent and personally compassionate care for the individuals, couples, and families who come to us for counseling services. Our heart is to provide these services with a Christ-centered approach and biblically-focused worldview. It is free to students and the phone number is 951-689-1120.

For a full list of student resources, please refer to the University Catalog.
Admission standards for Graduate Studies at California Baptist University can be found in the Admissions section of the University Catalog. Additional application requirements for the Graduate Programs in Nursing are:

1. Grade Point Average
   - A minimum 3.25 GPA for unconditional admission and a minimum 3.0 GPA for conditional admission

2. Prerequisites*. All prerequisites must be completed with a grade of C or higher prior to pre-licensure admission
   - Intermediate Composition
   - Interpersonal Communication
   - General Sociology or Cultural Anthropology
   - Abnormal Psychology
   - Introductory Statistics
   - Lifespan Development or Developmental Psychology
   - Human Anatomy/Physiology with Lab (2 semesters)
   - Organic and Biochemistry for Health Sciences with Lab
   - Human Microbiology with Lab
   - Microsoft Office Competency**

3. Clearances*:
   - CPR Certification
   - Background Check Clearance
   - Health Clearance
   - Drug Testing
   - Proof of Health Insurance
   - Proof of Motor Vehicle Insurance

4. Graduate Record Examination (GRE) or California Critical Thinking Skills Test (CCTST) score*

5. Pre-Admission Examination^*

6. Passport Photo*

7. Three Recommendations completed on forms provided.
   - Must be from sources who can personally attest to the candidate’s potential for scholarly and professional success: one personal, one academic, and one employer. Family members and friends may not complete recommendations.
8. A Comprehensive Essay of no more than 1000 words that includes the following elements:
   • Purpose for entering the program
   • Significant events and influences that have affected your approach to life
   • Long-term professional goals
   • Reasons for choosing to study at California Baptist University
   • Essay must be submitted in APA format

9. Successful Interview with the School of Nursing*

*Not required to enroll in pre-nursing curriculum; must be complete after acceptance to the EL-MSN pre-licensure and MSN post-licensure programs.

**Microsoft Office Competency includes Word, PowerPoint, Excel, and Outlook. This prerequisite can be satisfied by the completion of a degree (within the last 5 years), coursework or exam.

^Not required to enroll in MSN post-licensure program.

Additional Requirements for MSN Post-Licensure Admission

1. Current California Registered Nursing (RN) license*
2. Prerequisites. All prerequisites must be completed with a grade of C or higher.
   • Statistics
   • Microsoft Office Competency**
3. Additional Clearances
   • Professional Liability and Malpractice Insurance
4. Professional resume that includes current clinical practice

**Microsoft Office Competency includes Word, PowerPoint, Excel, and Outlook. This prerequisite can be satisfied by the completion of a degree (within the last 5 years), coursework or exam.

Additional Requirements for Post-Masters Credentialing Admission
Master of Science in Nursing degree from a regionally accredited university.

Practicum Admission
Students entering the MSN post-licensure program must be working professionals with an active, valid unencumbered CA registered nurse license who meet all health, immunization, and other mandated requirements. Students must pass a criminal background check and drug screening in order to be enrolled in the program.
Students desiring admission to the Master’s in Nursing program whose undergraduate GPA was less than 3.0 must meet the following requirements:

1. Be admitted on a probationary student status for the first three courses of the program and be required to take a graduate level composition course.

2. Successfully complete the three courses (10 hours) with a grade point average of a “B” or higher to show himself or herself capable of graduate level work.
A maximum of nine graduate semester units may be transferred in under the following conditions:

1. The course is equivalent to the one offered in the graduate nursing program.
2. The official transcript must be submitted for the course prior to admission to the graduate nursing program.
3. All courses must have been completed with the past five years with a grade of a “B-” or better.
4. Students who have transfer credits accepted are still responsible for the entire cost of the graduate nursing program

Please refer to the University Graduate Catalog for more information.
Students must maintain a GPA of 3.0 or higher to progress in the graduate nursing programs. Any student whose GPA falls below a 3.0 will be placed on probation. The student has the next two courses to raise his or her GPA to a 3.0 or better. Failure to raise the GPA to a 3.0 or higher will result in dismissal from the program. A student cannot be on probation more than once during the entire program of study in graduate nursing.

**Course Repeat Policy**
Course repeat policy allows students to repeat only one course if they do not receive a passing grade. This is University policy for all courses.

**Readmit and Reapply Policy**
Please refer to the *Graduate University Catalog* for information pertaining to attendance, withdrawal, readmit, and reapplication processes.
All students will complete core courses, the courses in their concentration, and then either complete a directed project or take a comprehensive exam.

**NUR 550  Nursing Theoretical Perspectives (3 units)**
In this course the student examines the use of nursing theory and faith integration as a guide for the art and practice of nursing at a Master’s level. Student and faculty co-investigate the relationship between concepts of nursing theory and philosophical foundations of understanding as a guide for nursing practice, research, and education. Students select a nursing theory which will guide advanced practice nursing based on a personal philosophy and examine a phenomenon for later research development from a nursing theoretical perspective. This will be done using a Christian worldview as students identify their own spirituality and faith journey through Biblical teachings. Prerequisite: Acceptance into program. Lecture: 3 units.

**NUR 555  Advanced Pathophysiology (3 units)**
This course examines complex physiologic biomedical cellular processes essential to an understanding of disease and disease management concepts are explored in relation to body systems. Age specific alterations are correlated with clinical and medical diagnostic findings to provide the student with a basis for biomedical clinical decision-making, diagnostic reasoning and pharmaco therapeutics. Prerequisite: Acceptance into program. Lecture: 3 units.

**NUR 558  Advanced Pharmacology (3 units)**
Provides advanced knowledge of pharmacokinetics, pharmacodynamics, pharmacoeconomics and pharmaco therapeutics of selected classifications of medications across the life span. Emphasis will be placed on evidence based research as a foundation for therapeutic regimens. Characteristics such as age, ethnicity, culture, and gender will be evaluated as well as genetic and genomics factors when considering pharmacologic interventions. Current national guidelines, legal, and ethical principles will be explored and integrated. Lecture: 3 units.

**NUR 559  Nursing Research I (3 units)**
This course prepares the student to apply research outcomes within the practice setting to resolve practice problems, work as a change agent, and disseminate the results of research. This course provides an opportunity to examine the generation of evidence for best practice, focusing on research evidence within a nursing theoretical perspective. An overview of the methods of scholarly inquiry are presented including quantitative, qualitative, mixed methods, participative, and evaluation research designs. The emphasis is on the translation and evidence-based practice decision making in the identification of phenomenon in the practice setting, evaluation of practice problems, and assessment of practice outcomes. Lecture: 3 units.

**NUR 560  Advanced Assessment (4 units)**
Provides the theoretical science base for multidimensional health and advanced physical assessment of individuals across the life span. Complexities, variations, and differences from expected health patterns and parameters, including contextual perspectives, cultural-ethnic influences and risk factor identification will be explored. Emphasis will be placed on synthesis of patient-centered assessment data, advanced knowledge,
critical thinking, and clinical judgment to formulate differential diagnoses in primary care. Weekly laboratory practicum facilitates refinement of advanced assessment competencies and documentation. Lecture: 3 units; Clinical: 1 unit.

**NUR 561 Applied Biostatistics and Epidemiology (3 units)**
This course will enable the student to use descriptive and analytic approaches to examine the distribution of disease in populations, relative risk, and cultural factors. Students will compare and contrast methods used in collection, analysis, and interpretation of quantitative data in disease prevention and health promotion for specific populations. Students will evaluate evidence based literature related to statistical analysis to determine whether a published study has reliable results which can be used in translating evidence to practice. Prerequisite: Acceptance into program. Lecture: 3 units.

**NUR 562 Health Policy/Bioethics (3 units)**
This course examines the impact of health policy on care environment management of the local and global health service system. Legal regulations and standards, ethics, accountability, use of technology and resource management, and social justice is emphasized. The role of systems analyst and risk anticipator will be reviewed as students conduct a microsystem analysis to critically evaluate and anticipate risks to client safety to improve quality of client care delivered. This course will prepare students for a complete examination of ethical theory, patient centered relationships, informed consent, professional responsibility, end-of-life care, reproductive issues, human experimentation, genetics/genomics, and allocation of medical resources from a cultural/global perspective. Prerequisite: Acceptance into program. Lecture: 3 units.

**NUR 565 Leadership and Advanced Nursing Roles (3 units)**
This course will prepare students to promote high quality and safe patient care through exploration of nursing leadership principles and advanced nursing roles. Leadership skills that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective are explored. Concepts of horizontal leadership, effective use of self, advocacy, and lateral integration of care are explored. The student will examine the role of the master’s-prepared nurse as a member and leader of the interprofessional team, who communicates, collaborates, and consults with other health professionals to manage and coordinate care influencing healthcare outcomes for individuals, populations, or systems. Differentiation of advanced practice nursing roles including regulations related to practice, professional organization governance, and local and global licensing and practice requirements are analyzed. Prerequisites: Acceptance into program. Lecture: 3 units.

**NUR 566 Clinical Nurse Specialist Adult/Older Adult, I (2 units)**
This course focuses on preparation of the student for the Clinical Nurse Specialist (CNS) role in the care of the Adult/Older Adult. Content areas to be emphasized include the CNS spheres of influence and sub-roles, evidence based strategies utilizing Systems and Change Theory, and Interprofessional Collaborative Practice. Prerequisites: NUR 555, 558, and 560. Lecture: 2 units.

**NUR 566P Clinical Nurse Specialist Practicum I (2 units)**
This course focuses on application of theory to execute the CNS role in clinical settings with adults/older adults. The course will provide the opportunity for introduction to the Clinical Nurse Specialist role under the supervision of faculty and preceptor in order to explore CNS responsibilities, and development of novice competencies. Requires 90 hours of supervised clinical practice with a preceptor. Prerequisites: NUR 555, 558, 560 and concurrent enrollment in NUR 566. Clinical: 2 units.

**NUR 567 Clinical Nurse Specialist Adult/Older Adult, II (3 units)**

9/6/2016
This course continues the preparation of the student for the Clinical Nurse Specialist (CNS) role in the care of the adult/older adult. The use of evidence-based strategies and interprofessional collaboration to enhance patient outcomes for the adult/older adult will be emphasized. Prerequisites: Successful completion of NUR 566 and 566P Practicum 1. Lecture: 3 units

NUR 567P  Clinical Nurse Specialist Practicum II (3 units)
This course continues the application of theory to execute the CNS role in clinical settings with adults/older adults. The practicum provides opportunities for continued CNS role socialization, exploration of CNS responsibilities, and development of novice competencies. Requires 135 hours of supervised clinical practice with a preceptor. Prerequisites: Successful completion of NUR 566 and 566P Practicum 1. Clinical: 3 units

NUR 568  Clinical Nurse Specialist Adult/Older Adult, III (3 units)
This course continues the preparation of the student for the Clinical Nurse Specialist (CNS) role in the care of the adult/older adult. Students will advocate for quality improvement, safety measures, and effective communication. The use of evidence-based strategies and interprofessional collaboration to enhance patient outcomes for the adult/older adult will continue to be emphasized. Prerequisites: Successful completion of NUR 567 and 567P Practicum II Lecture: 3 units

NUR 568P  Clinical Nurse Specialist Practicum III (3 units)
This course allows the student to integrate theory in order to execute the CNS role in a clinical setting with adults/older adults. Students are provided with opportunities for continued CNS role socialization, exploration of CNS responsibilities, and development of novice competencies. Requires 135 hours of supervised clinical practice with a preceptor. Prerequisites: Successful completion of NUR 567 and 567P Practicum II Clinical: 3 units

NUR 570  Nursing Research II (3 units)
This course builds on the foundation of nursing research presented in part I culminating in a research proposal. The research-based proposal provides an opportunity for scholarly inquiry and the ethical translation of current evidence into practice. The project should have relevance for practice and make a contribution to the discipline of nursing. Students complete national certification in human research participants protection, construct an integrative review of research literature, and compose a research translation proposal congruent with a nursing theoretical perspective for the purposes of utilizing new evidence to improve or enhance nursing practice. Prerequisites: NUR 559. Lecture: 3 units.

NUR 571  Family Nurse Practitioner I (3 units)
This course focuses on an overview of the role of the FNP with an emphasis on family health. Family health theories related to primary care and the theoretical foundations of women's healthcare during the reproductive years will also be explored. Lecture: 3 units.
Pre-reqs: NUR 555, 558, 560
Co-req: NUR 571P

NUR 571P  Family Nurse Practitioner Practicum I (3 units)
The practicum experience focuses on assessment, diagnosis, planning, and management of patients within a primary care setting. Emphasis will be placed on health promotion, simple acute and stable chronic diseased of childbearing and childrearing families. Clinical: 3 units.

NUR 573  Family Nurse Practitioner II (3 units)
This course focuses on an overview of the role of the FNP with an emphasis on the healthcare needs of the family unit in order to improve patient outcomes. Content will focus on primary care of the pediatric population with attention to health promotion, illness prevention, and management of common developmental, behavioral, acute, and chronic health problems. Lecture: 3 units.

Pre-reqs: NUR 571, NUR 571P
Co-reqs: NUR 573P

**NUR 573P  Family Nurse Practitioner Practicum II (3 units)**
The practicum experience focuses on assessment, diagnosis, planning, and management of patients within a primary care setting. Emphasis will be placed on health promotion, simple acute and stable chronic diseases of infants, children, and adolescents. Clinical: 3 units.

**NUR 575  Family Nurse Practitioner III (3 units)**
This course focuses on the role of the FNP with an emphasis on the healthcare needs of the family unit in order to improve patient outcomes. The course will include content with a focus on acute, episodic conditions of the adult population. Lecture: 3 units.

Pre-reqs: NUR 571, NUR 571P, NUR 573, NUR 573P
Co-reqs: NUR 575P

**NUR 575P  Family Nurse Practitioner Practicum III (3 units)**
The practicum experience focuses on assessment, diagnosis, planning, and management of patients within a primary care setting. Emphasis will be placed on health promotion and disease management of the adult with acute health condition. Clinical: 3 units.

**NUR 577  Family Nurse Practitioner IV (3 units)**
This course focuses on the role of the FNP with an emphasis on the healthcare needs of the family unit in order to improve patient outcomes. The course will emphasize chronic conditions in the adult population. Lecture: 3 units.

Pre-reqs: NUR 571, NUR 571P, NUR 573, NUR 573P, NUR 575, NUR 575P
Co-reqs: NUR 577P

**NUR 577P  Family Nurse Practitioner Practicum IV (3 units)**
The practicum experience focuses on assessment, diagnosis, planning, and management of patients within a primary care setting. Emphasis will be placed on health promotion and disease management of the adult with chronic health conditions. Clinical: 3 units.

**NUR 578  Nursing Informatics (3 units)**
This course will prepare the student to consult in the design and enhancement of information technology related to interactive, web-based systems in healthcare while they evaluate the ethical, legal, and cultural implications, including copyright, privacy, and confidentiality issues. Emphasis will be placed on emerging technologies as students analyze, design, implement, and evaluate information system technologies. Content will also include evaluation of impact of information technologies on clinical practice, education, administration, and research. Prerequisites: Acceptance into the program. Lecture: 3 units.

**NUR 579  Global Health (3 units)**
This course will equip the student to examine the effectiveness of service, prevention, and intervention programs for vulnerable and under-served populations on a local, national, and global level. Students will analyze current and emerging global health trends, including infectious diseases, poverty, conflict, displaced persons, disaster preparedness, response and recovery, worldview, culture, persecution, and health inequity.

9/6/2016
Advocacy strategies to influence health in both the public and private sector will be examined, as well as global initiatives for disease prevention and health promotion. Lecture: 3 units.

**NUR 580  Clinical Nurse Specialist Adult/Older Adult IV (4 units)**
This course includes continued study of the CNS role, competencies, and application of this knowledge and skills in a selected clinical practice area. Students will integrate the AACN’s essentials of Master’s Education in Nursing into a professional portfolio and prepare for national certification. Requires 180 hours of supervised clinical practice with a preceptor. Successful completion of NUR 568, and 568P. Clinical: 4 units.

**NUR 581  Healthcare Leadership (3 units)**
This course integrates core competencies for nurse executives to prepare the student for a role in nursing administration emphasizing clinical outcomes management, care environment management and interprofessional collaboration. Team coordination concepts including delegation, supervision, interdisciplinary care, group process, handling difficult people, and conflict resolution are explored. Principles of healthcare systems and organizations including unit level healthcare delivery/microsystems of care, complexity theory, and managing change theories are analyzed. Principles of quality management, risk reduction, patient safety, and care management with focus on evidence-based practice to improve client outcomes through clinical decision making, critical thinking, problem identification, and outcome measurement are analyzed. Prerequisites: Acceptance into administering nursing services track; core courses. Corequisite: NUR 583. Lecture: 3 units.

**NUR 582  Nursing Curriculum and Program Development (4 units)**
This course analyzes selected teaching and learning models that are applicable to nursing education. Nursing theoretical perspectives with the nursing human becoming teaching-learning model is highlighted. Strategies for course development with didactic and practicum teaching are examined. Research relative to nursing education is reviewed and critiqued. Design of applied research methods to determine effectiveness of teaching strategies is incorporated. Selected university faculty and nurse education issues are also explored. Prerequisite: Acceptance into teaching nursing track; Core courses. Lecture: 3 units; Clinical: 1 unit.

**NUR 583  Healthcare Leadership Practicum I (2 units)**
Team coordination including delegation, supervision, interdisciplinary care, group process, handling difficult people, and conflict resolution are implemented in practice. The student participates in management of quality, reduction of risk, and safety of patients while focusing on evidence-based practice that improves client outcomes through clinical decision making, critical thinking, identification of problems, and measurement of outcomes. Corequisite: NUR 581. Clinical: 2 units.

**NUR 584  Instructional Strategies for Nurse Educators (4 units)**
This course includes an analysis of educational leadership and the multiple roles of the nurse educator related to teaching, scholarship, service, and practice. A human becoming nursing theoretical perspectives and practical approaches supported by research in nursing and higher education literature, as well as the Christian educator’s role promoting faith integration, are addressed. Prerequisite: NUR 582. Lecture: 2 units; Clinical: 2 units.

**NUR 585  Healthcare Leadership Practicum II (2 units)**
This course provides practice in healthcare financing and socioeconomics related to managing the healthcare environment through strategic planning, budgeting, goal setting, quality indicator evaluation and financial planning in a healthcare setting. Students participate in program planning and budget preparation to impact client outcomes and improve quality. Co-requisite: NUR 587. Clinical: 3 units.

**NUR 586  Evaluation and Testing for Nurse Educators (4 units)**

9/6/2016  32
Theoretical approaches to educational assessment, the development and implementation of nursing curriculum, and student and program outcomes are addressed. The importance of a cohesive program philosophy, mission statement, conceptual framework, and program outcomes are emphasized. The course includes critical analysis of related topics based upon current research in nursing and higher education literature. Practicum hours include implementation of evaluation and testing strategies in healthcare education settings with emphasis on program improvement resulting from analysis of data related to program improvement indicators. Prerequisite: NUR 582, NUR 584. Lecture: 3 units; Clinical: 1 unit.

NUR 587 Healthcare Leadership II (3 units)
Healthcare financing and socioeconomics related to managing the healthcare environment are explored. Content includes nursing leadership responsibilities with strategic planning, budgeting, goal setting, quality indicators and financial planning in various healthcare settings. Emphasis is placed on knowledge acquisition and application for enhancing nurse administrator skills with program planning and budget preparation. The impact of Medicare and Medicaid reimbursement, resource allocation, and healthcare technologies on client outcomes and strategies for quality improvement are analyzed. Pre-requisite: 581, 583. Co-requisite: 585. Lecture: 3 units.

NUR 597 Comprehensive Examination (1-3 units)
A directed project or comprehensive examination demonstrates a synthesis and integration of advanced nursing theoretical, practice, and research knowledge. This course guides the student through the process of completing a directed project or comprehensive examination. Students choosing a directed project will further develop the research translation proposal initiated in NUR 570, expand the review of literature, and complete a project that has relevance for practice and makes a contribution to the discipline of nursing. Students choosing an examination will be tested on the synthesis and integration of advanced nursing knowledge at the conclusion of the seminar. Prerequisites: Academic core and concentration courses. Lecture: 1-3 units.

OR

NUR 598 Directed Project (1-3 units)
A directed project or comprehensive examination demonstrates a synthesis and integration of advanced nursing theoretical, practice, and research knowledge. This course guides the student through the process of completing a directed project or comprehensive examination. Students choosing a directed project will further develop the research translation proposal initiated in NUR 570, expand the review of literature, and complete a project that has relevance for practice and makes a contribution to the discipline of nursing. Students choosing an examination will be tested on the synthesis and integration of advanced nursing knowledge at the conclusion of the seminar. Prerequisites: Academic core and concentration courses. Lecture: 1-3 units.
The clinical portion of the MSN program is often the most intense, yet rewarding part of the program. It is a time when the student is testing new skills and knowledge while developing new advanced roles. This is the part of the program in which the student learns to operate at a new level, develops a new professional self-image, and begins to practice advanced critical thinking in a variety of settings.

Clinical placements for upcoming semesters are arranged with the Clinical Placement Coordinator. Students are encouraged to identify potential preceptors/sites, but the Clinical Placement Coordinator makes the initial contact. Once this official initial contact is made, the preceptor verbally agrees, and validation of a contract with the facility occurs, this information is forwarded to the Clinical Lead Faculty, who will pass on the information to the clinical faculty (if applicable).

The student then will be notified by the clinical faculty that he/she can contact this preceptor to make specific arrangements for his/her clinical experiences, including discussing individual learning objectives and arranging days and times for the experience. Only after receiving clearance may students communicate directly with the assigned preceptor.

A signed letter of agreement for each clinical placement must be on file prior to start of that clinical semester and a planned schedule given to the clinical faculty; otherwise the student cannot legally begin the clinical experience. No clinical time can be counted toward the required number of clinical hours for the course until the signed Preceptor Agreement and schedule is on file. Each student must meet with their preceptor for these forms to be completed and submit them to their clinical faculty. Please refer to the MSN Program Preceptor Orientation Manual for more details.

Students need to take into consideration the following minimum commitments associated with their clinical courses so they can plan ahead:

1 clinical course unit = 45 clinical hours
3 clinical course unit = 135 clinical hours

For example: divide 135 clinical hours by a 15 week semester, which gives students an average of 9 hours per week to complete in order to finish in a timely manner.

Students are visited by CBU faculty at least twice a semester. Students will be guided by CBU faculty and their on-site preceptor. Preceptors are experienced in their areas of expertise and have agreed to mentor CBU students. This means taking on a responsibility over and above the heavy demands of their current role. In general, students who are in their early clinical semesters require more supervision and mentoring time than those in their final practicums. However, it is a big commitment for any preceptor to make, especially in the current era of cost-cutting and increased productivity expectations in most health care settings. Therefore, both students and faculty need to demonstrate unfailing courtesy and consideration in their interactions with actual or potential preceptors.
<table>
<thead>
<tr>
<th>Semester 1 (6 units)</th>
<th>Semester 2 (6 units)</th>
<th>Semester 3 (6 units)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core (31 units)</strong></td>
<td><strong>NUR 550 – Nursing</strong></td>
<td><strong>NUR 555 – Advanced</strong></td>
</tr>
<tr>
<td><strong>NUR 550</strong> – Nursing</td>
<td><strong>Theoretical Perspectives (3)</strong>*</td>
<td><strong>Pathophysiology (3)</strong>*</td>
</tr>
<tr>
<td><strong>NUR 565</strong> –Leadership and Advanced Nursing Roles (3)*</td>
<td><strong>NUR 559 – Nursing Research Part 1 (3)</strong>*</td>
<td><strong>NUR 558 – Advanced Pharmacology (3)</strong>*</td>
</tr>
<tr>
<td><strong>NUR 561</strong> – Applied Biostatistics and Epidemiology (3)*</td>
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<tr>
<td><strong>Semester 4</strong></td>
<td><strong>Semester 5</strong></td>
<td><strong>Semester 6</strong></td>
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<tr>
<td><strong>Concentration areas</strong></td>
<td><strong>Healthcare Systems Management</strong> (7 units; 45 clinical hours)</td>
<td><strong>Healthcare Systems Management</strong> (6 units)</td>
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<tr>
<td><strong>Healthcare Systems Management</strong> (7 units; 45 clinical hours)</td>
<td><strong>NUR 578</strong> – Nursing Informatics (3)*</td>
<td><strong>NUR 570</strong> - Nursing Research Part 2 (3)*</td>
</tr>
<tr>
<td><strong>NUR 562</strong> – Health Policy/Bioethics (3)*</td>
<td><strong>NUR 578</strong> – Nursing Informatics (3)*</td>
<td><strong>NUR 579</strong> – Global Health (3)</td>
</tr>
<tr>
<td><strong>NUR 560</strong> – Advanced Assessment (4 units; 3 units lecture, 1 clinical = 45 clinical hours)*</td>
<td><strong>NUR 581</strong> – Healthcare Management (3)</td>
<td><strong>NUR 570</strong> – Nursing Research Part 2 (3)*</td>
</tr>
<tr>
<td><strong>Teaching Learning</strong> (7 units; 45 clinical hours)</td>
<td><strong>NUR 583</strong>- Healthcare Management Practicum (2 units clinical = 90 clinical hours)</td>
<td><strong>NUR 579</strong> – Global Health (3)</td>
</tr>
<tr>
<td><strong>NUR 562</strong> – Health Policy/Bioethics (3)*</td>
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<td><strong>NUR 570</strong> – Nursing Research Part 2 (3)*</td>
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<td><strong>NUR 579</strong> – Global Health (3)</td>
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<td>Semester 4 (cont)</td>
<td>Semester 5 (cont)</td>
<td>Semester 6 (cont)</td>
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<tr>
<td><strong>Advanced Practice Roles:</strong></td>
<td><strong>Advanced Practice Roles:</strong></td>
<td><strong>Advanced Practice Roles:</strong></td>
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<tr>
<td><strong>Clinical Nurse Specialist</strong></td>
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<td><strong>Clinical Nurse Specialist</strong></td>
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<td><strong>Adult/Gerontology</strong> (7 units; 45 clinical hours)</td>
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<td><strong>Adult/Gerontology</strong> (9 units; 135 hours)</td>
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<td>NUR 562 – Health Policy/Bioethics (3)*</td>
<td>NUR 562 – Health Policy/Bioethics (3)*</td>
<td>NUR 579 – Global Health (3)</td>
</tr>
<tr>
<td>NUR 560 – Advanced Assessment (4 units; 3 units lecture, 1 clinical = 45 clinical hours)*</td>
<td>NUR 560 – Advanced Assessment (4 units; 3 units lecture, 1 clinical = 45 clinical hours)*</td>
<td>NUR 567 – CNS Adult/Older Adult, Part 2 (3)</td>
</tr>
<tr>
<td><strong>Family Nurse Practitioner</strong> (7 units; 45 clinical hours)</td>
<td>NUR 566 – CNS Adult/Older Adult, Part 1 (2)</td>
<td>NUR 567P – CNS Adult/Older Adult, Part 2 (3 units clinical = 135 clinical hours)</td>
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<tr>
<td>NUR 562 – Health Policy/Bioethics (3)*</td>
<td>NUR 566P – CNS Adult/Older Adult, Part 1 (2 units clinical = 90 clinical hours)</td>
<td><strong>Family Nurse Practitioner</strong> (9 units; 135 clinical hours)</td>
</tr>
<tr>
<td>NUR 560 – Advanced Assessment (4 units; 3 units lecture, 1 clinical = 45 clinical hours)*</td>
<td>NUR 571 – FNP I (3)</td>
<td>NUR 579 – Global Health (3)</td>
</tr>
<tr>
<td><strong>Family Nurse Practitioner</strong> (9 units; 135 clinical hours)</td>
<td>NUR 571P – FNP Practicum I (3 units clinical = 135 clinical hours)</td>
<td>NUR 573 – FNP II (3)</td>
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<tr>
<td></td>
<td>NUR 573P – FNP Practicum II (3 clinical = 135 clinical hours)</td>
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<tr>
<td>Semester 7</td>
<td>Semester 8</td>
<td>TOTAL</td>
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<tr>
<td><strong>Healthcare Systems Management</strong> (9 units; 135 clinical hours)</td>
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<tr>
<td><strong>NUR 587</strong> – Healthcare Finance (3 units)</td>
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<tr>
<td><strong>NUR 585</strong> – Healthcare Finance Practicum (3 units clinical = 135 clinical hours)</td>
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<tr>
<td><strong>NUR 598</strong> - Directed Project (3)</td>
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<tr>
<td><strong>Teaching Learning</strong> (11 units; 135 clinical hours)</td>
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<tr>
<td><strong>NUR 586</strong> – Evaluation and Testing for Nurse Educators (4 units; 3 units lecture, 1 clinical = 45 clinical hours)</td>
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<tr>
<td><strong>NUR 584</strong> – Instructional Strategies for Nurse Educators (4 units; 2 units lecture, 2 clinical = 90 clinical hours)</td>
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<tr>
<td><strong>NUR 598</strong> - Directed Project (3)</td>
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<td></td>
<td><strong>MSN with Healthcare Systems Management:</strong> 48 units; 270 clinical hours</td>
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<td><strong>MSN with Teaching-Learning Nursing:</strong> 49 units; 225 clinical hours</td>
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<tr>
<td>Semester 7 (cont)</td>
<td>Semester 8 (cont)</td>
<td>TOTAL</td>
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<tr>
<td><strong>Advanced Practice Roles</strong></td>
<td><strong>Advanced Practice Roles</strong></td>
<td><strong>MSN with Clinical Nurse Specialist (CNS) Adult – Gerontology:</strong> 57 units; 585 clinical hours</td>
</tr>
<tr>
<td><strong>Clinical Nurse Specialist</strong></td>
<td><strong>Clinical Nurse Specialist Adult/Gerontology</strong></td>
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<tr>
<td><strong>Adult/Gerontology</strong></td>
<td><strong>(9 units;</strong></td>
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<tr>
<td><strong>135 clinical hours)</strong></td>
<td><strong>180 hours)</strong></td>
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<tr>
<td><strong>NUR 568</strong> – CNS</td>
<td><strong>NUR 580</strong> – Clinical</td>
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<tr>
<td>Adult/Older Adult, Part 3 (3)</td>
<td>Specialization in Nursing Services (4 units clinical = 180 clinical hours)</td>
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<tr>
<td><strong>NUR 568P</strong> – CNS</td>
<td><strong>NUR 597</strong> – Comprehensive Exam (1-3)</td>
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<tr>
<td>Adult/Older Adult, Part 3</td>
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<tr>
<td>(3 units clinical = 135 clinical hours)</td>
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<tr>
<td><strong>NUR 570</strong> – Nursing Research Part 2 (3)*</td>
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<tr>
<td><strong>Family Nurse Practitioner</strong></td>
<td></td>
<td><strong>MSN with Family Nurse Practitioner (FNP):</strong> 61 units; 585 clinical hours</td>
</tr>
<tr>
<td><strong>(9 units; 135 clinical hours)</strong></td>
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<tr>
<td><strong>NUR 575</strong> – FNP III (3)</td>
<td><strong>NUR 577</strong> – FNP IV (3)</td>
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<tr>
<td><strong>NUR 575P</strong> – FNP Practicum III</td>
<td><strong>NUR 577P</strong> – FNP Practicum IV</td>
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<tr>
<td>(3 units clinical = 135 clinical hours)</td>
<td>(3 units clinical = 135 clinical hours)</td>
<td></td>
</tr>
<tr>
<td><strong>NUR 570</strong> – Nursing Research Part 2 (3)*</td>
<td><strong>NUR 597</strong> – Comprehensive Exam (3)</td>
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</tbody>
</table>

**TOTAL**
National certification in nursing demonstrates leadership and professionalism. CBU’s MSN program meets the educational eligibility criteria for the four concentrations offered. See the following section for information from the credentialing agencies.

Clinical Nurse Specialist Certifications:

Clinical Nurse Specialist in Adult Health Certification Eligibility Criteria
Credential Awarded: ACNS-BC

Once you complete eligibility requirements to take the certification examination and successfully pass the exam, you are awarded the credential: Adult Health Clinical Nurse Specialist-Board Certified (ACNS-BC). The National Commission for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification accredits this ANCC certification. (This will be changing to the Adult Gero-CNS [AGCNS-BC] in April, 2014)

Eligibility Criteria

- Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country.
- Hold a master’s, postgraduate, or doctoral degree* from a clinical nurse specialist in adult health program accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC). A minimum of 500 faculty-supervised clinical hours in the CNS-Adult Health role and specialty must be included in the educational program. The Adult Health CNS graduate program must include three separate courses in:
  - advanced physical/health assessment
  - advanced pharmacology
  - advanced pathophysiology

*Candidates may be authorized to sit for the examination after all coursework is complete, prior to degree conferral. ANCC will retain the candidate’s exam result and will issue certification on the date the requested documents are received, all eligibility requirements are met, and a passing result is on file.

Family Nurse Practitioner Certifications:

Family Nurse Practitioner Certification Eligibility Criteria
Credential Awarded: FNP-BC

This is a primary care certification. Once you complete eligibility requirements to take the certification examination and successfully pass the exam, you are awarded the credential: Family Nurse Practitioner-Board Certified (FNP-BC). The National Commission for Certifying Agencies and the Accreditation Board for Specialty Nursing Certification accredits this ANCC certification.
Eligibility Criteria

- Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country.
- Hold a master’s, postgraduate, or doctoral degree* from a family nurse practitioner program accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC). A minimum of 500 faculty-supervised clinical hours must be included in your family nurse practitioner program. The FNP graduate program must include coursework across the life span and include three separate courses in:
  - advanced physical/health assessment
  - advanced pharmacology
  - advanced pathophysiology
- AND content in
  - health promotion and disease prevention, and
  - differential diagnosis and disease management

*Candidates may be authorized to sit for the examination after all coursework is complete, prior to degree conferral. ANCC will retain the candidate’s exam result and will issue certification on the date the requested documents are received, all eligibility requirements are met, and a passing result is on file.

Family Nurse Practitioner Certification Eligibility Criteria

Credential Awarded: FNP-C

Applicants may begin the application process as early as 6 months before completion of their program. Candidates are encouraged to establish an Online Profile account with AANPCP at www.aanpcert.org. Normal processing time for an Initial Application may take 3 to 6 weeks, depending upon receipt of a completed application, required documentation, and applicable fees.

Certification examinations are offered to graduates or impending graduates of a nurse practitioner education program offered by an accredited college or university offering a master’s degree, post-graduate certificate, or doctoral degree in the Adult, Family, or Adult-Gerontology Primary Care Nurse Practitioner concentration. Programs in the U.S. must be accredited by a national nursing organization recognized by the U.S. Department of Education (e.g. Accreditation Commission for Education in Nursing, Inc. (ACEN) or the Commission on Collegiate Nursing Education (CCNE)).

Additional requirements for Initial Application include:
  - A minimum of 500 clinical clock hours of faculty-supervised practice;
  - Evidence of completion of the APRN core courses: advanced physical assessment, advanced pharmacology, and advanced pathophysiology;
  - A current licensure as an RN in the United States or a Province/ Territory of Canada;
  - An interim transcript showing completed academic “coursework-to-date”, or a final official transcript showing the degree awarded (conferred).

Applicants are notified by email once weekly if additional information is required for completion of an application. Once an application has been processed and required documentation is received, the application is forwarded for review by qualified Certified Nurse Practitioners.
Healthcare Systems Management Certifications:

Nurse Executive Certification Eligibility Criteria
Credential Awarded: CENP

The Certified in Executive Nursing Practice (CENP) is geared to nurse leaders who are engaged in executive nursing practice.

Eligibility Criteria
To be eligible for this certification, you must hold a:

- Valid and unrestricted license as a registered nurse; and either a
- Master’s level degree or higher plus two (2) years of experience in an executive nursing role (one of your degrees must be obtained from an accredited institution) or a baccalaureate in nursing (BSN) plus four (4) years in an executive nursing role.

Certified Nurse Manager and Leader
Credential Awarded: CNML

The Certified Nurse Manager and Leader (CNML) credential – offered in partnership with the American Association of Critical-Care Nurses (AACN) – is designed exclusively for nurse leaders in the nurse manager role. To be eligible for this certification, you must hold a:

- Valid and unrestricted license as a registered nurse; and either a
- Bachelor of science in nursing (BSN) degree or higher plus two years (or 2080 hours) of experience in a nurse manager role or a non-nursing bachelor’s plus three years (3120 hours) of experience in a nurse manager role or a diploma or associate degree plus five years (5200 hours) of experience in a nurse manager role.

One year experience is a minimum of 1,040 hours per year.

Nurse Executive Certification Eligibility Criteria
Credential Awarded: NE-BC

Eligibility Criteria
- Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.
- Hold a bachelor’s or higher degree in nursing.
- Have held a mid-level administrative or higher position (e.g., nurse manager, supervisor, director, assistant director) OR a faculty position teaching graduate students nursing administration OR a nursing management or executive consultation position, for at least 24 months’ full-time equivalent in the last 5 years.
- Have completed 30 hours of continuing education in nursing administration within the last 3 years. This requirement is waived if you have a master’s degree in nursing administration.
Teaching-Learning Certifications:

Certified Nurse Educator Eligibility Criteria
Credential Awarded: CNE

Option A: Must meet criteria 1 & 2

1. Licensure
   - A currently active registered nurse license in the United States or its territories.

2. Education
   - a master's or doctoral degree in nursing with a major emphasis in nursing education or
   - a master's or doctoral degree in nursing plus a post-master's certificate in nursing education or
   - master's or doctoral degree in nursing and nine or more credit hours of graduate-level education courses*

Examples of acceptable courses include: Curriculum Development and Evaluation; Instructional Design; Principles of Adult Learning; Assessment/Measurement & Evaluation; Principles of Teaching and Learning, Instructional Technology

Note: Graduate-level research or statistics courses do not count toward this requirement

Option B: Must meet criteria 1, 2 & 3

4. Licensure
   - A currently active, unencumbered registered nurse license in the United States or its territories.

5. Education
   - A master's or doctoral degree in nursing (with a major emphasis in a role other than nursing education).

6. Experience
   - Two years or more employment in a nursing program in an academic institution within the past five years.

All eligibility criteria for initial certification must be met at the time of application.
<table>
<thead>
<tr>
<th>Effective Date:</th>
<th>Revisions/Re-approval:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2015</td>
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</table>

| Section 2: Admissions  | Sub-Section: 2.9       |

<table>
<thead>
<tr>
<th>Subject:</th>
<th>Responsible Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Core Competencies</td>
<td>School of Nursing</td>
</tr>
</tbody>
</table>

MSN students are expected to be clinically competent and demonstrate core competencies for the chosen concentration by graduation. Some of the competency completion will be recorded on Typhon and some will be given in each course.
1. Completion of 45-61 graduate units of didactic and clinical practicum hours (depending on selected concentration).

2. Completion of core competencies related to area of concentration.

3. Overall grade point average of “B” (3.0) or better.

4. Successful completion of the Directed Project/ or Comprehensive Exam.

5. Payment of all tuition fees.
Students are expected to attend class. In the event of a missed class students are encouraged to call the professor prior to the class. Students must refer to the attendance policy in the course syllabus for each class. Students are responsible to the course faculty to arrange for making up for missed class time and or assignments.

Attendance is required and roll will be taken. Class activities have been planned to enhance understanding of the material and to help students’ complete assignments. Excessive absences for any reason will adversely affect grades.
A Petition for Incomplete Work is filed only in cases of extreme and unforeseen emergencies. Students receiving financial aid may adversely affect aid eligibility by taking an Incomplete. If a grade of I is not raised to a passing grade six weeks after the close of the semester, the grade automatically becomes an F and credit for the course may be obtained only by repeating the course. The student is responsible for initiating an Incomplete. The student may request only one incomplete for a course during the entire graduate nursing program. The request must be submitted in writing to the professor of the course stating the reason for requesting an “incomplete.” See CBU policies for more details.
A grade of Satisfactory Progress (SP) is only valid for a select number of pre-approved courses. An "SP" grade will only be assigned when the student is unable to complete the clinical during the semester due to conditions outside of the student’s control. See CBU policies for more details.
Subject: Grading Scale

<table>
<thead>
<tr>
<th>Letter</th>
<th>Score Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>940-1000 (94-100%)</td>
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<tr>
<td>A-</td>
<td>900-939 (90-93.9%)</td>
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<tr>
<td>B+</td>
<td>870-899 (87-89.9%)</td>
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<tr>
<td>B</td>
<td>840-869 (84-86.9%)</td>
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<tr>
<td>B-</td>
<td>800-839 (80-83.9%)</td>
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<tr>
<td>C+</td>
<td>775-799 (77.5-79.9%)</td>
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<tr>
<td>C</td>
<td>750-774 (75-77.4%)</td>
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<tr>
<td>C-</td>
<td>700-749 (70-74.9%)</td>
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<tr>
<td>D+</td>
<td>660-699 (66-69.9%)</td>
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<tr>
<td>D</td>
<td>620-659 (62-65.9%)</td>
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<tr>
<td>D-</td>
<td>600-619 (60-61.9%)</td>
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<tr>
<td>F</td>
<td>&lt;600 (below 60%)</td>
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</tbody>
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Effective Date: 2011
Revisions/Re-approval: 2015

Section 3: Policies – Academic Standards
Sub-Section: 3.4

Responsible Department: Nursing Faculty & Administration
Final Course Grade: The final course grade will not be rounded. Only a final letter grade of B- or better will fulfill the graduate degree requirements. If this course is being taken concurrently with a clinical or theory course, if one course is failed, then both courses must be re-taken even if a passing grade was earned. At the discretion of the faculty member, all course assignments must be submitted to pass the course. To progress in the graduate program the minimum GPA requirement must be maintained (see appropriate CBU Graduate Student Handbook and School of Nursing MSN Student Handbook. All policies apply).

Below Satisfactory Level Work: Grades below a B- (80%) are not acceptable. Assignments other than examinations and quizzes receiving a grade below a B- must be revised and resubmitted. The revised assignment will be assigned the points awarded on the original submission. Coursework with pervasive errors will be returned unevaluated; the student will edit the work before re-submitting for evaluation. If sent back for pervasive errors 5% will be deducted from the assignment and if editing and revisions are not completed and returned to the instructor within 4 days, an additional 5% will be deducted for each additional day according to the late assignments policy. Utilize the grading rubrics to avoid having to revise your work for pervasive APA and other errors.

Posting Assignments: Blackboard assignments / responses need to be submitted directly in Blackboard and not sent to the faculty member via email. Students should ensure that assignment submissions are in the correct location in Blackboard, SafeAssign, or as instructed in the course syllabus. In addition, assignment submissions should be in the correct format such as Word. The faculty member will not accept assignments submitted in other formats.

Late Assignments: All assignments and discussion board postings are expected to be submitted by the regularly scheduled time. The faculty member may drop the grade on a late assignment to “0” for time sensitive assignments such as discussion boards and 5% for each day that an assignment is late. At the discretion of the faculty member, late assignments may not be accepted after 4 days without extenuating circumstances; which may result in a failing grade therefore students must communicate with the faculty member in a timely manner. Extenuating circumstances are “out of the ordinary” and do not include the normal reasons for late submission or missing class (such as brief illness, oversleeping, traffic, or work schedule, etc.). A pattern of this behavior may result in course failure.

In-Class Assignments / Learning Activities: Students are expected to regularly attend class. In-class assignments/learning activities may not be given on a later date outside of class. In extenuating circumstances, and at the discretion of the faculty member, a student may be given an in-class make-up assignment. Extenuating circumstances are “out of the ordinary” and do not include the normal reasons for missing class (such as brief illness, oversleeping, traffic, work schedule, etc.). A pattern of this behavior may result in course failure.
Quizzes: Quizzes are given at the discretion of the faculty and students are expected to take all quizzes at the regularly scheduled time. If a quiz is missed, in extenuating circumstances and at the discretion of the faculty member, a student may be given a make-up quiz. Extenuating circumstances are “out of the ordinary” and do not include the normal reasons for missing class (such as brief illness; oversleeping; traffic; work schedule, etc.). A pattern of this behavior may result in course failure.

Examinations / Make-up Tests: Students are expected to take all tests at the regularly scheduled time. In the case of serious illness or extreme emergency, a faculty member may allow the student to take a make-up test within two weeks of the originally scheduled test date. If the test is not made up within two weeks, the student may receive no credit for the test. It is the responsibility of the student to arrange for a make-up test by securing permission of the instructor in advance of the test to be missed. The student must then schedule a make-up test appointment with the Office of Student Success. A $5 fee will be charged for all make-up tests.

Plagiarism: Students are on their honor to complete assignments with honesty and integrity. Plagiarism refers to representing work as your own without giving credit to the original author. Paraphrasing another person’s work without citing the author is also plagiarism as is excessive quoting. For this course, turning in work that you completed for another course is unacceptable. All university policies pertaining to plagiarism will be enforced in this course. You can read those policies in the CBU Graduate Student Handbook.

If you plagiarize in this course, you will receive an F on the given assignment and may receive an F in the course overall. The student who plagiarizes will be referred to the Dean of Student Services per the CBU Graduate Student Handbook. Plagiarism in this course may result in dismissal from the MSN program. Copying another student’s work, work posted online or any form of cheating on an assignment, quiz or test may result in a grade of “F” for the course and dismissal from the MSN program.

All assignments are to be completed individually unless the instructor provides specific, written directions that students may work together. The instructor has the right to use SafeAssign or another editing tool to check a student’s work for plagiarism at the instructor’s discretion. The instructor may ask that a student submit their work to SafeAssign through Blackboard. As a point of information and clarification, you may wish to visit the following website: http://www.plagiarism.org

Clinical Competencies: Students must perform satisfactorily in the clinical practicum setting to receive a passing grade in the course. Preceptor evaluation of the MSN student competencies must reflect a pattern of satisfactory progress throughout the course. All MSN students are responsible for adhering to CBU policies related to safety, illness, professionalism, attendance, communication, attire, and etiquette. Other pertinent clinical practicum information is included in the MSN Student Handbook, and the MSN Preceptor Orientation Manual.

Clinical Remediation/Failure: In the event that a student is dismissed by a clinical practicum facility for cause, including, but not limited to, unprofessional behavior, misconduct, inappropriate or unsafe practice, the student shall be removed from the setting. The student will meet with the clinical faculty, lead faculty, and program director. Depending on the outcome of the meeting, the student may be placed on an academic success plan, or for grievous offenses, be removed from the program. A student that is not performing at a satisfactory competent level will be required to complete a clinical remediation plan. The clinical faculty will discuss a plan of remediation with the student. This plan must also be acceptable to the preceptor. If the student does not demonstrate improvement, she/he will not successfully complete the clinical practicum course (refer to course repeat policy). More than one incident of practicum probation will merit faculty review and may result in dismissal from the program.
Students must pass both the clinical and academic competencies of embedded clinical coursework. Any student failing a clinical course with a grade of B- may repeat the course once (see MSN Student Handbook).

Clinical failure is based on the performance of the student in relation to the course objectives, expected behaviors, and attitudes consistent with those of a professional nurse. An MSN student enrolled in a clinical nursing course may receive a clinical failure for one or more of the following:

1. Failure to demonstrate satisfactory progress after being placed on clinical probation.
2. Recurring absenteeism or tardiness in the clinical site.
3. Recurring failure to follow clinical course policies, policies of the clinical agency, or recommendations of the preceptor or faculty.
5. Repeated lack of preparation for the clinical setting.
6. Demonstrating behaviors that, in the judgment of the faculty, constitute unsafe or potentially unsafe practices, or practices which are inconsistent with professional standards or laws.
7. Unsatisfactory final clinical evaluation.

Any student failing a clinical course with a grade of B- may repeat the course once.

For specific guidelines for each class, please refer to the course grading policies included in the course syllabus.
Students failing a course may be allowed to repeat the course after consultation with the MSN Director, Progression Committee, and Associate Dean. Students must successfully meet objectives for each course related to concentration specific core competencies.

If the student has failed as a result of unprofessional behaviors such as tardiness, absenteeism, incivility, or late assignments the student will meet with the faculty teaching the course and the MSN Director to determine the next step.

If the student has failed as a result of dishonesty or plagiarism the student may be reported to the University Student Services and University policy applies, which may result in the removal from the program.

Once a year student files will be examined outside of the School of Nursing for any honor code violations. If violations are found, the student will be put on contract. A second violation may result in expulsion from the program. Readmission to the MSN program will be on a space available basis and is not guaranteed.
Students who withdraw from nursing in good standing will be readmitted on a space-available basis.

Students failing theory only, clinical only, or both clinical and theory may not progress to any other concentration courses until they have successfully completed the concurrent course requirements. Repeated failures of this nature may result in the student’s dismissal from the program.

Students withdrawing more than once at a failing level (C+ or below) or failing two nursing courses may be dropped from the nursing program.

Students enrolled in MSN post-licensure coursework may not progress beyond the first semester without a current California Registered Nursing (RN) license or scheduled National Council Licensure Examination NCLEX–RN test date.

Students placed on contract two or more times for the same related problem may be dismissed from the program.

Unsafe clinical nursing practice, regardless of GPA, may result in dismissal from the nursing program.

If the student has failed as a result of dishonesty or plagiarism the student may be reported to the University Student Services and University policy applies, which may result in the removal from the program. Student files outside of the school of nursing are considered for any honor code violations. If violations are found, the student may be dismissed from the program or put on contract. Subsequent violations may result in expulsion from the program. Readmission to the nursing program will be on a space available basis and is not guaranteed.
If a student writes while looking at a source or while looking at notes taken from a source, a citation to that source should be given. Whenever any idea is taken from a specific work, even when the student writes the idea entirely in his [or her] own words, there must be a citation giving credit to the author responsible for the idea. The student is entirely responsible for knowing and following the principles of paraphrasing. The student should never retain sentence patterns and/or substitute synonyms for the original words. The student should never retain the original words and alter the sentence pattern.

Academic dishonesty includes, but is not limited to:
- Giving or receiving assistance on an exam,
- Unauthorized use of notes, books, computers, or cell phones during an exam,
- Falsifying information on an assignment or project, or
- Claiming credit of an idea or statement that belongs to someone else.

Academic dishonesty may result in an “F” for an assignment, the course, and/or failure to progress in the nursing program. If you have questions about whether or not a specific act would be considered dishonest, please see the Honor Code (page-23) in the CBU Student Handbook & Calendar and then discuss the matter with the professor.
Students in a difficulty in one or more areas of performance may be placed on a contract. Contract status serves as a formal warning of potential for failure. The contract will document specific areas for student growth and provide specific guidelines for the student to meet course or nursing program expectations. Contracts may be initiated at the discretion of one or more faculty members in consultation with lead faculty, concentration coordinators/directors, and the MSN Director. Failure to meet the terms of the contract may result in temporary or permanent dismissal from the nursing program.

Students placed on a contract by a faculty member will be notified in writing and counseled by that faculty member to assess individual learning needs. A copy of this contract will be discussed with and given to the student, lead faculty, the concentration coordinator/director, the MSN Director. A copy will be placed in the student’s file.

Students must meet all contract requirements. Students may be required to use the Academic Success Center for tutorial assistance or clinical remediation. The student will remain on contract status throughout the semester.
A student may be placed on contract for any of the following reasons.

1. A GPA below 2.7 while in the MSN program.
2. A student fails to meet minimum course requirements at any point during the semester.

Specific reasons for a contract may include, but are not limited to, the following.

a. Unsatisfactory or unsafe clinical performance, health practices to self or others.

b. Inadequate knowledge base.

c. Irresponsible behaviors: absenteeism, tardiness, late assignments, dishonesty, plagiarism, incivility, and disrespect.

d. Any behavior deemed unsafe or unprofessional.
Clinical evaluation facilitates the personal and professional growth of each student. Evaluation of clinical performance is based upon written behavioral objectives consistent with level and program objectives which take into account the stage of the learner. To facilitate both formative and summative evaluations, the faculty is expected to maintain written anecdotal records of student performance. Students are expected to log their clinical experiences in Typhon.

Formative evaluations, based on concentration core competencies, provide continuous feedback for the student throughout the semester relative to areas of strength and areas in need of improvement. Students are expected to evaluate their own performance in conjunction with instructor feedback. Dialogue between students and faculty is a critical component in this formative process. Summative evaluation measures the student’s final overall achievements.

Any student performing at an unsatisfactory level will be informed both verbally and in writing as soon as the problem is identified. A conference will be held with the student to discuss specific areas where improvement must be made. These areas will be written in the form of a contract (see Appendix) and will be signed by the student and the clinical instructor.

Summative evaluations, based on concentration core competencies which reflect consistent patterns of behavior and improvement throughout the semester as well as areas of strength and areas for improvement, are discussed with the student in conference. The student is also provided a written copy of this evaluation.

Students placed on a contract by a faculty member will be notified in writing and counseled by that faculty member to assess individual learning needs. A copy of this contract will be discussed with and given to the student, the faculty member, the Associate Dean, and the Dean. A copy will be placed in the student’s file.

Students must meet all contract requirements. Students may be required to use the Academic Success Center for tutorial assistance or attend a study skills seminar at the faculty member's discretion.

The student will remain on contract status throughout the semester. The status may be renewed in the next semester at the discretion of the faculty member in consultation with the Program Director.

Specific reasons for a contract may include, but are not limited to, the following: a). student fails to meet minimum course and/or competency requirements; b). unsatisfactory or unsafe clinical performance; c). inadequate knowledge base; d). irresponsible behaviors such as absenteeism, tardiness, late papers, incivility, and/or disrespect.
The Student Grievance policy may be found in the *CBU Student Handbook & Calendar* as well as the *University Catalog*. Consistent with this policy, the School of Nursing has established the following grievance procedure to be followed within the School of Nursing.

The Grievance Committee serves in an advisory capacity to the Dean of the School of Nursing. The Grievance Committee shall act as a vehicle for communication between the student(s) and faculty member(s), and provide a process to mediate grievances that arise within the School of Nursing which can be resolved internally.

a. Justifiable cause for grievances should be defined as any act which in the opinion of the student(s) is perceived as a prejudiced or capricious action on the part of the faculty member(s).

b. The School of Nursing Grievance Procedure interfaces with the University Grievance Policy.

**PROCEDURE:** The Grievance Committee (hereinafter called the Committee) shall consist of the Associate Dean of Nursing, two students, two of the MSN Concentration Program Directors, and two faculty members, serving for one academic year plus summer.

A. Selection of student members:
   1. The Graduate Director will select two students from two of the four concentrations.
   2. If any of the students selected are unable to serve, an alternate will serve in his or her place.
   3. If any students feel he/she will be unable to vote against a fellow student for any reason, he/she will be asked to disqualify his/herself from the committee.

B. Selection of MSN directors and faculty members:
   1. The Faculty representatives are selected by the Dean.
   2. The Associate Dean will be the chairperson of the Committee.

C. Organization of the Committee:
   1. Responsibilities of the chair of the grievance committee:
      a. Meet with the person(s) filing the grievance to clarify the process and potential outcomes.
      b. Schedule all meetings of the Committee.
      c. Accept only written, signed requests for grievance.
      d. Make the following written notifications:
         1) Notify the people involved that a Grievance Committee meeting has been established.
         2) Notification of the meeting is to be made within five working days of receiving the written signed request.

**PROCESS**

A. A written request to the chair of the grievance committee will initiate the grievance procedure. Under ordinary circumstances, a grievance shall be initiated by the student(s) as soon as possible, but not later than one month after the incident has occurred. The student(s) shall submit the written grievance to the Associate Dean.

B. The Associate Dean will be responsible for notifying the faculty member(s) involved and the Dean.

C. Any Committee member has the right to disqualify himself/herself.
D. Both parties have the right to reject any one Committee member with justifiable cause.
E. One support person may accompany each participant. The role of this person is, by their presence, to provide support only. They do not serve as active participants in the process. Legal representation is not allowed.
F. The involved student(s) and faculty member(s) will be given the opportunity to present evidence and witnesses which are relevant to the issue at hand.
G. Action by the Committee will be initiated as soon as possible within ten (10) working days of receiving the grievance. If the grievance occurs outside of the academic semester more time may be needed to establish a committee.
H. The advisory decision made by the Grievance Committee to the Dean is final. Of the five voting members, a two-thirds majority is necessary for a decision.
I. The decision of the Committee will be made available in writing to the involved student(s) and faculty member(s) within two weeks of hearing the case.
J. If the outcome is not satisfactory to the person filing the grievance, a further appeal can be made through the appropriate University appeals process contained in the CBU Student Handbook & Calendar.

INSTRUCTIONS FOR CONDUCTING ACTUAL GRIEVANCE HEARING

The following procedures will be followed in conducting the grievance meeting:

- Whenever possible, all members of the committee will have a copy of the written grievance in advance of the actual meeting.
- The Committee will meet in advance for at least 15 minutes to ensure that everyone is aware of the process, to attend to any organizational details, and to reinforce the need to maintain confidentiality regarding the deliberations and outcome. A faculty and student co-secretary shall be elected at this time.
- The person(s) filing the grievance and the person(s) against whom the grievance is filed will be given equal time of approximately 20-30 minutes for presentation of information relevant to the grievance. The chair will appoint a time keeper to ensure the equity of the time allocation. At the discretion of the committee, in unusually complex situations, additional time may be allocated to both sides. Following the presentations, the committee members may ask for clarification related to any of the information presented. Additional information may be sought if committee members feel it is relevant to the deliberations.
- The meeting will start with prayer and introductions as indicated. The chair conducts the meeting, and with the help of all committee members, is responsible to ensure that all issues are examined objectively.
- A student and a faculty member will serve together as co-secretaries for the proceedings. These persons will be elected by the committee members and will write the minutes and the final report together. In the event there are differences in their perceptions, the chair will be asked to assist in the decisions related to the wording of the report. To assist in maintaining confidentiality, no taping of the grievance committee deliberations will be allowed.
- The final report is to be typed, signed or initialed by all committee members, and given to the person(s) against whom the grievance is brought, the person(s) bringing the grievance, and the Dean.
- Before the hearing begins, a tentative agenda of the issues to be considered will be established based only on the issues presented by the person requesting the grievance. At the completion of the hearing, the committee will determine if additional issues need to be acted upon or deleted.
based on the information presented in the grievance request and/or during the presentation of the grievance.

- All issues are to be discussed and then voted upon. All votes are to be in writing, submitted anonymously, and counted by the chair.
- A two thirds majority vote is needed for each decision.
- At the discretion of the committee, rationale for decisions may be included in the report submitted to the Dean and/or the involved persons.
- Since the Committee functions in an advisory capacity to the Dean, a tally of all votes will be recorded and given to the Dean to aid the Dean in decision-making. The Committee does not have the obligation to share the tally of votes with either the person(s) filing the grievance or the person(s) against whom the grievance is brought. All committee members must unanimously agree on disclosure or the tally is not to be revealed to the persons involved in the actual grievance.
- The Committee decision(s) will be limited to the issues discussed during the grievance process.

RESULTS OF GRIEVANCE PROCESS

- The Grievance Committee only has the power to make recommendations to the Dean. The Dean makes the final decision.
- If the person(s) filing the grievance disagrees with the decision(s) of the Dean; the person(s) may invoke the appropriate University appeals process published in the University Student Handbook.
Attendance: Students in clinical settings are expected to arrange a schedule for the semester with the preceptor. Students must be punctual in attendance. If an emergent situation arises and the student cannot attend clinical, they are to notify their preceptor and clinical faculty prior to the start of the scheduled shift/hours. Students are expected to complete all clinical hours for each course during the assigned clinical schedule.

To ensure adherence to national standards and guidelines:

1. It is expected that MSN students will attend clinical days they have scheduled with their preceptor.
2. Students functioning at a minimal level or having problems with critical behaviors will be required to make up all missed time in the specific clinical activities required.
3. Suitable alternative clinical activities are reserved at the discretion of the instructor.
4. In the event that clinical time cannot be completed before grades are to be turned in, the student must apply to the course professor for a “Satisfactory Progress.” If granted, the student has three semesters to complete with a passing grade. If the student does not have a passing grade after three semesters the grade automatically becomes an “F”. However, the student must successfully complete the embedded clinical course work to progress in the program.
5. The School of Nursing will not assume financial responsibility for makeup time for each semester. The cost of any additional makeup time will be assumed by the student if the missed time cannot be made up during the normal instructional activities of an appropriate faculty member.
6. This policy is included in the student handbook to ensure that all students are aware of attendance expectations. Each faculty member will publish in their course syllabi their own specific guidelines consistent with this policy.

Professionalism: Students are expected to present a positive, professional nursing image at all times. Students are to adhere to the professional scope and standards of practice within the policies and procedures of the affiliate institution. Students may be required to attend additional orientation or in-services prior to using computer systems or engaging in other responsibilities to adhere to the affiliate policies. Students should perform at the graduate student nurse level under the guidance of their preceptor. Any unsafe or unprofessional, unsatisfactory performance in the clinical site will result in clinical probation, and may result in clinical failure of the course and/or dismissal from the MSN program. Students should not use their personal cell phone for calls/texts/emails or surf the web while in clinical. All activities should be directed toward patient-centered clinical goals and objectives. Students should be self-directed adult learners and seek opportunities to learn and assist others.

Communication: Students should be professional, courteous, and pleasant in all interactions (face to face, written, email, phone calls, etc.) with the preceptor, CBC professors/staff, co-workers, patients, and the public at large. Any breach of professional behavior may result in a practicum failure and/or sanctions in accordance with the CBU Honor Code.

Attire: Students must maintain the highest level of personal cleanliness and present a neat, conservative, and professional appearance at all times. Clothing must be clean, pressed, and professional looking; knee length
dresses/skirts for ladies, modest neck lines; attire should not be tight fitting. Dress pants may be worn – all students must also adhere to the dress code policies of the affiliate whichever provides a more professional dress code. Shoes should be clean, neat with appropriate level heel (<2 inches); some clinical areas may not permit open toed shoes for safety /OSHA standards, please check with your affiliate. Men should wear khaki or dress pants, coat, or dress shirt/tie or polo shirt. No jeans, warm-up suits, athletic attire, stretch pants, shorts, sandals, or flip flops may be worn. A lab coat may be required depending on the facility.

**Student Identification Name Badge:** Students must obtain a CBU ID and wear their CBU MSN student name badge. The student must comply with requirements of the clinical site which may include both MSN student and facility badges.
A good learning environment is one without distractions. Beepers, cellular phones, and other devices that make noise are disruptive and are not welcome in class. If you have an unusual need for such a device, please discuss its use with the professor. Other practices that may be disruptive and are disallowed from class include such things as reading newspapers, books or other material unrelated to the course; writing letters or notes to someone; or copying someone’s class notes from days that you missed. Although it is recommended that you obtain notes for days that you missed, copying them during class disrupts those around you and limits your ability to pay attention during class.

It is both distracting and disrespectful if you gather your things, close books, put on a jacket, etc. before class is over. If you need to leave class early, discuss this with the professor before class so that the disruption is minimal.
The MSN student is expected to demonstrate safe professional behavior which includes promoting the actual or potential well-being of clients, healthcare workers, and self in the biological, psychological, sociological, and cultural realms and demonstrating accountability in preparation for, provision and documentation of nursing care.

The purpose of setting safe performance clinical standards is to: 1) identify expectations of the CBU School of Nursing; 2) to comply with national guidelines and agency agreements.

Indicators to be used as guidelines for determining safe practice are:

A. Regulatory: Students practice within their scope as outlined in the California Nurse Practice Act and ANA Code of Ethics for Nurses. Students will also adhere to national guidelines, objectives and policies of the CBU School of Nursing, and the rules and regulations of the organization where they are assigned for clinical learning experiences.

Examples of unsafe practice include, but are not limited to, the following:

1. Fails to notify the agency and/or faculty of clinical absence.
2. Fails to follow CBU School of Nursing and/or agency policies and procedures.
3. Reports for clinical practicum under the influence of drugs and/or alcohol.

B. Ethical: The students perform according to the guidelines of the ANA Code of Ethics for Nurses and the California Nurse Practice Act. Students must be able and willing to accept professional supervision from faculty and preceptors and effectively integrate feedback they receive.

Examples of unsafe practice include, but are not limited to, the following:

1. Discriminates based on ethnicity, culture, religious preference, sex, sexual orientation, national origin, age, and/or handicapping condition.
2. Denies, covers up, or does not report own errors in clinical practice.
3. Ignores and/or fails to report unethical behavior of other health care persons in the clinical setting which affects client welfare.

C. Biblical and holistic: The student focuses on valuing each person or aggregate from a biblical and holistic worldview.

Examples of unsafe practice include, but are not limited to, the following:

1. Commits acts of omission or commission in the care of clients in hazardous positions, conditions, or circumstances; mental or emotional abuse; and medication errors.
2. Interacts inappropriately with agency staff, co-workers, peers, patients/clients, families, faculty resulting in miscommunication, disruption of client care and/or unit functioning.
D. Accountability: The student demonstrates consistency in the responsible preparation, documentation, and promotion for the healthcare of clients.

Examples of unsafe practice include, but are not limited to, the following:

1. Fails to provide written communication on appropriate documents and/or verbal communication to faculty and/or preceptor.
2. Fails to accurately record essential client information.
3. Attempts activities without adequate orientation, theoretical preparation, or appropriate assistance.
4. Fails to maintain honesty in clinical practice and/or written work.
5. Habitually tardy to clinical practicum.

E. Human Dignity: the student demonstrates respect for the individual, client, health team member, faculty, and preceptor.

Examples of unsafe practice include, but are not limited to, the following:

1. Fails to maintain confidentiality of interactions.
2. Fails to maintain confidentiality of records.
3. Exhibits dishonesty in relationships with peers, faculty, clients/patients and/or agency personnel.
4. Fails to recognize and promote every patient’s rights.

Unsafe behaviors(s) related to a student’s performance must be clearly documented by the clinical faculty within 5 business days. Confirmation from the preceptor and/or observation of clinical staff should be included in the documentation of the performance problems. Written documentation of unsafe or unprofessional behavior and any disciplinary decision will be placed in the student’s permanent file.
Subject: Student Feedback/Evaluation  
Responsible Department: Nursing Faculty & Administration

MSN students are expected to participate in feedback related to all aspects of the program including, but not limited to: clinical agencies (see forms at end of document); courses; preceptors; technology; learning resources; and faculty. MSN students are expected to give constructive feedback regarding program improvement. Feedback is utilized as part of program assessment and evaluation to comply with university and accrediting agency expectations. Students are expected to use the appropriate use of the chain of command to solve problems before the end of the course.

Student input is valued in the governance of the School of Nursing. Thus, students may be nominated, asked to volunteer, or be appointed to serve for one year on various committees within the School of Nursing and the university.
All faculty welcome open discussions with students. The faculty and staff guide the students so that Biblical principles are followed. Following the chain of command is expected for MSN students (See School of Nursing Organizational Chart).

Students are encouraged to make appointments and take course related concerns first to the appropriate faculty member. If a concern is not resolved with the course faculty member, the student should meet with the concentration Program Director, then follow the organizational chain of command in the School of Nursing. Course/clinical evaluations as well as graduate Exit Interviews and Surveys provide additional mechanisms for students to provide feedback to faculty and the School of Nursing.

Clinical faculty members are responsible to provide clinical agencies and students with phone numbers and access to faculty/administration per the chain of command.
Students are responsible for following all the LRC lab rules, including those officially posted and written, as well as those verbalized by faculty and staff. It is the expectation that the utmost care will be utilized in the use of the mannequins, furniture, and supplies. All students are mandated to watch the LRC Safety Video prior to using the facilities.

**Purposes:**
1. Provide efficient, safe, clean and well-maintained Simulation/Skills Lab environment to promote optimal learning opportunities to all lab users.
2. Protect and maintain costly lab equipment for optimal use by faculty/staff/students/community users.

**Protocols:**
1. NO students are to be in the labs (all non-classroom) without faculty or staff present.
2. Absolutely NO food or drink allowed in the simulation/learning lab areas.
3. Professional dress mandatory, i.e. nursing uniform with optional white lab coat and closed-toe shoes. No jewelry below the elbow. No artificial finger-nails. Hairstyles that allow hair to occupy/contaminate patient areas must be pulled back. Students will not be allowed in the simulation / learning labs until professional dress is present.
4. Any student or users with a LATEX ALLERGY must have documentation on Clinical Requirement Profile (see Latex Allergy policy).
5. All cell phones, pagers or electronic devices must be switched to silent mode or turned completely off during Simulation Clinical.
6. No ball point/felt tip pens allowed near the manikins due to potential permanent discoloration of manikin “skin”. **Please wash hands and wear gloves when working with all mannequins.**
7. All damage/malfunction of manikins or other LRC equipment must be reported immediately to the Assistant Director of the LRC.
8. No LRC equipment or technology located in the LRC can be removed.
9. The expectation is that each student will clean up all supplies and equipment used.
10. Always leave working areas in better condition than the way they were found.
11. Beds should be made and areas should be tidy. Unless a skill is actively being practiced, beds should be kept in low position with at least 2 side rails up.
12. Mannequins should be left flat when not in use in order to protect their integrity.
13. Use furniture as intended. No sitting or lying on beds unless faculty are present and it is part of an assignment. Extra chairs are available.
14. Any needle injections and injectable performed in skills lab or simulation must have faculty oversight.
15. Changes to the above rules can be made at the discretion of the Director of the LRC.
Subject: Simulation Learning Environment

Purpose:
1. To ensure the simulation lab exemplifies the CBU SON values of integrity, human dignity and confidentiality.
2. To provide students, staff and faculty of CBU SON an environment in which nursing students can practice and learn without fear of excess embarrassment or destructive negative feedback.

Process:
1. The simulation lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner.
2. The student’s involved in the scenario should have everyone’s respect and attention.
3. Situations simulated in the lab are to be used as a learning tool and no discussion of the action(s) of fellow students should take place outside of the lab.
4. The environment will be fostered by maintaining confidentiality surrounding events involving scenario performance and debriefing sessions in the Nursing Learning Resource Center.
5. Destructive criticism and/or punitive or negative discussion, either in the Simulation Laboratory or at another location regarding another student’s performance will not be tolerated.
6. All users of the CBU SON LRC should display professional, courteous conduct and communication as described in the University Student Handbook.
7. All students must have a signed confidentiality agreement and a photo release form (See Appendix for all forms) on file before participating in a clinical simulation.
Students are responsible for following all simulation lab rules, including those officially posted and written, as well as those verbalized by faculty and staff. It is the expectation that the utmost care will be utilized in the use of the mannequins, furniture, and supplies. If any item is found in disrepair, or broken, it must be reported immediately to the faculty in charge of the class, who will then report the item, equipment, or incident to the LRC Director. Every effort will be made to repair items. If items need replacement, the MSN student may be held financially responsible at the replacement cost. Students will be required to sign HIPPA and photo release forms. Student expectations include:

1. Care will be used with all furniture, equipment and supplies.
2. There will be no pens near mannequins at any time in skills labs. Golf pencils will be provided for students’ use, when needed for instruction near mannequins.
3. There are to be NO food or drinks. Water bottles with lids should be kept away from equipment.
4. The expectation is that each MSN student will clean up all supplies and equipment used.
5. Always leave working areas in better condition than the way they were found.
6. Mannequins should be left flat when not in use in order to protect their integrity.
7. Use furniture as intended. No sitting or lying on beds unless faculty are present and it is part of an assignment. Extra chairs are available.

**Standardized Patients:** Standardized patients may be used periodically throughout the program of study for teaching and evaluation purposes. Students are expected to present a positive, professional demeanor and utilize effective communication skills while interacting with the standardized patients. The scenarios will take place in the designated areas and will consist of videotaped encounters and may include interactions with several simulated patients. Following the encounter each student will receive helpful feedback concerning strengths and areas needing improvement. Some encounters will not be graded; others will be factored into the final course grade in order to document that students have achieved a certain level of clinical competence before progressing to the next clinical course.

Standardized patient scenarios may include a variety of disciplines in alignment with national guidelines outlined in *Core Competencies for Interprofessional Collaborative Practice* (2011).
Purpose
1. To provide guidelines to reduce exposure to natural rubber latex and decrease the risk for development of latex allergy among nursing students.
2. To establish protocols for the identification and management of students with documented latex allergy.

Scope
This policy applies to all California Baptist University, School of Nursing, faculty, staff, and students. A documented case of latex allergy is defined as: an individual experiencing nasal, eye, or sinus irritation, hives, shortness of breath, coughing, wheezing, or unexplained shock after latex exposure; and has been diagnosed by a healthcare provider using results from a medical history, physical examination, and tests (NIOSH, 1997). A new or suspect case of latex allergy is defined as: an individual developing nasal, eye, or sinus irritation, hives, shortness of breath, coughing, wheezing, or unexplained shock after latex exposure.

Policy Statement
California Baptist University, School of Nursing, cannot provide or ensure a latex-free environment in the classroom buildings on campus or at the affiliated clinical sites off campus. The CBU SON will, as feasible, provide a reduced or latex-safe environment for students participating in the nursing program. This will include, at a minimum, powder-free latex gloves for general use and non-latex gloves for those with documented latex allergy. Students with a documented or suspected latex allergy must consult with their primary care provider, and provide a medical clearance to the SON for participation in clinical aspects of the program. If the student elects to continue in the nursing program, the student must assume the risk of continued exposure to latex, as well as the responsibility to follow this policy. In the event of a severe allergic reaction, emergency measures will be taken which may include reporting to the emergency department of an affiliated clinical site or dialing 911 for emergency transport as consistent with University healthcare policy found in the student handbook and nursing student handbook.

Responsibilities
1. Health Records Analyst: Review the history and physical examination forms submitted by each student. Assess the risk of latex allergy based on potential symptoms, food allergies, and history of spina bifida, asthma, atopic dermatitis, eczema, or multiple allergies. If a documented or suspect case of latex allergy is identified, request and obtain a medical clearance for the student. Evaluate the current policy every 2 years, or in the event that a new or suspect case of latex allergy is identified in a nursing student.

2. Faculty: Integrate latex exposures and the potential for complications for both students and patients into the nursing program curricula. If a student experiences symptoms related to an allergic reaction after latex exposure, take the necessary precautions, and have the student report to the Health Records Analyst as soon as possible, after any treatment has been received. Collaborate with Employee Health, or designee, at the affiliated clinical site to review necessary modifications for students with documented latex allergy (Haynes, 2001).
3. LRC Director: Maintain an inventory list of all products containing natural rubber latex. Provide powder-free latex, with reduced protein, exam and sterile gloves for general use in all skills or simulation laboratories. Provide latex-free (nitrile or vinyl) exam and sterile gloves for those students identified with a documented latex allergy. Procure latex-free supplies and equipment when possible (Haynes, 2001).

4. Students:
   a. All students: Wash and dry hands immediately after removing gloves. Read labels to determine the presence of latex. Use powder-free, reduced protein gloves, and other appropriate barrier protection as needed. If wearing latex gloves, avoid oil-based hand creams or lotions (NIOSH, 1997). Learn the signs and symptoms of latex allergy (skin rash, redness, hives, flushing, itching, nasal/eye/sinus symptoms, asthma, and shock).
   b. Students with suspected latex allergy: Follow responsibilities for all students plus, if the above symptoms are experienced, remove gloves, wash and dry hands immediately and avoid direct contact with latex items. Report this immediately to your faculty supervisor. Seek medical attention immediately as needed. Follow-up with the Health Records Analyst as soon as possible. The student will be excluded from participation in the clinical environment until there is a medical evaluation by a physician and the student receives a documented medical clearance.
   c. Students with documented latex allergy: In addition to the above responsibilities, avoid direct contact with latex gloves and other products containing latex (NIOSH, 1997). It is the student’s responsibility to inform each of their faculty members regarding their latex allergy, as well as to follow instructions provided by their provider to reduce latex exposures.

5. Housekeeping: Wet mop and dust with damp cloth all skills/simulation laboratories daily to remove latex-containing dust (Haynes, 2001).
Background: The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of registered nursing (BRN) and, in some cases, reported in nursing literature and the media. Without a sense of caution, however, these understandable needs and potential benefits may result in the student nurse disclosing too much information and violating patient privacy and confidentiality.

Purpose: The School of Nursing supports the use of social media to reach audiences important to the University such as students, prospective students, faculty and staff. The University presence or participation on social media sites is guided by university policy. This policy applies to School of Nursing students who engage in internet conversations for school-related purposes or school-related activities such as interactions in or about clinical and didactic course activities. Distribution of sensitive and confidential information is protected under HIPAA and FERPA whether discussed through traditional communication channels or through social media. This document is intended to provide guidance to student nurses and faculty using electronic media in a manner that maintains patient privacy and confidentiality. While this policy may need to be modified as new technologies and social networking tools emerge, the spirit of the policy will remain the protection of sensitive and confidential information. Social media often spans traditional boundaries between professional and personal relationships and thus takes additional vigilance to make sure that one is protecting personal, professional, and university reputations. Social Media includes text, images, audio and video communicated via such tools as:

- Blogs, and micro-blogs such as Twitter, Instagram
- Social networks, such as Facebook, Google +
- Professional networks, such as LinkedIn
- VidAudio sharing, such as podcasts
- Photo sharing, such as Flickr and Photobucket, and
- Social bookmarking, such as Digg and Reddit
- Public comment sections on webpages (such as those for online news sites) and blogs, such as You Tube and vlogs (video weblogs)
- User created web pages such as Wikis and Wikipedia, and
- Any other internet-based Social Media application similar in purpose or function to those applications described above

Policy
1. Use of Social Media is prohibited while performing direct patient care activities or in unit work areas.
2. Protect confidential, sensitive, and proprietary information: Do not post confidential or proprietary information (text or pictures) about the university, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of a California Baptist University School of Nursing student.
3. HIPPA guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.
   a. Patient privacy must be maintained in all communications. Do not disclose information that may be used to identify patients or their health condition that may be recognized by patients, their families, or their employers.
   b. Do not use information that identifies clinical affiliates (clinical sites).
   c. Do not harass, libel, slander, or embarrass anyone. Do not post any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful, or embarrassing to another person or entity. Individuals may be held personally liable for defamatory, proprietary, or libelous commentary.

4. Do not “friend” patients or their family members, caregivers. Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.

5. Do not use California Baptist University or School of Nursing marks, such as logos and graphics, on personal social media sites.

6. Be aware of your association with California Baptist University in online social networks. If you identify yourself as a student, ensure your profile and related content is consistent with how you wish to present yourself to colleagues, clients, and potential employers. Identify your views as your own. When posting your point of view, you should neither claim nor imply you are speaking on the California Baptist University School of Nursing behalf, unless you are authorized to do so in writing.

**Procedure/Considerations:**

- There is no such thing as a “private” social media site. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. Archival systems save information, including deleted postings. If you feel angry or passionate about a subject, it’s wise to delay posting until you are calm and clear-headed. Think twice before posting. If you are unsure about posting something or responding to a comment, ask your faculty. If you are about to publish something that makes you even the slightest bit uncertain, review the suggestions in this policy and seek guidance.
- Future employers hold you to a high standard of behavior. By identifying yourself as a California Baptist University School of Nursing Master’s student through postings and personal web pages, you are connected to your colleagues, clinical agencies, and even clients/patients. Ensure that content associated with you is consistent with your professional goals.
- Nursing students are preparing for a profession which provides services to a public that also expects high standards of behavior.
- Respect your audience.
- Adhere to all applicable university privacy and confidentiality policies.
- You are legally liable for what you post on your own site and on the sites of others. Individual bloggers have been held liable for commentary deemed to be proprietary, copyrighted, defamatory, libelous or obscene (as defined by the courts).
- Employers are increasingly conducting Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you.
- Monitor comments. You can set your site so that you can review and approve comments before they appear. This allows you to respond in a timely way to comments. It also allows you to delete spam comments and to block any individuals who repeatedly post offensive or frivolous comments.
• Don’t use ethnic slurs, personal insults, obscenity, pornographic images, or engage in any conduct that would not be acceptable in the professional workplace.
• You are responsible for regularly reviewing the terms of this policy.

Consequences:
• Violations of patient/client privacy with an electronic device will be subject to HIPAA procedures/guidelines and consequences.
• Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.
• Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information (music, videos, text, etc.).

State Board of Nursing (BRN) Implications
Instances of inappropriate use of social and electronic media may be reported to the BRN. The laws outlining the basis for disciplinary action by a BRN vary between jurisdictions. Depending on the laws of a jurisdiction, a BRN may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:
• Unprofessional conduct;
• Unethical conduct;
• Moral turpitude;
• Mismanagement of patient records;
• Revealing a privileged communication; and
• Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BRN, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

Other Potential Consequences
Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability. The nurse may be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse’s conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a law suit or regulatory consequences.

References


9/6/2016
Purpose: To comply with The Joint Commission (TJC), state and local regulations regarding background checks for healthcare providers, the following position statement has been drafted by the IECP Consortium for Nursing:

The California Board of Registered Nursing or other licensing agencies determine eligibility for licensure which supersedes these guidelines. Students may be denied access to clinical facilities based on offenses appearing on the criminal background check. All offenses including juvenile offenses must be disclosed to the California Board of Registered Nursing and all other licensing agencies.

Protocol:

1. Nursing students must have criminal background checks to participate in placement(s) in clinical facilities. Background checks are required for registration in clinical nursing courses. The initial background check satisfies this requirement during continuous enrollment in the program; should the educational process be interrupted, a new background check will be required. The background check information will be maintained by the online document manager.

2. Students must provide schools with information allowing the school (and clinical facilities as necessary) access to the background check. If the student’s record is not clear, the student will be responsible for obtaining documents and having the record corrected to clear it. If this is not possible, the student will be unable to attend clinical rotations. Clinical rotations are a mandatory part of nursing education; therefore the student will be ineligible to continue in a school of nursing.

3. The background check cost is assumed by the student. The cost is subjective to change.

4. Background check results with infractions will be shared with the Human Resources specialist at the student’s assigned clinical facility. Convictions listed below may render students ineligible to participate in clinical experiences.

5. Students may be denied access to clinical facilities based on offenses appearing on the criminal record which may have occurred more than seven years ago.

6. Students will be required to provide documentation regarding clearance of background check infractions. Failure to provide sufficient proof of rehabilitation to the Board of Registered Nurses may result in denial of licensure.

7. The background check done as a requirement for the program or course participation in clinical learning may not be used for licensure purposes.

8. Credit checks are not performed on students.
9. Background checks will minimally include the following:
   a. Seven year history
   b. Address verification
   c. Sex offender database search
   d. Two names (current legal and one other name)
   e. Three counties
   f. Office of Inspector General (OIG) search
   g. Social security number verification

10. Students will be unable to attend clinical facilities for the following convictions:
    a. Murder
    b. Felony assault
    c. Sexual offenses/sexual assault
    d. Felony possession and furnishing
    e. Felony drug and alcohol offenses (without certificate of rehabilitation)
    f. Other felonies involving weapons and/or violent crimes
    g. Class B and Class A misdemeanor theft
    h. Felony theft
    i. Fraud
    j. Multiple offenses
Purpose: To provide guidelines for students to complete their health requirements and maintain clinical clearance. These requirements are in accord with policies from the clinical affiliates which ensures that students are in good health and free of communicable disease when caring for patients.

Scope: All CBU nursing students. A student must be in optimal physical and mental condition in the clinical area to ensure the safe and effective care of clients.

Protocol:

1. Physical Examination and Immunizations:
   a. Students are required to have a complete physical examination prior to starting the nursing program and annually thereafter.
   b. The examination must demonstrate that the student is physically fit and free from and/or immunized for communicable diseases, in order for the student to be assigned in the clinical agencies. The physical exam includes a complete blood count (CBC), serology VDRL, and urinalysis.
   c. In addition to the physical examination, students must receive a clearance to participate in clinical nursing. This form must be signed by a physician or nurse practitioner. As part of the physical examination requirements, students must complete the following:
      1) A tuberculosis screening with a PPD skin test or a Quantiferon blood test. A 2-step PPD is required upon entry into the nursing program, followed by an annual 1-step PPD. If there is a history of a positive TB skin test or positive Quantiferon, students must submit documentation of a chest x-ray upon entry into the program, then an annual TB symptom screen.
         a) If the PPD skin test converts from negative to positive during enrollment in the program, immediate medical follow-up and chest x-ray are required. Thereafter, an annual TB symptom screen is required.
      2) Students are required to receive the Influenza vaccine annually.
      3) All students are required to have evidence of immunity to the following:
         a) MMR (measles, mumps, and rubella) titer levels (blood test); if negative, submit documentation of 2-dose childhood immunization and booster.
         b) Hepatitis B with a 3-dose series and positive titer; if titer is negative, repeat 3-dose series and get a 2nd titer; if second titer is negative, student considered a non-converter.
         c) Varicella (chickenpox) with a positive titer; if titer is negative, need a 2-dose vaccine series. History of disease is not acceptable.
         d) Tdap (tetanus, diphtheria, and pertussis) one time dose; then Td required every 10 years.
   d. Documentation of the health requirements will be maintained by an online document manager, CastleBranch.com. Instructions for this process will be emailed to each student.

2. Drug Screening:
   a. In order to comply with clinical agency affiliation agreement requirements and to ensure patient safety, all nursing students will be required to submit to mandatory drug screening upon entering the nursing program and to random drug screening thereafter. The initial screening will be performed by
CastleBranch.com upon creating an account. For random screening, students will be notified by the Clinical Affiliations office.

b. Students will be responsible for the cost of their own screening.

c. If a student’s physical condition or behavior is symptomatic of substance abuse, the instructor has the right and responsibility to remove that student from the patient care area. Before returning to the clinical area, the student will meet with the instructor, and the Program Director. At this time, a written statement of the incident will be prepared by the instructor; this report may be supplemented with a statement by the student. Repetition of this unsafe behavior by the student will result in the student’s failure to meet the clinical objectives of the course and the student will be dropped from the program. See more detailed procedure in the School of Nursing Student Illness/Injury Protocol and the University Alcohol/Drug abuse policy.

d. Any student receiving any prescribed drug therapy will be encouraged to make this known to the instructor and/or Program Director. Appropriate adjustments in assignment might be made.

3. Mental Health:

a. Students in clinical will often experience high stress and will need to be able to concentrate and perform critical thinking in a very stressful environment. If a student’s behavior is symptomatic of emotional distress, the instructor has the right and responsibility to remove that student from the patient care area.

b. Before returning to the clinical area, the student will meet with the instructor, and the Program Director. Students should not be allowed to return to clinical nursing until they are able to tolerate a stressful environment without endangering their own or their clients’ wellbeing. A clinical clearance signed by a psychiatrist may be necessary.

4. Clinical Clearance Certificate:

a. Students are issued a Clinical Clearance Certificate which must be carried at all times in the class/clinical setting.

b. Students who do not have health clearance will not be allowed to participate in clinical experiences. Students whose certificate expires in the middle of the semester will be sent home from clinical if a new certificate from the CBU-SON is not produced prior to the expiration date on the certificate.

c. Students will be held responsible for their own clinical records & this will be enforced.

5. Health Insurance:

a. All students are required to carry adequate health coverage per CBU Student Handbook.

b. Students have the option of health coverage through the University, or they may sign a waiver indicating coverage under another policy.

c. Should the student become ill or be injured while in a clinical agency, the clinical instructor should be notified at once. The clinical instructor will then determine if a worker’s compensation form should be filed.

d. If emergency room care is required, the student may be charged; however the student's health coverage for workers compensation should provide reimbursement. If emergency care is not required, the student should seek service through their health care provider physician.

e. Also see protocol for “Student Incident/unexplained illness in clinical setting”.

6. CPR Certification:

a. Each nursing student is to have a current CPR card from the American Heart Association, Basic Life Support (BLS) for the Healthcare Provider, certifying proficiency in 1 and a 2-man adult, infant, and child cardiopulmonary resuscitation as well as use of AED (automatic external defibrillator).

b. Verification of valid cards with signatures (in the form of a Xerox copy of both sides) must be uploaded to the online document manager before students will be allowed to begin classes or clinical.

7. Transportation:
a. Students are responsible for providing their own transportation to and from clinical agencies. It is further expected that all students will have a valid driver’s license, insurance, and access to a car or other appropriate, reliable transportation.

b. Lack of transportation is not considered a valid excuse for absence from clinical.
Subject:
Student Incident/Illness in Clinical Setting

Purpose
1. To protect the wellbeing of MSN students.
2. To establish protocols for any incident/injury or any unexplained illness.
3. To provide guidelines of coverage of Worker’s Compensation Insurance for MSN students.

Scope
This policy applies to all CBU MSN students. The policy covers students in clinical areas who sustain any incident such as, but not limited to: TB exposure, needle stick injury, or slip and fall, and any unexplained illness such as, but not limited to, dizziness, fainting, nausea, vomiting, syncope, vaso-vagal response, or seizure.

Policy Statement
In the event of any incident/injury or unexplained illness, the student must immediately notify the clinical faculty. The clinical faculty will direct the student to the appropriate level of medical care; facility urgent care or emergency department, or the CBU contracted urgent care. CBU Worker’s Compensation Insurance information will be provided by the student or clinical faculty to the health care provider. The student and clinical faculty will communicate details of the incident/injury or unexplained illness to the Health Records Analyst who will ensure the student obtains treatment and clearance, if applicable, and make recommendations to decrease potential incidents in the future.

Responsibilities

MSN Student:
1. In the event of any incident/injury or unexplained illness, immediately notify clinical faculty.
2. Provide CBU Worker’s Compensation Insurance information to health care provider. The Worker’s Compensation Insurance information is:
   - Church Mutual Insurance Group
   - P.O. Box 357
   - 3000 Schuster Lane
   - Merrill, WI 54452-0357
   - Phone 800-554-2642
   - Policy # 0239508
3. Complete all forms required by the clinical agency. **Do not use your own insurance policy.**
4. Fill out claim form at CBU Human Resources (HR) within 24 hours of the incident or the next business day. The phone number for HR is 951-343-4302.
5. Meet with Health Records Analyst within 24 hours of the incident or the next business day. The phone number for Health Records Analyst is 951-552-8825.
Clinical Faculty:
1. Upon notification of any incident/injury or unexplained illness of an MSN student, the clinical faculty will evaluate the student and determine whether the student will be seen in the facility’s urgent care or emergency department.
   a. Needlestick injuries are to be seen in the facility’s emergency room.
2. Ensure safe transport of student to urgent care or emergency department.
3. Contact responsible party for after care management.
4. Notify the following individuals immediately: Lead faculty, Health Records Analyst. If after hours, or unable to contact Health Records Analyst, notify the MSN Director.
5. Complete the Incident/Injury/Unexplained Illness (see Appendix ) report and forward to the Health Records Analyst as soon as possible and within 24 hours of the incident or next business day.
6. Communicate with student regarding completion of required clinical hours.

Health Records Analyst:
1. Meet with the student to obtain details of the incident.
2. Follow up with student regarding clinical clearance and any follow up medical needs.
3. Complete a report with recommendations and submit to administrative team.
4. Trend incidents on a quarterly basis and submit quarterly and annual reports to administrative team.

Location of CBU Contracted Urgent Care:
Riverside Medical Clinic
Occupational Medicine
711 Brockton Avenue
Riverside, CA  92506
If the student becomes aware of any problem in their health status (examples: broken bone, skin lesions, chest pain, contagious disease, pregnancy, injury, back injury, surgery), the student as a precondition to having any further client contact, is required to obtain from a qualified provider a written statement providing the following:

A. Confirmation the provider has reviewed CBU’s School of Nursing’s written functional abilities essential for nurse practice;
B. Confirmation if applicable, that the student has approval to continue in the MSN program either with or without accommodation; however, if with accommodation, for the program to specify what that accommodation or accommodations would be or until a specified date. If accommodation is being required by the student’s provider, the School of Nursing will determine whether or not it can reasonably provide such an accommodation before allowing the student to continue on in the program. If the School of Nursing determines it cannot provide the accommodation, the student will have the right to go through the grievance procedure set forth in the Nursing Student Handbook.

This statement must be on file prior to the student having client contact.

Restricted physical activities may prohibit participation in clinical experience and may delay progress in the MSN program until the restriction is discontinued and normal unrestricted clinical nursing activities may be resumed.

This policy is necessary to ensure client and student safety.

ADA Guidelines apply to all qualified persons. If a student has a diagnosed disability that needs specific consideration, it is the student’s responsibility to notify the MSN Director and course faculty. Under California law, disability has been defined as any situation wherein the individual’s condition interferes with their “normal life activities”.

A person with a diagnosed disability is a person who is otherwise qualified with reasonable modifications to rules, policies, or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services, or the participation in programs or activities provided by a private entity and must be able to perform the “essential functions” of the position with reasonable accommodations.

Any student who, because of a disabling condition, may require some special arrangements in order to meet course requirements should contact the MSN Director as soon as possible to make necessary accommodations. Students should be prepared to present a disability verification form from their physician and the CBU Disabilities Office.
Nursing students who become pregnant must have medical approval to continue in the nursing program. In each case of pregnancy, the student will be required to inform the clinical faculty of pregnancy and to file with the instructor a written statement from qualified provider stating the following:

A. Confirmation the provider has reviewed CBU’s School of Nursing’s written functional abilities essential for nurse practice;
B. The expected date of delivery;
C. Approval until the date of delivery to continue in the nursing program either with or without accommodation; however, if with accommodation, for the provider to specify what that accommodation or accommodations would be either until delivery date or until a specified date. If accommodation is being required by the student’s provider, the School of Nursing will determine whether or not it can reasonably provide such an accommodation before allowing the student to continue on in the program. If the School of Nursing determines it cannot provide the accommodation, the student will have the right to go through the grievance procedure set forth in the Nursing Student Handbook.

It is further required that the student notify the faculty if the provider finds any medical reason to limit activities or to recommend withdrawal from the program anytime during the pregnancy. The student who elects to continue in the program accepts full responsibility for any risks to herself and baby associated with an assignment in the hospital setting. In an effort to reduce known potential hazards, pregnant students will not be assigned to known risk areas.

Following delivery, if the student anticipates re-entering an MSN course before four weeks after birth, written approval from the provider must also be obtained and filed with nursing faculty.

In the event the student should begin labor or experience symptoms of complications while in class attendance, either on campus or in a participating agency, the student will be expected to do one of the following:
A. Report to emergency room if in hospital, or appropriate evaluation prior to leaving hospital or
B. Wait at the college or hospital until a responsible family member arrives to take her home, or
C. Makes arrangements to be transported by responsible person or ambulance to the hospital where she plans to deliver.
All nursing students in clinical nursing must carry professional liability insurance at a minimum of one million per case/3 million dollar aggregate against malpractice. Insurance must be obtained prior to the student's clinical assignment and maintained through the entire MSN nursing program.
A Report of *Unusual Occurrence* form is to be completed when any unusual occurrence involving a CBU MSN student in the clinical setting. This is to be done regardless of whether or not an agency incident report is required.

**Scope**

This policy applies to all CBU MSN students in the clinical setting. The scope of this policy covers student involvement in any unusual occurrence such as but not limited to procedure errors, medication errors, patient incidents, breach of facility policy and procedures, and disclosure of confidential information (HIPAA violations).

**Policy statement**

Students will follow facility policies and procedures. In the event of an unusual occurrence in the clinical setting, the student will immediately notify the clinical faculty. The facility supervisor will be notified immediately and facility procedures for unusual occurrences will be followed.

**Procedure**

1. Report the incident to the preceptor per facility protocol.
2. The clinical faculty is responsible for having the student complete the Report of Unusual Occurrence form (see Appendix) in the clinical area.
3. The clinical faculty will sign and distribute copies to the appropriate individuals: Lead Faculty, MSN Director, Associate Dean, and Dean.
4. In collaboration with lead faculty, the clinical faculty is responsible for counseling the student.
5. A student involved in an unusual occurrence in one semester will be placed on contract. Repeated and/or serious clinical errors/unusual occurrences may result in immediate withdrawal from the MSN program.
6. A copy of each completed report will be placed in the students file until graduation.
7. If an agency report is not required in the situation, the lead faculty will use discretion as to whether a copy of this report should be returned to the agency.
8. Each incident will be evaluated in terms of the consequences or outcomes to the client. In the case of any single error with serious or life-threatening outcomes, the student will be evaluated by faculty for progression and/or retention and may result in immediate withdrawal from the MSN program.
9. Any unusual occurrence will be reflected on the overall clinical evaluation.