GRADUATE NURSING STUDIES
STUDENT HANDBOOK

FALL 2015

Revised August 2015
VERIFICATION OF REVIEW OF GRADUATE NURSING STUDIES STUDENT HANDBOOK

I have accessed a copy of the Graduate Nursing Studies Student Handbook and recognize that it contains pertinent information regarding my retention and progress in the MSN program. I agree to abide by the program requirements as stipulated.

Please sign and submit this form to the Graduate Nursing Studies office by the end of the third (3rd) week of the first graduate nursing course taken. I recognize that this form will be kept in my permanent file located in the Graduate Nursing Studies office.

___________________________________
Printed Name

___________________________________
Signature

___________________________________
Student LU Number

___________________________________
Date

Revised August 25, 2015
Lamar University
JoAnne Gay Dishman Department of Nursing

Honor Code Pledge

Expectations of Lamar University Dishman Department of Nursing MSN Program

Lamar University JoAnne Gay Dishman Department of Nursing promises to create a professional environment that fosters excellence; where the entire department works together with integrity and cares for others.

I pledge to strive for:

**Excellence**
- I will perform at the highest level that I can.
- I will be the best that I can be.

**Integrity**
- I will commit myself, even in the face of adversity to the five fundamental values of honesty, trust, fairness, respect, and responsibility.
- I commit myself to academic honesty and integrity in the classroom and clinical setting at all times.
- I will take responsibility for what I say and do.

**Caring**
- I will demonstrate a commitment to the attributes of compassion, empathy, altruism, responsibility and tolerance.
- I will demonstrate caring behaviors at all times.
- I will respect individual diversity through a non-judgmental attitude and approach.

**Adaptability**
- I will be flexible and adapt to change when needed.
- I will work to become a creative problem solver.

**Respect**
- I will not tolerate discrimination.
- I will contribute to creating a safe and supportive atmosphere for teaching and learning.
- I will regard privacy and confidentiality as core obligations.
- I will communicate with peers, staff, and faculty in a professional and respectful manner.

Today I am continuing a career as a professional nurse (nurse administrator or nurse educator), which means accepting the responsibilities and unique privileges of these advanced roles. These include monitoring my interactions and behaviors and using self-reflection in order to challenge myself as I evolve into the advanced role of nurse administrator or nurse educator. I understand that it is a professional obligation, honor and privilege to study and work in the nursing profession toward advanced role preparation. I promise to uphold the highest standards of ethical and compassionate behavior while learning, caring for others, and/or participating in educational activities. I will strive to uphold the spirit and letter of this code during my time at Lamar University Dishman Department of Nursing, Graduate Nursing Studies and throughout my professional career as a registered nurse with advanced role preparation.

Print Name_________________________________ Date ______________________________

Signature ________________________________

(Adapted from Lakeview College Honor Code, 2006)
LAMAR UNIVERSITY
COLLEGE OF ARTS AND SCIENCES
JOANNE GAY DISHMAN DEPARTMENT OF NURSING
GRADUATE NURSING STUDIES

RELEASE OF INFORMATION CONSENT FORM

I ____________________________________________, give my permission for the Department of Nursing to share the items checked with my classmates/recruiters.

_____Address
_____E-mail Address
_____Home Phone Number
_____Cell Phone Number
_____Work Phone Number
_____Pager Number

_____ I do not want any information shared with any person.

__________________________________  ________________
(Student Signature)                  (Date)

This consent may be revoked at any time in writing.
INTRODUCTION

This Student Handbook has been prepared by the Dishman Department of Nursing for use by students enrolled in the Graduate Nursing Studies MSN Program. Its purpose is to provide information frequently needed by students about the MSN program at Lamar University. This Student Handbook is not designed to be used in place of, but rather in conjunction with the current Lamar University General Catalog, Lamar University Graduate Catalog, and the Lamar University Student Handbook.

WELCOME

Welcome to Graduate Nursing Studies at Lamar University. The faculty and administration are very happy that you have made Lamar’s MSN program your first choice.

As a graduate student, the knowledge, experiences and skills you bring to the program will be blended with new insights. This blending will increase the depth of your understanding of the nursing discipline. The program will also promote your professional development in an advanced nursing role and provide a strong theoretical and research basis for your future career.

The graduate nursing faculty and staff look forward to getting to know you as you work toward your educational goals. Please feel free to call us if you have any advising questions, concerns, or if you want to share insights or successes.

Best wishes for success in working toward your MSN degree online in Nursing Administration or Nursing Education.

Ruthie Robinson, PhD, RN, CNS, FAEN, CEN, NEA-BC
Director, Graduate Nursing Studies Program
Associate Professor
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UNIVERSITY DISCLAIMER

The guidelines and policies presented in this information guide are intended for information only and do not constitute a contract, expressed or implied, between any applicant, student and faculty member at Lamar University. Lamar University reserves the right to withdraw courses at any time, to change fees, calendars, curricula, graduation procedures, and any other requirement affecting students. Changes become effective when the proper authorities so determine the application to both prospective students and to the students already enrolled.

Lamar University is an equal opportunity/affirmative action educational institution and employer. Students, faculty and staff members are selected without regard to their race, color, creed, sex, age, handicap or national origin, consistent with the Assurance of Compliance with Title VI of the civil Rights Act of 1964; Executive Order 11246 as issued and amended; Title IX of the Education Amendments of 1972, as amended; Section 504 of the Rehabilitation Act of 1973.

Lamar University Nursing Programs, baccalaureate and master degrees, are fully accredited by the Texas Board of Nursing, (512) 305-7400, and the Accrediting Commission for Education in Nursing (ACEN, formerly the National League for Nursing Accrediting Commission), 3343 Peachtree Road NE, Suite 850 Atlanta, GA 30326, (404) 975-5000, fax (404) 975-5020.
This Student Handbook is designed to provide graduate nursing students with concise information which is gathered from sources on campus and the Department of Nursing. Graduate Nursing Studies students are encouraged to read the Lamar University General Catalog, Lamar University Graduate Catalog and also the Lamar University Student Handbook for general information and policies relevant to graduate education.

(www.catalog.lamar.edu)

When writing to the Dishman Department of Nursing or the Graduate Nursing Studies office, use the following address:

Lamar University-Beaumont
Dishman Department of Nursing- MSN Program
P. O. Box 10081
Beaumont, TX  77710

Graduate Nursing Studies Fax #: (409) 880-8698

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GRADUATE FACULTY

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Mission, Vision and Motto

College of Arts and Sciences Mission Statement

The College has three principal missions:

- To provide an excellent learning environment for all students to develop and refine knowledge and skills essential in cultivating the individual’s ability to critically think, communicate, utilize information technology and participate in a global society;
- To provide a relevant education for our majors in a diverse range of arts and sciences disciplines; and
- To develop and refine knowledge and understanding through community outreach, service, research and creative activities.

Dishman Department of Nursing Mission Statement

The mission of the Lamar University JoAnne Gay Dishman Department of Nursing is to educate undergraduate and graduate students to become qualified, competent, professional nurses who are prepared for practice. The Department provides quality nursing education relevant to a changing profession, society, and healthcare environment. Collaboration between faculty and students promotes excellence in health care delivery to diverse populations. A spirit of caring, continual inquiry, creativity and integrity is promoted through teaching, scholarship, leadership and service.

Dishman Department of Nursing Vision

Excellence in nursing education, in partnership with the community

Dishman Department of Nursing Motto

A Spirit of Caring – A Vision of Excellence
The JoAnne Gay Dishman Department of Nursing faculty believes in preparing students to provide safe patient/client-centered holistic/multi-dimensional care using evidenced-based practice (EBP), clinical reasoning, and clinical judgment. The focus is also on providing quality and culturally sensitive care, working as part of the interprofessional and intraprofessional healthcare team, and using clinical information systems to care for diverse populations in an ever-changing global society. Personal, social, and professional strengths of the graduates are developed to form a basis for continued growth in an interprofessional and intraprofessional healthcare environment.

Undergraduate Metaparadigm

Faculty beliefs about the metaparadigm of nursing associated with undergraduate education are described below and entail:

Nursing

Nursing is based on the concepts of moral agency, effective communication including technology, inquiry, and service to the community. The goals of nursing are to provide safe patient/client centered holistic/multi-dimensional care to assist humanity in collaboration with other disciplines in disease prevention, health promotion, health maintenance and restoration, and the support of death with dignity. Nursing emphasizes a spirit of caring, interpersonal communication, critical thinking, clinical reasoning and patient-centered care to contribute to the health of the individual and society. The responsibility of the nurse is to use the nursing process to assist people to meet health care needs, to attain health related goals within legal, ethical, and regulatory parameters to advocate for patients/clients. Nurses use information and technology to communicate, manage knowledge, and support decision making to provide competent patient/client-centered care. As members of the profession, nurses collaborate with other disciplines in achieving these goals. The faculty believe in preparing professional nurses with essential competencies in four major roles: Member of the Profession (MOP), Provider of Patient Centered Care (PCC), Patient Safety Advocate (PSA), and Member of the Healthcare Team (MOT).

Health

Health is a dynamic state of physical, mental, and social well-being, requiring constant adaptation to internal and external environmental stressors. Each person experiences varying states of health while progressing through the life span. Health decisions are patient/client-centered and influenced by knowledge, culture, family structure, society, and the personal choice of the patient/client.

Humanity

Humanity consists of unique holistic beings with intrinsic worth and dignity having the right to self-determination, well-being, and equality. Humans are adaptive in nature, constantly interacting
within changing environments and society in progressing toward fulfillment of innate potentials for growth, development, and maturation throughout the life span.

**Society**

Society consists of individuals, families, communities, and populations with diverse cultures and value systems. In a global society interactions among humans are diverse, continuously evolving, and interdependent. Humans are adaptive in nature and an integral part of society. Within society, the cornerstone of humanness is a spirit of caring.

**Environment**

Environment is an aggregate of all internal and external factors which influence individuals and groups. The environment provides the context for the development of individuals, the identification of health needs, and the evolution of nursing. Through an on-going interactive process the environment and nursing influence each other. A patient/client environment and professional nursing are conducive to growth and trust and the development of relationships through creative, flexible learning opportunities and communication.

**Undergraduate Education**

Undergraduate Education is a process shared by the faculty and the learner. Learning is the exploration, utilization, and generation of knowledge. Learning is the responsibility of each person and is accomplished through self-motivation, active inquiry, and participation in the educational process. Faculty believe that nursing education is the systematic guidance of the learner toward safe and competent clinical practice in the four major roles (MOP, PCC, PSA, MOT), interprofessional and intraprofessional teamwork, quality improvement, management and clinical reasoning utilizing critical thinking, effective communication, informatics and technology. Constructs of the nursing curriculum include the study of humanity and society, lifespan, health continuum, critical thinking, therapeutic interventions, and professional roles. Foundational nursing concepts include professional integrity, communication, active inquiry, and service. The faculty support the preparation of registered nurses at the baccalaureate levels.

**Baccalaureate Degree**

Baccalaureate Degree graduates use critical thinking, evidence-based practice, technology and interprofessional and intraprofessional healthcare teamwork to provide safe patient/client care and improve patient/client outcomes. Graduates are prepared with a broad perspective and understanding of society, the environment, and people as diverse individuals, families, communities and populations. Baccalaureate education incorporates a broad range of basic, behavioral, social sciences, communication and technology content to provide a strong foundation for coordinating safe and competent patient/client care using critical thinking and problem solving skills. A baccalaureate degree is the most common requirement for entry into graduate nursing education where nurses may further develop their professional roles to become nurse educators, researchers, administrators, or advanced practice nurses. Graduates promote the practice of professional nursing through leadership and advocacy roles.

**Graduate Metaparadigm**

The Master of Science in Nursing degree builds upon the undergraduate philosophy and adheres to its goals. The content of the master’s program reflects the graduate organizing
framework and prepares students for advanced nursing practice roles in nursing administration and nursing education.

The faculty in the master’s program recognizes an evolving metaparadigm in the nursing profession and monitors the individual paradigms for agreement with current innovations and the shift in world views of the nursing profession. The paradigms included in the graduate metaparadigm are: nursing, health, humanity, society, and environment.

**Nursing**

Advanced nursing practice synthesizes theoretical frameworks from nursing and other disciplines to expand its knowledge base. The masters prepared nurse functions as a clinical nurse educator, researcher, advocate, consultant, collaborator and a manager of systems. Evidence-based research methods are used to investigate problems, serve as a basis for initiating change, and provide new knowledge to improve patient/client centered outcomes. The master’s prepared nurse administrator role delivers indirect care and the clinical nurse educator role delivers direct care; and each role is practiced from professional, organizational and personal perspectives within an ethical, legal, and regulatory framework.

**Health**

The advanced practice nurse contributes to the design and implementation of interprofessional and intraprofessional healthcare delivery which is based on collaborative education systems. The healing process is based on the philosophy of caring for the body, mind and spirit. Health is achieved through illness prevention, health promotion strategies, health education, and continuous quality improvement of the micro and macro healthcare system.

**Humanity**

The advanced practice nurse recognizes the person is more than the sum of their parts and honors the total human being. Advocacy is demonstrated for those in particular who become vulnerable as they transition from various states of illness and experience social and cultural disparities. Advocacy involves providing health resources and services; and ensuring that these are available, accessible, and acceptable. The advanced practice nurse advocates for those who are unable or cannot speak for themselves.

**Society**

The advanced practice nurse is cognizant of increasing global diversity and the health challenges it brings to the healthcare system. This diversity accelerates the need for cultural competence and impels the advanced practice nurse to be culturally responsive to the health needs of individuals, families, groups and world communities. The advanced practice nurse is aware of the interconnectedness of our global society and supports the interchange of research and evidence-based practice which benefits the whole world community.
Environment

Knowledge is expanding exponentially with new technology and intricate informatics systems and thus has an impact on the healthcare environment. It is incumbent upon the advanced practice nurse to be an effective user of current educational technology and informatics to identify and communicate healthcare needs to improve the quality of patient/client centered outcomes. The advanced practice nurse has the expertise and therefore an obligation as a moral agent to influence, analyze and evaluate outcomes for the development of a culture of safety and healthcare policies that are relevant to dynamic health care systems.

Graduate Education

Learning at the graduate level stems from an open collegial relationship between faculty and students. Faculty in the graduate program encourages the learner to be the determinant in the heuristic exploration of current knowledge and the challenge of using theory guided evidence-based practice. The graduate paradigm serves as a basis for students to incorporate and synthesize knowledge from middle range theoretical models and to hone their advanced nursing practice roles in administration and education. During this process they move from concrete perspectives toward abstract concepts with an expanded cultural awareness of healthcare issues that prepare them for life-long learning and doctoral study.

Approved by Faculty Association 5-7-2013
Faculty Association Reviewed and Approved 1-16-2013
## ORGANIZATIONAL FRAMEWORK

### MSN Degree Organizing Framework

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<th>Competency Area</th>
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<tr>
<td>MSN</td>
<td>Humanity &amp; Society</td>
<td>Analyze issues in the context of healthcare policy and finance, including political and organizational systems, to address the healthcare needs of a diverse society.</td>
</tr>
<tr>
<td></td>
<td>Lifespan Health Continuum</td>
<td>Analyze strategies to improve healthcare outcomes across the health continuum for various populations.</td>
</tr>
<tr>
<td></td>
<td>Evidence-based Practice &amp; Clinical Reasoning</td>
<td>Utilize research methods to investigate problems, initiate changes, and improve nursing practice.</td>
</tr>
<tr>
<td></td>
<td>Patient/Client Centered Care</td>
<td>Synthesize theoretical frameworks from nursing and other disciplines to expand the knowledge base for advanced nursing practice.</td>
</tr>
<tr>
<td></td>
<td>Professional Roles</td>
<td>Demonstrate advanced nursing practice roles from a professional, organizational, and personal perspective within an ethical and legal framework.</td>
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### BSN Degree Organizing Framework

<table>
<thead>
<tr>
<th>Level</th>
<th>Focus Area</th>
<th>Competency Area</th>
</tr>
</thead>
<tbody>
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<td>1st Level</td>
<td>Explore holistic needs of individuals and families</td>
<td>Discuss complex health needs.</td>
</tr>
<tr>
<td></td>
<td>Discuss common health needs</td>
<td>Comprehend critical thinking skills.</td>
</tr>
<tr>
<td></td>
<td>Discuss prevention/wellness</td>
<td>Discuss basic research process.</td>
</tr>
<tr>
<td></td>
<td>Apply nursing process</td>
<td>Apply nursing process.</td>
</tr>
<tr>
<td></td>
<td>Discuss nursing theories</td>
<td>Discuss evidence-based practice.</td>
</tr>
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| 2nd Level | Investigate global and diverse populations / communities | Analyze complex health states. |
|          | Synthesize clinical reasoning & judgment skills | Interpret EBP & research process. |
|          | Comprehend research process | Analyze Clinical Reasoning. |
|          | Analyze Clinical Reasoning | Investigate other nursing theories. |
|          | Demonstrate teaching / health promotion | Coordinate care. |
|          | As a member of the interprofessional and intraprofessional healthcare team | Coordinate patient/client-centered care for patients and families within legal, ethical and regulatory parameters. |

### Foundation of Nursing Concepts: Professional Integrity/Communication/Active Inquiry/Service
- Broad, Liberal Education in Related Disciplines (Nursing Pre-requisites)
DEFINITIONS

**Accountability**: the state of being able to answer for one's actions. The professional nurse answers to self, client, profession, employing institution and society for the effectiveness for nursing care performed.

**Active Inquiry**: takes place when students are actively involved and genuinely engaged in meaningful learning. The focus is on developing students' intellectual capabilities as independent, critical thinkers. Active inquiry is a basis for lifelong learning as well as personal and professional growth.

**Adaptation**: a dynamic, ongoing, life-sustaining process whereby living things continually adjust to environmental changes. Social adaptation implies the adjustment and adaptation of humans to other individuals and community groups in the social environment.

**Advanced Nursing Practice**: Knowledge and preparation to pursue advanced roles in Nursing Education or Nursing Administration.

**Advanced Role Preparation**: MSN curriculum tracks with a common foundation that lead to Advanced Nursing Practice in nursing administration or nursing education.

**Advocate**: one who pleads the cause for client rights or the rights of other persons, provides them with the information they need to make an informed decision, supports them in their decisions and accepts and respects the client’s right to decide.

**Aggregate**: a mass or body of units or parts somewhat loosely associated with each other. (NEAC, 1993)

**Articulation**: a planned process providing opportunities for multiple-entry and exit points, expecting graduates to demonstrate all the competencies (inherent in critical thinking, knowledge, judgment, and skills) of the preceding levels of education.

**Care management skills**: emphasizes quality outcomes and cost effectiveness in a variety of health care settings and time frames. Includes serving as a client advocate within an interdisciplinary team utilizing teaching, practice, and research techniques.

**Caring**: implies a special concern, interest, or feeling capable of fostering a therapeutic client and nurse relationship. It is an expression of or an action of an informed, competent professional nurse that stems from the ability to utilize the scientific problem solving process. (Adapted: Yoder-Wise, 1995)

**Client**: individual recipient of care. For the baccalaureate graduate, may include the individual and the family, aggregates, community or society. (NEAC, 1993)
**Client (Patient)-centered Care:** means considering patient’s cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles in their treatment and care (Institute of Medicine, 2011).

**Clinical Reasoning:** may be defined as “the process of applying knowledge and expertise to a clinical situation to develop a solution” (Carr, S., 2044).

**Communication:** a relationship skill which involves verbal and nonverbal exchange of information and ideas. A complex process that refers to not only content, but also feelings and emotions, which may be conveyed in a relationship.

**Community focus skills:** a combination of both psychomotor and relationship skills used to facilitate partnering and collaboration in the community. These skills include: awareness of populations, knowledge of epidemiological determinants of health, knowledge of traditional practices, shifting demographics, and economic factors that impact the health of groups. Application of these knowledge based skills allows the nurse to deliver culturally competent, effective care to entire populations.

**Complex adaptive systems:** dynamic systems, building on positive feedback, which are highly sensitive to small changes, are self-organizing and can be controlled with chaos. These systems change, but changes in outcomes appear to have no relationship to the changes in system input. (Adapted: Michaela, 1996)

**Consumer:** individuals, groups, families, organizations, aggregates, or communities who utilize health care services. (Adapted: Stanhope, 1996)

**Coordinator of care:** one who organizes and facilitates the delivery of comprehensive services to clients using other provider’s services, human and material resources, and collaboration with clients, their support services, and a variety of providers. (NEAC, 1993)

**Critical pathway:** a trajectory of the client’s clinical course detailing interventions, referral patterns, and outcomes on a daily basis from pre-admission into the health care system through post-charge follow-up.

**Critical thinking:** refers to an intellectual process that involves developing a rational, justifiable response to questions for situations where there are no definitive answers and for which all the relevant information may not be available. It involves the ability to analyze arguments, construct meaning, use knowledge as context, and critically reflect on one’s thoughts and actions. Critical thinking requires knowledge, but it is more than the acquisition and regurgitation of known facts, concepts, and theories. It is the ability to use that knowledge in situations of ambiguity and risk. (Adapted: Lindeman, 1995)

**Culturally sensitive care:** uses a framework of the client’s world-view, values, norms, and beliefs about health and illness in health care delivery. To the greatest extent possible, the process will reflect sensitivity to the client’s cultural perspective, and where appropriate, the nurse and client will negotiate and facilitate a change in behaviors. (Adapted: Leininger, 1988; Kavanaugh, 1991; Yoder-Wise, 1995)
Enabling: to give the means, knowledge, ability or opportunity to do something; to make possible.

Evidence-Based Practice: nursing knowledge and skills emanating from a research basis of inquiry. The use of nursing research literature to establish a best practice, protocol, or policy.

Evolving health care setting: a geographical and/or situational environment (could be structured or unstructured health care delivery setting) which is undergoing significant changes in response to internal and/or external pressures. There are not sufficient resources to assist and support the full scope of nursing expertise, therefore requiring independent nursing decisions.

Family: two or more people who may share a residence, who possess a common emotional bond and perform/engage in interrelated social positions, roles, and tasks. (NEAC, 1993)

Graduate Nursing Studies is a broad departmental administrative area that houses the MSN program.

Health: a measurable state along a wellness-illness continuum that each person ultimately defines for themselves. It is a composite of physical, psychological, emotional, social and spiritual functioning. (Adapted: Smeltzer & Bare, 1996)

Healthcare delivery system: the totality of services offered by all health disciplines that contribute to safe, quality, cost effective health care that is divided into three subsystems:

1. Preventative and primary care help clients acquire healthier life styles and achieve a decent standard of living. The focus of health promotion is to keep people healthy through personal hygiene, good nutrition, clean living environments, regular exercise, rest and the adoption of positive health attitudes.

2. Secondary and tertiary care includes the diagnosis and treatment of illnesses. Planning and coordination of the highest quality of care possible so clients can be discharged early but safely to the home or extended care facility that can be adequately manage remaining health care needs is a central tenet of secondary and tertiary care.


Health care outcomes: the end product of any health care process, indicating to what extent the purposes of the process is being achieved. The output or results of the process (i.e., change, resolution, improvement, or deterioration)

Holistic Health needs: are an ongoing state of wellness that involves taking care of the physical self, expressing emotions appropriately and effectively, using the mind constructively, being creatively involved with others, and becoming aware of higher levels of consciousness. The client is aware of the physical and emotional dimension of the wellness-
illness continuum and the clients actively participate in their own state of wellness. (Adapted: Potter, 1997)

Interprofessional: is defined as a group of individuals from different disciplines working and communicating with each other. The Interprofessional leaning environment encompasses each member who provides his/her knowledge, skills, and attitudes to enhance and support the contributions of others. (Hall and Weaver, 2001)

Interprofessional Team: As defined in the Institute of Medicine’s (IOM) Report, *Health Professions Education: A Bridge to Quality*, (2003) an interdisciplinary/Interprofessional team is composed of members from different professions and occupations with varied and specialized knowledge, skills, and methods. (p.54) Members of an Interprofessional team communicate and work together, as colleague, to provide quality, individualized care for patients.

IOM: Institute of Medicine. (Now known as The National Academies of Medicine)

Learning: a life-long process of change in which the individual acquires knowledge, attitudes, values, and skills through practice, experience, and study.

Life span: from conception to death.

Managed care: a health delivery system that integrates financing, insurance and care delivery by means of (a) contracts with selected health care providers that furnish a comprehensive set of services to enrolled members, (b) utilization and quality controls, (c) financial incentives for members to use contracted providers, and (d) financial risk-sharing between the system and the providers. Includes PPOs, HMOs, and point of service HMOs. (Adapted: Iglehart, 1992)

Master’s prepared graduate: Nurses with beginning level advanced nursing practice expertise in nursing administration or nursing education.

Modeling: “is the process used by the nurse to develop an empathetic understanding of the client’s present situation based on the world as the client perceives it. The model of a person’s world is the representation of the unique aggregation of the way the individual perceives life and all its aspects and components; feels, believes, and behaves; and the underlying motivation and rationale for beliefs and behaviors.” (Erickson, H.C., Tomlin, E.M., and Swain, M.A. (2002). The Modeling and role Modeling Theory in J.B. George, 2002, *Nursing Theories, the Base for Professional Nursing Practice*, pg. 466).

Nursing education: the process learners use to acquire and apply knowledge from varied experiences to identify and solve problems with clients and creativity and flexibility in the world.

Nursing process: a clinical decision-making method that involves assessing, planning, implementing, and evaluating client care. Assessment of client problems results in formulating a nursing diagnosis. (Adapted: Stanhope, 1996)

Person: a unique individual with biological, psychological, socio-cultural and spiritual dimensions that are constantly interacting with a changing environment.
Population-focused practice: care provided to individuals, families and community based populations in order to enhance the health of the aggregate, community, or society. The scope of practice extends from a one to one nursing intervention to a global perspective of world health. Emphasis is placed on health promotion and disease prevention. (Adapted: Stanhope and Clark, 1996)

Professional integrity: is demonstrated by the acceptance of accountability and responsibility for one's actions; is the management of all situations in a truthful and honest manner that demonstrates respect and dignity for self and others; and is the presentation of oneself in a professional manner through proper dress, communication, and demeanor. It is the integration of professional behaviors and the socialization process that prepares graduates for entry into the practice of professional nursing.

Persistence Rates (Graduate, full time): Percentage of admitted students on a full-time MSN curriculum plan, who enroll full-time for two semesters during the academic year if admitted in the Fall semester, and one semester if admitted in the Spring semester.

Persistence Rates (Graduate, part-time): Percentage of admitted student on a part-time MSN curriculum plan, who enrolls in at least one semester during an academic year.

Provider of care: one who provides nursing care to individual clients (or as appropriate, families, aggregates, communities, and societies) using a systematic process of assessment, analysis, planning, intervention and evaluation. (NEAC, 1993)

Relationship skills: skills that enhance the connection between the nurse and hierarchies of interactions with other persons: clients, families, communities, members of the health care team, and the environment in which these interactions occur. Involve accountability, primacy of duties directed at beneficence, scientific and technical competence, and leadership. Aimed at maintaining the therapeutic progress, facilitating wellness and implementing care with unconditional positive regard for the client’s progress.

Role-Modeling: “is the facilitation of the client in attaining, maintaining, or promoting health through purposeful individualized interventions based on the client’s perceptions of the world as well as the theoretical base for the practice of nursing.” (Erickson, H. C., Tomlin, E. M., and Swain, M. A. (2002). The Modeling and Role Modeling Theory in J. B. George, 2002, Nursing Theories, the Base for Professional Nursing Practice, pg. 466).

Scientific problem solving-a vital ability for nursing practice which involves both problem solving and decision making. A dynamic process which utilizes the nursing process, decision making strategies, critical thinking skills, critical pathways, and independent/collaborative problem-solving as methods employed to solve problem related to care delivery. Involves problem identification, gathering and analyzing data, developing solutions, implementing the best, most cost-effective solution(s), and evaluating client outcomes. The nurse's ability to recognize and identify the problem is considered the most vital step. (Adapted: Yoder-Wise, 1995)

Skill-proficiency, competency and/or mastery of set(s) of tasks, abilities and/or behavior(s) that are hierarchically acquired over time as a consequence of learning, practice and experience.
**Society:** that scope of humanity: individuals, cultures, families and communities forming complex adaptive systems.

**Simulation, high fidelity:** Creating a realistic client care environment and situation in which students participate in care, utilize problem-solving and clinical judgment skills. Integrates student cognitive, affective, and psychomotor domains in creating a client care situation as close to reality as possible, oftentimes utilizing high-tech mannequins which breathe, talk, and have realistic pulmonary, cardiac and gastric sounds. This teaching/learning strategy promotes synthesis of knowledge and the integration of multiple concepts into care of clients across the lifespan within a safe nonthreatening learning environment.

**Simulation, low fidelity:** Frequently utilizes a static mannequins and task trainers to create a realistic situation in which students practice problem solving and psychomotor skills. This teaching/learning strategy allows for peer review, self-assessment, and student demonstration of nontthreatening learning environment.

**Structured setting:** geographical and/or situational environment where the policies, procedures, and protocols for provision of health care are established and in which there is recourse to assistance and support from the full scope of nursing expertise. (NEAC, 1993)

**Teaching-Learning:** a collaborative problem solving relationship between learner and teacher emphasizing self-direction and self-determination of goals leading to increased independence on the part of the learner.

**Technology/Psychomotor skills:** the use of knowledge and dexterity to manipulate the ever changing and advanced technical, computerized equipment to provide client care; e.g. diagnostic equipment to gather assessment data, computerized client information to plan outcomes, mechanical pumps and respirators to maintain life, computer software to document, evaluate and conduct research on client outcomes, and using information from the superhighway to communicate and gather information.

**Therapeutic interventions:** actions designed to assist a client in moving from present level of health to that described in the expected outcome. These actions may be direct and indirect which include nurse initiated, physician initiated, and collaborative interventions.

**Unstructured setting:** geographical and/or situational environment which may not have established policies, procedures, and protocols and have the potential for variations requiring independent nursing decisions.
MSN STUDENT LEARNING OUTCOMES

Graduates of the Nurse Educator or Nurse Administrator tracks of the MSN program will demonstrate the following program outcomes:

1. Analyze issues in the context of healthcare policy and finance, including political and organizational systems, to address the healthcare needs of a diverse society.

2. Analyze strategies to improve healthcare outcomes across the health continuum for various populations.

3. Utilize research methods to investigate problems, initiate changes, and improve nursing practice.

4. Synthesize theoretical frameworks from nursing and other disciplines to expand the knowledge base for advanced nursing practice.

5. Demonstrate advanced nursing practice roles from professional, organizational, and personal perspectives within an ethical and legal framework.

Revised: October 12, 2003
November 13, 2003; reviewed 8/07 & 8/08 in preparation for re-accreditation
Reviewed 2-16-2014 in preparation for re-accreditation in 2018
ACADEMIC EXPECTATIONS OF GRADUATE STUDENTS

The Dishman Department of Nursing complies with the Academic Policies of the College of Graduate Studies as published in the Lamar University Graduate Catalog (2015-2016).

All graduate students are expected to be familiar with the policies and regulations of the College of Graduate Studies. The association with Academic Partnerships has provided additional specifics in several of these areas. If you are admitted into an AP program be sure to check on dates for terms.

1. **Academic Year.** The University divides the academic year into two long semesters (Fall and Spring) and two summer terms of 6 weeks each. Academic Partnership programs focus on 8 week courses and several 15 week courses. There is only one summer session in Academic Partnership programs.

2. **Time Limit for Degree Completion.** All course work applied toward a given degree, except for doctoral degrees, must be completed within a period of six years. This time limit applies to all work at the graduate level, including work transferred from another institution. Time spent in active military service is not included in the six-year limit. Because of Immigration and Naturalization Service regulations, a shorter period may apply to international students.

3. **Validation of Out-of-Date Graduate Credit.** Academic credit granted outside the time limits established for graduate degrees must be validated by either retaking the course, transferring the course from another institution, substituting the course from the degree plan, or through examination of coursework/knowledge before the work can be applied toward the requirements of a degree program. To be validated, the work must have been completed at Lamar University or be acceptable as transfer credit in lieu of a LU course. In order to validate out-of-date course work, students must receive permission from the graduate program director, the chair of the department, and the dean of the college in which the course is offered. The graduate program director or department chair will make appropriate referrals to faculty member(s) teaching the course(s) to be validated requesting than an examination be prepared and the results evaluated. Prior to examination, the student shall be informed of the areas of knowledge or course content on which he/she is to be examined as well as the date of examination. Upon approval, the graduate course work credit will be posted to the student’s transcript. Validation for any given course can be sought only once.

4. **Maximum Semester Course Load.** The maximum course load for graduate students during Spring and Fall semesters is 15 hours per term. The maximum course load for graduate students for any one summer term is 6 semester hours, or 7 hours if a lab is taken. These maximums apply even when the graduate student is enrolled in a combination of graduate and undergraduate courses.

5. **Definitions of Full and Part-Time.** A full-time graduate student is defined as a student taking at least nine semester hours of graduate work during Fall or Spring semesters. After completing the course work for a graduate degree, students who are enrolled in a field study or project course may be considered full-time even though they are enrolled in as little as three semester hours. This may occur for one semester. Additional semesters of
field-study or project writing require permission of the department chair and of the dean of the Graduate School. In the summer, full-time is 3 hours per term. A student taking fewer than 9 hours in the Fall and Spring semesters and fewer than 3 hours in the summer sessions is considered part-time. Full-time status may be required for certain fellowships and scholarships.

6. Deferring Graduation. International students who wish to defer graduation by taking additional course work after their original degree plan has been completed, must meet one of the following conditions: (1) admission to the new program must be granted by the new major department and a new Form I-20 must be issued indicating the new major program of study and the length of time for completion of the second degree; or (2) student must be enrolled full time (9 hours in long semesters and 3 hours in each summer semester), and permission must be given in writing by the major department as well as the department where additional course work is to be taken stating that said course work is required for the original degree. All additional course work must be taken for credit and a grade must be earned. Students may not petition for “no-grade” (NG).

7. Permission for an Undergraduate Student to Enroll in Graduate Courses, Reservation of Work by Undergraduates for Graduate Credit. An undergraduate student who is within 12 semester hours of graduation may take a maximum of six semester hours of graduate courses which may be applied toward a master’s degree. Both the chair of the intended graduate program and the graduate dean must approve, and the total academic load may not exceed 15 semester hours. The G-11 form, available online in the Graduate Office (219 Wimberly) and in departmental offices, is used to obtain permission.

8. Dual Degrees. Graduate students wishing to take dual degrees must apply and be accepted by both major departments. It is not required that completion of both major degree plans occur simultaneously. In addition, international students must comply with all Immigration & Naturalization Service federal regulations governing enrollment and employment opportunities. It is the student’s responsibility to keep both major departments apprised of his/her continuing dual degree status and to be aware of how this may affect any financial assistance from one or both of those departments. A dual degree candidate is still subject to all the academic policies listed herein.

9. Transfer of Graduate Credits to Lamar University. With the approval of the chair of the major department and the graduate dean, a student may transfer up to six semester hours of graduate work completed at another regionally-accredited institution and these transferred credits may be applied toward a graduate degree at LU. Only courses with grades “A”, “B” or “S” (satisfactory) which were accepted as graduate credit at the institution where the work was taken may be considered for graduate transfer. Transferred credits are not considered in the computation of the graduate grade-point average at Lamar University.

10. Application of Institute Hours Toward a Degree. A maximum of six semester hours of work done in institutes may be approved for graduate credit toward a degree. Institutes are defined as graduate courses of less than three weeks duration.
11. Application of Credits from One Master’s Degree Toward a Second Degree. A maximum of six semester hours taken for one master’s degree may be counted toward a second master’s degree with the approval of the department in which the second degree is sought.

12. Use of Advanced Undergraduate Courses Toward a Graduate Degree. Undergraduate courses, even if senior-level, may not be applied toward a graduate degree.

13. Correspondence Credit, Credit by Examination, and Course Work Earned Through Distance Learning. Courses taken by correspondence and credits earned through examination are not accepted toward graduate degrees. Courses completed through Distance Learning may be applied toward a graduate degree if approved by the student’s graduate committee.

14. Course Duplication, Repeating a Course. With approval of the Chair of the major department, a student may enroll for a course a second or subsequent time and have it counted as part of the semester’s load. If a course is repeated, that last grade recorded will be considered the official grade, but the original grade remains on the student’s record as a course taken. A repeated course will be included in the student’s cumulative record and in the computation of the GPA. Graduate work is expected at the B grade level. Independent study/special topics course may have the same course number but are not considered to be the same course if the topics differ. If a student earns a D or F in a course required for his/her graduate degree, the course must be repeated and a passing grade of A or B must be earned. The student will be on academic probation until the GPA reaches 3.0 or higher within the next 9 credit hours.

15. Change of Major. Except in the College of Business, changes of major must be approved by the chair and/or the graduate advisor in the new graduate program and by the Graduate Dean. In the College of Business, changes must be approved by the Associate Dean and by the Dean of the College of Graduates Studies. New international students may begin the process of changing majors during their first semester but may not actually make the change until their second term. Obtain forms for changing majors (G-16) online or at the Graduate Office (219 Wimberly). Caution: Financial assistance provided by an academic department is usually not transferable to other departments. Students who change their major and transfer from one department to another may lose their financial assistance.

16. Enforced Withdrawal or Course Drop. A graduate student may be required to drop a course or courses or withdraw from the University temporarily or permanently if the student’s academic work is below the standards of the College of Graduate Studies (see discussion of probation/suspension below), or if the student is found (through due process) to have engaged in academic dishonesty or misconduct. In those programs that provide clinical training or student teaching (e.g., audiology, speech-language pathology, nursing, Education and Human Development), a student can be removed from practicum and/or the program if it is found (through due process), that he/she is a threat to the well-being of patients, students, clients, etc.
17. **Academic Dishonesty, Misconduct, Discipline Code.** Student conduct regulations, as found in the Lamar University Student Handbook, apply to all graduate students. These regulations include policies relating to academic dishonesty, plagiarism, University disciplinary code, and student rights and responsibilities. It is the responsibility of all graduate students to read the Student Handbook and to abide by all University regulations.

18. **Grading System.** The grading system for graduate is “A” (superior), “B” (good), “C” (marginal), “D” (poor), “F” (fail), “I” (incomplete), “S” (satisfactory), “U” (unsatisfactory), Drop, and Withdrawal. Credits applicable to graduate degrees are given only grades A, B, C, and S. Although C grades earned at Lamar University may be counted toward the requirements for a graduate degree, C grades are not considered acceptable graduate-level performance. Courses in which a student received a D or F may not be counted toward a graduate degree, although such grades are calculated in determining the grade-point average. Grades of C, D or F must be compensated for by the necessary hours of A if the student is to have the 3.0 grade-point average required before awarding the degree. In computing grade-point averages, “A” is valued at four grade points, a “B” three, a “C” two, a “D” one, and an “F” zero. An overall grade point average (GPA) of “B” (3.0) on all graduate work attempted is required for graduation. Thesis grades are not included in the computation of grade point averages. Incomplete work that is not finished during the next long semester (Spring or Fall) will be credited with an “F”. With compelling justification, the graduate dean may grant an extension of the time limit for the completion of incomplete work.

19. **Additional Department GPA Requirements.** A department or graduate program may impose GPA standards for its majors which exceed those of the Graduate College when approved by the Dean of the academic college.

20. **Admission of Faculty to Graduate Degree Programs.** Lamar University faculty will not be permitted to work toward a graduate degree within their own department. To pursue a graduate degree in another department, faculty must have the approval of the Graduate Dean.

21. **English Proficiency Required of International Students for Graduation.** International students whose first language was not English are required to pass an English proficiency test before they may be admitted to candidacy for a graduate degree. The test is not used as an admissions requirement to the Graduate College and is taken after the student is admitted and arrives on the Beaumont campus. International students who do not pass the test are required to enroll in an English as a Second Language (ESL) course until they pass the test.

22. **Rule Changes.** The University reserves the right to change any of its rules, regulations or course requirements without notice.

23. **Waiver of Regulations.** Graduate students have the right to file a petition for exemption from any academic regulation of the Graduate College. Petitions for exemption are considered by the Graduate Appeals Committee, which makes recommendations to the Graduate Dean. Decisions of the Graduate Dean may be appealed through administrative channels (i.e., to the Executive Vice President for Academic Affairs, then to the University President, the Chancellor, and, finally, to the Board of Regents).
24. **Open Records Policy.** Student records, which generally include information concerning the student and the student’s individual relationship to the educational institution, are available on request to Lamar University personnel who have an educational interest in the records. Individual records are also accessible to the student in question. Without written consent of the student, records are not released except as noted above.

25. **ACADEMIC PARTNERSHIP ASSOCIATION.** Academic partnerships (AP) is a marketing company that the University contracts with over a range of years to market and deliver courses or programs in an accelerated format. The company employs specialists at various levels to assist with such processes as admission, advising, course development, and graduation.
ADMISSION INFORMATION
Admission to the College of Graduate Studies

All students seeking admission to a graduate degree program at Lamar University must first meet the minimum standards of the College of Graduate Studies. **The admission standards of departments may exceed those of the College of Graduate Studies.** Lamar University Graduate Catalog (See Enrollment Process)

For more information contact:
Academic Partnership MSN Advisor
(409) 880-7295
luapadmissions@lamar.edu

Admission to the MSN Program

Nurses seeking admission to the MSN program must meet the following requirements:

1. A Bachelor of Science in Nursing degree from a nationally accredited undergraduate program. (ACEN formerly NLNAC or CCNE).
2. GPA of 3.0 or higher for all undergraduate and graduate coursework.
3. Satisfactory scores in the Graduate Record Examination (GRE) (see graduate catalog) or Miller Analogies Test (MAT) taken within the last five years. Entrance exams may be waived for those who graduate with a BSN from a nationally accredited program & possess an undergraduate GPA of 3.0 or higher.
4. Current unencumbered licensure as a Registered Nurse in the State of Texas.
5. College statistics course (with a grade of “C” or better). Conditional admission without statistics course but must be completed prior to MSNC 5311 (Nursing Research). Students are strongly recommended to repeat college statistics if they have not had it within the past five years.
6. Clear criminal background check.
Alternative Admission to the MSN Program

A graduate nursing studies student may pursue alternative graduate nursing admittance when (s)he has not met the GPA of 3.0. The Miller Analogy Test (MAT) score GPA x 200 + MAT > cut off score (985) may be used to make the determination. The GRE score formula appears in the graduate catalog. The graduate faculty voted to use the following formulas for alternative admittance. The decision not to accept either a GPA lower than 2.75 or a MAT score lower than 385 or a GRE score lower than 410 (new) or 1100(old) , for the formula method, was also reached by faculty vote.

\[
\text{GPA} \times 200 + \text{MAT} \geq 985 \\
\text{GPA} \times 200 + \text{GRE} \ V+Q \geq 900 \ (\text{new scoring}) \ 1350 \ (\text{old scoring})
\]

Our program materials state: “In general, GRE scores for the successful applicant are 153 and higher for the verbal scale, 144 and higher for the quantitative scale, and 4.0 and higher for analytical writing. For students who completed the GRE before August 2011, preferred scores remain 500 for both the verbal and quantitative scales, and 4.0 for analytical writing.” We do not make exceptions for international students.

The graduate catalog specifies that in any alternative admission, the student must maintain a 3.0 GPA in the first 9 hours of the program.

Graduate Policy accepted 9/06 reviewed for admission into AP Spring 2013

Admission Deadline

Domestic students (U.S. citizens and permanent residents) must submit all application materials at least 30 days before Fall, Spring, or Summer registration. Deadlines for international students are May 15 for Fall semester, October 1 for Spring, and February 15 for Summer terms.

Pre-Graduate Status

See Lamar University Graduate Catalog. Students remain in pre-graduate status until all of the admission requirements are met. PG students are not eligible for graduate school scholarships. This status appears in Banner as NDMSN
Information Regarding MAT and GRE Testing

~MAT~

The Miller Analogies Test (MAT) is given by appointment at the Testing Center at Lamar University. The test site is open 8 a.m. - 5 p.m. Monday-Friday. You may call 409.880.8444 to make an appointment for testing.

This exam consists of 100 analogies and is administered in on-line format. The exam is 50 minutes long; however expect to be at the testing site for approximately an hour and a half. The test fee is $80.00 and may be paid on test day. A photo ID must be brought to the test site on test day. Score reports may be obtained immediately or will be mailed within 10 to 15 business days to your designated address and up to 3 institutions selected on test day. You may repeat this exam, as long as you have a Retest Admissions Ticket.

A Candidate Information Booklet may be picked up at the Test Site at:

4400 Martin Luther King Parkway
Galloway Business Building Room 102 (located inside the Career Center)
Beaumont, TX

This booklet contains useful information about what to expect on test day, taking strategies, sample analogies, as well as other important information. Additional information may also be found at www.tpcweb.com. Other testing information can be found at our website at the career center web site accessed on the Lamar University web page.

~GRE~

The General Graduate Record Examination (GRE) is now given by reservation on computers at testing Center on the Lamar University Testing Center. You must register on line at the GRE web site and have a reservation to take the test at out testing center. The current fee is $140.00. The General GRE consists of a 30-minute Verbal section of 30 questions; a 45-minute Quantitative section of 28 questions; and 60-minute Analytical section of 35 questions. Total testing time is 2 hours and 50 minutes. Unofficial scores appear on the screen following the exam. Official score reports are mailed within 10-15 days to test takers and up to 4 institutions if designated on the test day. You may repeat the General GRE once per calendar month up to 5 times per year. This is true even if you cancel your scores on a test taken previously.

You may pick up a GRE Information and Registration Bulletin at the Lamar University Testing Center. This booklet contains useful information about what to expect on test day, test taking strategies, as well as other important information. Additional information may also be found at www.gre.org. Visit the test site at:

4400 Martin Luther King Parkway
Galloway Business Building Room 102 (located inside the Career Center)
Beaumont, TX

Helpful Resources: Princeton Review “Cracking the GRE” or “Cracking the MAT”
Available at bookstores.
CURRICULUM PLANS
## FIRST YEAR

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<tr>
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<th>Fall Semester</th>
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<tbody>
<tr>
<td>MSNC 5310</td>
<td>Theoretical Foundations *** 3</td>
<td>MSNC 5311             Nursing Research***## 3</td>
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<tr>
<td>ACCT 5315</td>
<td>Financial Accounting * 3</td>
<td>MKTG 5300             Marketing Concepts ** 3</td>
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<td>MSNA 5320</td>
<td>Role Develop. Nurse Admin 3</td>
<td>MSNE 5321             Planning/Org Healthcare Delivery 3</td>
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### SUMMER

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<td>MSNC 5312</td>
<td>Healthcare Policy &amp; Finance 3</td>
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<tr>
<td>MSNA 5323</td>
<td>Health Information Systems 3</td>
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## SECOND YEAR

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<td>MSNA 5221</td>
<td>Administration Practicum I *** 2</td>
<td>MSNC 5296             Evidence-Based Project II *** 2</td>
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<td>MSNC 5195</td>
<td>Evidence-Based Project I 1</td>
<td>MSNC 5232             Nursing Adm Practicum II 2</td>
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<td>MSNC 5331</td>
<td>Direct &amp; Control Healthcare Delivery 3</td>
<td>MSNC 5315             Advanced Nursing Issues 3</td>
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### Synthesis Experience

**Note:** Total Credit Hours: 37

Applications are due at least 30 days before Fall, Spring or Summer registration.

Part-Time Progression Available

All students are required to successfully complete the Synthesis Experience prior to graduation.

* Business courses ACCT 5315 is offered only during the Fall in the first 8 weeks of the semester. Availability may vary.

** Business course MKTG 5300 is offered only during the Spring in the first 8 weeks of the semester. Availability may vary.

*** 15-week courses.

## Must take college level statistics prior to this course
FIRST YEAR

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<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
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<tbody>
<tr>
<td><strong>Fall 15-week Course</strong></td>
<td><strong>Spring 15-week Course</strong></td>
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<tr>
<td>MSNC 5310 Theoretical Foundations</td>
<td>MSNC 5311 Nursing Research</td>
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<tr>
<td>Fall I (8 weeks)</td>
<td>Spring I (8 weeks)</td>
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<tr>
<td>ACCT 5315 Financial Accounting</td>
<td>MSNA 5320 Role Development for Nurse Administrators</td>
</tr>
<tr>
<td>Fall II (8 weeks)</td>
<td>Spring II (8 weeks)</td>
</tr>
<tr>
<td>MSNA 5321 Role Development for Nurse Administrators</td>
<td>MKTG 5300 Marketing Concepts</td>
</tr>
<tr>
<td>SUMMER</td>
<td></td>
</tr>
<tr>
<td><strong>8-week Concurrent Courses</strong></td>
<td></td>
</tr>
<tr>
<td>MSNC 5312 Healthcare Policy &amp; Finance</td>
<td></td>
</tr>
<tr>
<td>MSNA 5323 Health Information Systems</td>
<td></td>
</tr>
</tbody>
</table>

SECOND YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall 15-week Course</strong></td>
<td><strong>Spring 15-week Course</strong></td>
</tr>
<tr>
<td>MSNA 5221 Nursing Administration Practicum I</td>
<td>MSNC 5296 Evidence-Based Project II</td>
</tr>
<tr>
<td>Fall I (8 weeks)</td>
<td>Spring I (8 weeks)</td>
</tr>
<tr>
<td>MSNC 5195 Evidence-Based Project I</td>
<td>MSNA 5331 Directing &amp; Controlling Healthcare Delivery</td>
</tr>
<tr>
<td>Fall II (8 weeks)</td>
<td>Spring II (8 weeks)</td>
</tr>
<tr>
<td>MSNA 5232 Nursing Adm Practicum II</td>
<td>MSNC 5315 Advanced Nursing Issues</td>
</tr>
</tbody>
</table>
# FULL TIME CURRICULUM PLAN

## MASTER OF SCIENCE IN NURSING EDUCATION

### FIRST YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSNC 5310 Theoretical Foundations *</td>
<td>MSNC 5311 Nursing Research*##</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>MSNE 5350 Role Dvlp/Learning Theories</td>
<td>MSNE 5352 Measurement &amp; Evaluation</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>MSNE 5351 Curriculum Design</td>
<td>MSNE 5330 Advanced Health Assessment</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Total: 9</td>
</tr>
<tr>
<td></td>
<td>Total: 9</td>
</tr>
</tbody>
</table>

### SUMMER

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MSNC 5312 Healthcare Policy &amp; Finance</td>
<td>3</td>
</tr>
<tr>
<td>MSNE 5349 Advanced Pathophysiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Total: 6</td>
</tr>
</tbody>
</table>

### SECOND YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSNE 5254 Nurse Educator Practicum I *</td>
<td>MSNC 5296 Evidence-Based Project II *</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>MSNC 5195 Evidence-Based Project I</td>
<td>MSNE 5255 Nursing Educator Practicum II</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>MSNE 5356 Advanced Pharmacology</td>
<td>MSNC 5315 Advanced Nursing Issues</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
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<tr>
<td></td>
<td>Total: 6</td>
</tr>
<tr>
<td></td>
<td>Total: 7</td>
</tr>
</tbody>
</table>

**Synthesis Experience**

---

**Note:**
- Total Credit Hours: 37
- Applications are due at least 30 days before Fall, Spring or Summer registration.
- Part-Time Progression Available
- All students are required to successfully complete the Synthesis Experience prior to graduation.
- * 15-week courses.
- ## Must take college level statistics prior to this course
LAMAR UNIVERSITY  
COLLEGE OF ARTS AND SCIENCES  
JOANNE GAY DISHMAN DEPARTMENT OF NURSING  
GRADUATE NURSING STUDIES

ACADEMIC PARTNERSHIP  
FULL TIME CURRICULUM PLAN  
MASTER OF SCIENCE IN NURSING EDUCATION

FIRST YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 15-week Course</td>
<td>Spring 15-week Course</td>
</tr>
<tr>
<td>MSNC 5310 Theoretical Foundations</td>
<td>MSNC 5311 Nursing Research</td>
</tr>
<tr>
<td>Fall I (8 weeks)</td>
<td>Fall II (8 weeks)</td>
</tr>
<tr>
<td>MSNE 5350 Role Development / Learning Theories</td>
<td>MSNE 5351 Curriculum Design</td>
</tr>
</tbody>
</table>

SUMMER

<table>
<thead>
<tr>
<th>8-week Concurrent Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSNC 5312 Healthcare Policy &amp; Finance</td>
</tr>
<tr>
<td>MSNE 5349 Advanced Pathophysiology</td>
</tr>
</tbody>
</table>

SECOND YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 15-week Course</td>
<td>Spring 15-week Course</td>
</tr>
<tr>
<td>MSNE 5254 Nursing Educator Practicum I</td>
<td>MSNC 5296 Evidence-Based Project II</td>
</tr>
<tr>
<td>Fall I (8 weeks)</td>
<td>Fall II (8 weeks)</td>
</tr>
<tr>
<td>MSNC 5195 Evidence-Based Project I</td>
<td>MSNE 5351 Advanced Pharmacology</td>
</tr>
</tbody>
</table>
LAMAR UNIVERSITY
COLLEGE OF ARTS AND SCIENCES
JOANNE GAY DISHMAN DEPARTMENT OF NURSING
GRADUATE NURSING STUDIES

FULL TIME DUAL DEGREE CURRICULUM PLAN
MASTER OF SCIENCE IN NURSING ADMINISTRATION
MASTER OF BUSINESS ADMINISTRATION (Under Revision)

FIRST YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSNC 5310 Theoretical Foundations ***</td>
<td>MSNC 5311 Nursing Research ***##</td>
</tr>
<tr>
<td>ACCT 5315 Financial Accounting *</td>
<td>MKTG 5300 Marketing Concepts **</td>
</tr>
<tr>
<td>MSNA 5320 Role Develop. Nurse Admin</td>
<td>MSNA 5321 Planning/Org Healthcare Delivery</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total 9</strong></td>
<td><strong>Total 9</strong></td>
</tr>
</tbody>
</table>

SUMMER

<table>
<thead>
<tr>
<th>MSNC 5312 Healthcare Policy &amp; Finance 3</th>
<th>MSNC 5323 Healthcare Information Systems 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total 6</strong></td>
<td></td>
</tr>
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</table>

SECOND YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSNA 5331 Direct &amp; Control Hlthcare Delivery 3</td>
<td>MSNC 5315 Advanced Nursing Issues 3</td>
</tr>
<tr>
<td>MSNA 5221 Administration Practicum I ***</td>
<td>MSNC 5232 Administration Practicum II 2</td>
</tr>
<tr>
<td>MSNC 5195 Evidence-Based Project 1</td>
<td>MSNC 5296 Evidence-Based Project II *** 2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
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<tr>
<td><strong>Total 6</strong></td>
<td><strong>Total 10</strong></td>
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</table>

Synthesis Experience

SUMMER

<table>
<thead>
<tr>
<th>MGMT 5360 Human Resources Management 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total 3</strong></td>
<td></td>
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</table>

THIRD YEAR

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECON 5370 Managerial Economics 3</td>
<td>MGMT 5340 Seminar in Management 3</td>
</tr>
<tr>
<td>MKTG 5310 Marketing Management 3</td>
<td>MGMT 5380 Strategic Management 3</td>
</tr>
<tr>
<td>FINC 5310 Financial Management 3</td>
<td>ECON 5380 Environment in Business 3</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total 9</strong></td>
<td><strong>Total 9</strong></td>
</tr>
</tbody>
</table>

Note:
- Total Credit Hours: 61
- Applications are due at least 30 days before Fall, Spring or Summer registration.
- Part-Time Progression Available
- All students are required to successfully complete the Synthesis Experience prior to graduation.
- Obtaining an MBA by itself requires 65 credit hours.
- Business courses ACCT 5315 is offered only during the Fall in the first 8 weeks of the semester. Availability may vary.
- Business course MKTG 5300 is offered only during the Spring in the first 8 weeks of the semester. Availability may vary.
- 15-week courses.
- # Must take college level statistics prior to this course
## Dual MSN/MBA Degree (Under Revision)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Master of Science in Nursing</strong></td>
<td></td>
</tr>
<tr>
<td>28 Hours in MSN and 9 Hours in MBA = 37 Hours</td>
<td></td>
</tr>
<tr>
<td>MSNC 5310 Theoretical Foundations</td>
<td>3</td>
</tr>
<tr>
<td>MSNC 5311 Nursing Research</td>
<td>3</td>
</tr>
<tr>
<td>MSNC 5315 Advanced Nursing Issues</td>
<td>3</td>
</tr>
<tr>
<td>MSNA 5221 Administration Practicum I</td>
<td>2</td>
</tr>
<tr>
<td>MSNA 5232 Administration Practicum II</td>
<td>2</td>
</tr>
<tr>
<td>MSNC 5195 Evidence-Based Project</td>
<td>1</td>
</tr>
<tr>
<td>MSNC 5296 Evidence-Based Project</td>
<td>2</td>
</tr>
<tr>
<td>MSNA 5320 Role Development for Nurse Administrators</td>
<td>3</td>
</tr>
<tr>
<td>MSNA 5321 Planning &amp; Organizing Healthcare Delivery</td>
<td>3</td>
</tr>
<tr>
<td>MSNA 5331 Directing &amp; Controlling Healthcare Delivery</td>
<td>3</td>
</tr>
<tr>
<td>MSNC 5312 Healthcare Policy &amp; Finance</td>
<td>3</td>
</tr>
<tr>
<td>Approved Nursing or Business Elective</td>
<td>3</td>
</tr>
<tr>
<td>ACCT 5315 Financial Accounting *</td>
<td>3</td>
</tr>
<tr>
<td>MKTG 5300 Marketing Concepts *</td>
<td>3</td>
</tr>
<tr>
<td>*9 Hours of Business Prerequisites for MBA already met in MSNA degree</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
</tr>
</tbody>
</table>

**Required Leveling Course = 3 Hours**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Law or Human Resource Management</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
</tr>
</tbody>
</table>

**Leveling Courses for MBA are met by these courses (15 hours)**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUAL 5200 met by PSYC 2471</td>
<td>6</td>
</tr>
<tr>
<td>MGMT 5210 &amp; MGMT 5320 met by NURS 5475 &amp; NURS 5478</td>
<td>6</td>
</tr>
<tr>
<td>BCOM 5200 met by MSNC 5195 &amp; MSNC 5296 &amp; a BSN Degree</td>
<td>6</td>
</tr>
<tr>
<td>FINC 5200 met by MSNC 5312</td>
<td>6</td>
</tr>
<tr>
<td>BUAL 5380 met by MSNC 5311</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
</tr>
</tbody>
</table>

**Master of Business Administration Requirement for Dual Degree = 21 Hours**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCT 5370 Managerial Accounting</td>
<td>3</td>
</tr>
<tr>
<td>MGMT 5340 Seminar in Management</td>
<td>3</td>
</tr>
<tr>
<td>ECON 5370 Managerial Economics</td>
<td>3</td>
</tr>
<tr>
<td>FINC 5310 Financial Management</td>
<td>3</td>
</tr>
<tr>
<td>MKTG 5310 Seminar in Marketing</td>
<td>3</td>
</tr>
<tr>
<td>ECON 5380 Environment in Business</td>
<td>3</td>
</tr>
<tr>
<td>MGMT 5380 Strategic Management</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
</tr>
</tbody>
</table>

**Elective Courses for MBA are met by these courses (12 hours)**

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSNA 5221 Administration Practicum I</td>
<td>2 hours waived</td>
</tr>
<tr>
<td>MSNA 5232 Administration Practicum II</td>
<td>2 hours waived</td>
</tr>
<tr>
<td>MSNA 5320 Role Development of Nurse Administrators</td>
<td>3 hours waived</td>
</tr>
<tr>
<td>MSNA 5321 Planning &amp; Organizing Healthcare Delivery</td>
<td>3 hours waived</td>
</tr>
<tr>
<td>MSNA 5331 Directing &amp; Controlling Healthcare Delivery</td>
<td>3 hours waived</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
</tr>
</tbody>
</table>

**Total Credit Hours for Dual MSN/MBA Degree**

Students must apply to both programs and meet the entrance requirements for both programs. This includes taking the GMAT (for business).
Lamar University is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center (DRC) is located in the Communications building room 105. Our office collaborates with students who have disabilities to provide and/or arrange reasonable accommodations.

- If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact the DRC at 409-880-8347 or email drc@lamar.edu to arrange a confidential appointment with the Director of the DRC to explore possible options regarding equitable access and reasonable accommodations.
- If you are registered with DRC and have a current letter requesting reasonable accommodations, we encourage you to contact your instructor early in the semester to review how the accommodations will be applied in the course.
- To facilitate the arrangements necessary to make accommodations, students enrolled in nursing courses must submit official documentation from the Disability Resource Center to the course faculty by the 5th class day.

Kyle J. Mutz, Director
kyle.mutz@lamar.edu

Kristin Romero, Administrative Associate Senior
kristin.romero@lamar.edu

Communications Building, Room 105
Phone: 409-880-8347
Fax: 409-880-2225
Email: drc@lamar.edu

Website: http://www.lamar.edu/disability-resource-center

DRC
Communications Building - Room 105
P.O. Box 10087
Beaumont, TX 77710
RESOURCES
TUITION/FINANCIAL INFORMATION
Refer to Lamar University Graduate Catalog.

Note: Graduate Nursing students receive discounted tuition and fees rate based upon our association with Academic Partnerships. The rate per credit hour is published on the Lamar University website.

A program fee of $150.00 is also assessed to graduate students.

SCHOLARSHIPS
Loans, Grants, and Scholarships are available for qualified students. For more information contact:

Director of Financial Aid – Lamar University
P. O. Box 10042
Beaumont, Texas 77710
(409) 880 – 8450

DEPARTMENT SCHOLARSHIPS
The JoAnne Gay Dishman Department of Nursing has several scholarships graduate students may apply for. The scholarships are listed on the Department website under “Scholarships”. Specific applications are needed for each one. Also note whether they are available to full time or part time students. In the graduate program, students need to have completed at least one semester in the program to become scholarship eligible.

LIBRARY FACILITIES
The Mary and John Gray Library, named in honor of Dr. John E. Gray, president emeritus of the university, and his wife, Mary, is centrally located at the heart of the campus. The library collection exceeds one million volume equivalents, including microfilms, and state and federal documents. The library subscribes to almost 2,000 current periodicals as well as several electronic indexes covering more than 4,000 full-text periodicals.

Lamar students, faculty and staff use PC’s to locate titles in the online catalog, access offsite indexes and locate selected information through the Internet. A service-oriented library staff provides assistance in the use of reference materials, documents, special collections, reserve materials and instructional media.

The library provides rooms for group study, and there is a designated quiet study floor. Coin-operated copy machines for both print and microfilms are available.
An open-access PC laboratory is located on the library's seventh floor in the media services department. Assistance in using the PC's and software and the Internet is available from trained staff.

The university ID card serves as an individual's library card and may be used on all Lamar campuses and in conjunction with online check out.

Additionally, students have access to the collection of 51 other publicly funded colleges and universities through the TexShare Program. Library hours are posted and accessible by calling (409) 880-8117.

Library resources are available to all online students. There is a specific library staff designated to assist you as an online learner. Use the library contract information given to you at the orientation site to access the library.

EDNA HORN GAY LEARNING CENTER

The Department’s Learning Resource Center includes two basic clinical simulation laboratories, a fourteen bed high-fidelity simulation facility, multimedia laboratory, and a student work and study area. This complex is located in the center of the first floor and provides adequate storage space for multimedia equipment, instructional materials, software, medical equipment, and teaching aides which may be checked out by faculty and students. The high-fidelity simulation rooms are equipped with various high-fidelity mannequins, audio, video, and documentation systems. The basic labs consist of 17 beds, mobile recording stations, and video equipment.

One room in the Learning Center is designed for flexible usage. The room can be used as a classroom or testing center which accommodates 55 students. Each computer station is equipped with electrical cord and USB power connections for students’ electronic devices. This room is also used for quiet study and access to multimedia when it is not in use for testing or class. Each computer station is equipped with internet, intranet, and Microsoft Office for student use. Students access videos via the web-based Medcom (R) portal. This space is available Monday through Friday from 8:00 a.m. to 5:00 p.m. Graduate students also have access to two additional computer rooms. The Graduate Lab is located in room 101 and equipped with ten computers. These computers internet access, Microsoft Office, and two are loaded with the Statistical Package for Social Sciences (SPSS) software. This room may be reserved by graduate students who are working on special projects. In addition, room 107 is equipped with internet access, Microsoft Office, and remains open for extended hours during the week and over the weekend. Computer assisted instruction and videos may also be viewed from any computer in the Learning Center via the Virtual Caring
Place. Room 107 also houses two high capacity printers. This room is dedicated to student use and is not booked for classroom activities. Online students are welcome to use this facility when on campus.

GRADUATE COMPUTER LAB
Room 101 on first floor of the McFadden Ward Building is the computer lab dedicated for graduate nursing student use. Keys to the lab are available to be checked out to students. Software for statistical analysis is available on computers and printing capability just for graduate students is available on one computer. Students are asked to bring their own paper if a large amount of printing is expected; otherwise graduate students may print up to 250 pages during one academic year.

ONLINE ORIENTATION
New Graduate students are required to access the online MSN orientation. The web address link will be provided when the graduate student application is processed. Valuable student resources for online students are provided at this site.

DEPARTMENTAL POLICIES
PROMULGATION POLICY

Purpose: Inform nursing students of applicable JoAnne Gay Dishman Department of Nursing (DON) policy changes in an efficient, timely manner.

1. New and modified DON policies will be e-mailed to students affected by policy change using mylamar within thirty days of implementation. The graduate student representative will communicate graduate policy changes.

2. New and modified DON policies will be posted on the DON website under the “News & Updates” link.
   - Once approved by the Faculty Association Committee, the committee Administrative Associate will furnish the policy to the Technical Support Analyst, Senior for posting.

3. Implementation of policies may vary depending upon subject matter; an implementation date should be noted on new or modified DON policies.

4. New and modified DON policies will be added to the Graduate Nursing Studies Student Handbook when appropriate the next time it is reproduced.

NON-DISCRIMINATION POLICY

The Anti-Discrimination Policy for the Department and Graduate Nursing Studies is the same as that adopted by the University.

Lamar University believes that freedom of thought, innovation and creativity are fundamental characteristics of a community of scholars. To promote such a learning environment, the university has a special responsibility to seek cultural diversity, tolerance, and mutual respect. The university does not discriminate in any of its policies and programs with regard to race, religion, color, national origin or gender.

Lamar University Student Handbook (2012-2014)
BEHAVIOR EXPECTATIONS OF STUDENTS

Compliance with the following behavioral expectations is required of all students who are enrolled in the JoAnne Gay Dishman Department of Nursing. For the Student Code of Conduct please refer to the Lamar University Student Handbook.

All students are expected to:

- Assume responsibility for recognizing personal limitations and seek help through appropriate avenues. Students who experience difficulty in satisfying course or program requirements are expected to communicate those difficulties with faculty and assume a collaborative role in problem solving, keeping faculty informed of progress.

- Assume responsibility for fulfilling course, program, and clinical practicum requirements in a prompt and dependable manner:

A. Course
   1. Complete learning requirements in a timely manner.
   2. Demonstrate promptness and accountability in online attendance, attendance at required workshops, submission of written assignments and required program materials, i.e., liability insurance, physical exam, immunizations.
   3. Prepare for learning experiences, attend, and participate in conferences, seminars and other selected experiences.

B. Health Care Agency or Educational Facility
   1. Meet agency requirements for orientation including HIPAA.
   2. Adhere to agency/facility policies.
   3. Notify faculty and preceptor if unable to attend practicum/clinical at beginning of assigned times.

C. Avoid plagiarism which is recognized as a form of cheating. Copying from books or magazines without documentation, or copying other students’ work/paper or theme will bring the maximum penalty from the faculty.

   “Plagiarism means the appropriation of another’s work or idea and the unacknowledged incorporation of that work or idea into one’s own work offered for credit”.

   Students are expected to use the American Psychological Association (APA) format for documentation. Paraphrasing is permitted but this must be accompanied with complete documentation.

D. Demonstrate the following behaviors:
   1. Honesty and integrity in all endeavors relating to completion of the MSN program.
   2. Ethical behaviors as defined by the ANA Code of Ethics when working with clients, significant others, peers and faculty.
   3. Acceptance of proper and total nursing responsibility and accountability when providing care in client centered practicum or projects.
4. Respect and protect the rights, safety and confidentiality of all individuals.
5. Responsibility and accountability for his/her own learning, growth and professionalism.
6. A citizen in "good standing" within the university and the community.

E. Comply with the university policies governing student conduct and discipline which can be found in the Lamar University Student Handbook.

F. Utilize appropriate avenues of communication in seeking resolution of problems: i.e., course faculty, appropriate program coordinator or director, department chair. Students failing to comply with this practice will be referred back to the appropriate level.

Nursing students are encouraged to resolve conflicts at the Department level. To affect such conflict resolution, student(s) should first discuss the issue with the involved party (faculty). Should the conflict still remain after this discussion, the appropriate program coordinator or director should be requested to intervene. If the conflict is not resolved to the student’s satisfaction at the program level, the student should then request the Department Chair to resolve the issue.

Following the Department Chair’s deliberations, should the student continue to be dissatisfied with the Department Chair’s decision, then the matter should be referred to the University’s Academic Grievance Procedure (See University Student Handbook section on Academic Grievance Procedures).

G. All written assignments are to be:
   1. Completed in a timely manner.
   2. Turned into the appropriate faculty and/or staff on the assigned date.
   3. Must be notated in APA style of writing.
LINES OF COMMUNICATION

Communication is the creation of or exchange of ideas and information among people. Professional communication is vital to the sustainability of relationships that accomplish the functions of an organization.

There is a correct line of communication in all organizations. These communication lines involve the appropriate people in the resolution of a problem, and demonstrate respect for authority. The appropriate lines of communication in the JoAnne Gay Dishman Department of Nursing are described below.

Communication Lines for Issues

Students should initiate the discussion of an issue with the classroom or online faculty or practicum faculty. If no resolution is reached, then the issue should be discussed with the course leader if different from the faculty. If the course leader is unable to resolve the issue, then the Director of Graduate Nursing Studies should be informed. If no resolution is reached, the Director of Graduate Nursing Studies will refer the student to the Department Chair. Informal discussions can occur with the Department Chair or more formal processes may be used in situations like grievances, grade appeals, and other issues. The Department Chair should be consulted before contacting the Dean of the College of Arts and Sciences. Contacting the Provost or University President directly about issues is inappropriate. See the Graduate Student Handbook and the Lamar University Student Handbook for more information.

SOCIAL NETWORKING POLICY

Lamar University JoAnne Gay Dishman Department of Nursing (LU-DON) students are expected to adhere to the high standards of the nursing profession with regard to maintaining confidentiality and professionalism. This includes guarding patient confidentiality at clinical sites, in the classroom, at home, and online. All health professionals and students are required to follow Health Insurance Portability and Accountability Act [HIPAA] regulations, when using social networking/media.

Professional conduct is required of students in cyberspace, as in all other settings. Professional behavior is to be maintained at all times when identified as a LU nursing student. This includes “virtual” sites, such as online social networking sites. Unprofessional online conduct is a violation of DON “Behavioral Expectations Policy”.

Students who have personal social networking sites established should enable the highest privacy settings limiting access to personal profiles, information, and photos. DON students must adhere to the following guidelines:
- maintain a social media site with professional integrity that does not contain any type of information about the DON, patients and/or clinical affiliates.

- do not post derogatory remarks or threats about anyone associated with the DON (e.g. students, faculty, staff, university administrators, clinical affiliates and patients).

- do not post photos of any person in a LU-DON uniform. Furthermore, do not post photos of other students, faculty, and/or staff without their permission. Posting photos of patients, their families, and/or staff at clinical affiliates is forbidden.

- observation of any inappropriate postings on social media should be addressed by student directly or reported within the DON.

- do not foster a personal relationship with a patient through social media.

Student organizations associated with the DON should use http://www.orgsync.com for class communication. This site is endorsed by Lamar University and is the recommended site to communicate with classmates and post photos (e.g. for pinning, etc.). Class officers register their class in http://www.orgsync.com through the Student Activities office in the Setzer Center (second floor) or http://lamar.orgsync.com/ContactInfo. Class members can log in at http://lamar.orgsync.com/ClubsOrgsLanding.

Revised/Approved by Faculty Association 5/7/2012

PRACTICUM EQUIPMENT POLICY

Students are responsible for damaged or broken equipment caused by students due to negligence.

STUDENT DRESS CODE

During the practicum experience, graduate students will wear business attire with lab coat and Lamar University name badge.
HONOR CODE PLEDGE

The JoAnne Gay Dishman Department of Nursing supports an Honor pledge from each student. The department promises to create a professional environment that fosters excellence, where the entire department works together with integrity and cares for one another. Students are asked to strive toward excellence, integrity, caring, adaptability and respect. Students are asked to participate in the honor code by signing a pledge (required communication). Fax the Honor Code Pledge to (409) 880-8698.

BEREAVEMENT LEAVE FOR STUDENTS

Bereavement Leave: Students will be granted emergency leave for reason of death in the student’s immediate family. Immediate family is defined within this section as the student’s spouse or the student’s or spouse’s parent, brother, sister, grandparent, child or grandchild. Leave must be requested in writing or by email, with appropriate documentation attached (e.g., obituary notice) from the Vice President for Student Affairs who, if the leave is granted, will inform each of the student’s instructors. Leave shall normally not exceed three (3) days. Requests in excess of three (3) days must be justified and approved by the Vice President for Student Affairs. A full three (3) days is not automatically granted since it is intended that such leave be limited to the reasonable amount of time needed for travel, funeral arrangements, funeral services and caring for other family members during the immediate period of bereavement. Class days missed as a result of approved bereavement leave will be excused absences, and students should be allowed to make up any work missed as a result. In addition, any course or university deadlines missed will be postponed for an appropriate period of time beginning with the first class meeting subsequent to the end of the leave period. The written notice to the students’ instructors must contain a copy of the request (with documentation) as well as a reminder of the right make up missed work. Online students will need to negotiate assignments with the online course faculty.

HIPAA Compliance

When graduate students are involved with practicum or other agency experiences, they will need to comply with the HIPAA regulations in effect for that agency.

General HIPAA certification is achieved by a program of instruction. Many programs use a video assigned to communicate the confidentially issues involved in HIPAA regulations. Overviews of compliance with HIPAA regulations are included. Students must have documented attendance to validate their learning.

Graduate students need to be in compliance with the validation requirement when the agency/facility so stipulates.
GRADING AND EVALUATION

The JoAnne Gay Dishman Department of Nursing complies with the University Academic Policy as published in the Lamar University Graduate Catalog.

Grading System
The grading system for graduate students is “A” (superior), “B” (good), “C” (marginal), “D” (poor), “F” (fail), “I” (incomplete), “S” (satisfactory), “U” (unsatisfactory), Drop, and Withdrawal. Credits applicable to graduate degrees are given only for the grades A, B, C, and S. Although C grades earned at Lamar University may be counted toward the requirements for a graduate degree, C grades are not considered acceptable graduate-level performance. Courses in which a student earns only a D or F may not be counted toward a graduate degree, although such grades are calculated in determining the grade-point average. Grades of C, D, or F must be compensated for by the necessary hours of A if the student is to have the 3.0 grade-point average required before awarding the degree. In computing grade-point averages, an “A” is valued at four grade points, a “B” three, a “C” two, a “D” one, and “F” zero. An overall grade point average (GPA) of “B” (3.0) on all graduate work attempted is required for graduation. Thesis grades are not included in the computation of grade point averages. Incomplete work that is not finished during the next long semester (Spring or Fall) will be credited with an “F”. With compelling justification, the graduate dean may grant an extension of the time limit for the completion of incomplete work.

Incompletes
“I” may be given when any course requirements including the final exam, is not completed. Arrangements to complete course deficiencies should be made with the faculty assigned to the course. Incomplete work must be finished during the first long semester, or the Records Office will change the “I” to the grade of “F”.

POLICY FOR CRIMINAL BACKGROUND SCREENING

The Lamar University (LU) JoAnne Gay Dishman Department of Nursing adheres to the policies of all clinical facilities with which the department is affiliated for student clinical learning experiences. Many clinical facilities and school districts require criminal background screening of all students.

Purpose
Clinical agencies used by the LU JoAnne Gay Dishman Department of Nursing stipulate in the clinical affiliation agreements that students’ criminal background be prescreened before they are permitted into the clinical facility. This prescreening requirement is the same as that required of employees of public and private clinical agencies. The rationale for this requirement for clinical students is based on the concept of due diligence and competency assessment of all individuals whose assignments bring them in contact with patients and employees. Competency assessment extends beyond technical skills to include an individual’s past behavior as indicated by their criminal history. This approach ensures uniform compliance with Joint Commission standards pertaining to human resource management. Moreover, the public is demanding greater diligence in light of the national reports of deaths resulting from medical errors. Full acceptance into the nursing program is contingent upon satisfactory results.
**Timing**

All background checks will be conducted as a condition of full acceptance into LU nursing program. Verification must be received from the designated company **prior** to being fully admitted to the nursing program. The results will be accepted for the duration of the student’s enrollment in the nursing program if the participating student has not had a break in the nursing program and if the student has had no convictions while enrolled. A break in enrollment is defined as nonattendance of one full semester or more. Attendance must be verifiable through the university.

The JoAnne Gay Dishman Department of Nursing will designate the company selected to do the criminal background screening. The JoAnne Gay Dishman Department of Nursing will not accept criminal background screening results from any company other than the one designated by the JoAnne Gay Dishman Department of Nursing. The student will pay the cost of the criminal background screening at the time of the screening. The cost is non-refundable.

**Process**

Criminal background checks will be performed by an external vendor and will review the student’s criminal history. The check should include the cities and counties of all known residences. Criminal background checks must include a person’s criminal history for seven years prior to the date of application. The following histories will disqualify an individual from consideration for admission in the nursing program:

- Misdemeanor convictions/deferred adjudication or felony convictions/deferred adjudications involving crimes against persons;
- Misdemeanor convictions/deferred adjudication related to moral turpitude;
- Misdemeanor/felony convictions/deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances;
- Registered sex offenders.

Individuals with any of the above histories will not be eligible to enroll in the nursing program, and if the history is discovered or a conviction occurs after enrollment, the student will be required to withdraw from the program. A student who is convicted of a criminal offense while enrolled in the program must report the conviction to the Department Chair within three days of the conviction. The term conviction for these purposes includes probated sentences and deferred adjudications.

A student may be considered for admission to the program if the Board of Nursing for the State of Texas issues a Declaratory Order stating the individual is eligible for initial licensure or license renewal.

**Note:**

1. The student should be aware that the disqualifications listed above are used for employment eligibility and continuation by most hospitals in Texas.
2. Completion of a specific program will be determined by the student’s ability to successfully complete the required practicum and projects.
3. Practicum and projects are completed at sites specified by and contracted with Lamar University. Lamar University will not locate or provide alternative sites for practicum or projects for student ineligible to attend them at the specified sites.
Compliance and Record Keeping

- The vendor will notify Lamar University (JoAnne Gay Dishman Department of Nursing Chair) of all individuals who fail a criminal background check.
- Verification sent by the vendor to LU will include only the student’s name and social security number.
- The LU JoAnne Gay Dishman Department of Nursing will send verification on adherence to the policy to the clinical affiliate prior to the practicum or project start date. Verification is accomplished by sending a letter from the JoAnne Gay Dishman Department of Nursing on letterhead stating that these standards have been met by the student, listing the student’s full name and practicum start date. If more than one student is attending a clinical rotation, a comprehensive list with all of the student’s names may be submitted.

Note:
Verification information will be filed in a secured area to ensure confidentiality. In the event that the student feels that an error has been made in the results of the criminal background check, it is the responsibility of the student to contact the external vendor for a verification check and the student is responsible for any cost associated with this check. Other than error relative to identify, there will be no appeal of this policy.
CRIMINAL BACKGROUND SCREENING
INFORMED CONSENT

My signature below indicates that I have read the above policy on Criminal Background Screening and have been provided a copy of it. This form provides my irrevocable consent for the results of the criminal background check to be released to Lamar University Department of Nursing officials.

My signature below certifies that I do not have any criminal history as listed in the policy that would disqualify me for consideration for clinical or practicum enrollment in the MSN program.

My signature below confirms that I am aware that I am responsible for the cost of the criminal background screening.

_________________________________________  ______________________________
Signature                                          Student LU Number

_________________________________________
Printed Name

_________________________________________
Date

This form must be signed and returned as follows:

Mail form to: or fax to:

Graduate Nursing Studies    409-880-8698
Dishman Department of Nursing
Lamar University
P. O. Box 10081
Beaumont, Texas  77710
INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK
FOR A CLINICAL EDUCATION PROGRAM

Lamar University - MSN Students

Background checks are required on incoming students to insure the safety of the patients treated by students in the clinical education program. You will be required to order your background check in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to www.mystudentcheck.com and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as Lamar University - MSN Students.

Complete all required fields as prompted and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. Texas residents will pay $41.14 and New Mexico residents will pay $40.76. Residents in all other states will pay $38. For your records, you will be provided a receipt and confirmation page of the background check performed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

FREQUENTLY ASKED QUESTIONS:

- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.

- I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email StudentCheck@PreCheck.com, with the details.

- How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.

- Do I get a copy of the background report? Yes. Log into www.mystudentcheck.com and click on “Check Status”, and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged $14.95 for a copy of your report, and you will need to contact PreCheck directly to request this.

- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.

If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.
ACADEMIC HONESTY

The JoAnne Gay Dishman Department of Nursing complies with the University Academic Policy as published in the Lamar University Student Handbook.

Academic Honesty
The university expects all students to engage in all academic pursuits in a manner that is above reproach. Students are expected to maintain complete honesty and integrity in the academic experiences both in and out of the classroom. Any student found guilty of dishonesty in any phase of academic work will be subject to disciplinary action. The university and its official representatives may initiate disciplinary proceedings against a student accused of any form of academic work which is to be submitted, plagiarism, collusion, and the abuse of resource materials.

Cheating in academic work which means the preparation of an essay, dissertation, thesis, report, problems, assignments, or other project that the student submits as a course requirement or for a grade will have consequences/potential actions.

Cheating includes:

1. Copying from another student’s test paper, laboratory report, other report, or computer files, data listing, and/or programs.
2. Using, during a test, materials not authorized by the person giving the test.
3. Collaborating, without authorization, with another person during an examination or in preparing academic work.
4. Knowingly, and without authorization, using, buying, selling, stealing, transporting, soliciting, copying, or possessing, in whole, or part, the contents of an un-administered test.
5. Substituting for another student; permitting any other person; or otherwise assisting any other person to substitute for oneself or for another student in the taking of an examination or test or the preparation of academic work to be submitted for academic credit.
6. Bribing another person to obtain an un-administered test or information about an un-administered test.
7. Purchasing, or otherwise acquiring and submitting as one’s own work any research paper or other writing prepared by an individual or firm. This section does not apply to the typing of the rough and/or final versions of an assignment by a professional typist.
8. The JoAnne Gay Dishman Department of Nursing believes:
   a. Unauthorized Multiple Submission – using any work previously submitted for credit without prior permission of instructor is a form of academic dishonesty.
   b. Fabrication/Falsification/Alteration – Intentional misrepresentation, invention, exaggeration or alteration of information or data, whether written, verbalized or demonstrated is a form of academic dishonesty.

Plagiarism means the appropriation of another’s work or idea and the unacknowledged incorporation of that work or idea into one’s own work offered for credit.

- “Researchers do not claim the words and ideas of another as their own’ they give credit where credit is due. Quotation marks should be used to indicate the exact words of another. Each time you paraphrase another author (i.e.: summarize a passage or rearrange the order of a sentence and change some words) you need to credit the source in the text” (American Psychological Association [APA], 2010, p.15).
• “Whether paraphrasing, quoting an author directly, or describing an idea that influenced your work, you must credit the source. To avoid charges of plagiarism, take careful notes as you research to keep track of your sources and cite those sources according to the guidelines presented in this chapter” (APA, 2010, p. 170).

• Please refer to an APA Publication Manual (6th edition) for detailed guidance.

Collusion means the unauthorized collaboration with another person in preparing work offered for credit.

Abuse of research materials means the mutilation, destruction, concealment, theft or alteration of materials provided to assist students in the mastery of course materials.

Academic work means the preparation of an essay, dissertation, thesis, report, problem, assignment, or other project that the student submits as a course requirement or for a grade.

Procedures

The faculty member shall conduct a complete, thorough, and impartial investigation of the charge of academic dishonesty and determine whether or not the student was responsible for the violation. If the faculty member determines that the student was responsible for the violation, the faculty member may assess an appropriate and reasonable sanction.

Refer to Lamar University Student Handbook for further Information and JoAnne Gay Dishman Department of Nursing policy for Grievances.

Students are referred to the Texas State University System (TSUS) Rules and Regulations 5.36 Disciplinary Procedures for Academic Dishonesty and Lamar University Student Handbook.
Purpose / Rationale / Background:

This policy was developed to comply with current state (Texas Department of Health) 2005 and federal (Centers for Disease Control) 2007 guidelines regarding immunization of healthcare workers. Healthcare workers are at a great risk of acquiring communicable diseases in the workplace. The law mandates that health care workers (including students) receive a series of REQUIRED immunizations (see the Immunization Guidelines). CDC also strongly recommends immunization to Hepatitis B and Varicella (chicken pox), unless contraindicated for medical reasons. Documentation of required immunizations or evidence of immunity must be provided and copies of actual immunization records attached.

Students are responsible for the cost of the immunizations, as well as the titers (blood test) if needed to verify immunity. It is the student’s responsibility to place a copy of their titer level (as proof of their immunity) in their file in the advising center. It is recommended that any student who does not develop immunity, inform the appropriate course leader.

Policy

1. Students are required to have a current annual Health Statement Form and proof of immunization or waiver in their folder in the nursing advising center.

2. Students are required to have documentation of compliance with the Immunization Guidelines.

3. The documentation must be submitted by the date published in the admission packet.

4. Any needed immunizations must be initiated by the published due date.

5. Special policy regarding Varicella and Hepatitis B: Immunization Guidelines
   A. Varicella (chicken pox)
      1) Each student will submit written documentation of immunity to Varicella (chicken pox). Documentation of immunity includes:
         a. Written verification of disease occurrence as indicated on health form (a personal report of history of Varicella rash is acceptable), or
         b. Results of serologic testing.
      2) Students without documentation of immunity to Varicella MUST have the 2-dose vaccine, prior to full admission to the program.
   B. Hepatitis B
      1) Before starting the nursing program, the student must have received at least two of the Hepatitis B injections and the third must be received on schedule (6 months after 1st injection).
      2) Each nursing student will submit written documentation of their Hepatitis B vaccine from prescribing health care provider.
      3) Each student will submit written documentation of their completed series of three injections of Hepatitis B vaccinations to the Nursing Advising Center by the beginning of the second (2nd) semester in the nursing program.
      4) PROOF OF IMMUNITY MUST BE PROVIDED IN THE FORM OF SEROLOGIC TESTING six (6) weeks after the last injection of the series to confirm immunity. If the series of three (3) Hepatitis B vaccines have been given and serologic
testing fails to show immunity, revaccination with an additional three doses will be recommended (according to CDC recommendations) and repetition of serology.

5) Students who are exempt from taking the Hepatitis B vaccine for medical reasons are required to submit written documentation in the form of a letter from their Primary Care Provider upon admission to the nursing program.

Waiver

Acceptable waivers are written statements from a Primary Care Provider stating the reason for exemption. Waivers are due upon admission to the nursing program.

NOTE 1: Some mild reactions (rash, low-grade temperature or chills) may occur following the administration of any vaccine. Any reaction to vaccines taken during the semester must be reported to the course leader.

NOTE 2: Please take all of your immunization records to your Primary Care Provider for a complete evaluation. Time of coordination is crucial in the administration of virus-based vaccines.
Students in the Lamar University nursing program must be in a state of health that will allow them to participate in all clinical phases of the program of study in a manner that will not jeopardize the health or safety of clients or themselves. The following items are to assist in determining this requirement.

INSTRUCTIONS:
- Have Primary Care Provider complete this form
- Send completed original form to:
  Graduate Nursing Studies
  Dishman Department of Nursing
  Lamar University
  P. O. Box 10081
  Beaumont, Texas  77710
- Retain a copy of the completed form for your files

If the results are outside normal limits the student will be counseled by the program director regarding any implications that the results may have for completion of program requirements.

VISION:
RIGHT vision (corrected) _________________  LEFT vision (corrected) _________________

HEARING:
Hearing Deficit RIGHT: □ No □ Yes  Hearing Deficit LEFT: □ No □ Yes

LIFTING:
Ability to lift 50 pounds and turn heavy objects: Unlimited? : □ No □ Yes
If no, provide written documentation of limitations from Primary Care Physician.

LIMITATIONS:
Are there any clinical situations, because of mental or physical limitations, this individual should not be assigned to: □ No □ Yes  If yes, please explain:

________________________________________________________________________

CHRONIC CONDITIONS:
Does this individual have any chronic health problems: □ No □ Yes  If yes, please explain:

________________________________________________________________________

If yes, are these problems under appropriate medical supervision? __________________________________

Please indicate any specific health conditions that faculty in the nursing program need to be aware of.
□ None □ Condition ____________________________________________________________

Signature ___________________________  Date ___________________________

Physician, Advanced Nurse Practitioner or Physician’s Assistant

Printed Name: ___________________________  Phone ___________________________
IMMUNIZATION GUIDELINES

The following immunizations are REQUIRED by the JoAnne Gay Dishman Department of Nursing Student Health Policy and must be completed by the date indicated prior to the first class day of the semester.

1. **TUBERCULIN SKIN TEST (ANNUALLY):**
   A. Date tested (Must be current for the entire semester).
   B. **Results - NOTE:** If positive TB skin test, your Primary Care Provider must submit a statement concerning your current health status. If chest x-ray is done, attach copy of report.

2. **POLIO:** Not required if older than 18 years of age.
   A. Date of last oral dose, or
   B. Exempt by age

3. **TETANUS/DIPHTHERIA:** *An initial series* of DTP/TD required with last booster documented within past 10 years.
   A. Proof of initial series AND
   B. Date of TDAP and
   C. Date of last TD

4. **RUBELLA:**
   A. Date of last immunization or
   B. Immunity confirmed by serologic testing or
   C. Written waiver or letter from Primary Care Provider stating medical reason for exemption

5. **MUMPS:**
   A. Date of last immunization or
   B. Immunity confirmed by serologic testing or
   C. Written waiver or letter from Primary Care Provider stating medical reason for exemption

6. **MEASLES:**
   A. Dates of immunizations - All individuals born on or after January 1, 1957, must show 2 doses of measles vaccine administration on or after their 1st birthday and at least 30 days apart or
   B. Immunity confirmed by serologic testing or
   C. Written waiver or letter from Primary Care Provider stating medical reason for exemption

7. **VARICELLA VACCINE:**
   A. Dates of immunizations - refer to Student Health Immunization Policy or
   B. Immunity confirmed by serologic testing or
   C. If the serology is **negative** for Varicella, then the student must
      - Take a booster dose
      - The booster dose must be taken after the clinical in which the semester ends, but 6 weeks before the student returns to clinical the following semester.
      - A repeat of the serology is not required for MMR or Varicella

8. **HEPATITIS B:**
   A. Dates of immunizations - refer to Student Health Immunization Policy or
   B. Immunity confirmed by serologic testing or
   C. Revaccination and repeat serology
   D. If the titer/serology is negative, Hep B, then the student must: take one booster dose and repeat the titer/serology (even if immunity is not attained, the requirement has been met)
   E. Written waiver or letter form Primary Care Provider stating medical reason for exemption
9. **INFLUENZA VACCINE:**  
   A. Due by October 1 each Fall semester.

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**INFLUENZA VACCINATION POLICY**

All students are required to submit documentation of having received the influenza immunization. The documentation is due to the Graduate Nursing Office by October 1 each year.

Students beginning in the Spring semester will be expected to have their influenza vaccine prior to the first practicum day.

Students requiring an exemption due to medical or religious reasons must present documentation to that effect to the Graduate Nursing Office. Students with an exemption will be required to wear a mask in patient areas for the length of time required by the clinical facility.

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**Tuberculosis (TB) Testing Policy for Lamar University**

As of the Fall 2013 semester, Lamar University will implement Tuberculosis (TB) testing for all Non US Citizen/Non-Permanent Residents, Intensive English students (i.e., TIEC at Lamar), and any student, faculty or staff meeting high risk criteria*. Students must meet the following criteria to be eligible for enrollment:

1. Upon arrival to the University, each student must provide evidence of having had a negative TB skin test or positive TB skin test with a negative chest x-ray within the 12 months immediately preceding enrollment. Testing must have been done in the US regardless of prior BCG immunization status.

2. All documentation must include:
   - Date the skin test was administered
   - Date the skin test was read
   - Results reported in millimeters and/or “negative” or “positive”
   - Documentation must be in English
   - Documentation signed by a qualified health care provider licensed to read TB skin tests
   - Name of the medical facility where testing was done
   - If skin test was positive then a chest x-ray report indicating no evidence of TB disease is required

   If any of the above information is missing from the documentation, the student will not be eligible for enrollment until all deficiencies are corrected and turned in to the Records Department.

3. If the student has not had a TB skin test, then, TB skin testing is available at the Lamar University Student Health Center (LUSHC). Two appointments are required for TB testing. The first appointment is to give the test and the second is to read the test 48-72 hours later. If the second appointment is missed, then another TB skin test and follow up appointment is required. The Health Center is located at 857 E. Virginia, 409-880-8466, dept_healthcenter@lamar.edu. Payment via Lamar Cashier Receipt is required prior to
testing unless the student has university health insurance. The Student Health Center will provide a list of alternative medical sites which also provide TB skin testing should students prefer to be tested elsewhere.

4. Anyone requiring subsequent diagnostic testing will have until the 25th class day to submit documentation or the student will be dropped from all classes barred from reinstatement and will not receive a refund of tuition and/or fees. (Subsequent testing will be required if the initial skin test was positive. These tests will be performed by the Beaumont City Health Department (BCHD). All charges incurred at the BCHD will be the responsibility of the student).

5. All documentation will be turned in to the Records Department via fax (409-880-2114), hand delivered (109 Wimberly Building), or postal service (LU, Box 10010, Beaumont, TX 77710). No e-mails will be accepted. Documentation needing clarification will be sent via secured route to the Student Health Center for review and returned with recommendations for correction as soon as possible.

*Anyone (student, faculty and staff) traveling to a country designated as a “high incidence area” as defined by the World Health Organization guidelines (http://www.who.int/topics/travel/en), upon returning to campus, should immediately contact LUSHC for TB testing. All subsequent testing guidelines shall apply. All charges incurred will be applied to the appropriate cashier accounts.

Passed ACD 3/19/13
Passed Executive Council 3/25/13
LIABILITY INSURANCE

All graduate students must purchase student professional liability insurance for the semesters they are in Practicum courses. The insurance must be renewed on a yearly basis if needed for more than one year. This insurance will not cover students at work or at times other than practicum/clinical experiences. Further information will be given to you prior to entering the practicum/clinical courses.

* Policy revision for graduate students 9/07

CPR

All graduate nursing students must have a current CPR card. The course must include adult and pediatric components for basic life support. Courses are accepted from the American Heart Association.

Note: The American Heart Association course completion is good for two (2) years.

This must be completed before participating in any activities in a healthcare setting.

INFECTION CONTROL POLICY

The purpose of this policy is to reduce the spread of infection among patients and students in the health care setting. It is aimed at reducing the rate of nosocomial infections caused by worker-patient contacts. It also protects health care workers from exposure to patient’s potentially infectious body fluids.

Every patient is considered potentially infected. Isolation no longer depends on a diagnosis. Health care workers must protect themselves from exposure to all patients' body fluids; i.e. blood, feces, urine, saliva, or any other body fluids.

1. WEAR GLOVES: When coming in contact with any body fluid; when starting and discontinuing IV's; when performing mouth care, perineal care, Foley care, injections, enemas; handling blood products, urine, feces, sputum, amniotic fluid, placentas; when diapering and providing newborn care.

2. WEAR GLOVES, GOWN, AND MASK OR GOGGLES: When the possibility of being splashed occurs; i.e. labor and delivery, surgery, emergency room, all diagnostic labs.

3. DISPOSE OF NEEDLES AND SHARPS PROPERLY: Do not recap!!! Place used needles and sharps in special containers provided.

4. RESUSCITATION: Use mouthpieces purchased resuscitation bags, or other ventilator devices. Students are not encouraged to perform mouth-to-mouth breathing.

5. WASH HANDS: Before and after contact with each patient, and after contamination. When gloves are used, wash hands before applying and after removing.
6. CLEAN SPILLS: Any body or body fluid spills should be cleaned up promptly, using gloves and a disinfectant provided by the health care agency.

7. SPECIMENS: All body fluid specimens should be considered BIOHAZARDOUS. Gloves should be worn when collecting and transporting specimens.

In addition, students are expected to follow institutional guidelines of affiliated agencies.

In event that an incident should occur, report immediately to the clinical instructor.

Approved by faculty September 10, 1987, Reviewed May, 1998
Graduate Course Practicum Policy

Advanced Health Assessment, Advanced Pathophysiology, and Advanced Pharmacology

Purpose: The purpose of this policy is to delineate practicum requirements for Advanced Health Assessment, Pathophysiology, and Pharmacology in the Lamar University JoAnne Gay Dishman of Nursing Education Track of the Masters of Nursing Program. All students must have current clearance to legally perform practicum hours each semester. If practicum clearance is not current, students will be unable to do practicum hours that are required for these courses resulting in course failures.

All graduate nursing students must have an unencumbered license as designated by the Board of Nurse Examiners (BNE) to participate in graduate practicum nursing courses. It is also imperative that any student whose license becomes encumbered must immediately notify the Director of the Graduate Program.

Lamar University Dishman Department of Nursing expects students to reflect professionalism and maintain high standards of appearance and grooming in the practicum setting. Faculty have final judgment on the appropriateness of student attire and corrective action for dress code infractions. Students not complying with this policy will not be allowed to participate in practicum.

Practicum Behaviors: Students deemed unsafe or incompetent will fail the course and receive a didactic course grade of “F”. Any of the following behaviors constitute a clinical failure:

1. Fails to follow standards of professional practice as mandated by the Texas Nursing Practice Act *
2. Unable to accept and/or act on constructive feedback.
3. Needs continuous, specific, and detailed supervision for the expected course performance.
4. Unable to implement advanced clinical behaviors required by the course.
5. Fails to complete required clinical assignments.
6. Falsifies practicum hours.
7. Violates HIPAA regulations.
8. Supported reports of unsafe and/or unprofessional behavior by agency personnel.

*Violation of the Nursing Practice Act is a “reportable offense” to the Texas Board of Nurse Examiners.

Requirements: Each course will have a designated/ separate practicum with an expected practicum outcome/ or outcomes. Students will receive either an (S) satisfactory, (U) unsatisfactory or (I) incomplete for the practicum component of each course. The practicum will be evaluated by the faculty teaching the course. Students must satisfactorily (S) pass the practicum component of the course to receive a passing grade in the didactic portion of the course. The number of hours for each course will be a 2 sch x 1 ratio x 16 weeks =32 hours ( 4 hours a week for an 8 week course or 2 hours a week for a 16 week course). This ratio is justified by the fact that all students in these courses have past practicum/ clinical experience and an unencumbered license to practice nursing. Students must provide documentation of practicum time to faculty in the designated required time. Faculty have the discretion of determining how hours are acquired and if students meet the intent of the practicum. The project/ or projects completed in the practicum component can be calculated as part of the overall grade for the didactic portion of the course or they may not count towards the overall didactic grade of the course towards the overall grade of the didactic class. Preceptors are not required for practicums. Affiliation agreements may need to be obtained based on the practicum requirement.

*Violation of the Nursing Practice Act is a “reportable offense” to the Texas Board of Nurse Examiners.

Faculty Association – Approved May 12, 2015
The MSN Program requires a culminating research experience for each student. The graduate curriculum now includes an Evidence-based project which is accomplished over two semesters. The student completes a proposal focusing on a clinical issue or problem from their advanced role preparation perspective during the first course. The project is actually implemented and data collected and analyzed for potential solutions in the second course.

Research strategies and theoretical perspectives are integrated throughout the project. Accountability is stressed and proposals have to be approved through the University’s Institutional Review Board to ensure protection of human subjects. The student develops a presentation of the project appropriate for a professional conference or meeting.

Specific guidelines are included in each Evidence-based Project course syllabus.

Students who do not complete the learning objectives for the Evidence-based Project I or II in either semester may be given a grade of “NG” and permitted to enroll in the next semester's course. When the student completes the learning objectives for the course, a change of grade will be issued.
SYNTHESIS EXPERIENCE GUIDELINES

The Synthesis Experience is a compilation of two (2) written documents and one (1) oral presentation. **DOCUMENT 1** will be submitted mid-term as outlined in your syllabus and **DOCUMENT 2** will be submitted with your written Evidence-Based Project at the end of MSNC 5296 as outlined in your syllabus. The oral presentation phase of the Synthesis Experience will occur on the same day as you are scheduled for your Evidence-Based Project presentation. The Synthesis Experience oral presentation will occur at the end of your EBP presentation. Just as a reminder: You must **PASS** the Synthesis Experience presentation with a cumulative score of **75%** before you can be approved to graduate.

**DOCUMENT 1** (50 points)

It is very important at the end of the MSN program that you take the time to assess if you have met all of the expected program learning outcomes as outlined in the Graduate Student Handbook you received when you entered the program. Please prepare a written document **two (2) pages minimum and four (4) pages maximum for EACH of the Program Outcomes listed below**. Therefore, the total paper length must be **ten (10) pages minimum and twenty (20) pages maximum**. In the paper you will need to clearly state which Graduate Class or Classes that you felt helped you meet each outcome including both the course name(s) and course number(s). You must include an in-depth description of specific examples of course work from each of the courses that you feel have contributed to you meeting each outcome. **Please use complete sentences to describe your experiences-bulleted lists will NOT suffice.**

**MSN STUDENT LEARNING OUTCOMES**

Graduates of the Nurse Educator or Nurse Administrator tracks of the MSN program will demonstrate the following program outcomes:

1. Analyze issues in the context of healthcare policy and finance, including political and organizational systems, to address the healthcare needs of a diverse society.
2. Analyze strategies to improve healthcare outcomes across the health continuum for various populations.
3. Utilize research methods to investigate problems, initiate changes, and improve nursing practice.
4. Synthesize theoretical frameworks from nursing and other disciplines to expand the knowledge base for advanced nursing practice.
5. Demonstrate advanced nursing practice roles from professional, organizational, and personal perspectives within an ethical and legal framework.

**DOCUMENT 2** (30 points)

**Nursing Administration Students**: Write a brief written description **two (2) – three (3) pages** describing how you utilized principles learned in Nursing Administration courses to develop and implement your Evidence-Based Project into a feasible, workable solution for the problem that you addressed in your healthcare facility.

**Nursing Education Students**: Provides a brief written description **two (2) - three (3) pages maximum** of how you can utilize various principles learned in Nursing Education courses to develop a teaching/learning strategy in your healthcare facility related to your Evidence-based Project topic.
**ORAL PRESENTATION (20 Points) Due in conjunction with your Project Presentation**

Students need to be prepared to discuss information from the two documents above. The Graduate Committee will select one question or area to ask you to respond to orally at the end of your project presentation. You will not know ahead of time which question or area or area you will be questions about, so you will need to review what you have previously submitted in writing. You cannot read from your written documents during the oral presentation.

**PASS/FAIL SYNTHESIS EXPERIENCE:**

**Document 1** will be evaluated by the Graduate Faculty who taught the specific tract related courses you have taken to review how the content of the course was perceived to meet each of the MSN Learning Outcomes. If student scored below 75% on any individual standard/standards of Document 1, they will be notified to discuss this standard(s) at the oral presentation to show that they have adequately met (75%) the standard(s). The Graduate Faculty Chair of your Evidence-Based Project Committee will review your **Document 2** and assign your grade. Your Graduate Faculty Committee will listen to your oral presentation. A **pass/fail will be made based on a cumulative score on all 3 parts of 75% (75 point/100 total points).** Any of the Synthesis Experience that results in additional work to complete may result in a delay in graduation.

Graduate Faculty Committee - Approved – April 14, 2015
Faculty Association – Approved – May 12, 2015
SYNTHESIS EXPERIENCE POLICY

1. The Master of Science degree without a thesis requires successful completion of some form of final synthesis of information from graduate work. The synthesis experience needs to occur during the last semester of attendance and the Synthesis Experience may be written.

2. The student registers for the Synthesis Experience by applying for graduation in The Graduate College. Applications must be filed before the deadlines established by the Graduate College. The deadlines are:

   - For December Graduation: First Monday in October
   - For May Graduation: First Monday in March
   - For August Graduation: First Monday of Summer Term I

3. Written Synthesis Experience will be administered in accordance with the following schedule:

   - Fall Term - November
   - Spring Term - April
   - Summer Term - Last week Summer Term I

   NOTE: Written Synthesis Experience papers will be accepted and graded only once during a semester or summer. For specific dates, please consult with the Director of Graduate Nursing Studies.

4. Failure to pass the Synthesis Experience written paper will result in an oral experience before a selected graduate faculty committee. Only three attempts to pass the Synthesis Experience will be permitted (including the first written attempt and the first oral attempt, which equals one attempt). If the Synthesis Experience is not passed by the third attempt, this will result in a student being permanently suspended from that degree program. The written Synthesis experience may be attempted only once each semester.

A department may prescribe additional academic requirements for its major with the approval of the Dean of the College of Graduate Studies.
WRITTEN SYNTHESIS EXPERIENCE PAPER POLICY

To apply for the MSN synthesis experience, the student must be enrolled in the last course(s) of their degree plan and have removed any incompletes from their transcript or degree plan. The approved plan of study must be on file in the Lamar University College of Graduate Studies at the time of the synthesis experience. The Director of Graduate Nursing Studies and/or designee is responsible for coordinating the collecting and distribution for grading of the synthesis experience papers.

1. A committee of at least four graduate faculty members with teaching responsibilities in the program) appointed by the Director of Graduate Nursing Studies will prepare the guidelines and dates for distribution of the written synthesis experience paper.

2. The synthesis paper will consist of broad sections that are integrative in nature’ sections in which the student can relate the drawing together of knowledge from core and track courses. Synthesis of learning experiences will be the focus of the paper.

3. The written synthesis paper dates for completion will occur three (3) times a year; Fall, Spring, and Summer. Dates for administration of the synthesis experience and final date for handling in for grading will be distributed at the beginning of each academic year. Reminders will be sent to each student expecting to graduate.

4. Up to six (6) weeks prior to the writing of the synthesis experience paper one of two of the graduate faculty will contact all students who plan on graduating that semester to distribute guidelines for the paper. Please note that the content of each year’s synthesis guidelines may change.

5. The students who are qualified to write the synthesis experience paper will have a certain number of days/weeks to complete the paper using the established guidelines. Students will do their work independently but at their own pace as long as the paper is complete by the assigned due date.

6. The student is expected to:
   a. write in a clear logical style
   b. ensure correct use of grammar, spelling and sentence structure
   c. word process using 12 point font
   d. cite references used for each question (Students are expected to be familiar with current literature; however, in certain cases older references may be acceptable.)
   e. reference using APA format

7. The usual time framework will be three (3) weeks for completion of the synthesis experience paper. This could possibly vary.

8. The completed written papers will be reviewed by at least two graduate nursing faculty. No names will accompany the paper to the graduate faculty reviewers but each paper will be coded with a number in order to be able to record corresponding grades for the correct student upon completion of grading. Faculty reviewers will determine if the Synthesis document 1 is strong enough in reflecting the individual student learning outcomes for the program and will return the graded papers to the Director of Graduate Studies for recording of grades for the respective outcomes.

9. The student will then receive written notification of the grading outcome of the Synthesis Document 1 Evaluation from the Director of Graduate Studies and/or designee. Students who have not clearly and completely addressed specific student learning outcomes through their writing of the Synthesis Document 1 will be asked to answer questions in regard to the Outcomes not met in the written portion of Synthesis Document during the oral presentation phase of Evidence-Based Projects II. The oral answering of questions will allow each student another opportunity to satisfactorily meet the outcome(s) requirements.
10. Only three attempts at the synthesis experience will be allowed including the 1st written attempt and the 1st oral attempt, which equals one attempt. Students needing additional time at the end of the third attempt (have been unable to meet student learning outcomes) will need to re-enroll in at least 1 course before trying the written synthesis experience again.

(Discussed with and approved by Graduate Dean on April 27, 2015.)
Graduate Faculty Association – Approved April 14, 2015
Faculty Association – Approved May 12, 2015
Policy on Extension to Complete Graduate Project
Additional 8-Week Completion Strategy

1. Evidence-Based Project II Students needing additional time to complete their projects beyond MSNE 5296 are eligible to register for a one-time 3-hour 8-week Directed Study Course to complete the Project.

2. Students must adhere to the following Completion Guideline Schedule:

<table>
<thead>
<tr>
<th>Completed by</th>
<th>Expected Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamar University (LU) Graduate Office schedule for student application for graduation</td>
<td>The LU Graduate Office sends a notice to all potential graduates requesting completion of graduation application and fees by certain date in each semester. Submit to LU Graduate Office the required documents and fees for graduating in the appropriate semester.</td>
</tr>
<tr>
<td>2nd week of course</td>
<td>Data collection complete.</td>
</tr>
<tr>
<td>3rd week of course</td>
<td>Submit complete Evidence-Based Project (EBP) paper to Committee Chair.</td>
</tr>
<tr>
<td>4th week of course</td>
<td>Project approval from Committee Chair received and submitted to other committee members. Schedule presentation.</td>
</tr>
<tr>
<td>5th week of course</td>
<td>Receive approval from all committee members. Make final changes to EBP paper.</td>
</tr>
<tr>
<td>6th week of course</td>
<td>Complete presentation. Submit all required completed and approved documents (e.g. EBP Paper) to EBP course faculty for the nursing graduate office.</td>
</tr>
</tbody>
</table>

3. Failure to meet this schedule will indicate the need to enroll in the 15-week MSNE 5296 Project II course again in the following semester.

4. Additional Graduate fees must be paid and resubmission of updated forms to the Graduate Office.

5. Director of Graduate Studies will submit a corrected G-3 Form.

Graduate Faculty Committee – Approved April 29, 2015
Faculty Association – Approved May 12, 2015
Policy on Graduate Student Required Site Visit

**Purpose:** Provide graduate students with knowledge of Lamar University Dishman Department of Nursing onsite visit requirement for Graduate Student.

Lamar University Graduate Students are required to present their Evidenced Based Project in person at Lamar University Dishman Department of Nursing with the following exceptions: Students with extenuating circumstances may receive Director of Graduate Studies approval to present remotely.

Graduate Faculty Committee – Approved – April 29, 2015
Faculty Association – Approved - May 12, 2015
Requirements and Fees

Refer to the Lamar University Graduate Catalog.
For more information please call:

Graduate Office
(409) 880-8229

This includes the cost of the diploma and binder and the administrative fee for running graduate reports. Current fees vary but do not include cost of cap, gown, hood, and regalia which can be purchased at the Lamar University Bookstore located in the Student Setzer Center.
TO: THE DISTANCE EDUCATION STUDENT APPEALING A COURSE GRADE

FROM: Dr. Steve Doblin, Provost and Vice President for Academic Affairs

NOTE: PRIOR TO BEGINNING THIS PROCESS, THE STUDENT SHOULD TALK WITH THE INSTRUCTOR WHO AWARDED THE GRADE TO DISCUSS THE SITUATION AND TO ATTEMPT TO RESOLVE THE PROBLEM. WHILE IT IS BEST TO MEET FACE-TO-FACE, IF POSSIBLE, DISCUSSION VIA TELEPHONE, E-MAIL, COURSE CHAT ROOM, VIDEO CONFERENCE, OR OTHER TECHNOLOGY-BASED MEDIA IS ACCEPTABLE.

Introduction

The instructor (defined as one who has the responsibility for a class, special problem, internship, or thesis) has the authority in his or her class over all matters affecting the conduct of the class, including the assignment of grades. Student performance should be evaluated according to academic criteria made available to all students within the first two weeks of each semester, and grades should not be determined in an arbitrary or capricious manner. When a student disagrees with the final grade given by an instructor, fair play requires the opportunity for an orderly appellate procedure. In general, a student must initiate the appeal procedure within 20 school days (excluding Saturday, Sunday, and official student holidays) of the beginning of the semester subsequent to the one in which the grade was awarded if enrolled that semester (otherwise, within 20 school days of the next semester in which the student is enrolled), or 150 calendar days after the issuance of spring semester grades, should the student not be enrolled during either summer semester. In the case of accelerated courses in year-round programs, the student must initiate the appeal procedure within 20 school days of the posting online of the final course grade if enrolled in another distance education course, or within 40 calendar days of the posting of the final course grade to be appealed if not enrolled in another Lamar University course. This appellate process does not involve allegations concerning the competence of a faculty member, the fairness of examinations, the difficulty of a course, or matters of a purely academic nature. Rather, its purpose is to provide for the collection and evaluation of evidence shedding light on an allegation that a grade is invalid because of arbitrary capricious, or unethical behavior on the part of an instructor of record.

When you challenge a grade, the burden of proof lies with you. Be certain that your case for appeal is complete and thorough. Read the following description of the grade appeal process carefully, and follow each step. It is your responsibility to transmit the original Appeal Form for Grade Review, a copy of which is posted online at http://facultystaff.lamar.edu/academic-affairs/policies/index.html, either by fax or electronically, to the university official at each stage.
in the appeal process. (If the appeal reaches the office of the Provost, you will transmit this form to him.) Additional information concerning the grade review process is available in the Student Handbook (http://students.lamar.edu/student-handbook.html). It should be noted that if the chair and/or dean finds for the student, the faculty member has the same right of appeal as the student.

Procedure Checklist

[ ] 1. You should have obtained an electronic version of these documents from the Academic Affairs website or a paper copy from a chair in a department office, from a dean in a college office, or from a representative of the Office of Academic Affairs (100 Plummer Administration Building). If you have any questions, your department chair, your dean, the Associate Vice President for Academic Affairs (Dr. Kevin Smith, 880-8400), or the Provost (Dr. Steve Doblin, 880-8398) will be happy to explain the entire process, in addition to your rights and obligations.

[ ] 2. The first step in the grade review process is a discussion via one of the modes of communication described in the “NOTE” at the beginning of this document between the student and the instructor who awarded the grade. If you have not already had such interaction, you must do so immediately.

[ ] 3. Fill in the information that is requested at the top of the Appeal Form for Grade Review for Distance Education Students, which is attached.

[ ] 4. In a separate document created in Microsoft Word, describe your reasons for believing that you deserve a change of grade in the course. You must include a summary of the discussion with your instructor, emphasizing why you believe that the instructor acted in an arbitrary and/or a capricious manner. You will submit this document at each stage along with the Appeal Form for Grade Review,

[ ] 5. Provide the instructor a copy of your summary and Appeal Form for Grade Review, with the information requested in the heading completed, via e-mail or fax, and ask him or her to respond to these two documents and return them to you via e-mail or fax. If the instructor does not respond within ten days of receipt of these documents, proceed to the next step.

[ ] 6. Contact the chair of the department in which the course was taught. Explain to the chair the problem with your grade, and provide him/her with your summary document and the Appeal Form for Grade Review. The chair will schedule a meeting with you and the instructor, either separately or together, via one of the modes of communication described in the “NOTE” at the beginning of this document. If no agreement is reached at this/these meeting(s), the department chair will provide his/her written assessment of the situation (using Microsoft Word) and send it to you. A copy of this document will include in the materials forwarded to the college level. You should provide the chair copies of all materials that you have that were relevant to the calculation of your grade, to include all graded materials returned to you. The instructor will do the same. Proceed to Step 7. (If the department chair is also the instructor, skip Step 6 and proceed to Step 7.)
7. Contact the academic dean of the college in which the instructor teaches. Explain to the dean the problem with your grade, and provide (via e-mail or fax) him/her your written summary, the response from the chair, and the Appeal Form for Grade Review. The dean may convene the college’s Student-Faculty Relations Committee to review the materials related to the grade appeal (given to him/her by the department chair), after which the Committee will make a recommendation to him/her. Based upon the dean’s analysis of the situation, perhaps informed by a recommendation from the Student-Faculty Relations Committee, he/she will try to resolve the problem. If no solution is reached and you wish to continue your appeal, the dean will provide you with a summary (created in Microsoft Word) of the rationale for his/her decision, along with the recommendation of the Committee (if applicable). *(If the dean is also the instructor, skip Step 7 and proceed to Step 8.)*

8. Within one week of receiving the dean’s decision, you must send, via e-mail or fax, to the Office of the Provost (carol.lindsey@lamar.edu or 409-880-8404) a copy of your summary, the responses from the dean and chair, your Appeal Form for Grade Review, and a letter of appeal of his/her decision (using Microsoft Word), summarizing your reason(s) for it. These items will constitute your appeal to the Provost. The Provost will then contact the dean and obtain all other materials relevant to your appeal. If there are any materials of which you do not have a copy, they will be transmitted to you at this time.

9. When the complete appeal package is received by the Provost, he will appoint a University Grade Review (UGR) Committee from among the members of the five college Student-Faculty Relations Committees (four faculty from colleges other than the one in which the appeal originated and three students, at least one of whom shall be a graduate student and all of whom shall be majors in departments other than the department in which the appeal originated) and will contact you at the telephone number or e-mail address you provided in the heading on the Appeal Form for Grade Review. You will be provided a list of the members and alternates of the UGR Committee (one of which you may challenge for cause) and an academic records waiver form, which you must sign and return. The UGR Committee will review all materials related to the appeal (given to the Provost by the dean), and will make a recommendation to the Provost, who will make the final decision. If the University Grade Review Committee decides to talk with you using one of the modes of communication described in the “NOTE” at the beginning of this document, you will be notified by the chair of the date and time.

05/13/05
Rev 08/26/08
Rev 11/2013
APPEAL FORM FOR GRADE REVIEW FOR DISTANCE EDUCATION STUDENTS

NAME: ___________________________  TELEPHONE: _______________________

FAX: ___________________________  E-MAIL: ___________________________

CLASS: [ ] Freshman  [ ] Sophomore  [ ] Junior  [ ] Senior  [ ] Graduate Student

MAJOR: ___________________________  ADVISOR: __________________________

NOTE: Notify the Office of the Provost if any of the above data change.

COURSE IN WHICH DISPUTED GRADE WAS AWARDED:

__________________________________________________________

(Course Prefix, Section, Title)

SEMESTER, OR SESSION/MONTH (IF ACCELERATED COURSE) IN WHICH DISPUTED
GRADE WAS AWARDED: ____________________________

(Semester (or Session/Month) / Year)

INSTRUCTOR'S NAME: ____________________________

GRADE RECEIVED: ___________  GRADE EXPECTED: ___________
Late Assignment Policy for Online Students

Late work in online courses is discouraged. The structure of web-based courses provides due dates for assignments. Use of the assignment drop-box adequately informs students when course assignments are due.

Penalty for late work is at the discretion of the faculty member. The penalty will not exceed 10% of the assignment grade per day. If the online delivery system is not available for submission, then email can be used as a backup submission system. Faculty may make exceptions after individual consultation.

An incomplete must be completed in one long semester. Requests for incompletes are granted only if they fall within the Lamar University Policy for Incompletes. Extensions of Incompletes may be granted for extenuating circumstances only.

GNS Faculty
12/07
APPENDICES
PROFESSIONAL ORGANIZATIONS

TNA – Texas Nurses Association

All Registered Nurses with current Texas licenses who are in good standing are eligible for membership.

1-800-862-2022 or 1-512-452-0648
http://www.texasnurses.org

Kappa Kappa Chapter of Sigma Theta Tau International Honor Society of Nursing, INC.

The Lamar University Professional Nursing Honor Society was established in the Spring of 1985, and was chartered on April 24, 1988, as the Kappa Kappa Chapter of Sigma Theta Tau International Honor Society of Nursing, Inc. The purposes of this society shall be to:

1. recognize superior achievement
2. recognize the development of leadership qualities
3. foster high professional standards
4. encourage creative work
5. strengthen commitment to the ideals and purposes of the profession

Membership in the organization is composed of students in the baccalaureate and master’s programs in nursing, and registered professional nurses.

The undergraduate student candidate must have completed at least one-half of the nursing component of the curriculum, shall not rank lower than the highest 35% of the class in scholarship, and have a GPA of at least 3.0 on a 4.0 scale. Students in the master’s program must have completed a minimum of one quarter of the required graduate curriculum, have demonstrated ability in nursing, and must have achieved a grade point average of at least 3.5 on a 4.0 scale. The candidate shall have demonstrated superior academic achievement, academic integrity, and professional leadership potential. A nurse leader, who is a registered nurse, legally recognized to practice in his/her country with a minimum of a baccalaureate degree or the equivalent in any field, and who has demonstrated achievement in nursing, shall be eligible for membership.

Membership in the organization is an honor bestowed upon individuals who have demonstrated the achievement of the criteria established; that being so, membership is by invitation and those who accept assume the purposes of the society and the responsibility to participate in achieving its goals.
ANA CODE OF ETHICS FOR NURSES

The Code of Ethics for Nurses (ANA, 2015) was originally adopted by the American Nurses Association in 1959 and has been revised periodically. It serves to inform both the nurse and society of the profession’s expectations and requirements in ethical matters. The code and the interpretive statements together provide a framework within which nurses can make ethical decisions and discharge their responsibilities to the public, to other members of the health team, and to the profession.

Provisions

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

* Identify nurses experiencing mental health, alcohol/drug problems that have been or are likely to be job impairing.

* Assist these nurses in obtaining appropriate treatment.

* Educate employers and nursing colleagues about the negative effects of addiction/mental illness in the work place and the potential for rehabilitation and return to productive work.

* Reach out; 1.800.288.5528 or 1.512.467.7027. The benefit of peer assistance is to offer support and advocacy and to have a rehabilitative emphasis rather than a disciplinary emphasis.

**Mission of the Texas Peer Assistance Program for Nurses**

TPAPN is committed to protecting the public, promoting the health and well-being of nurses, and offering opportunities for recovery from chemical dependency and/or mental illness.

PATIENT’S BILL OF RIGHTS

These rights can be exercised on the patient’s behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.

2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.

    Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

    Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfers to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.

4. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy.

    Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient’s privacy.
6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

9. The patient has the right to ask for and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient’s treatment and care.

10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.

11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital’s charges for services and available payment methods.

HELPFUL WEBSITES

Search Engines
► Google  
  www.google.com
► Yahoo  
  www.yahoo.com

Meta Directories
► Healthweb  
  www.healthweb.org
► InteliHealth – John Hopkins Health  
  www.intelihealth.com
► Medical Matrix  
  www.medmatrix.org
► “Virtual” Nursing Center – Matrindales Health Science Guide  
  www.martindalecenter.com/Nursing.htm
► Allnurses.com!  
  www.allnurses.com

U.S. Government Health Information Sites
► Bureau of Labor Statistics  
  www.bls.gov
► Center for Disease Control and Prevention (CDC)  
  www.cdc.gov
► National Health Information Center (NHIC)  
  www.health.gov/nhic
► National Institutes of Health (NIH)  
  www.nih.gov.nih
► National Library of Medicine (NLM)  
  www.nlm.nih.gov
► Texas Department of Health and Human Services  
  www.dhs.state.tx.us

Professional Organizations
► American Association of Colleges of Nursing  
  www.aacn.nche.edu
► American Nurses Association  
  www.nursingworld.org
► National Council of State Board of Nursing  
  www.ncsbn.org
► National League for Nursing Accrediting Commission  
  www.nlhac.org
Clinical Information/Specialty Nursing

- American Academy of Critical Care Nursing  
  www.aacn.org
- American Academy of Pediatrics  
  www.aap.org
- American Nursing Informatics Association  
  www.ania.org
- Diversity Rx  
  www.diversityrx.org
- Emergency Nursing Association  
  www.ena.org
- Evidenced-Based Nursing  
  www.ebn.bmjournals.com
- Health Web  
  www.healthweb.org
- Medscape  
  www.medscape.com
- Mental Health Net  
  www.mentalhelp.net
- Nanda International  
  www.nanda.org
- National Center for Education in Maternal and Child Health (NCEMCH)  
  www.ncemch.org
- National League for Nursing  
  www.nlnac.org
- Nursing Informatics  
  www.nursing-informatics.net
- Nursing Management  
  www.nursingmanagement.com/
- Resources for Nurses and Families  
  www.pegasus.cc.ucf.edu/~wink
- Transcultural and Multicultural Health Links  
  www.worlded.org/us/health/docs/culture/materials/websites_015.htm
Health Policy/Research

► Agency for Health Care Policy and Research
  www.ahcpr.gov
► Midwest Nursing Research Society
  www.mnrs.org
► National Institute of Nursing Research
  www.nih.gov/ninr
► Southern Nursing Society of Nursing Research
  www.nih.gov.ninr

Images/Sounds/Clipart

► www.brainybetty.com
► www.thefreesite.com/Free_Sounds/
► www.stonewashed.net
► www.echovibes.com
► www.woundamerica.com
► www.freeimages.co.uk
► www.freeimages.com/photos.php
► www.barrysclipart.com
► www.istockphoto.com
► www.nurston.com

Style Guide/Presentation Help

► American Psychological Association Style
  www.apastyle.org
► Power Point Presentations
  http://www-plb.ucdavis.edu/imaging/pp.PDF
Accountability – the state of being able to answer for one’s actions. The professional nurse answers to the self, the client, the profession, the employing institution and society for the effectiveness of nursing care performed.

Active Inquiry – takes place when student are actively involved and genuinely engaged in meaningful learning. The focus is on developing students’ intellectual capabilities as independent, critical thinkers. Active inquiry is a basis for lifelong learning as well as personal and professional growth.

Adaptation – a dynamic, ongoing, life-sustaining process whereby living things continually adjust to environmental changes. Social adaptation implies the adjustment and adaptation of humans to other individuals and community groups in the social environment.

Advocate – one who pleads the cause for client rights or the rights of other persons, provides them with the information needed to make an informed decision, supports them in their decision and accepts and respects the client’s right to decide.

Articulation – a planned process providing opportunities for multiple-entry and exit points, expecting graduates to demonstrate all the competencies (inherent in critical thinking, knowledge, judgment, and skills) of the proceeding levels of education.

Assessment – the process of gathering and judging evidence in order to decide whether a person has achieved a standard or objective. The goal of assessment is to collect objective evidence that represents the truth about student performance (www.southbank.edu.au/site/tools/glossary.html retrieved 12/12/08).

Baccalaureate degree graduate – in addition to AD graduate skills, this beginning practitioner functions across time from preadmission to post-discharge, synthesizing information from various disciplines, thinking logically and critically, and utilizing technology and research findings. The baccalaureate graduate provides nursing care to individuals, families, aggregates, communities, and/or societies in structured, unstructured, or evolving health care settings.

Basic primary care skills – skills which facilitate health promoting and health protecting behaviors. Health promoting behaviors increase the level of well being and actualize health potentials of individuals, families, communities, and society. Health protecting behaviors are directed towards decreasing the probability of specific illnesses or dysfunctions in individuals, families, communities and society. Basic primary care skills are grounded in the recognition and
valuing of the individual’s role in the health care enterprise. The ultimate goals are empowerment of the client for self-determination and self-management to attain health promotion and health protection.

**Care management skills** – emphasizes quality outcomes and cost effectiveness in a variety of health care settings and time frames. Includes serving as a client advocate within an interdisciplinary team utilizing teaching, practice, and research techniques.

**Caring** – implies a special concern, interest, or feeling capable of fostering a therapeutic helping, trusting relationship between the client and nurse based on faith and hope. It is being sensitive to one’s self and others in promoting and accepting the expression of both positive and negative feelings and emotions. It is an expression of or an action of an informed, competent professional nurse that stems from the ability to utilize scientific problem-solving process. Caring promotes than transpersonal teaching-learning, attends to supportive, protective, and/or corrective mental, physical, societal, and spiritual environments. It assists wholeness that allows for being open to existential-phenomenological and spiritual dimensions of caring that cannot be scientifically explained. (Kelly, J.H. and Johnson, B. (2002) Theory of Transpersonal Caring Jean Watson in J. B. George, 2002, *Nursing Theories, the Base for Professional Nursing Practice*, pg. 410).

**Client** – individual recipient of care. For the baccalaureate graduate, may include the individual and the family, and groups. (DELC, 2002).

**Clinical Preceptor** – A registered nurse or other licensed health professional who meets the minimum requirements in § 215.10(f) (5) of this chapter (relating to Management of Clinical Learning Experiences and Resources), not paid as a faculty member by the governing institution, and who directly supervises a student’s clinical learning experience. A clinical preceptor facilitates student learning in a manner prescribed by a signed written agreement between the educational institution, preceptor, and affiliate agency as applicable (Texas Board of Nursing, 2003, p.47).

**Clinical Preceptorship**- A clinical experience when students work under the guidance of a nurse employed by a clinical agency. For senior level nursing students, this final clinical experience focuses on role socialization and the integration of nursing knowledge, clinical skill competence, clinical judgment, interdisciplinary/therapeutic communication skills, standards of care, evidence-based practice and socio-cultural factors all within legal and ethical parameters of the nursing profession.

**Cohort Attrition Rates:** Number and percent of nursing students that do not progress to next level of the nursing curriculum with their cohort.
**Cohort Retention Rates**: Number and percent of nursing students that successfully progress through the nursing curriculum with their cohort.

**Communication** – a relationship skill which involves verbal and nonverbal exchange of information and ideas. A complex process refers to not only content but also feelings and emotions, which may be conveyed in a relationship.

**Communities of interest** – “persons, groups, agencies, and organizations that influence the mission, services, and graduates of the nursing education unit” (NLNAC, 2008, p. 99). This includes public/consumers, students, faculty, clinical agencies, nursing programs in Southeast Texas, regulatory agencies, and professional organizations.

**Community** – includes the physical topographical characteristics of the setting, the view of community held by its inhabitants, the nature of community groups and their characteristic interaction patterns, and the dynamic interplay of dominant community forces. (DELC, 2002)

**Community Based Service Learning (CBSL)** – “a philosophy of education which emphasizes active, engaged learning with the goal of social responsibility…it is reciprocal learning, dynamic and interactive…which suggests mutuality in learning between the student and the community with whom he or she is actively engaged” (J.C. Kendall, 1990, *Combining Service and Learning*, pp 22-23).

**Community focus skills** – a combination of both psychomotor and relationship skills used to facilitate partnering and collaboration in the community. These skills include: awareness of populations, knowledge of epidemiological determinants of health, knowledge of traditional practices, shifting demographics, and economic factors that impact the health of groups. Application of these knowledge based skills allows the nurse to deliver culturally competent, effective care to entire populations.

**Community Service** – Participation in community-sponsored activities by the faculty for the betterment of the local area. Such activities include but are not limited to participation on the board of directors for area wide not for profit agencies, volunteering to help community agencies meet the needs of the population at large, and/or participating in community and professional organizations within the area.

**Companion Course** - A course that is academically contingent upon the successful completion of another course in the same semester. The two or three academically contingent courses must be completed simultaneously. If a student is unsuccessful in one of the companion courses, then both or all three of the companion courses must be repeated.
**Competency** – effective demonstration by the time of graduation of the knowledge, judgment, skills, and professional values derived from nursing and general education content. (DELC, 2002).

**Complaint** – “an expression of dissatisfaction about something or someone that is the cause or subject of protest. A formal allegation against a party or program” (NLNAC, 2008, p. 99), which is expressed in a written, signed statement to the Dishman Department of Nursing Chairperson.

**Complex adaptive systems** – dynamical systems, building on positive feedback, which are highly sensitive to small changes, are self-organizing, and can be controlled with chaos. These systems change, but changes in outcomes appear to have no relationship to the changes in system input.

**Consumer** – individuals, groups, families, organizations, groups, or communities who utilize health care services.

**Coordinator of care (COC)** – one who organizes and facilitates the delivery of comprehensive services to clients using other provider’s services, human and material resources, and collaboration with clients, their support services, and a variety of providers, (DELC, 2002).

**Co-Requisite Course** - Courses in the curriculum that are best completed in the same semester.

**Critical pathway** – a trajectory of the client’s clinical course detailing interventions, referral patterns, and outcomes on a daily basis from pre-admission into the health care system through post-discharge follow-up.

**Critical thinking** – refers to an intellectual process that involves developing a rational, justifiable response to questions for situations where there are no definitive answers and for which all the relevant information may not be available. It involves the ability to analyze arguments, construct meaning, use knowledge as context, and critically reflect on one’s thoughts and actions. Critical thinking requires knowledge, but it is more than the acquisition and regurgitation of known facts, concepts, and theories. It is the ability to use that knowledge in situations of ambiguity and risk.

**Culturally competent care** – uses a framework of the client’s world-view, values, norms, and beliefs about health and illness in care delivery. To the greatest extent possible, the process will reflect sensitivity to the client’s cultural perspective, and where appropriate, the nurse and client will negotiate and facilitate a change in behaviors.

**Distance education** – an educational process in which the majority of the instruction occurs when a student and instructor are not in the same place. Instruction may be synchronous or
asynchronous. Distance education may employ audio, video, and/or computer technologies. (Adapted: NLNAC, 2008). p. 100.

**Evaluation** – a value judgment that attaches meaning to the data obtained by measurement and gathered through assessment. Evaluation compares student performance with a standard and makes a decision based on that comparison (McDonald, 2007).

**Evidence-based practice** - A process of finding, appraising, and applying scientific evidence in the management of health for individuals, families, groups, aggregates and/or communities. Evidence-based practice includes the conscientious application of current evidence as a foundation for decisions about patient care. This problem-solving approach integrates a systematic search for and critical appraisal, and application of the most relevant evidence, along with patient preferences and values, and the clinical expertise and experience of the nurse.

**Evolving health care setting** – a geographical and/or situational environment (could be structured or unstructured health care delivery setting) which is undergoing significant changes in response to internal and/or external pressures. There are not sufficient resources to assist and support the full scope of nursing expertise, therefore requiring independent nursing decisions.

**Facilitated Learning (FL):** A collaboration between a nursing student and an educator that focuses on a specific didactic content area the student finds challenging. The nursing student is expected to be prepared and actively participate in the FL session. The goal of facilitated learning is to promote independent active learning throughout nursing school and throughout life.

**Family** – two or more people who may share a residence, who possess common emotional bond and perform/engage in interrelated social positions, roles and tasks. (DELC, 2002).

**Grievance** – a perceived injustice that gives reason for a formal expression of a compliant.

**Health** – a measurable state along a wellness-illness continuum that each person ultimately defines for themselves. It is a composite of physical, psychological, emotional, social and spiritual functioning. (Adapted: Smeltzer & Bare, 1996).

**Health care delivery system** – the totality of services offered by all health disciplines that contribute to safe, quality, cost effective health care that is divided into three subsystems:

1. Preventative and primary care help clients acquire healthier life styles and achieve a decent standard of living. The focus of health promotion is to keep people healthy through personal hygiene, good nutrition, clean living environments, regular exercise, rest, and the adoption of positive health attitudes.
2. Secondary and tertiary care includes the diagnosis and treatment of illnesses. Planning and coordination of the highest quality of care possible so clients can be discharged early but safely to the home or extended care facility that can adequately manage remaining health care needs is a central tenet of secondary and tertiary care.


**Health care outcomes** – the end product of any health care process, indicating to what extent the purposes of the process are being achieved. The output or results of the process (i.e., change resolution, improvement, or deterioration).

**Holistic** – emphasizing the importance of the interrelationships of the bio-psycho-social-spiritual-cultural dimensions of the person in mutual process with the environment while recognizing that the whole is greater than the sum of its parts. (DELC, 2002).

**Holistic health needs** – are an ongoing state of wellness that involves taking care of the physical self, expressing emotions appropriately and effectively, using the mind constructively, being creatively involved with others, and becoming aware of higher levels of consciousness. The client is aware of the physical and emotional dimensions of the wellness-illness continuum and the client actively participates in their own state of wellness. (Adapted: Potter, 1997).

**Informatics** – Nursing Informatics is a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, and knowledge in nursing practice. Nursing informatics facilitates the integration of data, information and knowledge to support patients, nurses and other providers in their decision-making in all roles and settings. This support is accomplished through the use of information structures, information processes, and information technology. (ANA Scope and Standards of Nursing Informatics Practice, 2001, pg vii)

**Initial Demonstration of Skills Procedures** - verifying students can demonstrate skill procedures according to guidelines.

**Interdisciplinary** – collaborative and overlapping efforts of two or more health care professions that transcend discipline boundaries in the provision of client care.

**Learning** – a life-long process of change in which the individual acquires knowledge, attitudes, values, and skills through practice, experience, and study.
**Learning Outcomes** – “Statements of expectation written in measurable terms that express what a student will know, do, or think at the end of a learning experience; characteristics of the student at the completion of the program. Learning outcomes are measurable learner-oriented abilities that are consistent with standards of professional practice.” (NLNAC 2008, p. 102)

**Life span** – from conception to death.

**Managed care** – a health delivery system that integrates financing, insurance and care delivery by means of (a) contracts with selected health care providers that furnish a comprehensive set of services to enrolled members, (b) utilization and quality controls, (c) financial incentives for members to use contracted providers, and (d) financial risk-sharing between the system and the providers. Includes PPOs, HMOs, and point of service HMOs. (Adapted: Iglehart, 1992).

**Member of Profession (MOP)** – someone who accepts responsibility for the quality of nursing care for clients; applies research findings, and identification of further research; is aware of legislative, regulatory, ethical, and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values the need for life long learning. (DELC, 2002).

**Modeling** – “is the process used by the nurse to develop an empathetic understanding of the client’s present situation based on the world as the client perceives it. The model of a person’s world is the representation of the unique aggregation of the way the individual perceives life and all its aspects and components; feels, believes, and behaves; and the underlying motivation and rationale for beliefs and behaviors.” (Erickson, H. C., Tomlin, E. M., and Swain, M. A. (2002). The Modeling and Role Modeling Theory in J. B. George, 2002, *Nursing Theories, the Base for Professional Nursing Practice*, pg. 466).

**Nursing education** – the process learners use to acquire and apply knowledge from varied experiences to identify and solve problems with clients with creativity and flexibility in the real world.

**Nursing process** – a clinical decision-making method that involves assessing, planning, implementing, and evaluating client care. Assessment of client problems results in formulating a nursing diagnosis. (Adapted: Stanhope, 1996).

**Partnership** – “An agreement (formal relationship) between a nursing education unit / governing organization and an outside agent / agency to accomplish specific objectives and goals over a period of time” (NLNAC, 2008, p. 102).

**Persistence Rates (undergraduate)**: Graduation of any student admitted to the nursing program (not time limited). According to THECB (2008), “The rate at which students persist in
high education, often as measured by the percentage of students who continue in higher education from one year to the succeeding year” (p. 52).

**Persistence Rates (Graduate, full-time)** – Percentage of admitted students on a full-time MSN curriculum plan, who enroll full-time for two semesters during the academic year if admitted in the Fall semester, and one semester if admitted in the Spring semester.

**Persistence Rates (Graduate, part-time)** – Percentage of admitted students on a part-time MSN curriculum plan, who enroll in at least one semester during an academic year.

**Person** – a unique individual with biological, psychological, socio-cultural and spiritual dimensions that are constantly interacting with a changing environment.

**Population-focused practice** – care provided to individuals, families and community based populations in order to enhance the health of the aggregate, community, or society. The scope of practice extends from a one to one nursing intervention to a global perspective of world health. Emphasis is placed on health promotion and disease prevention. (Adapted: Stanhope and Clark, 1996).

**Professional Integrity** – is demonstrated by the acceptance of accountability and responsibility for one’s actions; is the management of all situations in a truthful and honest manner that demonstrates respect and dignity for self and others; and is the presentation of oneself in a professional manner through proper dress, communication, and demeanor. It is the integration of professional behaviors and the socialization process that prepares graduates for entry into the practice of professional nursing.

**Professional practice skills** – includes continuing development of leadership abilities, adhering to professional standards, assuming responsibility and accountability for own actions as well as delegated tasks.

**Program Completion Rates – Graduate** – Percentage of full time students who complete the master’s degree within 3 years or part time students who complete the master’s degree within 6 or less years.

**Program Completion Rates – Undergraduate** – “Number of students who complete the program within 150% of the time of the stated program length” (NLNAC, p 5, 2008). Dishman Department of Nursing programs:  LVN-AND = 1.5 years; ADN = 3 years; BSN = 3.75 years ; RN-BSN = 1.5 years.

**Program Outcomes** – “Performance indicators that reflect the extent to which the purposes of the nursing education unit are achieved and by which program effectiveness is documented. Program outcomes are measurable consumer-oriented indexes designed to evaluate the degree to
which the program is achieving its mission and goals. Examples include but are not limited to: program completion rates, job placement rates, licensure/certification pass rates, and program satisfaction.” (NLNAC 2008, p. 102)

Provider of care (POC) – one who provides nursing care to clients using a systematic process of assessment, analysis, planning, intervention and evaluation. (DELC, 2002).

Relationship skills – skills that enhance the connection between the nurse and hierarchies of interactions with other persons: clients, families, communities, members of the health care team, and the environment in which these interactions occur. Involves accountability, primacy of duties directed at beneficence, scientific and technical competence, and leadership. Aimed at maintaining the therapeutic benefit of the interaction, evaluation of problem and goals toward therapeutic progress, facilitating wellness and implementing care with unconditional positive regard for the client’s progress.

Role Modeling – “is the facilitation of the client in attaining, maintaining, or promoting health through purposeful individualized interventions based on the client’s perceptions of the world as well as the theoretical base for the practice of nursing.” (Erickson, H. C., Tomlin, E. M., and Swain, M. A. (2002). The Modeling and Role Modeling Theory in J. B. George, 2002, Nursing Theories, the Base for Professional Nursing Practice, pg. 466).

Scientific problem solving – a vital ability for nursing practice which involves both problem solving and decision making. A dynamic process which utilizes the nursing process, decision making strategies, critical thinking skills, critical pathways, and independent/collaborative problem-solving as methods employed to solve problems related to care delivery. Involves problem identification, gathering and analyzing data, developing solutions, implementing the best, most cost-effective solution(s), and evaluating client outcomes. The nurses’ ability to recognize and identify the problem is considered the most vital step. (Adapted: Yoder-Wise, 1995).

Service Learning – “is a philosophy of education which emphasizes active, engaged learning with the goal of social responsibility…it is reciprocal learning, dynamic and interactive…which suggests mutuality in learning between the student and the community with whom he or she is actively engaged.” (J. C. Kendall, 1990, Combining Service and Learning, pg. 22-23).

Participation in meaningful activities within the community which allow the individual to grow personally and professionally outside the classroom experience.

Simulation, high fidelity – Creating a realistic client care environment and situation in which students participate in care, utilize problem-solving and clinical judgment skills. Integrates
student cognitive, affective, and psychomotor domains in creating a client care situation as close to reality as possible, oftentimes utilizing high-tech mannequins which breathe, talk, and have realistic pulmonary, cardiac and gastric sounds. This teaching/learning strategy promotes synthesis of knowledge and the integration of multiple concepts into care of clients across the lifespan within a safe nonthreatening learning environment.

**Simulation, low fidelity** – Frequently utilizes static mannequins and task trainers to create a realistic situation in which students practice problem solving and psychomotor skills. This teaching/learning strategy allows for peer review, self-assessment, and student demonstration of skill acquisition as well as faculty evaluation of students performance within a safe nonthreatening learning environment.

**Skill** – proficiency, competency and/or mastery of set(s) of tasks, abilities and/or behavior(s) that are hierarchically acquired over time as a consequence of learning, practice and experience.

**Society** – the scope of humanity: individuals, cultures, families and communities forming complex adaptive systems.

**Structured setting** – geographical and/or situational environment where the policies, procedures, and protocols for provision of health care are established and in which there is recourse to assistance and support from the full scope of nursing expertise. (DELC, 2002).

**Teaching-Learning** – a collaborative problem solving relationship between learner and teacher emphasizing self-direction and self-determination of goals leading to increased independence on the part of the learner.

**Technology/Psychomotor skills** – the use of knowledge and dexterity to manipulate the ever changing and advanced technical, computerized equipment to provide client care; e.g., using diagnostic equipment to gather assessment data, computerized client information to plan outcomes, mechanical pumps and respirators to maintain life, computer software to document, evaluate and conduct research on client outcomes, and information superhighway for communication and information gathering.

**Therapeutic intervention** – actions designed to assist a client in moving from present level of health to that described in the expected outcome. These actions may be direct and indirect which include nurse initiated, physician initiated, and collaborative interventions.

**Unstructured setting** – geographical and/or situational environment which may not have established policies, procedures, and protocols and have the potential for variations requiring independent nursing decisions. (DELC, 2002).
**Web-Enhanced** – refers to the inclusion of a world-wide-web based resource for course delivery for the purpose of improving teaching/learning. Specifically, web-enhanced courses are delivered on campus and have an on-line component. The use of a vehicle such as Blackboard to provide framework for course materials, discussion, real-time chat, email, assignment drop boxes, and computer based testing and grade book features is common.