



GRANITE STATE COLLEGE

RN TO BSN PROGRAM

FACULTY HANDBOOK 2014 – 2015

Granite State College

RN to Bachelor of Science in Nursing Program

Faculty Handbook 2014 – 2015

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Note to Faculty

The RN to BSN Program Faculty Handbook contains information and policies designed to answer faculty's questions, guide students' education, and ensure fair and equal treatment for all students. This Handbook is just one of the policy resources that may be available to you. All of the information in the RN to BSN Program Student Handbook is also in the RN to BSN Program Faculty Handbook. You may also refer to the most recent editions of the Granite State College Faculty and Student Handbooks, the College Catalog, and the College's web site (www.granite.edu) for additional information. Since information changes rapidly, please be sure you are using the most current and most appropriate resources.

GRANITE STATE COLLEGE
RN to BSN Program

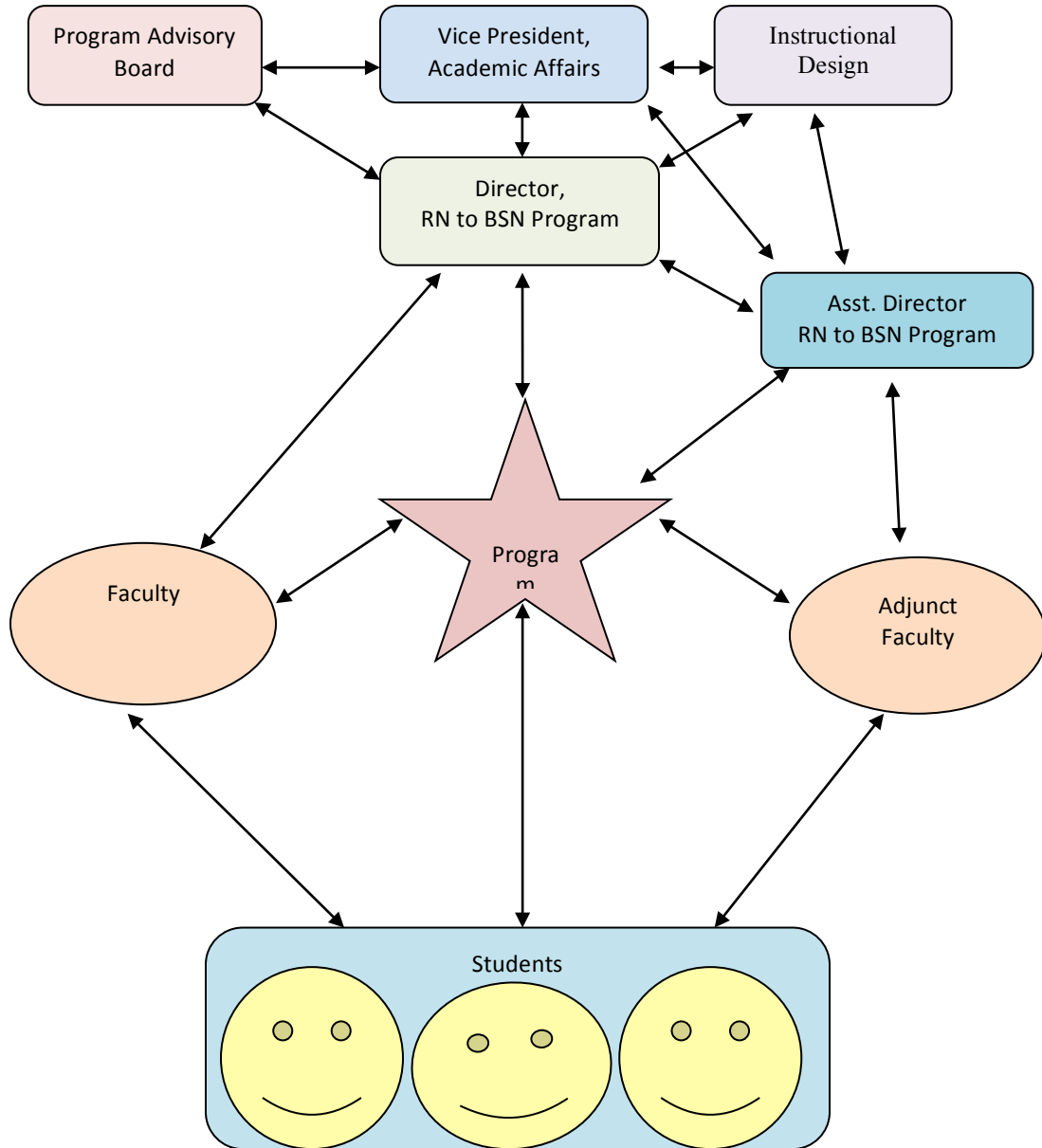
Faculty Orientation Process

Note to Faculty: The checklist below will guide you through some basic learning experiences essential to serving as a faculty member in the RN to BSN Program.

|  | Activities | Resource |
|---|--|---|
| | 1. Review the NH Nurse Practice Act (RSA 326-B) and Board of Nursing Rules (Nur 100 – 900.) | www.nh.gov/nursing |
| | 2. Review/discuss the mission, philosophy, framework, and program of study for the RN to BSN Program. | RN to BSN Program Faculty Handbook |
| | 3. Become familiar with policies pertinent to GSC and the RN to BSN Program. | <ul style="list-style-type: none"> • GSC Faculty Handbook • GSC Student Handbook • GSC College Catalog • www.granite.edu • RN to BSN Program Faculty Handbook • RN to BSN Program Student Handbook |
| | 4. Become familiar with documents and resources of American Association of Colleges of Nursing. | www.aacn.nche.edu |
| | 5. Become familiar with accreditation policies, standards, documents, and resources of Collegiate Commission on Nursing Education (CCNE). | www.aacn.nche.edu |
| | 6. Assist in developing infrastructure documents for the RN to BSN Program. | Director |
| | 7. Locate teaching / learning resources: <ul style="list-style-type: none"> • Learning Platform: Moodle • Moodle orientation for faculty • GSC Discovery Service • Instructional design support • Professional nursing web sites | Instructional Designer: Chuck Bagley GSC Discovery Service: Patricia Erwin-Ploog |
| | 8. Locate on Moodle the course / class / clinical experience to which you are assigned. | Moodle |
| | 9. Retrieve a roster of students who are enrolled in the course. | Moodle/WebROCK |
| | 10. Understand the relationship of your assigned course(s) to the overall curriculum. | RN to BSN Program Faculty Handbook |
| | 11. Identify expectations of full-time and adjunct faculty related to teaching assignments: <ul style="list-style-type: none"> • Review syllabus, course outcomes, and academic policies. • Update learning activities as needed. • Use latest edition of text book with attention to cost. • Delineate plan for classes, assignments, and evaluation of students' performance. • Be a frequent presence online. • Respond promptly to students. | RN to BSN Program Faculty Handbook |

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> • Submit grades on or before deadline. • Submit end-of-course evaluation to Director, highlighting areas of concern and suggestions for improving the course and its delivery. | |
| | 12. Meet with/support other faculty involved in the program. | Director/Assistant Director |
| | 13. Assist students to develop and complete clinical activities and practica, including creating a process for clinical contracts as necessary. | Assistant Director |
| | <p>14. Meet non-teaching expectations of full-time faculty:</p> <ul style="list-style-type: none"> • Provide program support as needed. • Attend faculty meetings. • Attend functions to recruit students. • Assist with curriculum development. • Manage program evaluation. • Co-organize accreditation activities. • Provide accurate academic advising to students as needed. • Offer service to College as opportunities arise. • Present the RN to BSN Program in a positive light. • Attend Commencement. • Submit annual Faculty Professional Development Form in January. • Other duties as assigned. | <ul style="list-style-type: none"> • GSC Faculty Handbook • RN to BSN Program Faculty Handbook |
| | 15. Full-time faculty: Review Full-Time Faculty Workload Management System Guidelines, including criteria for annual performance evaluation. | See Director for copy |
| | 16. Adjunct faculty: Review adjunct Faculty Evaluation Model and Adjunct Faculty Assessment Form | See Director for copy |
| | 17. Participate in local and national meetings related to nursing and nursing education. Maintain documentation for annual submission. | Self-direction |

RN to BSN Program Organizational Chart



General Policy

The RN to BSN Program abides by policies expressed in the most recent edition of the Granite State College Student Handbook, the Granite State College Faculty Handbook, the College Catalog, and the GSC syllabus template. The Handbook is available at the College's web site, www.granite.edu. In addition, the Program has developed the following information and policies pertinent to matters that are specific to the nursing program, nursing practice, and/or required by clinical affiliates.

Mission

The Mission of the RN to BSN Program at Granite State College is to provide Registered Nurses the opportunity to earn a Bachelor of Science Degree in nursing to expand their professional opportunities and meet the employment qualifications of the nurse of the future. The Mission of the RN to BSN Program complements the Mission of the College: "To expand access to public higher education to adults of all ages throughout the State of New Hampshire" (<http://www.granite.edu/about/mission.php>), with a specific focus of supporting the professional development of the Registered Nurse.

Philosophy of the Faculty of the Department of Nursing

The faculty of the RN to BSN Program (RN to BSN Program), carry out the Mission of Granite State College (Catalog, 2014-15) through the continuing education of Registered Nurses culminating in a Bachelor of Science Degree in Nursing. Graduates of the program are prepared to provide, manage, improve, and lead nursing care in a variety of healthcare settings, and to pursue further professional development, continuing nursing education, and constructive citizenship.

The faculty's beliefs about the four metaparadigms of nursing (health, people, environment, and nursing), beliefs about nurses and nursing education, and a selection of theoretical perspectives are foundational to the nursing curriculum.

Health is an attribute of people and is depicted epidemiologically as the outcome of the interaction of individuals with their lifestyles, environment, and health care system. It describes a relative and fluctuating state along a continuum that reflects the capacity to satisfy basic and developmental needs. Descriptions of individual or aggregate health states may be subjective or objective. Impaired health arises from alterations in normal structure or function. The alterations in normal structure or function, in turn, arise from the interaction of biopsychosocial beings with their lifestyle choices, the environment, and the health care system.

The term "excellent health" usually reflects people with effective coping behaviors and adequate energy levels that result in perceived well-being even though a person may have objective evidence of specific health deviations. People with relevant information, resources, and motivation can choose a lifestyle that includes behaviors that maintain or improve health, prevent disease, and preserve independent function in meeting personal needs. Individuals can seek early diagnosis and treatment when necessary and engage in activities to

return to effective functioning (Leavell & Clark, in Clark, 2008, p. 73). Informed, pro-active health-related choices and purposeful health maintenance are necessary for individual and population well-being.

"Poor" health is a reflection of unmet needs related to altered anatomy and/or physiology, self-care deficits, and/or ineffective coping due to lack of energy, knowledge, resources, motivation, or skill (Orem, in Alligood & Tomey, 2002, Ch. 12). Chronically unmet needs may result in further deterioration of well-being that culminates in disengagement from society, unnecessary consumption of social and community assets, and ultimately death.

People are biopsychosocial beings in constant interaction with a changing environment (Roy, as cited in Alligood & Tomey, 2002, Ch. 14). People, as individuals and aggregates, are unique multidimensional members of diverse sociocultural groups and are at various points on health and developmental continuums.

People have unique biological potentials as a result of their organic make-up (LaLonde, 1974), and they interact with the environment, develop lifestyles, learn by intentional and unintentional experiences, and make choices that affect their health for better or worse. Their well-being, productivity, and life satisfaction are linked with their ability to care for themselves, their families, and their communities. People at times may lack the capacity for various aspects of their self-care and thus become "patients", who may need the intervention of a nurse to compensate for the self-care deficit (Orem, in Alligood & Tomey, 2002, Ch. 12). Even in times of seriously impaired health, people may remain capable of learning and choosing to incorporate into their lifestyles knowledge, attitudes, and behaviors that foster higher levels of health and well-being.

The environment that surrounds people is multidimensional and includes biological, psychological, sociological, spiritual, economic, political, and physical dimensions. According to LaLonde (1974, p. 32), it encompasses "all matters related to health external to the human body and over which the individual has little or no control." The environment is partly a creation of society and affords opportunities as well as hazards for health and development. For example, the health care delivery system and nurses, as well as lethal weapons and viruses, are all aspects of the environment that may affect human health and safety.

People and their environment interact in ways that influence their mutual levels of well-being, and that may present risk factors for impaired health. Along with an individual's biological potential and life choices, the environment is a co-determinant of the health of people and society. Nurses may intentionally modify, or teach others to modify, the environment in carefully selected ways to foster health and safety. Although there are aspects of the environment that may not be under a person's control, people remain capable of significant environmental choices that affect their health.

The profession of nursing is a scientific, creative, diverse, and socially necessary applied discipline encompassing knowledge, skills, and caring behaviors that can be learned. Nursing practice integrates and applies knowledge of the sciences, technology, human behavior, developmental stage, principles of law and ethics, and communication. Within the complex health care system, the nurse's caring presence builds a sense of trust and an environment conducive to healing. Faculty members believe that the nurse-patient relationship represents a

covenant in light of its healing potential. Thus, we have consciously chosen the term “patient” over the popularly used term “client,” which we believe is more reflective of the role of a customer in a business milieu.

Nurses address actual and potential self-care deficits that precede or arise from health problems. For nursing care to be most effective, nurses must understand and address the presenting problem, its underlying health determinants, as well as patients’ sociocultural, ethnic, racial, and spiritual dimensions as well. Nurses are the most numerous of the various health care providers and are found throughout the community including, but not limited to, hospitals, schools, industries, patients’ homes, primary care sites, and acute and long-term care facilities. While a majority of nurses work in acute and long-term care facilities, the basic educational preparation of nurses must include a broad and flexible set of knowledge and skills that can be adapted to a variety of populations and settings.

Nursing education is an aspect of the environment and health care delivery; it addresses society's need for licensed professional nurses prepared to respond and intervene when people’s ability to care for themselves is threatened or compromised. Becoming a nurse is a developmental and incremental process that proceeds from the simple to the complex, integrating and applying knowledge, skills, and caring behaviors. The knowledge base of contemporary professional nursing encompasses a broad understanding of the biological, psychological, developmental, sociological, and spiritual dimensions of people. Mastery of nursing practice is a lifelong process. The nurse, the nursing profession, science, technology, demographics, the environment, the health care delivery system, and health status indicators are in constant change and evolution. The student of today - the nurse of tomorrow - must be pro-active and responsive to change and eager to acquire further knowledge and development.

The nursing process is a problem-solving model based on the scientific method. When integrated with nursing knowledge in the context of critical thinking and a caring nurse-patient relationship, the nurse is prepared to manage complex problems of human well-being and to adapt the environment to foster self-care and consequent individual, family, community, and societal health (Orem, in Alligood & Tomey, 2002,).

The faculty believes that the RN to BSN nursing education curriculum should be reflective of the positions and standards of professional nursing organizations including, but not limited to, *The Essentials of Baccalaureate Nursing Education*, (American Association of Colleges of Nursing (2009), Commission on Collegiate Nursing Education (CCNE), American Nurses Association (ANA) Standards of Practice, ANA Code of Ethics, National League for Nursing (NLN), and applicable state nurse practice acts. The faculty values the work of these organizations for the delineation of important concepts to be incorporated in the development of the curriculum.

The faculty believes that each student of nursing has potential for learning an ongoing professional development. The learning environment should be collegial, mutually respectful, and open to inquiry. Didactic content should be aligned with opportunities for application. Frequent opportunities for evaluation, including self-reflection, peer evaluation, and course and program evaluations foster students’ awareness of their roles in the quest for quality throughout the health care system.

As motivated adult learners and competent professionals, the faculty expects students to be pro-active and accountable for a high level of participation in their educations. Once introduced to the learning resources of Granite State College and the RN to BSN curriculum, students are expected to collaborate with faculty as they progress toward achieving course and program outcomes. Students are expected to proactively identify gaps in their knowledge and seek additional learning opportunities as necessary. Students experiencing personal or academic difficulties should promptly inform faculty and seek additional coaching and assistance to promote their success.

The faculty believes that nursing education at the Bachelor of Science level must incorporate preparation in contemporary and evolving roles in nursing practice. Roles for which students are being prepared incorporate safe patient-centered care, ethical and legal behaviors, communication, safety, quality improvement, teamwork and collaboration, evidence-based practice, and informatics (Cronenwett, L. et al., 2007). The faculty expects that nursing students will reflectively apply knowledge, skills, and attitudes pertinent to each of these areas at growing levels of initiative, clinical judgment, interdependence, versatility, complexity, and mastery as they progress through the curriculum.

As a faculty and as individual professional nurses, faculty members recognize the significance of role modeling in the education of our students, and commit themselves without reservation to embodying legal, ethical, and professional standards in their work, as well as to ongoing assessment and development of the Bachelor of Science in Nursing Program.

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Granite State College RN to BSN Program

In keeping with the philosophy of the College and the RN to BSN Program that a Registered Nurse must engage in life-long learning, the nursing education program builds on students' prior knowledge and diverse learning experiences gained in pre-licensure nursing education and real-world practice as foundations for further formal and informal development of the nurse as a professional and as an informed citizen.

Students who are admitted to the GSC RN to BSN Program are Registered Nurses with a diploma, an associate degree in nursing, and in some cases, education in other fields at bachelor's or master's levels, as well as diversity in scope of clinical practice. The RN to BSN Program builds on students' prior learning that typically included life sciences, social sciences, humanities, and nursing theory and practice, and strives to avoid repetition of content. In addition to nursing courses dealing in depth with concepts not commonly included in pre-licensure education, the RN to BSN Program also includes coursework pertaining to the health care system, interprofessional collaboration, policy, politics, law, and ethics. Major concepts presented at the BSN level include evidence-based practice, nursing care of populations including a focus on the aging population, genetics and genomics, informatics and technology, and leadership. The BSN program is capped by integration of previous learning and experience demonstrated by the student in the individualized Capstone Practicum.

The RN to BSN Program is a 58 credit Bachelor of Science in Nursing Program that is responsive to the needs of traditional and non-traditional learners. The following characteristics partially describe the program:

1. Based upon a general education foundation of arts and sciences
2. Framed by a model that reflects principles of systems theory, community health, epidemiology, and nursing knowledge
3. Rooted in the realities of contemporary nursing practice and demographic trends
4. Includes the concepts identified by the Institute of Medicine (www.iom.org) and Quality and Safety Education for Nurses (www.qsen.org), which were then incorporated in AACN's *The Essentials* (2009): evidence-based practice, safety, quality improvement, technology, collaboration, teamwork, and leadership across the health care system.
5. Recognizes contemporary environmental cues to nursing roles of the future: Practicing to one's fullest capacity, increase in community-based care, decreasing hospital stays, need for health promotion to change people's health-compromising behaviors and lifestyle patterns; and caring for an aging population are a partial description of factors that are already impacting the role of the nurse.
6. Oriented toward leadership roles in the care of individuals and aggregates including primary, secondary, and tertiary levels of intervention
7. Congruent with the RN to BSN Program Mission and Philosophy and the Mission of Granite State College.

The program moves from simple to complex in the sense that previous education, including pre-licensure education, and experience are pre-requisites for comprehending and applying the information learned in later,

more complex, and integrative nursing courses. The first nursing course is NUR 602, Evidence-Based Nursing Care, in which students learn skills for locating, analyzing, and applying evidence; the skills are then incorporated throughout the remainder of the curriculum. NUR 603, Nursing Care of Populations and NUR 604, Nursing Care of an Aging Population, continue the emphasis of evidence-based practice and the care of aggregates, and anticipates the complex needs of a growing elderly population. Following NUR 602, students may also take NUR 607, Genetics and Genomics in Nursing Care and NUR 608, Informatics and Technology in Nursing Care. Following those courses, the student will include and apply previous learning to achieving the outcomes of NUR 606, The Nurse as Leader. NUR 650, Capstone Practicum, is an individualized goal-oriented practicum that affords the nurse an opportunity to explore areas of individual interest and apply BSN-level knowledge and skills to a selected clinical focus.

Organizational Framework

One of nurses' most important roles is the improvement of the public's health; the focus of nursing care may be an individual or an aggregate. Therefore, a framework is necessary that positions the nurse in the systemic milieu in which s/he will be functioning and that indicates the concepts that the nurse must study to optimize the health of public and function within the contemporary health care system.

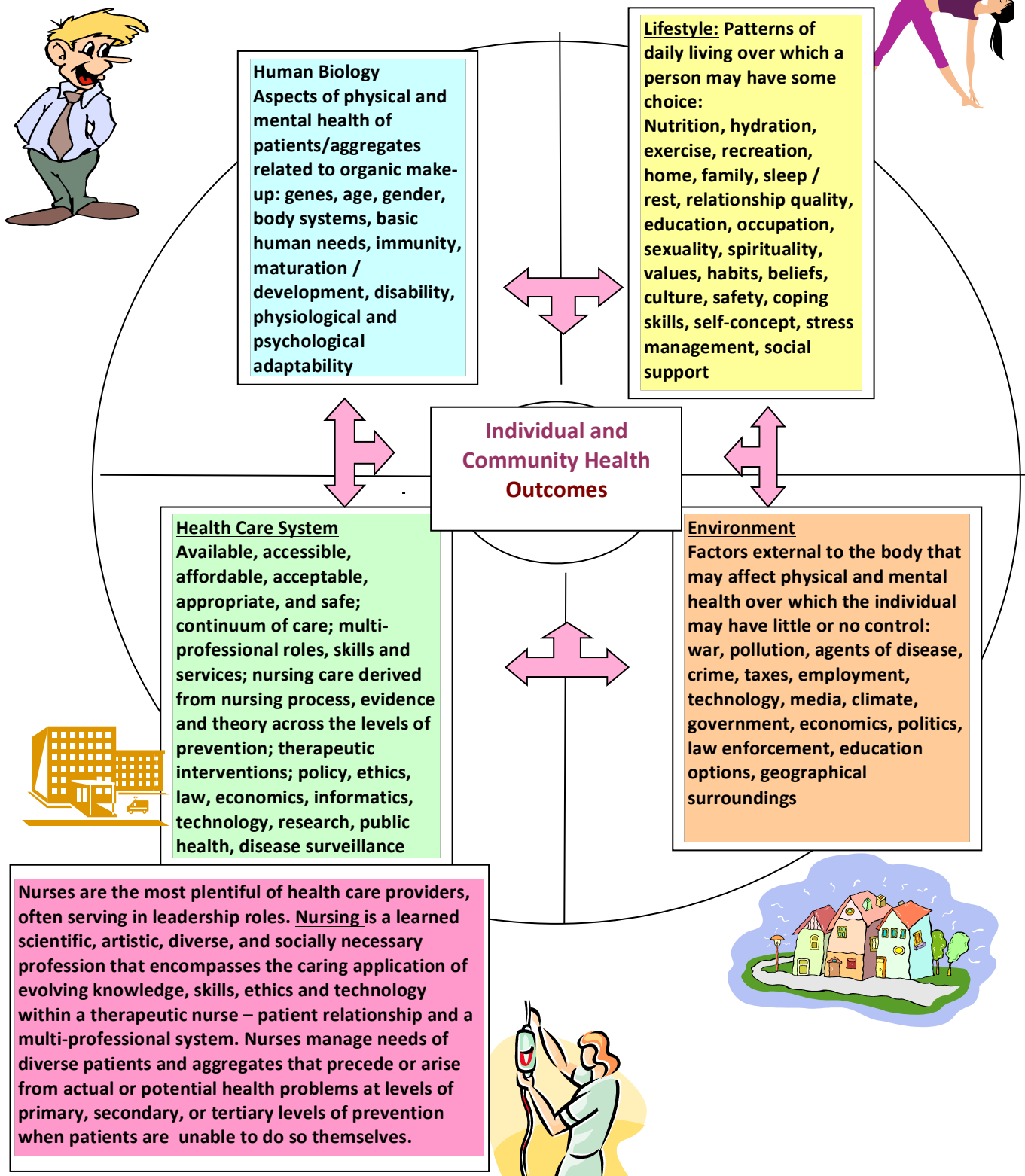
The program's framework can be depicted as a concept map that envisions nurses, the most numerous of health care providers, as a significant force for improving individual and community health outcomes (see Figure 1). The concept map was adapted from Dever's Epidemiologic Model (1991) which was derived in turn from the Health Field Model of LaLonde, (1974). Its adaptation for the GSC BSN Program (Hayes, 2014) expanded the Health Care System quadrant to delineate the role of the nurse. The framework focuses the nurse, building on previous education and experience, on the interacting components of the Health Field Model as a comprehensive framework for understanding health, illness, and their correlates. With those concepts incorporated in the nursing process as essential foci guiding nursing education and practice, the nurse is prepared to intervene across the levels of prevention with a diverse population to optimize individual and community health. The concept map depicts the inter-relationship among detailed health field concepts (Human Biology, Lifestyle, Environment, and Health Care System) in generating Health Status Indicators / Outcomes that reflect phenomena amenable to the intervention of the professional nurse. The model can also be used inversely by envisioning desired health outcomes or situations and discerning the necessary human biology, lifestyle, environment, and health care system components that would support the achievement of the desired outcome.

Integrated into the Program's adaptation of the Health Field Model are the concepts of primary, secondary, and tertiary levels of prevention used in public health and elsewhere to categorize nursing interventions. The role of the nurse in primary prevention is paramount and is carried out by strengthening the host (patient or community), attenuating the agent (organism or event that may be threatening well-being), or modifying the environment to decrease or eliminate the threat to health. Nursing actions related to primary

prevention would include such diverse aspects of nursing care as immunization; patient and family education, and ensuring that basic human needs are met: Nutrition, hydration, sanitation, oxygenation, and mobilization.

The role of the nurse in secondary prevention is manifested in activities that support the patient or community when a health alteration is already in process. The nurse responds with assessment, diagnosis/problem identification, and intervention with the goal of halting progression of the health alteration and returning the patient to normal function. Tertiary prevention refers to actions that foster an optimum level of function or well-being for a patient or community with altered health by maximizing rehabilitative capacity and restorative interventions.

Figure 1. Epidemiologic Concept of Human Health and Nursing: Health Field Model for Nursing Education and Practice (Adapted from LaLonde, 1974 and Dever, 1991, by Jeanne Hayes EdD, RN, CNE, 2009, rev. 2014)



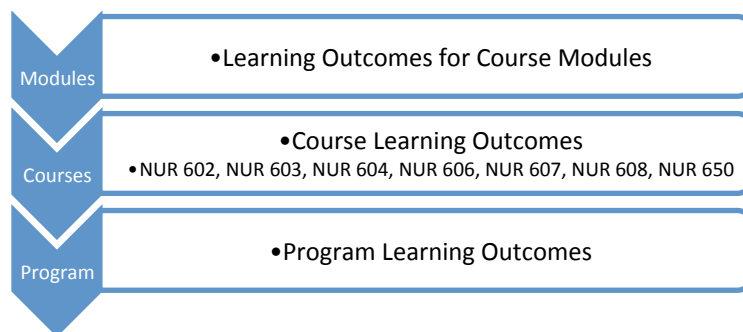
Student Learning Outcomes

The Student Learning Outcomes (SLOs) of the RN to BSN Program reflect the AACN Essentials which incorporate the IOM recommendations and QSEN competencies and meet society's need for professional nurses with contemporary skills across the spectrum of health care venues. The Program's SLOs are as follows:

1. Delivery of safe, competent, and compassionate care within frameworks of law and ethics to patients, families, and the diverse groups of a community.
2. Citizenship characterized by significant contributions to society that are enlightened by knowledge of health care policy and politics and how they affect health care and nursing practice.
3. Advocacy locally and nationally for social justice and equity in healthcare accessibility and quality.
4. Use of a variety of technologies to intervene in health-related problems of individuals, families, communities, and within the health care system.
5. Identification, evaluation, application, and/or compilation of evidence from a variety of resources to apply to health-related problems of individuals, families, communities, and the health care system.
6. Participation as member and/or leader of teams characterized by effective communication and mutual respect that enhance the quality of health care services and their delivery.

The Student Learning Outcomes for each course reflect the Program Learning Outcomes. The SLOs for each module in a course were developed from the course's SLOs. The learning outcomes of each course are steps necessary to attain the Program's Student Learning Outcomes by the completion of the Program (see Figure 2. Attaining Student Learning Outcomes for Modules and Courses Leads to Attainment of Program Learning Outcomes and Table 1. GSC RN to BSN Student Learning Outcomes for Program and Courses with Course Descriptions.).

Figure 2. Attaining Student Learning Outcomes for Modules and Courses Leads to Attainment of Program Learning Outcomes



Course Descriptions and Student Learning Outcomes across the Curriculum

| RN TO BSN Program Student Learning Outcomes | NUR 602 Evidence-Based Nursing Care | NUR 603 Nursing Care Of Populations |
|--|---|---|
| | Course Description | Course Description |
| | Pre-Requisite - Statistics | Pre-Requisite NUR 602 |
| The graduates of the Granite State College Bachelor of Science in Nursing Program will help to meet society's need for a more highly educated nursing workforce. The graduate will possess competencies in the following areas: | The contemporary nurse is continually faced with a wide variety of problems encountered in the care of patients. Thus the nurse must have a repertoire of problem-solving skills that is evidence-based and has been evaluated for safety and quality. Identification, evaluation, application, and/or compilation of evidence from a variety of resources to apply to health-related problems of individuals, families, communities, and the health care delivery system are essential tools of the contemporary nurse. Students will identify problems encountered in practice and find pertinent resources to assist in resolving them. The student will apply specific criteria to assess the quality of evidence, and as part of a team, will discuss whether it could be feasibly and ethically be applied to care of patients. In addition, students will identify a problem or aspect of a problem to be researched, find relevant resources and/or literature, and determine what additional information is needed to resolve the problem. In collaboration with team members, a method of gathering pertinent data will be developed. | This course expands the student's focus from the care of individual patients to the care of aggregates. Aggregates may range from small to large, and include families, groups, communities, and the global population. Students will investigate the concept of community assessment and use a systems-based epidemiological model to organize data about health problems and populations at risk. Health challenges of specific diverse populations will be investigated along with resources for change within the community. Students will perform a problem-focused literature review about a selected problem and create a community-based plan of care. Students will also become familiar with public health resources and functions. Three clinical experiences are required: home health, community health, and health promotion. |
| Program Learning Outcomes | Learning Outcomes | Learning Outcomes |
| <ol style="list-style-type: none"> 1. Delivery of safe, competent, and compassionate care within frameworks of law and ethics to patients, families, and the diverse groups of a community. 2. Citizenship characterized by significant contributions to society that are enlightened by knowledge of health care policy and politics and how they affect health care and nursing practice. 3. Advocacy locally and nationally for social justice and equity in healthcare accessibility and quality. 4. Use of a variety of technologies to intervene in health-related problems of individuals, families, communities, and within the health care system. 5. Identification, evaluation, application, and/or compilation of evidence from a variety of resources to apply to health-related problems of individuals, families, communities, and the health care system. 6. Participation as member and/or leader of teams characterized by effective communication and mutual respect that enhance the quality of health care services and their delivery. | <ol style="list-style-type: none"> 1. Develop an appreciation of the role of nursing research in contemporary health care. 2. Differentiate among several different types of research commonly used by nurse scientists. 3. Describe the steps of the nursing research process. 4. Retrieve and analyze literature about a specific nursing problem. 5. Describe basic sampling techniques. 6. Appreciate the legal and ethical ramifications of conducting research. 7. Critique a research article found in a peer-reviewed nursing journal. 8. Discuss use of evidence in clinical practice. 9. Assess potential barriers to applying evidence-based practice to a clinical problem. | <ol style="list-style-type: none"> 1. Explore varying roles of the nurse in the practice of community health. 2. Contrast role and practice components in an institutional setting with those in the community. 3. Discuss principles and issues in the care of families. 4. Investigate selected global health problems. 5. Use basic concepts of epidemiology to understand and manage health and health alterations. 6. Use an epidemiologic framework to analyze and intervene in health problems of aggregates. 7. Analyze the impact of cultural, socioeconomic, political, and environmental forces on the health of diverse aggregates. 8. Explore resources for retrieving and/or gathering data pertinent to the health of a community and its components. 9. Apply the nursing process to the care of aggregates. 10. Compare assessment outcomes among communities and over a period of time, identifying trends and populations at risk. 11. Apply concepts related to bringing about change to a community health problem 12. Educate peers about a selected global health problem. |

GSC RN to BSN Program Faculty Handbook 2014-2015

| NUR 604 Nursing Care of an Aging Population | NUR 606 The Nurse as Leader | NUR 607 Nursing Implications of Genetics and Genomics |
|--|--|---|
| Course Description | Course Description | Course Description |
| Pre-Requisite NUR 603 | Pre-Requisite NUR 602, 603, 604, 607, 608 | Pre-Requisite NUR 602 |
| <p>One of the most significant demographic trends that will affect health care delivery in the near future is how to most effectively care for an aging population with a relatively small nursing work force and a changing/uncertain health care reimbursement system. Most care of the aging population is expected to be community-based and will emphasize prevention of life-compromising events and enhance health-related coping skills of patients and their families. Students will focus on maximizing the function and comfort of the home-based population. Students will enhance their skills in the assessment of the elderly and in family assessment, participate in the home care experience, and evaluate the present local capacity to meet identified needs.</p> | <p>The nurse of today and tomorrow must inevitably be a leader, whether at the bedside in assisting an individual patient toward enhanced health or leading health care organizations, public policy initiatives, and professional associations to maximize their contributions to the health of the nation. The nurse, as the most plentiful, versatile, and wide-spread of health care providers, must be prepared to develop and implement new visions and models of care delivery, applications of technology, stewardship of costly resources, evaluation and improvement of health care quality, and delivery of safe, effective health care in a variety of settings. The student will explore leadership theories and styles, evaluate appropriate application of several leadership approaches, practice the leadership role in a project to create a health-care related change, and offer collegial peer evaluation of classmates' work.</p> | <p>The human genome project has forever changed the understanding of human nature, health, illness, and approaches to patient care. During this course, topics will include current applications of genomic information and genetic interventions in health care. Students will learn to assess patients for possible genetic risk factors, genetic mutations occurring as a consequence of person-environment interaction, and specific health problems with known genetic bases. The nurse's role in assessment, case-finding, referral, and intervention will be emphasized. Students will also determine present regional applications of genetic medicine and familiarize themselves with existing community resources for assisting individuals with genetic issues.</p> |
| Learning Outcomes | Learning Outcomes | Learning Outcomes |
| <ol style="list-style-type: none"> 1. Recognize the reciprocal impact of changing demographics of the aging populations and current and future health care policy and funding. 2. Use Evidence Based Practice for the assessment and care of older adults. 3. Differentiate between expected physical and mental changes associated with aging and unexpected individualized pathological changes. 4. Implement measures to maximize patient safety related to the Geriatric Syndromes. 5. Integrate knowledge of the interaction of physical/mental changes of aging, multi-morbidity, and the geriatric syndromes with membership on the health care team to adapt care for the older adult. 6. Refine communication techniques to account for age related sensory changes of the older adult. 7. Adapt medication administration for elders to provide safe drug use in the home and various levels of care. 8. Provide pain management for older adults with regard to changes in physiology and current professional recommendations. 9. Teach primary, secondary, and tertiary preventive strategies to patients and caregivers to maximize wellness while preventing functional decline. 10. Relate the concepts of chronic disease, loss, suffering, caring nursing presence, and patient centered care when caring for older adults. 11. Apply the Health Field Model in the | <ol style="list-style-type: none"> 1. Organize interdisciplinary teamwork to produce high-quality, cost-effective, safe, legal and ethical care of diverse patients and populations. 2. Differentiate between leadership and management and function in each role appropriately and productively. 3. Lead teams through the process of change. 4. Create a culture of mutual respect, fairness, cooperation, and collaboration in the workplace 5. Advocate for optimum care for patients and optimum work conditions for staff. 6. Develop partnerships in and out of the organization to achieve strategic goals. 7. Pro-actively recognize and guide teams through conflict to resolution. 8. Manage staff, time, equipment, and budgets to meet goals efficiently and effectively. 9. Select, develop, and evaluate staff in ways that empower and energize. 10. Evaluate and recommend evidence-based strategies for practical application. 11. Identify professional resources for implementing management and leadership roles. 12. Value and practice strategies for personal health and career development. | <ol style="list-style-type: none"> 1. Update previous knowledge of genetics and genomics with current science. 2. Acquire essential nursing competencies for use in genetic-related care of diverse patients and families. 3. Discuss legal, ethical, and social policy ramifications of current genetic applications in nursing and medicine. 4. Assess family history and risk for genetic predispositions to health problems. 5. Provide basic genetic counseling and referral to patients throughout the testing process. 6. Understand the role of genetics in the genesis and treatment of cancer and other physical and mental illnesses. 7. Use principles of health promotion to prevent or mitigate genetic predispositions and facilitate adaptation. 8. Assess current local/regional and national health care practices in the use of genetic testing and interventions. |

| | | |
|--|--|--|
| <p>assessment, intervention, and evaluation of care for elders ranging from healthy to frail elders across the various levels of care.</p> <ol style="list-style-type: none">12. Use assessment tools and communication techniques to identify and refer individuals experiencing potential or actual elder mistreatment.13. Identify common community resources for elder care and reduction of caregiver burden.14. Provide teaching and resources for disaster preparedness of elders living independently in the community.15. Advocate for the autonomy of the older adult in making personal decisions for daily living and care in the last stage of life including residence, treatment and advance directives. | | |
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GSC RN to BSN Program Faculty Handbook 2014-2015

| NUR 608 Informatics and Technology in Nursing Care | NUR 650 Capstone Practicum | RN TO BSN Program Student Learning Outcomes |
|--|---|--|
| Course Description | Course Description | |
| Pre-Requisite NUR 602 | Pre-Requisite NUR 602, 603, 604, 607, 608, 606 | |
| The role of technology in health care will expand as various technologies evolve and become more available, and as evidence accumulates indicating their effectiveness in the delivery of health care. Nurses will be at the interface of humans and technology and will be accountable for safe, skilled, and ethical interventions. Nursing informatics, simulation as a way of practicing new skills safely, electronic methods for monitoring patients' changing conditions, "telemedicine", and electronic medical records are just a few of the tools that nurses will use in the delivery, documentation, and evaluation of health care. | This course offers the opportunity to develop and implement a personalized practicum related to a preferred role for future professional nursing practice. The experience will include a project designed to resolve an evidence-based problem or improve the quality of an aspect of nursing practice in the work place. The student will incorporate throughout the practicum the knowledge, skills, and enhanced professionalism acquired in the BSN program. The role of the faculty will be that of consultant. The project will be presented to a group of the student's colleagues as well as in the peer group, and the student will elicit evaluation of his/her work from colleagues and peers. Using evaluation feedback, the student will hypothesize and present ways of improving the project's quality. | The graduates of the Granite State College Bachelor of Science in Nursing Program will help to meet society's need for a more highly educated nursing workforce. The graduate will possess competencies in the following areas: |
| Learning Outcomes | Learning Outcomes | Program Learning Outcomes |
| <ol style="list-style-type: none"> 1. Explore how patient care technologies, information systems, and electronic communication devices serve to support safe nursing care 2. Discuss the use of e-health and telehealth to deliver healthcare at a distance 3. Conceptualize the role of Clinical Information System (CIS) documentation to achieve nurse-sensitive outcomes. 4. Utilize appropriate terminology related to informatics in nursing 5. Demonstrate skills in internet exploration and data review to enhance patient care 6. Explore the role of information technology in improving patient care 7. Consider the legal and ethical ramifications of using various technologies in the care of human beings 8. Investigate the use of new technologies, including social networking tools and e-portfolios to enhance patient care 9. Recognize the importance of workflow and care process redesign prior to implementation of new technology that changes nursing practice 10. Evaluate site-specific computer programs | <ol style="list-style-type: none"> 1. Propose and implement an individualized practicum with learning outcomes/goals leading to a preferred role for future professional nursing. 2. Evaluate the degree to which the personal learning outcomes/goals are met by the individualized experience. 3. Investigate additional preparation beyond the BSN that would further support performance in the preferred role. 4. Support and encourage in practical ways the preferred developmental trajectory of peers in seminar and/or on Discussion Board. 5. Develop and present an evidence-based project related to your practicum that has specified potential to improve safety, quality, cost-effectiveness, and/or patient care outcomes. 6. Discuss the context of health care policy and politics and how they may affect the preferred role for future professional nursing practice. 7. Identify targeted advocacy needed to ensure justice and equity in the distribution of services provided through the preferred role for future professional nursing practice. 8. Describe the elements of informatics and technology needed to function well in the preferred professional nursing role. | <ol style="list-style-type: none"> 1. Delivery of safe, competent, and compassionate care within frameworks of law and ethics to patients, families, and the diverse groups of a community. 2. Citizenship characterized by significant contributions to society that are enlightened by knowledge of health care policy and politics and how they affect health care and nursing practice. 3. Advocacy locally and nationally for social justice and equity in healthcare accessibility and quality. 4. Use of a variety of technologies to intervene in health-related problems of individuals, families, communities, and within the health care system. 5. Identification, evaluation, application, and/or compilation of evidence from a variety of resources to apply to health-related problems of individuals, families, communities, and the health care system. 6. Participation as member and/or leader of teams characterized by effective communication and mutual respect that enhance the quality of health care services and their delivery. |

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Bachelor of Science in Nursing Program Requirements

The RN to BSN Program offers the opportunity to earn a Bachelor of Science Degree in Nursing.

Student Learning Outcomes

Graduates of the RN to BSN Program will be able to:

1. Deliver safe, competent, and compassionate care within frameworks of law and ethics to patients, families, and the diverse groups of a community.
2. Be productive citizens characterized by significant contributions to society that are enlightened by knowledge of health care policy and politics and how they affect health care and nursing practice.
3. Advocate locally and nationally for social justice and equity in healthcare accessibility and quality.
4. Use of a variety of technologies to intervene in health-related problems of individuals, families, communities, and within the health care system.
5. Identify, evaluate, apply, and/or compile evidence from a variety of resources to apply to health-related problems of individuals, families, communities, and the health care system.
6. Participate as member and/or leader of teams characterized by effective communication and mutual respect that enhance the quality of health care services and their delivery.

Admission Requirements

Applicants seeking admission to the Bachelor of Science in Nursing Program must complete the GSC application procedure, which includes submission of previously earned credits for evaluation of applicability to program requirements. Applicants must meet all general admission requirements of the College, and provide evidence of a current Registered Nurse license in the state where they practice. Statistics, if not included in previous education, is a pre-requisite for NUR 602. An applicant with a bachelor's or master's degree in another discipline will be required to take only the 30 credits of nursing courses.

Health, Character, and Technical Standards for the Bachelor of Science in Nursing Program

Technical standards have been established to inform the student of minimum standards needed to satisfactorily function in the program and ultimately succeed in the profession. Applicants who feel they may not be able to meet one or more of the technical standards listed below should contact program officials to discuss individual cases. All academically qualified candidates will be considered for admission provided the technical standards for classroom and clinical experiences can be met with reasonable accommodations. Subsequent evidence that a matriculated student is unable to meet one or more of the standards, and thus unable to meet course objectives, may result in dismissal from the program.

The College must ensure that patients / clients of clinical affiliates are not placed in jeopardy by students during learning experiences. Therefore, students in clinical experiences must demonstrate sufficient emotional stability to withstand the stresses, uncertainties, and rapidly changing circumstances that characterize the responsibilities of patient / client care. Furthermore, the student is expected to have the emotional stability

required to exercise sound judgment, accept direction and guidance from a supervisor, staff nurse, or faculty member, and establish rapport and maintain sensitive interpersonal relationships with patients, their families, agency staff, faculty, and classmates.

Applicants must be in good physical and mental health to meet program objectives. Participation in classes and clinical experiences is expected. Technical standards are listed below.

1. Sufficient hearing to assess patients' health, understand instructions, identify emergency signals, and engage in telephone conversation.
2. Sufficient visual acuity to observe patients, manipulate equipment, interpret data, ensure a safe environment, identify color changes, read fine print / writing, and do fine calibrations.
3. Sufficient speech and language ability to express, comprehend, and exchange information and ideas in English verbally, non-verbally, and in writing, and to interact clearly and logically with patients, family members, physicians, nurses, faculty, peers, and other ancillary medical personnel.
4. Sufficient tactile ability to assess pressure, temperature, position, vibration, and movement.
5. Ability to work with frequent interruptions, to respond appropriately in emergencies or unexpected situations, and to cope with extreme variations in workload and stress levels.
6. Sufficient emotional intelligence to exhibit empathy and compassion, to maintain productive relationships in online, classroom, and clinical settings, and to integrate direction, instruction, and criticism into behavior.
7. Sufficient strength, endurance, and motor coordination to perform the following physical activities: participation in lengthy classroom activities; fine and gross motor skills to carry out procedures; ability to safely and frequently handle, lift, and / or carry equipment and patients up to fifty pounds; stamina to complete an eight to twelve hour work shift; and ability to perform CPR.
8. Sufficient information technology skills to complete assignments according to program standards.
9. Personal transportation to and from clinical experiences.

Progression Requirements

In order to progress through the program, the student must earn grades of 2.0 or better in each required course and maintain RN licensure in the state where they practice. The student is advised that acceptance to graduate study often requires a CGPA of 2.5 to 3.0.

Continuing Education: Articulation Agreements

Graduates of the program are encouraged to earn the Master of Science in Nursing. Articulation agreements are maintained with the following colleges:

- Drexel University (www.drexel.edu); 25% tuition reduction
- Excelsior College (www.excelsior.edu); 15% tuition reduction

- Rivier University (www.rivier.edu)

Students may also identify other programs that meet their specific needs. Students planning to continue their education toward the Master of Science in Nursing should plan their program of study with advice from that program. Further information can be obtained from the respective programs or from the Director or Assistant Director of the GSC RN to BSN Program.

Program Requirements

A. Nursing Requirements (30 credits)

Note: Statistics is a pre-requisite for NUR 602

| Course Number | Title | Pre-req/Co-req | Credits |
|---------------|--|-----------------------------|---------|
| NUR 602 | Evidence-Based Nursing Care | | 4 |
| NUR 603 | Nursing Care of Populations | NUR 602 | 4 |
| NUR 604 | Nursing Care of an Aging Population | NUR 602, 603 | 4 |
| NUR 606 | The Nurse as Leader | NUR 602, 603, 604, 607, 608 | 4 |
| NUR 607 | Nursing Implications of Genetics and Genomics | NUR 602 | 4 |
| NUR 608 | Informatics and Technology in Nursing Practice | NUR 602 | 4 |
| NUR 650 | Capstone Practicum | NUR 602-608 | 6 |
| Total Credits | | | 30 |

B. Additional Requirements for RN to BSN Program (28 credits)

- Previously earned credits may be evaluated for transfer
- Statistics (3 or 4 cr.), if not previously taken, is a pre- or co-requisite with NUR 602

| Course Number | Title | Pre-req/Co-req | Credits |
|--|---|----------------|---------|
| MATH 504 | Statistics (pre-requisite for NUR 602) | | 4 |
| CRIT 502 | Critical Thinking in the Major | | 4 |
| HLTC 550 | Emerging US Health Care System | | 4 |
| HLTC 629 | Law and Ethics for Health Care and Human Services | | 4 |
| Sociology Elective (choose one) | SOSC 607 Child Abuse and Neglect SOSC 559 Contemporary Issues in Human Sexuality SOSC 602 Men and Women in Cross-Cultural Perspectives SOSC 605 Stress: Its Impact on the Family SOSC 630 Aspects of Aging SOSC 604 Dynamics of Family Relationships | | 4 |
| History/ Economics / American Government | Student's Choice | | 4 |
| General Elective | Student's Choice | | 4 |
| Total Credits | | | 28 |

GRANITE STATE COLLEGE
RN to BSN Program

Academic Advising Procedures (JH 3/29/14)

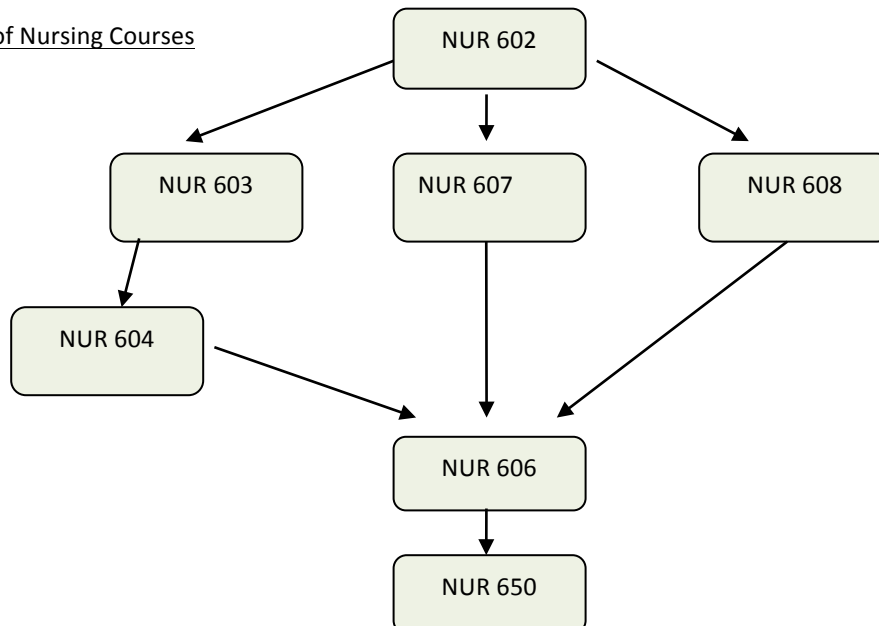
Admission Process: Submit application, RN License, CGPA > 2.0, and transcripts of all previous college work. Seek academic advising to determine appropriate courses and their sequence.

Academic Advising:

- ✓ Prior to matriculation: Transcript analysis for transfer of previous credits applicable to RN to BSN Program (maximum of 90 credits may be transferred)
- ✓ Statistics is needed prior to NUR 602.
- ✓ After matriculation: Prior to registration, ask student to retrieve academic record and compare it to program requirements; make one or more selection(s) from remaining courses.
- ✓ RN with a Bachelor's in another field requires 30 credits of nursing courses to earn the BSN.
- ✓ Develop a tentative plan for completing all program requirements.
- ✓ Statistics and the three elective courses may be taken at GSC or community colleges.

| Nursing Courses | Co-Requisites/Non-Nursing Courses |
|---|--|
| NUR 602 Evidence Based Practice NUR 603 Nursing Care of Populations NUR 604 Nursing Care of an Aging Population NUR 606 The Nurse as Leader NUR 607 Nursing Implications of Genetics & Genomics NUR 608 Informatics & Technology in Nursing Practice NUR 650 Capstone Practicum | CRIT 502 Connecting to Your Major *HLTC 550 Emerging US Health Care System *HLTC 629 Law & Ethics for Health Care & Human Services Sociology Elective History, Economics, or Amer. Govt. Elective General Elective *Inter-professional courses |

Sequence of Nursing Courses



Examinations and Quizzes

Students are expected to take examinations and/or quizzes as scheduled by faculty. Students may not enroll in a course for which the pre-requisite course has not been passed with a minimum grade of C. The grade that corresponds to a given numerical average is in the table below.

Granite State College Standard Grading Scale

| Grade | Percent | Grade Points | Level of Achievement |
|---|---------|--------------|----------------------|
| A | 95-100 | 4.0 | Excellent |
| A- | 90-94 | 3.67 | |
| B+ | 87-89 | 3.33 | Good |
| B | 84-86 | 3.0 | |
| B- | 80-83 | 2.67 | |
| C+ | 77-79 | 2.33 | |
| C | 74-76 | 2.0 | *Acceptable |
| C- | 70-73 | 1.67 | † |
| D+ | 67-69 | 1.33 | Poor |
| D | 64-66 | 1.00 | |
| D- | 60-63 | 0.67 | |
| F | ≤59 | 0 | Failure, no credit |
| <p>*A grade of C or better is required to fulfill requirements in the major, minor, or general education core at GSC. Please consult the GSC catalog for details. † A grade of C- or below generally does not transfer to other academic institutions.</p> | | | |

Confidentiality/HIPAA

Ensuring the confidentiality of all information about a patient is an ethical, moral, and legal requirement of healthcare professionals. The student must safeguard the patient's right to privacy by maintaining confidentiality. Students may not reveal any identifying information about a patient under any circumstances. Information about a patient may be discussed with faculty and peers in a private setting as an aspect of clinical or classroom education and must not be further discussed or repeated to other individuals.

If a student inadvertently encounters a family member or friend in the course of clinical assignments s/he must proceed with discretion. Students are expected to avoid reading the medical records of family members, friends, or acquaintances, and to confine their use of the electronic medical record to only what is necessary to complete their assignments. Special care must be taken to protect the rights of patients and maintain confidentiality when students are traveling to or from a clinical experience. Documents containing information needed to complete assignments must not contain the patient's name or other identifying data, and must be carefully protected during transit.

Disclosure of confidential information may subject the student to legal consequences as well as dismissal from the Bachelor of Science in Nursing Program. Under some circumstances, students may be required to sign a document ensuring adherence to law and ethics related to confidentiality.

Critical Thinking and Intuition in Nursing Practice

It has been said that “critical thinking is thinking about your thinking while you are thinking, so that you will be able to think better,” (Foundation for Critical Thinking, 2009). It is very similar to planning a strategy or viewing an “instant replay” in a football game – it enables the team to implement a play designed to achieve a specific result or to take a closer look at what just happened, so that they can learn and improve the next time.

What exactly is “good thinking”?

- It is reality-based. It is based on facts that are evident in some way – visible, audible, historical, and potentially able to be agreed upon by others. It is not a “gut” feeling, nor is it based on hearsay, rumors, or impressions; surmised or inferred from other facts or past experiences.
- It is focused. It deals with pertinent information within its context. It screens out irrelevant or unverifiable information.
- It is purposeful. There is a reason for the thought process other than musing or day-dreaming.
- It is goal-oriented. The desired goal may be a solution to a problem or a decision about a course of action.

In order to be reality-based, we must monitor our assumptions, which are beliefs upon which we base our choices. If we believe that *nothing good* ever happens to us, we may even cease to try new ventures. We may even discount our good fortune when something good *does* happen. Reality, in this case and for most people, is that life is usually a mixed set of experiences, some positive, some negative, and some neutral within our value systems. For instance, if we believe that we are invulnerable, as is the case with many adolescents, we may take unwarranted risks and expose ourselves to danger. To think well, we must engage in *self-monitoring*. We need to examine the subject matter of our thoughts, the choice of words we are using, the conclusions we are drawing, the decisions we are making, and their outcomes. When our mental activity is reality-based, and when we use our premises and beliefs as the foundations for our decisions and actions, we usually achieve desirable outcomes.

“Bad thinking” is the opposite. It is based on mistaken assumptions of which we may be unaware, or that are in some way invalid or untrue. “Bad thinking” is scattered and incorporates considerations that are irrelevant. “Bad thinking” may be based on biases or hastily engaged in before we have gathered the relevant facts. It may be interrupted or may draw premature or faulty conclusions. Faulty conclusions lead then to decisions and actions that are unsatisfying, problematic, risky, or in other ways lead us away from optimum well-being.

To be a “good” nurse, our minds must be in charge of themselves, aware of their thought processes, and accountable for sound decisions. Not only are we deciding and acting for ourselves, but our assumptions, thoughts, decisions, and behaviors may have life or death results for others. “Good thinking” demands personal *humility* through which we know the limits of our knowledge and skills, as well as the fact that each day we are

increasing our expertise. The quality of our nursing care depends upon our underlying assumptions, knowledge base, thinking processes, and the actions, knowledge, and attitudes with which we provide care. Being conscious of our thought processes is a *discipline*, one that takes much practice and reflection to master. It is even more difficult when we are anxious, stressed, or pressed for time as we so often are in the practice of nursing.

“Good” nursing cannot be based simply upon memorizing a great number of facts and procedures. Rather, the facts and procedures we learn are then used as components, along with careful thought processes, to reach decisions, solve problems, and implement strategies that affect the lives of others in large and small ways. Critical thinking is not a procedure in itself but is rather the foundation of the process of implementing decisions and interventions.

Our nursing expertise grows with our knowledge base and practical experience. As our expertise grows, we begin to have experiences involving intuition – an immediate grasp that something is so. Rather than a leap to judgment or a shortcut in thinking about things critically, it is the culmination of many prior experiences that have built within our minds a repertoire of memories that can be rapidly accessed and used in subsequent situations. Reaching eventual expertise in nursing practice is our goal. Developing habits of conscious critical thinking at the beginning of our careers is the foundation on which the rest of our careers are built. The soundness of our nursing foundations will determine the long-range quality of our nursing practice.

Foundation for Critical Thinking, 2009. *Critical thinking and intuition in nursing practice*. Adapted by Jeanne Hayes, 2009.

Guidelines and Policies for Clinical Practice

Purpose: To ensure that current and subsequent students will be welcomed by the hosting clinical agency.

1. Students are expected to ascertain and comply with any requirements of a selected clinical agency for participation in clinical activities. Such requirements may include a clinical contract and/or preceptor agreement, health records, background check, CPR certification, immunizations, etc. Compliance with agency guidelines will be at the student's expense.
2. If the agency is not satisfied with the student's documentation (above), the student may need to make other arrangements to complete the clinical requirement. If unable to do so, the student will be unable to meet the course requirements and unable to proceed in the program.
3. If the student develops practicum goals requiring direct access to patients and/or their records, the student must pursue those goals under the guidance of a preceptor* through a formal agreement between the College, the agency, and the preceptor.
4. Students are expected to transport themselves in a timely fashion to the clinical experience or agency.
5. Students are expected to promptly notify a contact person at the agency when tardiness or absence appears likely or has become inevitable.
6. Students must be prepared physically, cognitively, academically, and emotionally for clinical experiences.
7. Students with symptoms of an infectious process must defer their clinical experience until they are well.
8. Students are expected to adhere to the preferred dress code of the clinical agency and wear a GSC RN to BSN Program name tag when in the role of a GSC student.
9. Students are expected to be licensed as a RN and adhere to the Nurse Practice Act in the state where the clinical agency is located.
10. Students are expected to adhere to the ANA Code of Ethics at all times.
11. Students should have a personal health insurance policy to cover any medical expenses incurred during clinical experiences.
12. Students and faculty should carry individual professional liability insurance.

* A preceptor is an experienced RN/BSN practitioner employed by a health care agency who has the capacity and willingness to facilitate and guide the clinical development of a RN/BSN student in attaining practicum goals in which the preceptor has expertise.

Identification and Licensure Policy

Prior to any clinical activities, students will receive identification badges from Granite State College. The badge identifies the student by name as a Registered Nurse in the state where they reside. If a student is not licensed in the state where s/he resides, please email Peggy McKinnon, our Administrative Assistant, (www.margaret.mckinnon@granite.edu), for a corrected badge that reflects the state of licensure.

People and institutions are increasingly sensitive to items related to security, confidentiality, and identification of those on their premises. In the RN to BSN Program, there will be several experiences designed to allow students to apply in practice what they are learning in the “classroom”. Please review the following policies of the RN to BSN Program in preparation for the clinical experiences required by the program.

It is a policy of the GSC RN to BSN Program that, for meeting course requirements, 1) students must select only clinical sites in a state(s) where they are licensed as a Registered Nurse, and that 2) they wear the ID badge when you are at a health care facility or event in the role of a Granite State College RN to BSN Program student. Under no circumstance may another person wear your GSC badge. If your badge is lost, please email Peggy for a replacement. Further, even though a student may be an employee of a health care agency and also a GSC RN to BSN student engaging in a clinical experience there, clarity about the student vs. employee role must be maintained at any given time. In some situations, it may be appropriate to use both your employee identification and your GSC RN to BSN Program identification to meet policy requirements of both institutions. However, a student may not function as an agency employee and GSC RN to BSN student simultaneously.

As a reminder, all students are expected to follow the Nurse Practice Act(s) in the state(s) where they are licensed, as well as the Code of Ethics of the American Nurses Association (<http://www.nursingworld.org/codeofethics>).

Please note that the badge is specifically for the purposes of completing requirements of the RN to BSN Program courses. If desired, an official general student identification card from Granite State College may be acquired at any GSC campus. Contact your local campus to schedule a time to obtain an ID. Visit <http://www.granite.edu/contact/locations.php> to find the contact information for your local campus.

Precepted Practicum Experiences

1. If the student develops practicum goals requiring direct access to patients and/or their records, the student must pursue those goals under the guidance of GSC faculty and a preceptor through a formal agreement between the College, the agency, and the preceptor.
2. A preceptor is an experienced RN/BSN practitioner employed by a health care agency who has the capacity and willingness to facilitate and guide the clinical development of a RN/BSN student in attaining practicum goals in which the preceptor has expertise”.
3. The precepted practicum experience may include any or all of the following:
 - a. A document specifying the terms of the practicum with dates and attachments, including the RN to BSN Program syllabus, RN to BSN student’s practicum goals, RN to BSN student’s current CV, and/or any additional documentation required by the agency related to the proposed practicum. A contract form is available from the Program Director.

- b. Orientation for the preceptor by GSC faculty to include Program's definition of the preceptor role, review of the syllabus for the specific course, course learning outcomes, RN to BSN student's practicum goals, roles of student, preceptor, and faculty, and the student's current level of education and experience.
- c. Discussion among preceptor, RN to BSN student, and GSC faculty about learning experiences needed and mutual facilitation of the RN to BSN student's goal achievement.
- d. Orientation of the RN to BSN student to the agency and nursing care unit by the preceptor.
- e. Facilitation and guidance by the preceptor to the RN to BSN student in the learning activities needed to meet the student's practicum goals.
- f. Formative and summative discussions among the RN to BSN student, preceptor, and GSC faculty regarding student's progress toward practicum goals.
- g. Evaluation of the precepted experience at its conclusion by nurse-educator, preceptor/clinical teacher and RN to BSN student.
- h. Final evaluation of the RN to BSN student's practicum performance and assignment of a grade is a function of the GSC RN to BSN Program faculty member.

Characteristics of Adult Learners

(<http://thelearningcoach.com/learning/characteristics-of-adult-learners/1/20/11>)

When it comes to learning, adults are not over-sized children. Maturity brings unique characteristics that affect how adults are motivated to learn. By appealing to the unique qualities of adult learners, we can design more effective and motivating online courses. Here's a list of generalized characteristics common to many but not all adult learners.

- **Autonomy.** Adults typically prefer a sense of control and self-direction. They like options and choice in their learning environment. Even adults who feel anxiety from self-direction may learn to appreciate this approach if given proper initial support.
- **Goal-oriented.** Many adults have specific goals they are trying to achieve. They prefer to partake in learning activities that help them reach their goals.
- **Practical.** Adults in the workplace prefer practical knowledge and experiences that will make work easier or provide important skills. In other words, adults need personal relevance in learning activities.
- **Competence and mastery.** Adults like to gain competence in workplace skills as it boosts confidence and improves self-esteem.
- **Learning by experience.** Many adults prefer to learn by doing rather than listening to lectures.
- **Wealth of Knowledge.** In the journey from childhood to adulthood, people accumulate a unique store of knowledge and experiences. They bring this depth and breadth of knowledge to the learning situation.
- **Purposeful.** Workplace training is often part of an initiative that involves change. Adults want to know the purpose of training and the motivation underlying an organization's training initiative.
- **Emotional Barriers.** Through experience, adults may fear a subject, have anxiety about a subject or feel anger about forced changes in job responsibilities or policies. These emotions can interfere with the learning process.
- **Results-oriented.** Adults are results-oriented. They have specific expectations for what they will get out of learning activities and will often drop out of voluntary learning if their expectations aren't met.
- **Outside responsibilities.** Most adult learners have numerous responsibilities and commitments to family, friends, community and work. Carving out time for learning affects adult learners.
- **Potential physical limitations.** Depending on their age and physical condition, adult learners may acquire psychomotor skills more slowly than younger students and have more difficulties reading small fonts and seeing small images on the computer screen.
- **Big Picture.** Adults require the big picture view of what they're learning. They need to know how the small parts fit into the larger landscape.
- **Responsible for Self.** Adult learners often take responsibility for their own success or failure at learning.
- **Need for Community.** Many self-directed adult learners prefer a learning community with whom they can interact and discuss questions and issues.

The Scope of Practice for Academic Nurse Educators

“Academic nursing education is the process of facilitating learning through curriculum design, teaching, evaluation, advisement, and other activities undertaken by faculty in schools of nursing. Academic nursing education is a specialty area and an advanced practice role within professional nursing” (NLN, 2012, p.5)

Core Competencies of Nurse Educators (NLN, 2012, p. 14-22), with editorial comments

Competency I. Facilitate Learning: Use a variety of evidence-based teaching, evaluation, and information technology strategies appropriate to desired learner outcomes; model a spirit of curiosity, inquiry and creative application of knowledge to practice.

Competency II. Facilitate Learner Development and Socialization: Respect the diversity among students and offer teaching/learning activities that intentionally foster their development; participate in professional organizations, continuing education, the scholarship of teaching, and advocacy for a healthy society.

Competency III. Assessment and Evaluation Strategies: Use a variety of assessment strategies to evaluate learning in cognitive, psychomotor, and affective domains; provide timely, constructive feedback to students.

Competency IV. Participate in Curriculum Design and Evaluation of Program Outcomes: Collaborate with peers in assessing strengths and needs for revision of the curriculum or any of its parts; base the curriculum on contemporary professional recommendations, research, and the needs of employers and society; develop curriculum-writing skills including the design of program outcomes, competency statements, learning objectives, and learning and assessment strategies; foster clinical partnerships that support educational goals.

Competency V. Function as a Change Agent and Leader: Develop a long-term vision of local, national, and international health care needs; advocate for, participate in, and/or lead activities for the purpose of innovative change and justice in health care.

Competency VI. Pursue Continuous Quality Improvement in the Nurse Educator Role: Demonstrate a commitment to lifelong learning; participate in activities that foster development in the nurse educator role; use feedback to improve effectiveness; support the development of colleagues

Competency VII. Engage in Scholarship: Use evidence-based approaches for curriculum development, evaluation, and teaching/learning; “demonstrate the qualities of a scholar: Integrity, courage, perseverance, vitality, and creativity” (p. 21).

Competency VIII. Function within the Educational Environment: Recognize that teaching learning activities take place within a context that includes history and trends of nursing and higher education; regulatory environments, social, economic, political, and institutional forces; value collegiality, professionalism, and caring in the creation of an environment that fosters the development of students and faculty; participate in department and institutional governance; and advocate for nursing, nursing education, and the health of the nation.

(National League for Nursing (2012). *The scope of practice for academic nurse educators*. New York: National League for Nursing)

American Nurses' Association Code of Ethics for Nurses

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, or advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professional and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

American Nurses Association (2010). *Guide to the code of ethics for nurses: Interpretation and application*. Washington, DC: American Nurses Publishing.

Faculty Performance Expectations/Outcomes

The RN to BSN Program values the contributions of full-time and adjunct faculty members who serve the Program. The primary role of faculty at GSC is to serve as educator and role model for students. The Program adheres to the expectations of full-time faculty identified in the GSC Faculty Handbook, 2013-2014, pp. 10 – 19 and the Full-Time Faculty Workload Management System Guidelines which supplement the Handbook. Assessment criteria for full-time faculty include teaching performance; service and contribution to the college; and professional development activities. The Program also adheres to GSC's evaluation procedures for adjunct faculty as set forth in the adjunct Faculty Evaluation Model and Adjunct Faculty Self-Assessment Form. Procedures include use of student course evaluations, self-assessment, and peer evaluation. Faculty members of the RN to BSN Program are expected to provide annual documentation of licensure, certification (if appropriate), scholarship, service, lifelong learning, and current practice relevant to teaching assignments on the Faculty Outcomes Record (next page). Faculty members are also expected to earn a minimum rating of 3.0 on end-of-course evaluations completed by students.

GRANITE STATE COLLEGE
RN to BSN Program

Faculty Outcomes Record

Faculty Member _____

Academic Year _____ m./

Note to faculty members: In accord with the RN to BSN Program’s expectations of faculty, please summarize evidence of accomplishment in the parameters below. Submit it to the Program’s Administrative Assistant by September 30 of each calendar year. Please attach copies of relevant documentation.

| Parameter | Summary |
|---|---------|
| Faculty scholarship – formal studies, course development, revision, professional presentation, and/or publication | |
| Service to the college, community, and/or profession | |
| Lifelong learning (continuing education related to the disciplines of nursing practice and/or nursing education, including online learning) | |
| Active practice in accord with specialty or certification | |
| Licensure renewal date (Copy for file) | |
| Certification renewal date (Copy for file) | |