HARRISON COLLEGE
RN TO BSN DEGREE IN NURSING

Table of Contents

I. PROGRAM PHILOSOPHY AND PURPOSE

II. STUDENT LEARNING OUTCOMES

III. PROGRAM OBJECTIVE

IV. CURRICULUM FRAMEWORK

V. VERTICAL CURRICULUM

VI. POLICIES
   A. Attendance
   B. Code of Conduct
   C. Nursing Academic Progress
   D. Participant Governance
   E. Grievance Procedure and Appeals Process
   F. Emergencies and First Aid
   G. Liability Insurance
   H. Competencies
   I. Accreditation and Licensure

VII. REFERENCES

VIII. FORMS
   A. RN to BSN Degree in Nursing Student Handbook Acknowledgement
   B. Accreditation and Transfer of Credit Acknowledgement Form
   C. Essential Functions and Technical Standards
   D. Participant Acknowledgement Statement
   E. Medical Form
Overview of the RN to BSN Program

Philosophy and Purpose of RN to BSN Education

Harrison College Nursing faculty believe in the importance of incorporating professional standards, guidelines, and competencies as the basis for the Nursing curriculum. The Nursing program curriculum must reflect current nursing practice and be based on current nursing and healthcare initiatives to ensure safe, quality patient care. A curriculum built in this manner provides an evidence-based curriculum to meet today’s healthcare needs. These beliefs are applied to the pre-licensure and RN to BSN Nursing programs at Harrison College.

The mission of the RN to BSN program at Harrison College is to facilitate the educational advancement of Registered Nurses to further enhance safe, quality patient care. It is the mission of Harrison College to prepare students for careers that positively impact society, both locally and globally. The Nursing program’s mission aligns with that of the college by preparing nurses to positively impact the lives of their patients, the patient’s support network, the community in which they live, and other nurses and healthcare providers under the leadership of the baccalaureate-prepared nurse.

The RN to BSN completion program builds on the core competencies and core knowledge the student brings from previous academic nursing programs and expands on professional nursing values and practices, resulting in a deeper and broader scope of professional practice and professional role identity. The faculty of the Harrison College RN to BSN Nursing program prepare nurses to be leaders in practice and in the profession. The faculty believe the added value of a Baccalaureate of Science in Nursing degree is the advanced nursing, science, and liberal arts theoretical knowledge, critical thinking/clinical reasoning skills, evidence-based inquiry, effective communication skills, and leadership skills to guide the care of diverse patient populations, care of the community, and management of other healthcare providers.

To prepare the Registered Nurse at this level, Harrison College couples nursing science with liberal education to prepare the student for the multi-faceted roles of the baccalaureate nursing graduate. The curriculum is developed by the faculty and based
on national standards, guidelines, and competencies. These standards, guidelines, and competencies include the National League for Nursing’s (NLN) *Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master’s, Practice Doctorate, and Research Doctorate Programs in Nursing*; the American Association of Colleges of Nursing’s (AACN) *The Essentials of Baccalaureate Education for Professional Nursing Practice*; the American Nurses Association’s (ANA) *Nursing: Scope and Standards of Practice*; the ANA’s *Code of Ethics for Nurses*; and the competencies of the Quality and Safety Education for Nursing (QSEN). Using these standards and guidelines, the faculty are responsible for identifying the student learning outcomes and competencies required of students in each nursing course, for establishing minimum standards for demonstrating such, for evaluating student performance to determine the degree to which the outcomes and competencies have been met, and for establishing program student learning outcomes and competencies.

To this end, a rigorous and thorough examination of the current literature on nursing practice and nursing education was conducted. The results of this literature search guided the development of the program student learning outcomes. These program student learning outcomes, along with their related competencies, reflect the expected knowledge, skills, and attitudes of the graduates of Harrison College’s RN to BSN program, preparing graduates to be leaders and managers in a variety of healthcare settings for diverse patient populations. Students are provided opportunities to demonstrate competency with clinical reasoning, ethical comportment, and a spirit of inquiry.

**Educational Theories that Guide the Program**

RN to BSN students, as a group of learners, have characteristics different than pre-licensure students. Therefore, this group requires planning of educational opportunities and learning activities, taking these characteristics into consideration. The nursing faculty have selected an approach to teaching that incorporates adult learning theory, transformational theory, and cognitive learning theory.
Adult Learning Theory

Adult learning theory, often times referred to as andragogy by Knowles (Merriam, Caffarella, & Baumgartner, 2007), is based on six key assumptions:

1. Adults are autonomous and self-directed. As learners, adults need to be free to self-direct; teachers actively involve the adult learner and serve as facilitators for them. Teachers show students how the content of the courses will help them reach their goals.

2. Adults have accumulated a foundation of life experiences and knowledge that includes family responsibilities, previous education, and, in the case of RN to BSN students, may include work-related nursing activities. Faculty must draw out the participants’ experiences and knowledge to topics relevant to the learner.

3. Adults are goal-oriented. Adult learners appreciate a nursing program that is organized and has clearly defined elements. It is helpful to provide these program characteristics in the initial nursing course so learners will know how the program will help them attain their goals.

4. Adults are relevancy-oriented. Adult learners must see a reason for learning something. Learning has to be applicable to their work and their values. The learning must represent more than they already know or new levels of previously learned information with application of projects and assignments to the student’s own area of interest.

5. Adults are practical. The nursing courses should focus on aspects of the related content that are most useful to the students in their chosen area of work.

6. Adult learners must be shown respect. Faculty must acknowledge the wealth of experiences the adult learner brings to the classroom and allow them to voice their opinions. The faculty must gingerly and respectfully assist learners with opposing belief systems to work through resolution of conflicting ideas and promote growth based on new perspectives.
Transformational Learning Theory

Transformational Learning Theory was introduced by Mezirow in 1978 and focuses on how adults make sense of their life experience. “Mezirow defines learning as the process of using a prior interpretation to construe a new or a revised interpretation of the meaning of one’s experience in order to guide future action” (Mezirow as cited in Merriam, Caffarella, & Baumgartner, 2007, p. 132). The learning works to “involve a change or transformation from the learner’s current frame of reference to one which is more inclusive, discriminating, and reflective” (Berman, 2010, p. 287). This is the essence of RN to BSN education – to transform the learner to a different level of consideration of the nursing world around them. To emphasize the importance of reflection as noted in transformational learning theory, Tanner’s model of clinical judgment in nursing (Benner, Tanner, & Chesla, 2009; Tanner, 2006) is used to operationalize critical thinking.

Constructivism Learning Theory

Constructivism is the final theory used as a basis for teaching and learning in the RN to BSN program. Constructivism is part of cognitive learning theory with contributions from a number of psychologists. Simply, learning is an active, constructive process during which changes in the individual’s internal representation of knowledge occurs. Learners must focus on the learning situation, fit the new information into their existing knowledge frameworks, change the structure of their knowledge base, and move this learning into memory (Caputi, 2010). Active strategies that are meaningful to the learner work best to accomplish learning. Active strategies are useful in both the acquisition of new learning and in the demonstration of meeting student learning outcomes. Therefore, student portfolios for assessing learning are used and consistent with the paradigm shift from a reductionist, teacher-centered approach to a constructivist, and student-centered learning environment (Robertson, et al, 2010). Portfolios combine the application of adult learning theory and constructivism, both of which emphasize students taking responsibility for their self-directed learning and then documenting what they have achieved, related to planned student learning outcomes. Students are responsible for
selecting the examples of their work that document these learning outcomes have been met. These examples speak to outcomes that include changes in their ways of thinking, ability to write effectively, growth in their selected specific practice areas, and the many other student learning outcomes specifically focused on those of the baccalaureate-prepared nurse. Focusing on their accomplishments, developing a portfolio enhances the student’s expanding professional identity.

**Curriculum Design**

In keeping with sound curriculum design principles, the program student learning outcomes were used to organize the course student learning outcomes. These student learning outcomes will be the basis for all activities related to the teaching/learning process, including delivery of instruction and evaluation of student progress. They are also the basis for evaluating program outcomes such as graduate and employer satisfaction.

The terms used in developing this curriculum include:

- **Program student learning outcomes:** Statements of expectations written in measurable terms that express what a student will know, do, or think at the end of the nursing program; 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.

- **Course student learning outcomes:** Statements of expectations written in measurable terms that express what a student will know, do, or think at the end of a nursing course. Learning outcomes are measurable learner-oriented abilities that are consistent with standards of professional practice.

- **Competencies:** Competency statements are used to evaluate students’ achievement of the course/program outcomes and demonstrate the students have attained the student learning outcomes. These are the knowledge, skills, and attitudes that students need to achieve the course outcomes that build to achieve the program student learning outcomes. The Institute of Medicine’s (IOM) 2011 publication, *The Future of Nursing*, notes the importance of competencies on page 4-31: “A
A competency-based approach to education strives to make the competencies for a particular course explicit to students and requires them to demonstrate mastery of those competencies. Performance-based assessment then shows whether students have both a theoretical grasp of what they have learned and the ability to apply that knowledge in a real-world or realistically simulated situations.

- Objectives: Specific expectations of a learning unit.
- Program outcomes: Performance indicators that reflect the extent to which the purposes of the nursing education program 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. For the RN to BSN program, these include program completion rates, job placement rates, program satisfaction data from graduates and employers and student satisfaction data.

### Program Student Learning Outcomes

1. Promote safety, quality, and caring when providing care for and promoting the health of patients, families, and communities.
2. Employ clinical reasoning/clinical judgment and a spirit of inquiry when engaging in all aspects of nursing practice.
3. Act as an evolving scholar, contributing to the development of the science of nursing, through evidence-based practice.
4. Evaluate collaboration techniques and all forms of communication within various healthcare systems and with interdisciplinary healthcare providers.
5. Provide leadership in the practice setting and to the profession.
6. Embrace professionalism through a practice based on ethics, values, legal principles, and professional standards.

### Program Student Learning Outcomes with Support from the Literature and Current Nursing Practice

1. Promote safety, quality, and caring when providing care for and promoting the health of patients, families, and communities.
This outcome focuses on the many aspects of the nurse/patient/community relationship and as the student integrates the work of the QSEN group derived from the IOM studies, the AACN’s *Essentials of Baccalaureate Education* into their plan of care. Safety is a major concept and is based on QSEN.org documentation as well as the National Council of State Boards of Nursing’s (NCSBN) *Nursing Pathways for Patient Safety* (Benner, Malloch, & Sheets, 2010) which will be explored in the program. The importance of patient-centered care is addressed by the IOM (2011), stating that many systems are designed to meet the needs of providers. “True patient- and family-centered care will focus on the whole patient, putting the patient, family, and care team together as a system” (p. 16). This outcome also relates to two of NLN’s *Competencies for Baccalaureate Graduates* (2010): “Incorporate knowledge and skills to help patients, families, and communities continually progress toward fulfillment of human capacities” (p. 33), and “Express one’s identity as a nurse through actions that reflect integrity; ……and safe, quality care for diverse patients, families, and communities….,” (p. 35). The American Nurses Association’s (ANA) (2010a) *Nursing: Scope and Standards of Practice* is applied when planning quality, patient-centered nursing care. The outcome also relates to the AACN’s *Essential VI: Clinical Prevention and Population Health* that addresses population-focused health assessment with emphasis on health promotion and disease prevention.

This outcome teaches students their responsibility to maintain the caring nature of nursing and that caring is part of the nurse’s professional identity. The nurse has the moral commitment to protect and enhance human dignity (Watson, 2007). This outcome relates to the NLN’s term “human flourishing” that in part states, “The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing” (NLN, 2010, p. 67).

Major concepts for this learning outcome include:
• The nursing process (assessment, diagnosis, goals/outcome criteria, interventions, and evaluation)
• Patient teaching
• Patient-centered care
• Evidence-based practice
• Cultural competence
• Cultural diversity
• Standards of practice
• Safety
• Caring
• Human flourishing
• Community as patient
• Public health nursing

2. Employ clinical reasoning/clinical judgment and a spirit of inquiry when engaging in all aspects of nursing practice.

Clinical reasoning builds on the skills of critical thinking to move the student to engaged, practical reasoning that complements the scientific or theoretical reasoning, represented in the nursing process (Benner, Tanner, & Chesla, 2009). Clinical reasoning also relates to the nurse as a knowledge worker (Porter-O'Grady, 2010). This outcome relates to NLN’s (2010) Competency for Baccalaureate Graduates that states: “Make judgments in practice substantiated with evidence, that synthesize nursing science and knowledge from other disciplines in the provision of safe, quality care and promote the health of patients, families, and communities” (p. 34).

For the RN to BSN student, this student learning outcomes also relate to quality improvement. The emphasis on improving patient care derives from the IOM reports on quality and health care. These reports discuss the need for all healthcare professionals to be more aware of, and implement, quality improvement measures.
The QSEN project identified quality improvement as one of the six competencies of prelicensure nursing education graduates. Quality improvement refers to the use of data to monitor the outcomes of care processes and the use of improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems (Smith, Cronenwett, & Sherwood, 2007). The IOM (2011) recommended nursing students learn not only “how to do the work” but also “how to improve the work”. This outcome also relates to the NLN’s (2010) Competencies for Baccalaureate Graduates, paraphrased as: Act as an evolving scholar who contributes to the development of the science of nursing practice by proposing creative, innovative, or evidence-based solutions to clinical practice problems (p. 36).

Major concepts for this learning outcome include:

- Clinical reasoning
- Clinical judgment
- The nurse as knowledge worker
- Quality measures
- Quality improvement
- Nursing sensitive indicators

3. Act as an evolving scholar, contributing to the development of the science of nursing through evidence-based practice.

This outcomes relates to the AACN’s Essential III: Scholarship for Evidence-Based Practice. “Scholarship for the baccalaureate graduate involves identification of practice issues; appraisal and integration of evidence; and evaluation of outcomes” (AACN, 2008, p.15). This involves a basic understanding of the development of evidence, the research process, clinical judgment, interprofessional perspectives, and patient preferences, all applied to nursing practice. Examining multiple ways of knowing to inform practice and make clinical judgments is part of this outcome. This outcome references the NLN’s (2010) term nursing judgment which encompasses
three processes: critical thinking, clinical judgment, and integration of best evidence into practice (p. 67). This outcome also derives from NLN’s (2010) Competencies for Baccalaureate Graduates, “Act as an evolving scholar who contributes to the development of the science of nursing practice by identifying questions in need of study, critiquing published research, and using available evidence as a foundation to propose creative, innovative, or evidence-based solutions to clinical practice problems” (p. 36).

Major concepts for this learning outcome include:

- Evidence-based practice
- Clinical judgment
- Clinical reasoning
- Clinical decision making
- Nursing research

4. Evaluate collaboration techniques and all forms of communication within various healthcare systems and with interdisciplinary healthcare providers.

The silo approach to care in which each professional works in parallel is no longer acceptable in the current healthcare environment. Health professionals must “cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable” (IOM, 2003, p. 4). Additionally, the IOM (2010, p. 39) notes that 60 to 70% of adverse events happening to patients in the acute care setting can be traced to problems with communication. Some of those problems stem from disruptive behavior by both nurses and physicians. Nurses must understand the importance of team approaches to problem solving and safe patient care. This importance of collaboration is emphasized in the work of the QSEN group derived from the IOM studies (Finkelman & Kenner, 2009) with the competencies of teamwork and collaboration. The QSEN and IOM competencies of quality improvement and patient-centered care also relate to this outcome. This outcome incorporates NLN’s (2010) definition of teamwork: “to function effectively within nursing and interprofessional teams, fostering open communication, mutual respect,
and shared decision making to achieve quality care” (p. 69). This outcome also relates to AACN’s *Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes*.

Traditionally, communication referred to engaging in verbal and written exchange of information. More recently it also includes using information and communication technologies. Knowledge and the use of information systems and nursing informatics in health care mandate that students learn about new technologies in the health care field. This program student learning outcome encompasses informatics, a specific competency recommended by QSEN. Knowledge of informatics is also recommended by the NLN in their 2008 position statement *Preparing the Next Generation of Nurses to Practice in a Technology-Rich Environment: An Informatics Agenda*. In this position paper the NLN called for nursing schools to incorporate informatics into the curriculum.

This outcome also addresses patient care technology, which refers to technology that communicates monitoring information about the patient’s condition. Computer technology has been increasingly adopted in patient monitoring devices and students must be educated about how to use the information reported by these devices and how to use the devices themselves. This outcome relates to AACN’s *Essential IV: Information Management and Application of Patient Care Technology*.

Major concepts for this learning outcome include:

- Patient-centered care
- Teamwork/collaboration
- Safe care environment
- Conflict resolution
- Information systems
- Nursing informatics
- Information technology
- Patient care technology
5. Provide leadership in the practice setting and to the profession. This outcome focuses on the core component of leadership. Leadership is comprehensive and includes managing care, delegating to others, integrating and coordinating care, investigating and sharing best practice guidelines, and serving as a leader in many capacities within the healthcare environment. “Basic leadership includes an awareness of complex systems, and the impact of power, politics, policy, and regulatory guidelines on these systems. To be effective, baccalaureate graduates must be able to practice at the clinical microsystem level within an ever-changing healthcare system” (AACN, 2008, p.13). This outcome relates to AACN’s Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety. This involves the baccalaureate graduate skillfully working within organizational and community arenas when providing care by themselves and/or supervising care provided by others.

This outcome also relates to the NLN’s (2010) Competencies for Baccalaureate Graduates (2010): “Express one’s identity as a nurse through actions that reflect integrity; …and a willingness to provide leadership in improving care” (p. 35). This outcome is further supported by the IOM’s (2011) publication that states, “Emerging new competencies in decision making, quality improvement, systems thinking, and team leadership must become part of every nurse’s professional formation from the pre-licensure through the doctoral level” (p. 4-29).

Major concepts for this learning outcome include:

- Advocacy
- Management of care
- Delegation
- Leadership
- Organizations and systems
- Clinical microsystems
6. Embrace professionalism through a practice based on ethics, values, legal principles, and professional standards.

The general term “professionalism” is used to include all professional, ethical, and legal principles to guide the practice of the Registered Nurse. This outcome reflects AACN’s *Essential VIII: Professionalism and Professional Values*. The foundation for the various aspects of this program student learning outcome flows from two American Nurses Association documents, *Nursing: Scope and Standards of Practice* (2010) and *The ANA Code of Ethics* (2008). Article 2 of the Indiana Board of Nursing’s Nurse Practice Act, which presents the Standards for the Competent Practice of Registered Nursing, states the registered nurse shall “seek educational resources and create learning experiences to enhance and maintain current knowledge and skills for his or her continuing competence in nursing practice and individual professional growth”. This outcome also relates to one of NLN’s (2010) *Competencies for Baccalaureate Graduates*: “Express one’s identity as a nurse through actions that reflect integrity….” (p. 35). Ongoing professional development is part of this competency which includes lifelong learning.

Major concepts for this learning outcome include:

- Professionalism
- Ethical behavior
- Legal principles
- Standards of practice
- Values
- Professional standards
- Lifelong learning

**Program Student Learning Outcomes with Related Competencies**

1. Promote safety, quality, and caring when providing care for and promoting the health of patients, families, and communities.
a. Embrace a concept of caring that embodies altruism, human flourishing, and social justice to the care of diverse patients and communities.
b. Incorporate an understanding of theories of genetics and aging when conducting a health history for individuals and planning population-based patient care.
c. Plan care based on an understanding of health risk assessment data of the family, community, or special populations.
d. Integrate an understanding of how cultural, ethnic, and social backgrounds function as sources of patient, family, and community values when planning care for patients and communities.
e. Expand the definition of patient to include individuals, families, groups, communities, and populations.
f. Act as a patient advocate to ensure delivery of safe, effective nursing care.
g. Participate in clinical prevention and population-focused interventions with attention to effectiveness, efficiency, cost-effectiveness, and equity.
h. Use national patient safety resources for own professional development and to focus attention on safety in care settings.
i. Advocate for social justice, including a commitment to the health of vulnerable populations and the elimination of health disparities.

2. Employ clinical reasoning/clinical judgment and a spirit of inquiry when engaging in all aspects of nursing practice.

a. Acquire, interpret, and use information related to health care, illness, and health promotion.
b. Utilize clinical reasoning by applying a deliberate process of generating alternatives, weighing them against the evidence, and choosing the most appropriate when planning patient care.
c. Implement quality improvement measures to promote and provide quality, safe patient care.
d. Participate in quality and patient safety initiatives, recognizing these are complex system issues, which involve individuals, families, groups, communities, populations, and other members of the healthcare team.

e. Incorporate information about quality improvement projects for populations of patients in the care setting.

f. Participate in a root cause analysis of a sentinel event.

g. Apply approaches for changing processes of care within a healthcare setting.

h. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse-sensitive indicators in the microsystem of care.

i. Use improvement methods, based on data from the outcomes of care processes, to design and test changes (using an experiential learning method such as Plan-Do-Study-Act) to continuously improve the quality and safety of health care.

3. Act as an evolving scholar, contributing to the development of the science of nursing through evidence-based practice.

   a. Engage in research.

   b. Use theory and research-based knowledge in the care of patients, families, groups, and communities.

   c. Demonstrate knowledge of the components of evidence based practice: research evidence, clinical expertise, and patient/family/community values.

   d. Differentiate clinical opinion from research and evidence summaries.

   e. Demonstrate how nursing and related healthcare quality and safety measures are developed, validated, and endorsed.

4. Evaluate collaboration techniques and all forms of communication within various healthcare systems and with interdisciplinary healthcare providers.

   a. Collaborate with the interdisciplinary health care team.

   b. Manage complex health information.

   c. Apply effective strategies for communicating and resolving conflict.
d. Implement knowledge of system barriers and facilitators of effective team functioning when planning patient care.

e. Employ information technologies/informatics to learn and to teach patients about health promotion, disease prevention, and risk reduction.

f. Contrast benefits and limitations of different communication technologies and their impact on safety and quality.

g. Use information management tools to monitor outcomes of care processes.

h. Use high quality electronic sources of healthcare information.

5. Provide leadership in the practice setting and to the profession.
   a. Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the interprofessional team.
   b. Demonstrate an awareness of complex organizational systems.
   c. Incorporate into nursing practice an understanding of how health care systems are organized, financed, and controlled.
   d. Incorporate an understanding of legal, political, and regulatory processes related to health care that impact patient care.
   e. Evaluate a clinical microsystem identifying factors that may lead to practice breakdown.

6. Embrace professionalism through a practice based on ethics, values, legal principles, and professional standards.
   a. Integrate ethical provisions in all areas of practice.
   b. Use professional standards, guidelines, and competencies to guide practice.
   c. Demonstrate responsibility, accountability, and integrity in all aspects of professional practice.
   d. Demonstrate an appreciation of the history and contemporary issues in nursing and their impact on current nursing practice.
   e. Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development.
Definitions of Major Concepts Used in the Program Student Learning Outcomes and Competencies

**Caring**: In nursing, those values, attitudes, and behaviors that engender feeling cared for (Duffy, 2010). Also, “promoting health, healing, and hope in response to the human condition” (NLN, 2010, p. 65).

**Clinical judgment**: A process of observing, interpreting, responding, and reflecting, situated within and emerging from the nurse’s knowledge and perspective (Tanner, 2006). Involves ways in which nurses come to understand the problems, issues, or concerns of clients and patients, to attend to salient information, and to respond in concerned and involved ways (Benner, Tanner, & Chesla, 2009).

**Clinical microsystem**: A small group of people who work together on a regular basis – or as needed – to provide care and the individuals who receive that care (who can also be recognized as members of a discrete subpopulation of patients) (Trustees of Dartmouth College, 2004, p. 5).

**Clinical reasoning**: An iterative process of noticing, interpreting, and responding – reasoning in transition - with a fine attunement to the patient and how the patient responds to the nurse’s actions (Benner, Tanner, & Chesla, 2009, p. 230).

**Collaboration**: “Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care” (Quality and Safety Education for Nurses [QSEN], 2007). Collaboration also includes communication and partnerships with providers, patients, families, and stakeholders.

**Critical thinking**: “Identifying, evaluating, and using evidence to guide decision making by means of logic and reasoning” (NLN, 2010, p. 67). Critical thinking is the basis of clinical reasoning, clinical judgment, and clinical problem solving.

**Cultural competence**: Cultural competence is the ability to respect the beliefs, language, interpersonal styles, and behaviors of individuals, families, and communities
receiving services as well as the healthcare professionals who provide the services. Culture is the integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and the institutions of racial, ethnic, social, or religious groups (http://www.ojccnh.org/project/faq.shtml, retrieved February 17, 2011)

**Diversity:** “Recognizing differences among persons, ideas, values, and ethnicities, while affirming the uniqueness of each” (NLN, 2010, p. 12).

**Ethics:** “Involves reflective consideration of personal, societal, and professional values, principles, and codes that shape nursing practice. Ethical decision making requires applying an inclusive, holistic, systematic process for identifying and synthesizing moral issues in health care and nursing practice, and for acting as moral agents in caring for patients, families, communities, societies, populations, and organizations. Ethics in nursing integrates knowledge with human caring and compassion, while respecting the dignity, self-determination, and worth of all persons” (NLN, 2010, p. 13).

**Evidence-based care:** Care that integrates the best research with clinical expertise and patient values for optimum care (IOM, 2003).

**Healthcare environment:** The aggregate of surrounding things, conditions, or influences; surroundings; milieu. (dictionary.com). In healthcare, nurses turn the environment into a caring and healing environment by initiating and sustaining a therapeutic relationship with patients and their families (Koloroutis, 2004).

**Human flourishing:** “An effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own such efforts. The process of achieving human flourishing is a lifelong existential journey of hope, regret, loss, illness, suffering, and achievement. Human flourishing encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population. The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing” (NLN, 2010, p.66-67).
Informatics: The use of information and technology to communicate, manage knowledge, mitigate error, and support decision making (Quality and Safety Education for Nurses [QSEN], 2007).

Information management: Refers to “the processes whereby nursing data, information, knowledge, and wisdom are collected, stored, processed, communicated, and used to support the delivery of health care” (Nelson, 2010, p. 653).

Integrity: “Representing the dignity and moral wholeness of every person without conditions or limitation” (NLN, 2010, p. 13).

Knowledge, skills, and attitudes: In nursing education there are three domains of learning in which faculty engage students. The cognitive domain represents the knowledge needed to carry out the professional roles of the nurse. The skills are the psychomotor activities that are represented by the psychomotor domain. Attitudes represent the beliefs and values about all aspects of the patient and health care that represent the affective domain. The content of each domain is equally important and necessary for the student to fulfill the roles of the professional nurse.

Leadership: Leadership is Standard 12 of the ANA’s Scope and Standards of Practice (2010, p. 55). Leadership is defined and evaluated with the following measurement criteria related to the student nurse:

- Oversees the nursing care given by others while retaining accountability for the quality of care given to the healthcare consumer.
- Abides by the vision, the associated goals, and the plan to implement and measure progress of an individual healthcare consumer or progress within the context of the healthcare organization.
- Demonstrates a commitment to continuous, lifelong learning and education for self and others.
- Mentors colleagues for the advancement of nursing practice, the profession, and quality health care.
- Treats colleagues with respect, trust, and dignity.
• Develops communication and conflict resolution skills.
• Participates in professional organizations.
• Communicates effectively with the healthcare consumer and colleagues.
• Seeks ways to advance nursing autonomy and accountability.
• Participates in efforts to influence healthcare policy involving healthcare consumers and the profession.

**Nursing:** Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations (ANA, 2010a, p. 1).

**Nursing-sensitive indicators:** Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care. The structure of nursing care is indicated by the supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff. Process indicators measure aspects of nursing care such as assessment, intervention, and RN job satisfaction. Patient outcomes that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g., pressure ulcers, falls, and intravenous infiltrations). Some patient outcomes are more highly related to other aspects of institutional care, such as medical decisions and institutional policies (e.g., frequency of primary C-sections, cardiac failure) and are not considered "nursing-sensitive" (ANA’s Nursing World, 2018).

**Nursing judgment:** “Encompasses three processes: namely critical thinking, clinical judgment, and integration of best evidence into practice. Nurses must employ those processes as they make decisions about clinical care, the development and application of research and the broader dissemination of insights and research findings to the community, and management and resource allocation” (NLN, 2010, p. 67).

**Patient:** The recipient of nursing care or services. Patients may be individuals, families, groups, communities, or populations (AACN, 2008, p. 38).
**Patient-centered care:** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs (QSEN, 2007).

**Personal and professional development:** “A lifelong process of learning, refining, and integrating values and behaviors that: (a) are consistent with the profession’s history, goals, and codes of ethics; (b) serve to distinguish the practice of nurses from that of other health care providers; and (c) give nurses the courage needed to continually improve the care of patients, families, and communities and to ensure the profession’s ongoing viability” (NLN, 2010, p. 68).

**Professional identity:** “Involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, and grow in the profession. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Professional identity is evidence in the lived experience of the nurse, in his or her ways of being, knowing, and doing” (NLN, 2010, p.68).

**Quality improvement:** “Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems” (QSEN, 2007). Also relates to the improvement of healthcare processes and at the local, state, and federal levels to affect positive outcomes from the impact of economics on healthcare quality.

**Safety:** Minimizes risk of harm to patients and providers through both system effectiveness and individual performance (QSEN, 2007).

**Spirit of Inquiry:** A persistent sense of curiosity that informs both learning and practice. A nurse infused by a spirit of inquiry will raise questions, challenge traditional and existing practices, and seek creative approaches to problems. The spirit of inquiry suggests, to some degree, a childlike sense of wonder. A spirit of inquiry in nursing engenders innovative thinking and extends possibilities for discovering novel solutions in ambiguous, uncertain, and unpredictable situations. (NLN, 2010, p.69).
**Harrison College RN to BSN Degree in Nursing Program**

**Credit Hour Plan**

**RN to BSN Degree Program Curriculum**

<table>
<thead>
<tr>
<th>Required Professional Courses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR 3050 Transition to BSN Education</td>
<td>4 credits</td>
</tr>
<tr>
<td>NUR 3100 Building Expertise for Safe Patient Care</td>
<td>4 credits</td>
</tr>
<tr>
<td>NUR 3200 Health Assessment for Wellness and Health Promotion for Diverse and Vulnerable Populations</td>
<td>4 credits</td>
</tr>
<tr>
<td>NUR 3600 Management and Leadership</td>
<td>4 credits</td>
</tr>
<tr>
<td>NUR 4100 Evidence-Based Practice and Nursing Research</td>
<td>4 credits</td>
</tr>
<tr>
<td>NUR 4200 Community-Based Health Care</td>
<td>8 credits</td>
</tr>
<tr>
<td>NUR 4600 Nursing Senior Synthesis</td>
<td>8 credits</td>
</tr>
<tr>
<td>MAT 3650 Statistics</td>
<td>4 credits</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40 credits</strong></td>
</tr>
</tbody>
</table>

**Professional course requirement:** 90 quarter credits  
**Total from ASN and RN to BSN combined**

**General education course requirement:** 54 quarter credits  
**Total from ASN and RN to BSN combined**

At least one course from EACH of the following areas:  
- Humanities, Math, Science, Social Sciences

**Unspecified General Education courses (not limited to):**  

**Electives:** If needed, after the professional and general education courses are satisfied to meet the 180 quarter credits total.
Harrison RN to BSN Program Course Descriptions

NUR 3050 – Transition to BSN Education: 4 credit hours
This course is designed to assist the adult learner to make the transition to the role of the nursing student. During this course, students are introduced to the major concepts of the RN to BSN program. The course explores current healthcare systems, the impact of society and economic forces on health care, and the practice of professional nursing in contemporary health care. Students also learn scholarly writing skills and strategies for successful online learning.

NUR 3100 – Building Expertise for Safe Patient Care: 4 credit hours
This course addresses current healthcare expectations for quality patient care including creating a safe, caring environment. The course explores the knowledge, skills, and attitudes required of the professional nurse when providing safe, quality care for and promoting the health of patients, families, and communities. Students demonstrate application of ethics, values, legal principles, and professional standards to patient care. Strategies for personal and professional empowerment that contribute to collaboration and communication within the interprofessional team are identified.

NUR 3200 – Health Assessment for Wellness and Health Promotion for Diverse and Vulnerable Populations: 4 credit hours
This course explores the knowledge, skills, and attitudes of the professional nurse in assessing the health and health care needs of diverse and vulnerable populations. A specific vulnerable patient population is selected by the student for in-depth study applying the major concepts of the nursing program. The student applies objectives outlined in Healthy People 2020 to formulate a plan for wellness and health promotion to the selected patient population. The importance of the nurse in health promotion and disease prevention is explored.
NUR 3600 – Management and Leadership: 4 credit hours
This course is focused on health care systems and the management and leadership responsibilities of the professional nurse within those systems working with the interprofessional healthcare team. Students learn about the clinical microsystem and the larger healthcare system as they relate to safe, quality patient care. Students apply knowledge from previous courses to further explore quality improvement, cost of care, safety, legal guidelines, regulatory factors, and measuring patient satisfaction. Leadership within the profession of nursing is also addressed.

NUR 4100 – Evidence-Based Practice and Nursing Research: 4 credit hours
This course introduces students to the nurse as an evolving scholar using the research process, including skills in understanding published research findings, the science of nursing through evidence-based practice, and the use of information systems and informatics. Ethics, values, legal principles, and professional standards are considered when carrying out the research process. Prerequisite: BUS 3650 & NUR 3050

NUR 4200 – Community-Based Health Care: 8 credit hours
This course explores application of the major concepts of the program to providing care for and promoting the health of communities, patients and families within the community. Community and public health nursing is applied in assessing health care needs of populations and communities. Students engage in experiential learning activities that focus on nursing interventions and program planning to assist identified populations within the community to promote optimum health and wellness. Students will be required to draw upon applicable work experience and/or network with nursing professionals to meet the requirements of this course and submission of any required health documentation as described in the Admission section of this catalog.

NUR 4600 – Nursing Senior Synthesis: 8 credit hours
This course provides the opportunity for in-depth exploration of a practice area of interest to the student as they incorporate and apply knowledge acquired during their program. This opportunity comes in the form of a 100 hour senior capstone project.
conducted outside of the classroom. The project must be approved by the faculty prior to any work being started. (Mentors are identified and approved in the previous course, NUR 4200.) The capstone project includes identification of a healthcare issue that can be addressed by nursing via a quality improvement process, a critique of the literature concerning the identified healthcare issue, a plan for implementation of the quality improvement, the critique of the plan by the identified nurse mentor, and revisions to the plan based on the critique. The plan is then formally presented to stakeholders. A final report is submitted, detailing the capstone project from start to completion. **Prerequisite(s):** Successful completion of all other professional courses required in the RN to BSN program. This course to be taken during the final quarter of instruction.

**Policies**

Students are responsible for all guidelines and expectations set forth in the Harrison College Catalog, unless superseded by those set forth in the RN to BSN Nursing Program Student Handbook. The Harrison College Catalog is available online at: [http://catalog.harrison.edu/](http://catalog.harrison.edu/)

**Online Classroom**

All students are expected to participate in the online forum at least three separate days, making two significant posts on each day each week. Computer or connection problems are not considered reasons students cannot participate. The College does not distinguish between excused and unexcused absence. Regular online attendance is critical to the success of all students. **It is the student’s responsibility to notify the school immediately in the event they are unable to meet this criterion.** A student who is unable to meet the online attendance criteria will be placed on probation.

**Code of Conduct**

Students are expected to behave in a professional manner that is conducive to the learning environment. Appropriate netiquette must be observed at all times. Any student exhibiting behavior that is detrimental to the learning environment or that compromises
the safety of the individual, other students, staff, faculty or that of clients or other healthcare workers may result in immediate suspension or dismissal from the program. The decision for suspension or dismissal shall be determined by the Dean of Nursing and the Campus President.

Honesty regarding all work completed for all courses is expected. Dishonesty is not tolerated. Academic dishonesty includes cheating, copying another student’s work, plagiarism, or other dishonest acts. Plagiarism means to steal and use the ideas or writings of another person’s as your own. If you do not document that is not your own, you will be using someone else’s work as your own. Whether you borrow a single idea, a sentence, or an essay, it is plagiarism. Any student caught cheating on any material will be subject to immediate disciplinary action. Disciplinary actions that may be taken include, but are not limited to:

- An “F” or zero grade on material in question.
- Dismissal from class.
- Dismissal from school.

A student who wishes to appeal the decision can follow the appeals process as outlined in the Harrison College Catalog.

**Nursing Academic Progress**

Students in the RN to BSN program must achieve a 73% or better in each core course in order to progress. Please refer to the vertical curriculum for a list of the core courses in the program. A student who obtains a grade below a 73% in any core course will be suspended from the program and placed on inactive status. Students must pass all non-core courses with a 73% or higher.

**Satisfactory Progress**

Students will be evaluated and receive grades on a quarterly basis. Grades will be based on assignments, projects, discussion, and activities throughout the quarter.

**Unsatisfactory Progress**
If a final grade on a core course is below a “73%” students will be required to repeat the course.

**Re-entry**

If a student withdraws from the program or is dismissed due to unsatisfactory attendance or academic standing, unprofessional behavior, attitude, or judgment and would like to re-enter, the following steps must be followed:

- A written request must be submitted to the Program Director of RN to BSN. The request should include name, the class(es) needing to be repeated, and a detailed description of what happened and how a second attempt in the program may be more successful.
- The request for re-entry will be evaluated by the Re-entry Committee. Re-entry is not guaranteed.
- The student will be notified of the decision by the College. The decision of the Re-entry Committee is final and the Appeals Policy does not apply to this situation.
- In the event the student withdraws, is suspended, or fails to meet academic criteria after being granted a re-entry, the student will be terminated from the nursing program. A student is allowed only one re-entry.
- Students who have outstanding financial obligations to the College, or whose discontinuance was due to violation of school policy, may not be accepted for re-entry.
- Students requesting re-entry, may be asked by the Re-entry Committee to comply with certain conditions for re-entry, for example, auditing other classes or clinical.
- **All re-entries are contingent on space availability. If a student is approved for re-entry and space is not available, the student will not be allowed to re-enter. Student selection for re-entry spaces are filled by the earliest date of application for re-entry.**
Repeating a Class

If a student fails, depending upon the circumstances, he or she may be allowed to re-enter into the program. **Under no circumstances is a student allowed to repeat any class more than (1) time.**

Auditing a course

- Re-entry students who are required to audit a course have to meet all course requirements.
- **All** course objectives, assignments, tests and other requirements need to be satisfactorily met to proceed to the next quarter.
- Attendance in audited courses will be calculated per policy in the Nursing Student Handbook.
- Students are required to attend audited courses and meet the attendance requirement.
- There is no posted grade for auditing a course.
- If requirements are not met the student will be withdrawn from the nursing program.

Student Governance

The RN to BSN Governance Council meets remotely twice a year and all RN to BSN students, faculty and administrators are invited to attend. The council meetings provide an open forum for student comments and suggestions for improvement regarding curriculum and program.

All RN to BSN students are eligible for membership in the American Nurses Association (ANA) for a nominal fee. This organization is the political voice of professional nurses in the United States. One of the benefits in joining the ANA is the opportunity for group rate malpractice insurance. As a member of the ANA, Indiana nurses may join the Indiana Nurses Association.
Students are also encouraged to attend the advisory board meetings. These meetings are typically once in the fall and once in the spring. Representatives of the communities of interest are present at these meetings. Input from the community helps guide changes made to the programs.

Students also are encouraged to call in or come to campus for monthly faculty meetings. Students will typically be first on the agenda to ask questions and will be dismissed after the discussion.

**Grievance Procedure and Appeals Process**

Students who wish to appeal determination that they are not making satisfactory academic process, or are failing to meet standards as determined by the College due to extenuating circumstances, may submit a written appeal to the Campus President for review and resolution.

A student who wishes to file a grievance to address concerns or questions may do so following the grievance procedure as outlined in the Harrison College catalog.

**Uniform Policy**

The Director of the RN to BSN program is responsible for the decisions regarding the professional dress for RN to BSN students. When in a clinical setting, RN to BSN students should adhere to the professional dress guidelines of the institution.

**Student Behavior**

If any student demonstrates negligent or unsafe behavior in the practicum experience; attends the clinical experience under the influence of alcohol or illegal drugs; demonstrates signs of a physical or mental condition that interferes with the ability to perform safe nursing care; demonstrates disrespect, violence or harassment; or does not comply with Nursing program/College policies, the student will be dismissed from the clinical area.
The clinical agency has the right to recommend to the school that a student not be allowed in the clinical area if the student’s performance is unsatisfactory or if s/he violates any rules/regulations, policies or procedures of the agency or the school.

**Emergencies and First Aid**

Routine and emergency medical care is the responsibility of the student and their personal physician. Any associated costs of such medical care are the student’s responsibility. **Harrison College staff and faculty are to call 911 for urgent and emergency treatment.** Medical faculty will perform first aid in an emergency situation, as trained.

**Accreditation and Licensure**

All campuses are accredited by Accrediting Bureau of Health Education Schools (ABHES), an accrediting agency nationally recognized by the United States Department of Education. Additional information on accreditation can be found in the Harrison College catalog. The RN to BSN program is accredited by the Commission on Collegiate Nursing Education (CCNE) (http://www.aacnnursing.org/CCNE).

**Requirements for Graduation**

1. Successfully pass each course in the Nursing program.
References


RN to BSN Degree in Nursing Program

Student Handbook Acknowledgement

I have received, read, and understand the RN to BSN Degree in Nursing Program Student Handbook and all attached forms. By my signature, I agree to follow all Harrison College policies and comply with completion of all appropriate forms to be signed and returned to the Program Chair/Director:

A. RN to BSN Degree in Nursing Program Student Handbook Acknowledgement

Student Name (please print):__________________________________________

Student Signature: _________________________________________________

Date: ___________________________

Program Chair/Director Signature: _______________________________________

Date: _________________________
RN to BSN Degree in Nursing Program Accreditation and Transfer of Credit Acknowledgement Form

All campuses are accredited through the Accrediting Bureau of Health Education Schools (ABHES), an accrediting agency nationally recognized by the United States Department of Education.

The RN to BSN program is accredited through CCNE and ABHES.

The transfer of credits earned in the Nursing program to another institution is determined by the institution granting the transfer of credits. There is no guarantee that credits from Harrison College will be accepted by other educational institutions.

I have read and understand the above information.

Student Name (please print):

Student Signature    Date
HARRISON COLLEGE

Student Acknowledgement Statement

RN to BSN Degree in Nursing Program

I understand that I am responsible for reading all guidelines and expectations set forth in the Harrison College catalog. I understand that I am responsible for following these guidelines unless they are superseded by the RN to BSN Nursing Program Student Handbook guidelines.

__________________________  ______________________________
Printed Name                     Signature

XXX-XX-___ ___ ___ ___
Last 4 digits of Social Security #  Date
HARRISON COLLEGE EMERGENCY FORM

Name__________________________________________________________

Student ID Number _________________________

Person to contact in case of an emergency
_________________________________________

Phone number of emergency contact:
(h) ___________________ (w) _______________ (c) ___________________

Physician/Medical Center Name
_________________________________________

Physician/Medical Center Phone Number
_________________________________________

What hospital would you like to be transported to?
_________________________________________

I authorize Harrison College to call the appointed authority to transport me to my requested hospital or nearest health facility.

_________________________________________
Student Signature