

College of Nursing
and Health Sciences

University of Wisconsin
Eau Claire

GRADUATE PROGRAMS STUDENT HANDBOOK

January 2024



We acknowledge that UW-Eau Claire occupies the sacred and ancestral lands of Indigenous Peoples. We honor the land of the Ojibwe and Dakota Nations.

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I. Introduction

This handbook contains information frequently requested by graduate nursing students. It has been prepared primarily for students in the MSN and DNP programs, but faculty may also find it useful for *reference*. This publication is not intended to duplicate information available elsewhere and is available online in Blugold Insider at uwec.ly/conhs. Students need to be checking their e-mail accounts for announcements related to student issues and updates to policies occurring prior to scheduled handbook publication. The handbook is updated every six months to reflect new or changed policies occurring each academic year. The information is meant to facilitate your program, as we wish to create an inclusive and supportive environment that motivates everyone to do their best work and learn and grow as individuals.

Additional Useful Resources include:

Where to Go for Help Index:

The Graduate Studies website (<http://www.uwec.edu/graduate>) and the Nursing Department website (<http://www.uwec.ly/CONHS>) contain helpful information related to your education at UW-Eau Claire.

University of Wisconsin-Eau Claire Graduate Catalog:

Published annually, contains policies and regulations, course listings, degree programs and fee schedules. The current and past issues are available online at the Registrar's Office web site.

University Office of Graduate Studies:

To communicate with the University office of graduate studies, contact Nancy Amdahl, 715-836-2721 or email at amdahlmj@uwec.edu.

College of Nursing and Health Sciences/Department of Nursing

The Nursing Graduate Programs Director is Dr. Lisa Schiller, room 217 Nursing Building, schilllf@uwec.edu.

Doctor of Nursing Practice Online Community:

<http://www.doctorsofnursingpractice.org>

Campus Directory Information - Students are encouraged to utilize the UWEC website and the UWEC Outlook email system to access locations and telephone numbers for services and departments/offices; room and office telephone numbers and email addresses of faculty and staff, as well as e-mail addresses of students.

Dean of Students Office – The Dean of Students Office website references university regulations, procedures, student services, and where to get help for specific problems. This includes complete information regarding grievance procedures. This information is online.

Your Right to Know - A campus resource for all students, faculty and staff which provides information and identifies resources which can assist students regarding supportive services, campus communications, safety and transportation services. An electronic copy can be viewed online (use the Search Box).

Spectator - Campus newspaper that contains calendar of events and official notices concerning actions required of students; available on Thursdays at various locations on campus. It is also available online.

Letters/Returned Papers - Letters, graded papers, paper forms, or other items not returned directly to a student by an instructor or adviser may be picked up in Room 127 of the Nursing Building at the Eau Claire campus or in the main program office (Room 325) at the Marshfield Site.

Email - Students are required to use their official UWEC email address for university and nursing program communications. It is your responsibility as a student to check your UWEC email account daily. Information about

accessing your e-mail address is available at the Help Desk in the Vicki Lord Larson Hall (Room 1106). Please see the University HelpDesk website for assistance.

Bulletin Boards - An Eau Claire site bulletin board containing University and College announcements is available on the first floor in the west corridor of the Nursing Building. Bulletin boards containing information on Nursing courses are on the Nursing building's second floor near the department offices. Marshfield site bulletin boards are located at the Marshfield Site.

Program Costs - Students are responsible for all costs relating to their professional nursing program. This includes, but is not limited to: tuition, fees, special course fees, textbooks, uniforms, clinical and skills lab supplies, professional equipment, clinical travel, required CPR updates, and other health and background check requirements, including personal health insurance.

Student Records - It is important to keep all mailing address, telephone number, and name change information updated. This can be done by accessing the following Blugold Central link: <https://www.uwec.edu/blugold-central/personal-information/>

Registration Guide:

Available online at the Blugold Central website at <https://www.uwec.edu/blugold-central/academic-planning/>

II. History

The first baccalaureate degree-nursing program in West Central Wisconsin was established at what was then known as Wisconsin State University-Eau Claire, when 22 students were accepted as majors in the new School of Nursing in September 1965. The University and community leaders had seriously discussed the possibility for such a program for a number of years, and consultation had been sought from the National League for Nursing on several occasions. In 1964, the President of the University, Dr. Leonard Haas, approved the appointment of Marguerite Coffman to lay the groundwork for a degree-nursing program to be initiated in the fall of 1965.

Dean Coffman, having served as educational consultant for the Kansas State Board of Nursing for eight years, and later as director of degree and continuing education programs for registered nurses at the University of Kansas, brought with her a wealth of experience for establishing an educationally sound program. Many of the baccalaureate degree programs at that time resided within the organizational structure of university medical schools or as an academic unit in arts and sciences colleges. Such an arrangement placed the person responsible for the nursing education program under non-nursing deans or department heads, too far removed from the points at which decisions were made in regard to budget and other administrative matters that had an impact on nursing education. One of the conditions Dean Coffman had attached to her acceptance of her contract was that the program was to reside within the context of the University as an autonomous school, which gave her and the faculty access to, and representation in, the top-level decision-making processes of the institution.

Final approval by the Board of Regents and approval by the State Board of Nursing in July 1965 was followed by what was then known as "reasonable assurance of accreditation" by the National League for Nursing. Accreditation made it possible for a new School to secure federal funds available through the National Nurse Training Act of 1964.

In October of 1965, Luther Hospital announced the closure of its three-year diploma school with the last class of 25 students graduating on August 13, 1967. The announced closure was earlier than anticipated and necessitated quick re-planning to accommodate the resulting increase in enrollment and revision of the curriculum to utilize Luther Hospital clinical facilities in addition to the Sacred Heart Hospital facilities.

Dean Marguerite Coffman retired in 1977. She was succeeded by Dr. Suzanne Van Ort who continued as dean until 1982. Dr. Patricia Ostmoen was appointed Dean in 1982. In 1989 she was appointed acting Vice Chancellor of the University to fill a one-year vacancy of that office. During that period Associate Dean Dr. Linda Finke served as acting Dean of Nursing. Following the 1989-90 school year, Dean Ostmoen returned to the School of Nursing as Dean and continued in that position until July 1995.

The organization of the School has undergone several transformations. Between 1965 and 1970, the School operated as a unit, with coordinators of the various clinical areas responsible for implementing the curriculum. In 1970, the School took on the pattern of the rest of the University with the establishment of five departments: Medical-Surgical Nursing, Maternal-Child Health Nursing, Community Health Nursing, Psychiatric Nursing and Nursing Leadership. That pattern continued until July 1984, when these departments were dissolved and replaced with the departments of General Nursing, chaired by Dr. M. Regina Venn, and Adult Health Nursing, chaired by Dr. Norma J. Briggs. This arrangement organized the faculty along graduate and undergraduate lines. The transformation continued with a planned reorganization of the School into three departments, completed in September 1990. Dr. Marjorie Bottoms served as the first chair of the Department of Nursing Systems. Dr. Winifred Morse was appointed to chair the Department of Adult Health Nursing and Dr. Mary Wright chaired the Department of Family Health Nursing.

Administrative adaptations were made to facilitate the efficiency of the School and its various programs. Sister Joel Jacobi, Elaine Menges and Shirley Carlson all served as coordinators of continuing education prior to the appointment of Dr. Rita Kisting Sparks as Coordinator of Continuing Education in 1985. Dr. Sparks' title was changed to Assistant Dean for Continuing Education in 1988.

The position of Associate Dean for Student Affairs was created in 1979. Berniece Wagner served in that capacity until her retirement in 1988. Dr. Linda M. Finke was appointed Associate Dean that same year. Dr. Finke resigned in 1991 and Dr. Marjorie Bottoms was appointed Acting Associate Dean.

In January 1995 Chancellor Larry Schnack announced a proposed merger of the School of Education, the School of Human Sciences and Services, and the School of Nursing into a new college, the College of Professional Studies. The nursing faculty voted unanimously in February 1995 to oppose the restructuring. The Academic Policies Committee of the University also opposed the merger but the University Senate voted to endorse the restructuring. Dr. Ostmo left the deanship to return to teaching on June 30, 1995. Dr. Ronald N. Satz was appointed Dean of the College of Professional Studies. With this reorganization, Dr. Marjorie Bottoms was appointed Associate Dean and Educational Administrator. Upon Dr. Bottoms' resignation as Associate Dean, Dr. Susan J. Johnson Warner was appointed Associate Dean and Educational Administrator in July 1998. In 1999, Dr. Ronald N. Satz accepted a position as vice-chancellor. Dr. Carol Klun was appointed Interim Dean for the College of Professional Studies. Dr. Rita Kisting Sparks was appointed Interim Associate Dean and Educational Administrator upon Dr. Warner's resignation in June 2000. In May of 2001, Dr. Mark Clark was appointed as Dean of the College of Professional Studies. In July of 2002, Dr. Sparks retired and Dr. L. Elaine Wendt was appointed Interim Associate Dean and Educational Administrator and in 2003 she was appointed the Associate Dean and Educational Administrator.

In May of 2004, Chancellor Donald Mash notified the campus that the College of Professional Studies would be dissolved in September of 2004, and we were officially named the College of Nursing and Health Sciences. This new college was comprised of four departments: Adult Health Nursing (Dr. Sheila Smith, chair), Family Health Nursing (Karen Maddox, interim chair), Nursing Systems (Dr. Mary Zwygart-Stauffacher, chair), and Public Health Professions (Dr. Doug Olson, chair). Dr. L. Elaine Wendt was named Dean of the College and Dr. Mary Zwygart-Stauffacher was appointed Interim Associate Dean, and was named Associate Dean in May of 2005, and Dr. Lois Taft was named chair of the Department of Nursing Systems.

In 2007 the nursing faculty voted to restructure from three academic nursing departments to a department of the whole. Thus, the College was comprised of two departments: the Department of Nursing and the Department of Public Health Professions. Dr. Mary Zwygart-Stauffacher was Interim Chair of the new Department of Nursing and then Dr. Lois Taft subsequently filled the Nursing Department Chair position while a national search was completed. Following the search, in 2009, Dr. Rosemary Jadack was named the Chair of the Department of Nursing. Ms. Karen Maddox served as Interim Chair of the Department of Public Health Professions. When Dr. Wendt retired in June of 2008, Dr. Mary Zwygart-Stauffacher was named Interim Dean for the College. In 2007, an Assistant Dean: Eau Claire for Pre-Licensure programs position was created and filled by Dr. Sheila Smith; in addition the Coordinator for the Marshfield Site position was changed to Assistant Dean for the Marshfield Site, a position held by Dr. Robin Beeman. Dr. Debra Jansen was named Acting Associate Dean in 2009. In 2010, Provost Patricia Kleine approved the increase of appointment for the Associate Dean position, allowing for restructuring of the position and also that of the Eau Claire Assistant Dean position. With the restructuring, Dr. Sheila Smith served as the Assistant Dean for Evaluation and Strategic Initiatives from 2010 until her retirement in 2012. Dr. Debra Jansen served as Interim Associate Dean from 2010 to 2012, after having served as Acting Associate Dean.

Following a national search in 2010-2011, Dr. Linda Young was appointed as Dean of the College of Nursing and Health Sciences beginning August 2011. Dr. Mary Zwygart-Stauffacher became the Graduate Nursing Programs Director and the BSN Completion Program Coordinator, and subsequently named the Assistant Dean for Post Licensure Programs in July 2012. Dr. Debra Jansen was appointed as Associate Dean beginning in July 2012, after a national search. With Dr. Sheila Smith's retirement, beginning with the 2012-2013 academic year, Dr. Shelley Rae Pehler began serving as the Director of Assessment and Evaluation and Dr. Rita Sperstad as the Department of Nursing: Coordinator of Equity, Diversity and Inclusion (EDI). In July 2013, the Environmental Public Health Program, the only program within the Department of Public Health Professions, moved to the College of Arts and Sciences. The Assistant Dean for Post Licensure Programs position was converted to a Nursing Graduate Programs Director position and a BSN Completion Program Director position around 2014-2015. Dr. Mary Zwygart-Stauffacher served in the Nursing Graduate Programs Director role through June 2019; the responsibilities for the BSN Completion Program were dispersed until Dr. Mary Canales returned in May 2020 to assume the BSN Completion Program Director position. Beginning in July 2015, Dr.

Robin Beeman began serving as Interim Department Chair with Dr. Rita Sperstad functioning as interim Traditional BSN Program Director. The interim titles were removed for Dr. Beeman and Dr. Sperstad in the summer of 2016. Dr. Rachel Merkel assumed the role of Marshfield Site Director when Dr. Beeman became the Nursing Department Chair and reduced her Assistant Dean duties; the title was changed to Marshfield Site Director in February 2020. Following the retirement of Dr. Rita Sperstad in May 2018, Dr. Arin VanWormer was appointed as the Traditional BSN Program Director. Dr. Lisa Schiller began serving as the Nursing Graduate Programs Director in July 2019 after Dr. Zwygart-Stauffacher stepped back into full-time teaching in the graduate program. Dr. Robin Beeman retired as the Assistant Dean for the Marshfield Site and Nursing Department Chair in January 2020; Dr. Charlotte Sortedahl was appointed as Interim Department Chair, starting in January 2020 and as Department Chair beginning in August 2020, following a national search. Upon the retirement of Dr. Shelley-Rae Pehler in August 2020, Dr. Jeanette Olsen became the Director of Assessment and Evaluation.

The 2015-2016 academic year marked the 50th anniversary of the nursing program. A 50th Anniversary Gala Celebration was held at the Florian Gardens in Eau Claire on October 9, 2015. Dr. Rita Kisting Sparks, Dr. Elaine Wendt, Dr. Marjorie Bottoms, and Dr. Linda Young shared reflections of events that transpired during their time as nursing leaders. Greetings also were shared by Dr. Young from Dr. Patricia Ostmoe, Dr. Suzanne Van Ort, Dr. Susan Johnson Warner, Dr. Mary Zwygart-Stauffacher, and Sister Joel Jacobi. The Gala included a silent auction, proceeds of which were used to fund improvements to the simulation laboratories. The annual Nursing Alumni Homecoming Walk was held the subsequent morning, at which time a Nursing Alumni Homecoming Quilt created by Ms. Vicki Vogler, a BSN and MSN alum, using t-shirts from prior walks, was dedicated.

The spring of 2020 marked the beginning of a major change in operations as we dealt with the COVID-19 pandemic. On March 12, 2020, the Chancellor announced students would be going on an extended 3-week spring break and not returning to campus. Classes were to be virtual starting on April 6, 2020. The Year of the Nurse, 2020, became one in which we saw how resilient, caring, brave, flexible, and creative nurses in all areas, nursing students, and faculty and staff were in facing challenges. Faculty and staff rapidly worked to convert undergraduate and graduate classes, including clinicals, to online and virtual platforms. For the 2020-2021 academic year, students were allowed at most, but not all clinical sites, and therefore some clinicals occurred in the Clinical Learning Center (CLC) simulation laboratories. Classes were held via a combination of synchronous and asynchronous remote online connections. The plan for 2021-2022 is to continue with on-site clinicals but synchronous and asynchronous remote online didactic classes for the fall term and face-to-face classes for spring. On a positive note, the pandemic provided students and faculty and staff the opportunity to promote the health of our communities, as they participated in mass vaccination clinics both on campus and at various health departments and health care facilities in the surrounding Eau Claire and Marshfield areas throughout the spring, summer, and fall of 2021 and spring of 2022.

In January 2022, Dr. Linda Young resigned her position (effective 1/28/22) as dean to devote her time and energy to state advocacy and to her research on nurse retention and persistence. While on an administrative sabbatical leave for the Spring 2022 semester, she chaired the implementation committee for the \$5 million state-funded Nurse Educator Loan Program. Dean Emerita Young retired at the end of June 2022. Dr. Sonja Meiers, who was hired to be the inaugural Jane W. and James E. Moore Nursing Research Professor, beginning in January 2022, accepted the role of acting dean of the College, effective January 28, 2022 and transitioned to the interim dean role in July 2022. Following a national search, Dr. Kristen Abbott-Anderson assumed the role of Dean of the College of Nursing and Health Sciences on January 3, 2023. Dr. Charlotte Sortedahl, Chair of the Department of Nursing since 2020, stepped down as chair in June 2023 and returned to full time teaching. The chair duties currently are divided among three co-chairs/directors: TBSN Program Director Arin VanWormer; Nursing Graduate Programs Director Lisa Schiller; and Marshfield Site Director Rachel Merkel.

Facilities

During 1965-66 the School operated out of offices and classrooms in Schofield Hall while the first floor of the new Crest Commons building on the upper campus was completed for use by the School of Nursing. When Crest Commons could no longer accommodate the growing number of faculty, three mobile office facilities (trailers) were placed next to the building for the overflow. The Crest Commons facilities had always been regarded as temporary for the School and planning had begun early on for a separate building to house the program. Federal funds under the Nurse Training Act of 1964 were sought and received, and groundbreaking for a new building took place in July 1968. The building was

completed and occupied in Fall 1969. The dedication took place in April 1970 with Ms. Jesse M. Scott, Director of the Division of Nursing, Health Resources Administration Public Health Service, of the U.S. Department of Health, Education, and Welfare, giving the dedicatory address. The speaker at the dedication banquet was Ms. Margaret Dolan, a past president of the American Nurses Association (1962-1964). An addition attached to the west of the building was begun in the Spring of 1984 and was occupied in the Fall of 1985. It was designed to relieve the congestion in the main building which was intended originally for a student body and faculty about two-thirds the size of that of today.

With the addition of the nursing program at the Marshfield site in the late 1980s, two lecture classrooms (rooms 104 and 114) were remodeled to incorporate distance education technology. Since the inception of this program site, these classrooms have evolved from basic audio teleconferencing to state-of-the-art two-way full motion interactive video classrooms. A third interactive video classroom (room 119A) was completed in fall of 2009.

Since 2004 the existing skills lab space has been renovated to accommodate high fidelity simulation equipment. High tech mannequins, a birthing room, acute care simulation rooms and electronic charting have all contributed to changes in the design and usage of the skills lab. Video technology in the lab allows for demonstrations in the Eau Claire site skills lab to be broadcast not only to classrooms at the Eau Claire site, but to the Marshfield Site classrooms as well, allowing students at both sites to see lab demonstrations simultaneously.

Curriculum

Traditional BSN

Although curriculum revision has been an ongoing process since the beginning of the School, a major revision of the basic nursing curriculum was implemented with students who entered the University as pre-nursing students in the fall of 1983. Credits required for graduation were reduced from 136 to 128, which facilitated elimination of the summer session that had been mandatory between the sophomore and junior years. The faculty adopted a developmental organization framework and a curriculum based on the model of Loomis and Wood. Curriculum revision was again undertaken in the 1994-95 academic year. The impetus for this work arose from current trends in health care reform and the Redefinition of the Baccalaureate degree completed by the University faculty in 1993-94. Revisions were implemented in fall 1996. Credits required for graduation are 120 in keeping with the redefined university degree. Another curriculum revision was implemented beginning in January 2014, following approval by the Wisconsin Board of Nursing, to be consistent with the American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education* and current practices.

BSN Completion Program

Registered nurses were admitted to the nursing program for BSN degree completion beginning in 1974. Starting in 1980 the nursing courses were taught on the campus of the UW Center-Marshfield/Wood County for several years to accommodate registered nurses in that part of the state. In the fall of 1985 the School initiated a special educational option for registered nurse students who aspired to the BSN degree. This track was phased out in 1996 to enter into a Collaborative Nursing Program (CNP) for registered nurses to pursue baccalaureate degrees in nursing. Facilitated by UW-Extension, this program was a collaborative distance learning effort by UW-Eau Claire, UW-Oshkosh, UW-Green Bay, UW-Madison, and UW-Milwaukee, with each campus offering one of the required core courses. The first courses in the program were piloted in spring 1996 with UW-Eau Claire and UW-Madison offering the first two courses. Initially courses were offered through audiographic technologies but later transitioned to online learning management systems. For several years, some of the core courses were also offered on campus at UWEC on a rotating basis, as an alternative to the online format for interested students. In 2012, UW-Stevens Point became the sixth member of this collaboration and began admitting students to their program in 2014. These campuses share at present six core courses which are offered online. Students can take courses from any one of the six universities but retain a "home school" student status. That is, one is admitted to a selected university, and is required to fulfill all degree requirements specific to that university. The majority of nursing courses are taken online and are taught by faculty of the participating institutions. Each campus has designated credits that are campus specific nursing courses and are taught only to their students. A state-wide curriculum revision was implemented, beginning Fall 2014, to be consistent with the American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education* and current practices. The new curriculum includes six core courses offered by the six UW-System campuses. Additionally, the beginning and capstone BSN Completion

courses offered by UW-Eau Claire are offered in a hybrid format. For several years, selected sections were offered at the Marshfield Site, depending on enrollments.

Master of Science in Nursing Program

In 1976, the UW-Eau Claire School of Nursing was granted an entitlement to plan a graduate degree program in nursing. The strength of the baccalaureate nursing program at UW-Eau Claire provided a strong base upon which to build the graduate nursing program. Support for the planned graduate program was derived from the 1970 Commission on Statewide Planning for Nursing Education and the 1979 Statewide Study of Nursing and Nursing Education.

In July 1979, a feasibility study for the Master of Science in Nursing (MSN) program was completed by Dr. Norma Briggs and Dr. Rita Kisting Sparks. The study was carried out with the support of an ad hoc graduate committee, an advisory committee, and student consultants. This study supported the need for a graduate nursing program at UW-Eau Claire. A graduate program with a focus in adult health nursing was implemented.

Dr. Briggs was appointed Interim Director of the Graduate Program in 1979 and served in this capacity until the appointment of Dr. Barbara Haag, who filled the position of Director of the Graduate Program from 1981 until 1982. Dr. Patricia Ostmo, Dean of the School of Nursing, served as Acting Director of the Graduate Program from 1982 until 1983. Dr. Briggs was appointed Director of the Graduate Program in 1983, and in 1984 was selected as Chairperson, Department of Adult Health Nursing, which housed the graduate program. The National League for Nursing granted initial accreditation to the master's program in 1985.

The first graduate students were accepted to the program in 1981 and began graduate courses in the fall of 1981. Three full-time and nine part-time students were enrolled. The first three graduates of the masters program were awarded their degrees in May 1983. The enrollment of the graduate program varied between 60 and 80 students through the 1980's and early nineties, with the majority of students enrolled part-time. The program increased to an enrollment of over 100 students during the 1990's largely due to student interest in expanded clinical practice role options.

In the fall of 1989, the graduate nursing faculty approved a second area of specialization within the graduate nursing curriculum. A focus on family health nursing, as an option along with adult health nursing, was initiated in 1990. Role preparation options of clinical nurse specialist, educator, and administrator were offered during the 1980's.

In the spring of 1990, the faculty approved a reorganization of the School of Nursing. Graduate courses were assigned across the three departments of Adult Health Nursing, Family Health Nursing, and Nursing Systems. Department chairs were responsible for the courses assigned to their individual departments; a Graduate Curriculum and Admissions Committee was and still is responsible for the graduate curriculum.

The graduate faculty undertook extensive curricular work during the early 1990's. The major impetus for the changes was to update the total curriculum and to expand the clinical nurse specialist role preparation area to an advanced clinical practice role which allowed students the option to sit for the certification exam as adult or family nurse practitioners.

The 1995-96 academic year was a year of transition for the School of Nursing. On July 1, 1995, the School became one of three schools in the College of Professional Studies. The University was structured with three Colleges; the two others were the College of Arts and Sciences and the College of Business.

In July 1995, the School of Nursing was awarded an Advanced Nurse Education grant from the Health Resources and Services Administration (HRSA), Bureau of Health Professions, Division of Nursing, to establish the Family Health Advanced Clinical Practice program in cooperation with Saint Joseph's Hospital in Marshfield, Wisconsin. The first part-time students were matriculated in fall 1995 and the first full-time students began the course work in summer 1996.

The curriculum was revised again in 2002. Subsequently, the role preparations expanded to include Advanced Clinical Practice for Adult Nurse Practitioner (ANP), Family Nurse Practitioner (FNP), and Clinical Nurse Specialist (CNS, Adult); Nurse Educator; and Nursing Administration. In 2004 the newly appointed Associate Dean, Dr. Mary Zwygart-Stauffacher, was named director of the graduate programs in the College. Dr. Debra Jansen served as the graduate programs director, beginning in 2009, while serving as the acting and interim associate dean. In 2010, in response to a

Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education endorsed by the major national nursing organizations and all major APRN organizations, the adult specialization was changed to an adult-gerontologic population focus. Thus, the Adult Nurse Practitioner and Adult Clinical Nurse Specialist role preparations were transitioned to the Adult-Gerontologic NP and Adult-Gerontologic CNS preparations, with the first classes graduating with these changes in May 2012. During the 2012-2013 academic year, the Adult-Gerontologic NP role preparation was changed to Adult-Gerontologic Primary Care Nurse Practitioner (A/G PC, NP). Dr. Susan Peck was named MSN program coordinator in 2010 and Dr. Mary Zwygart-Stauffacher became the Graduate Nursing Programs Director in 2011, the Assistant Dean for Post Licensure Programs beginning in 2012, and then back to the Nursing Graduate Programs Director in 2014, in the wake of severe state budget cuts. Dr. Lisa Schiller began serving as the Nursing Graduate Programs Director in July 2019 after Dr. Zwygart-Stauffacher stepped back into full-time teaching in the graduate program.

In 2004, the American Association of Colleges of Nursing (AACN) recommended that the level of preparation necessary for advanced nursing practice roles be moved from the master's degree to the doctorate level by 2015. In keeping with the AACN *Position Statement on the Practice Doctorate in Nursing*, the last class of MSN students seeking nurse practitioner or clinical nurse specialist role preparations was admitted for the summer of 2011. The first class of post-baccalaureate Doctor of Nursing Practice (DNP) students was admitted for the Fall of 2012. The College of Nursing and Health Sciences continues to admit students interested in the nursing education and administration/leadership and management role preparations to the MSN program.

Doctor of Nursing Practice Program

The Doctor of Nursing Practice (DNP) degree is a clinical doctorate designed to prepare nurses to assume leadership roles in the areas of advanced clinical practice (nurse practitioner or clinical nurse specialist) or nursing administration. In 2008, the University of Wisconsin System Board of Regents approved an Entitlement to Plan a collaborative DNP program between UW-Eau Claire and UW-Oshkosh. Planning and development of the proposed DNP program occurred collaboratively between both institutions. In March of 2009, UW-Eau Claire and UW-Oshkosh were given permission to develop independent authorizations to offer a DNP program on each campus. On May 8, 2009, the University of Wisconsin System Board of Regents approved establishing a DNP program at UW-Eau Claire. This is the first doctoral program at UW-Eau Claire. Both post-master's (MSN-to-DNP) and post-baccalaureate (BSN-to-DNP) options were approved. A DNP program also was approved for UW Oshkosh, making these the first doctoral programs at any of the UW System's 11 comprehensive universities. Both UW-Eau Claire and UW-Oshkosh will continue to collaborate on aspects of the curriculum that will help us to effectively and efficiently offer our independent programs.

During the first two years of the program, the 2010-2011 and 2011-2012 academic years, the DNP degree was offered as a post-masters option only (for part-time students during the initial year). Sixteen students were admitted to the first class of post-master's DNP students, with coursework beginning in the summer of 2010. Twelve post-master's DNP students were admitted for the summer of 2011. The first class of post-master's DNP students graduated in 2012, with 14 of them graduating in May and one individual graduating later in August. The first class of post-baccalaureate DNP students was admitted for the Fall of 2012, with 13 of them graduating in May 2015.

Marshfield Site

After a survey of the health care needs for Central Wisconsin was completed, a distance education nursing site was established in Marshfield in cooperation with Saint Joseph's Hospital in the fall of 1986. The hospital had decided to phase out the three-year diploma program it had operated for many years, but wished to continue an active participation in nursing education. This school had a long and honorable history of educating registered nurses but chose to discontinue its program in response to the increasing social and technological complexities of health care that made the baccalaureate degree for professional nursing essential. Students utilize course offerings for the non-nursing requirements mainly at the University of Wisconsin-Stevens Point, UW Marshfield/Wood County, and UW Marathon County. In July 1986, the Board of Regents endorsed this program and the first class was admitted in 1987-1988. The first class of graduates (N=18) completed the program in May 1990. Nursing courses are taught by a combination of on-site faculty, main campus faculty, and telecommunications technology.

Since the inception of the program, approximately 24 students had been admitted once a year to the Marshfield site. In 2008, a Decision Item Narrative (DIN) proposal from UW-System was funded, in part, to allow for the expansion of the Marshfield site, so that 16 students can be admitted each semester. In January 2013, in a pilot partnership with Aspirus Wausau Hospital, eight additional students (for a total of 24 students) started nursing courses. Aspirus Wausau Hospital provided the clinical instructors for additional clinical settings in the Wausau area to accommodate the extra 8 students for the pilot.

Nancy Ray was the first satellite site program coordinator. Judith Vanderwalker replaced Ms. Ray in 1988. In July 1993, Dr. Norma Briggs was appointed the coordinator. She held this position until her retirement in 1997. Ms. Rebecca Wiegand replaced Dr. Briggs as coordinator in the fall of 1997. Dr. Robin Beeman accepted the coordinator role in 1999. In 2007, the title “Site Coordinator” was changed to Assistant Dean, Marshfield Site. Dr. Rachel Merkel assumed the role of Marshfield Site Coordinator in 2015 when Dr. Beeman became the Nursing Department Chair and reduced her Assistant Dean duties and became the Director of the Marshfield Site in 2020. Following the retirement of Dr. Beeman in January 2020, University administration did not support the filling of the Assistant Dean position and it was eliminated.

A 25th anniversary celebration of our nursing education partnership with Ministry Saint Joseph’s Hospital was held at the Hospital on April 29, 2013. Alumni in the area were invited to attend. Featured speakers included UW-Eau Claire Provost and Vice Chancellor Patricia Kleine and Dr. Linda Young, Dean of the College of Nursing and Health Sciences; Mr. Brian Kief, the President and CEO of Ministry Saint Joseph’s Hospital; Mr. Mike Schmidt, former President and CEO of Ministry Saint Joseph’s Hospital; Dr. Marjorie Bottoms, Associate Dean and Educational Administrator Emeritus; Ms. Marcia Bollinger, our first distance education specialist; Ms. Karen Maddox, the first faculty member to teach using the original distance education audiographics system; Ms. Judy Vanderwalker, an early Marshfield Site Coordinator; Ms. Patricia Burbach, the first office assistant at the Marshfield Site; Ms. Anna Alexander-Doelle and Ms. Nancy Danou, two of the first nursing faculty members at the Marshfield Site; Ms. Linda Duffy, a long-standing faculty member at the Marshfield Site; Ms. Michelle Johnson, Mr. Mark Knauf, and Ms. Paula Thompson, three graduates of the very first class; and Ms. DeeAnn Dickinson, Ms. Kate Filla, Mr. Brian Tessmer, and Ms. Rachel Zaleski, current students (and graduates) at our Marshfield Site. A plaque to commemorate and celebrate the partnership was presented by Dean Linda Young to Mr. Brian Kief.

In July 2017, Marshfield Clinic Health System finalized the purchase of Ministry Saint Joseph’s Hospital and renamed the hospital the Marshfield Medical Center. Marshfield Clinic signed an agreement with UW-Eau Claire to continue to support the undergraduate nursing program in Marshfield. They are providing building space in the hospital, resources, and some funding for FTE. We are quite grateful for the many years of support we received through Ministry Saint Joseph’s Hospital; however, we also appreciate the opportunities Marshfield Clinic will provide for our students in central Wisconsin. Recent state budget cuts caused us to reduce enrollments to 8 students per semester for two terms in 2016; yet with the support of Marshfield Clinic, we are continuing to enroll 16 students per semester. A celebration of the 30th anniversary of our nursing education site in Marshfield and our new partnership with Marshfield Clinic Health System was held on November 20, 2017. Up to then, 670 nurses had earned the BSN degree from UW-Eau Claire through the Marshfield Site.

In May 2021, following the completion of the spring semester, the nursing program at the Marshfield Site moved out of the South Building of the Marshfield Medical Center where it had been housed since 1987, and was set up in the Helen Connor Laird Fine Arts Building of the University of Wisconsin-Stevens Point at Marshfield campus. The move was part of a multiyear Marshfield Medical Center campus renovation project that had been in discussion and planning for several years. These discussions included the leadership at both the UW-Eau Claire College of Nursing and Health Sciences and Marshfield Clinic Health System. The project involved tearing down the South Building in fall 2021 as it had reached the end of its practical use and could not be feasibly renovated. Marshfield Clinic Health System is continuing to provide funding for faculty and staff to teach at the Marshfield Site, on top of other resources and support, including leasing of the space at the UW-Stevens Point at Marshfield campus. The program remains the UW-Eau Claire nursing program and the students are UW-Eau Claire nursing students. Students continue to have clinicals at the Marshfield Medical Center and access to Marshfield Clinic Health System resources, including the Magnin Medical Library. The move is a positive one for students as they have the best of both worlds—access to a campus environment and a world class health system complex.

Accelerated Baccalaureate Program

An accelerated program for second degree students was piloted with 8 students in 2006-2007. With the assistance from the DIN as noted above, 16 students were admitted for summer 2009 (16 graduated May 2010) and 18 students for summer 2010 (18 graduated May 2011) and summer 2011 (18 graduated May 2012). Dr. Cheryl Brandt served as the coordinator, under the direction of the Chair of the Department of Nursing. Due to human resource issues and the impact of budget reductions on programing, the Accelerated Program was placed on hold effective starting summer 2012. The program had operated under a cost recovery model in which the students paid a higher rate of tuition than other undergraduate students on campus. As part of a program array review process, the Accelerated BSN option was identified as low enrollment (no admissions had occurred while nursing had placed it on hold) and was therefore recommended for suspension by University Academic Affairs. The University Senate formally voted to suspend the program on November 27, 2018; the suspension becomes permanent after 5 years.

Chippewa Valley Alliance/Coulee Region Nursing Alliance and Other Technical School Alliances

In 2004 and 2005, in an effort to graduate more baccalaureate prepared nurses, Alliances were formed with Chippewa Valley Technical College (CVTC) and Western Technical College (WTC), Black River Falls campus. An announcement of the CVTC Chippewa Valley Nursing Alliance occurred in November 2004. Students who were denied admission to the traditional BSN program, due to limited space and resources, are afforded an opportunity to attend CVTC and WTC to earn their Associate Degree in Nursing (ADN), while being concurrently enrolled through UWEC. Students apply to the technical college and are admitted to these programs based on technical college guidelines, though eligibility to apply is based on their lack of admission to the BSN program. Following completion of their ADN, these students apply for admission to the BSN Completion Program to finish their BSN. Seats have been available for sixteen to twenty-four students annually for the Chippewa Valley Nursing Alliance with CVTC and for seven to nine students annually for the Coulee Region Nursing Alliance with WTC.

In February 2018, an updated Memorandum of Understanding (MOU) alliance agreement was signed with CVTC to enable 16 students to start each fall at the CVTC-Eau Claire campus and 8 students each fall at the CVTC-River Falls campus. A similar MOU was signed in February 2018 with Wisconsin Indianhead Technical College (WITC) to create the Northwest Nursing Alliance (NWNNA), thereby enabling 4 students to start each fall at the WITC-Rice Lake campus and 4 students at the WITC-New Richmond campus; as well as 8 students to start each spring at the Rice Lake campus and 8 at the New Richmond campus. Following suit, a similar MOU was signed in March 2018 with the Nicolet Area Technical College (NATC) to admit up to 8 students each fall to NATC in Rhinelander as part of the Nicolet Nursing Alliance.

Research, Practice, and Scholarly Activity

As the School and the nursing profession matured and the graduate program began to evolve, research and scholarly activity received greater emphasis. In support of these efforts, the Coffman Lecture Series fund was established to promote scholarliness in faculty, students, and alumni. The series was established in honor of Dean Marguerite Coffman upon her retirement in 1977. Dr. Suzanne Van Ort established the Van Ort Award for Faculty Creativity and Scholarliness in 1985.

The creation of the first donor-supported faculty chair in the College of Nursing and Health Sciences, the Jane W. and James E. Moore Chair in Nursing Research, was announced on May 18, 2018. Jane (BSN class of 1973) and James Moore committed to providing funds to augment a nursing faculty position base salary (position and base salary to be provided by the University). The chair position was to be endowed at a later time by the Moores through their estate gift. However, attempts to fill the Chair position were unsuccessful. To better coincide with the needs of the College, the position was converted to and readvertised as the Jane W. and James E. Moore Nursing Research Professorship in 2021, with a limited term appointment of three years. The Moore Professorship recognizes and promotes the ongoing research development of a nurse scientist. Dr. Sonja Meiers was hired as the inaugural Professor, beginning with the Spring 2022 term.

Dr. Patricia Ostmo established an award for excellence in clinical instruction in October 1991. The establishment of this award coincided with the celebration of the twenty-fifth anniversary of the School of Nursing.

In the mid-1990's the School made several refinements and generated new initiatives with vision that extends into history's third millennium. Although a University-wide Honors Program has been available for several years in which qualified nursing majors have participated, the College now has a Departmental Honors in Nursing program; however, the nursing honors program was placed on hold in October 2016 due to a shortage of faculty resources compounded by severe state budget cuts in the 2015-2017 biennium.

The quality of the faculty and students, as well as the reputation for outstanding performance of the College's graduates, has been sources of pride in both the School and the University. Approximately one-half of each year's graduating class has earned graduation honors. In 1980 the National Honor Society of Sigma Theta Tau awarded the School a charter as the Delta Phi chapter, enabling the School to not only recognize excellence of performance of individuals through invitational membership, but to promote nursing as a scholarly pursuit through its affiliation with the Society.

The new addition to the building in 1985 made possible the establishment of the Nursing Center for Health. Professional nursing education, practice, and service to the community come together in the Center; here faculty and students in various educational programs may learn, test, and refine as they direct their attention to health maintenance and restoration for clients across the life span, particularly those who are under-served by existing health care services. The Nursing Center for Health was put on hold in 2007, due to lack of faculty resources.

A Pre-College Program for 10th and 11th graders was developed in the early 1990s and was offered most summers between 1992 and 2004. The program, designed to recruit and retain minorities in nursing, consisted of a one-week summer camp held on campus. Scholarships for 20 minority students were made available by a grant from the Wisconsin Department of Public Instruction.

Diversity

Diversity is a high priority for the Department of Nursing. For ten years, from 1993-2003, UW-Eau Claire was the recipient of a federal Indian Health Service (IHS) nursing education grant. During this time curriculum articulation was established with Lac Courte Oreilles Ojibwa Community College. Through this grant Native American students were able to attend pre-nursing courses in their home community and come to campus for their professional nursing education. Although the grant is no longer available, efforts to partner with regional tribal communities have continued.

The Department of Nursing recognizes the importance of clinical immersion experiences as one strategy for fostering cultural awareness in our students. Undergraduate clinical experiences have been offered at the Rosebud Lakota Sioux tribal community in South Dakota since 2004. Additionally, beginning in 2011, undergraduate cultural clinical immersion experiences have been offered at Wisconsin dairy farms with Hispanic migrant workers. Clinical groups also have been working with the Somali population in Barron County and in Minneapolis since about 2017. For several years in the early 2000's, undergraduate students also had the opportunity to work with the Alaskan Native populations in Anchorage, Alaska as funding and staffing allowed, as well as at a free-standing, nurse-managed Hispanic birth center in Weslaco, Texas (1998-2015). Furthermore, many graduate students have participated in clinical immersion experiences at the Lac Du Flambeau Reservation.

A Coordinator of Equity, Diversity and Inclusion (EDI) position was created in 2012. Aspects of this position were incorporated into the Traditional Undergraduate Program Director position in August 2015.

International Education

Nursing education took on an international flavor with the design of a course entitled "Comparative Study of Nursing and Health Care," which was taught the summers of 1972 and 1973 at the Instituto Tecnologica de Monterey in Mexico. During the summers of 1981 through 1988 the course was taught in Harlaxton, England. The course was offered at King Alfred's College in Winchester, England, in the summer of 1990. One clinical group of senior students took their final spring semester of nursing courses at King Alfred's in 1991. Beginning in the fall of 2009, additional students have participated in a study abroad opportunity for nursing students at Harlaxton, England, through nursing courses offered by the University of Evansville in Indiana. Additionally, other students participated for many years in a summer health care study abroad in Costa Rica up through 2017; since 2018, students now take part in a summer health care study

abroad in Pueblo, Mexico and Valladolid, Spain. In Spring 2014, Dean Linda Young and Dr. Jill Hecker-Fernandes led a clinical group of eight first semester senior nursing students for a week-long clinical immersion experience in El Salvador. The students and faculty stayed at Casa Concordia, an orphanage and guest house in San Salvador which served as the home base from which the group ventured out to various facilities and more rural areas of San Salvador. However, this opportunity was placed on hold after a few semesters due to the risk of exposure of students to the Zika virus and violence concerns.

Enrollment

In the year 2000 there were 44 faculty and teaching academic staff positions. As of May, 2000, 2,785 Bachelor of Science in Nursing degrees had been awarded and 268 people had received Master of Science in Nursing degrees, the first of these having been awarded in May 1983. The College of Nursing and Health Sciences, nursing programs in 2009 had an approximate annual enrollment of over 800 students, including first-year-students selecting nursing as a major, students at our Marshfield site, second degree students in our accelerated program, registered nurse students seeking the baccalaureate degree, and graduate students. As of fall 2011, there were 796 undergraduate (pre-nursing and admitted) students and 110 graduate (MSN and DNP) students. In Fall 2020 there were 852 undergraduate (462 pre-nursing, 339 traditional, and 51 BSN Completion) and 87 graduate (2 MSN and 85 DNP) students.

Since the 1990s, 40 students were admitted per semester to the traditional undergraduate program at the Eau Claire site. To increase university tuition funds in response to severe 2015-2017 biennium budget cuts to the UW System, an additional 25 students per year were admitted for two years (16 with the June 2015 and 2016 cohorts and 9 with the January 2016 and 2017 cohorts). This increase was in response to a request by University administration.

In December 2021, UW-Eau Claire was awarded a \$9.4 million grant from the Wisconsin Economic Development Corporation (WEDC) through the agency's Workforce Innovation Grant program. The 3-year award was meant to address the needs of rural communities in the areas of health care, education, and small business development. As part of the grant, Nursing was charged with increasing enrollment in the traditional undergraduate program in Eau Claire by 24 students (3 clinical groups) each semester (48 students per year); we were admitting about 40-43 students per semester, prior to the grant. In January 2022, 52 students (one extra clinical group) were admitted and in June 2022, 68 students (3 extra clinical groups) were admitted for the Eau Claire campus. The plan is to continue to admit about 64-68 students each semester going forward, with the goal of graduating 48 more students per year, consistent with the grant expectations.

Accreditation

Faculty continue to seek an increasing level of quality for our nursing programs. In 1993 the maximum eight-year accreditation (until 2001) was received with no recommendations for the undergraduate or graduate programs from the National League for Nursing (the last time we sought reaccreditation from NLN). In 2001, the School was visited for accreditation by the Commission on Collegiate Nursing Education (CCNE) and received full accreditation for the graduate and undergraduate programs through December 2011. Following a reaccreditation visit in April 2011, the baccalaureate and master's programs were accredited by the Commission on Collegiate Nursing Education (CCNE), 655 K Street NW, Suite 750, Washington, DC 20001, (202) 887-6791, through December 31, 2021. As a new program, the Doctor of Nursing Practice (DNP) program was accredited by CCNE through December 31, 2016. Following a CCNE site visit for the DNP program that occurred March 7-9, 2016, the doctoral program was re-accredited through December 31, 2026. In March 2021, the College hosted a virtual (due to the COVID-19 pandemic) CCNE site visit as part of our request for reaccreditation. Besides reaccreditation, the goal of this visit was to align our undergraduate and graduate programs on the same evaluation cycle. No compliance issues were found at the time of the site visit. Consequently, the baccalaureate degree program in nursing, master's degree program in nursing, and the Doctor of Nursing Practice program at the University of Wisconsin-Eau Claire are accredited by the Commission on Collegiate Nursing Education (CCNE), 655 K Street NW, Suite 750, Washington, DC 20001, (202) 887-6791, through December 31, 2031.

In the years since the School of Nursing first took recognizable shape, much has happened to change the character of nursing and nursing education. Responding to these changes as scholars, teachers, and practitioners within a University setting has been a position of privilege, as well as responsibility. We look forward to the future and continue our commitment to excellence.

History of Nursing Attire

Distinguishing attire has been characteristic of the nursing profession even in its pre-professional era. Attire has utilitarian, symbolic, and communicative value.

Nurse's Cap - The nurse's cap is a familiar symbol. Its origin was thoroughly utilitarian as well as of religious significance. Women in the religious nursing orders of the Middle Ages were garbed in the habit of their orders to provide for concealment of the hair. Long hair, which women have worn throughout most of history, was washed only occasionally, and in nursing settings was covered to keep it clean and under control. Feminine adornments began to appear on the head coverings--pleating, bands, straps, bars, shirring, and ruffles. Eventually each school of nursing had its own unique cap, serving little or no utilitarian purpose, the presentation of which more or less ushered the student into the profession after a probationary period during which the student's fitness for the intellectual and physical rigors of nursing was determined.

As men and women began to cross the lines of previously sex-differentiated occupations, some schools of nursing dispensed with the cap. However, it has remained an enduring symbol.

The UW-Eau Claire cap was designed by Nancy Fugate Woods, a member of the first graduating class in 1968 (she later became Dean at the University of Washington). The following is an excerpt from a School of Nursing Student Handbook from the 1980s:

The caps must be stiffened with a very heavy starch mixture. They may be soaked in the starch and, while wet, smoothed onto a very smooth, flat surface (such as a refrigerator door) to dry; or they may be ironed. The half-inch royal blue velvet ribbon is attached about one inch from the outer edge, using K-Y lubricant jelly as paste, which is readily available from drug stores. Small size tubes are available. Certain commercial laundries launder caps at reasonable cost. (Be certain to remove studs from the caps.)

Bars, stripes, and chevrons - Bars, stripes, and chevrons are also symbols coupled with the nursing profession. They speak to the military part of nursing history that harks back to the Crusades when there were military orders of men who traveled with and established hospitals for the crusaders who swept down from northern Europe toward the Middle East. Although they are masculine symbols, women nurses subsequently wore them with distinction in various branches of military settings. To that point, modern professional nursing began with Florence Nightingale in military installations during the Crimean War.

Nursing Pin - Another long-standing symbol is the Nursing pin. These were uniquely designed for each school and generally displayed a blend of medical, religious, and heraldic symbols such as the Maltese Cross, Caduceus, Star of David, etc. They too, probably served a useful purpose at one time for securing certain parts of the uniform, but eventually became an acceptable decorative item to be worn on the uniform of a graduate nurse upon completion of their program.

The design for the UW-Eau Claire pin was selected from designs submitted by students and faculty. Most of the designs submitted bore a striking resemblance to the traditional diploma school pins, but Associate Professor (at the time) Bernice Wagner's proposal for an adaptation of the University's official emblem was selected. The design clearly links nursing and higher education with the tree symbolizing knowledge and life, the lamp symbolizing not only enlightenment or learning, but the lantern that had come to be associated with Florence Nightingale, and the word, *excellence*, characterizing what every UW-Eau Claire nursing graduate aspires to.

Information on ordering nursing pins is given to all seniors during the final semester of their senior year. The Nursing pin is to be worn only after the requirements for the degree have been met. Orders are placed through the UW-Eau Claire University Bookstore and the pins are awarded at a special Convocation Ceremony held the evening before commencement. In case of loss or damage to a nursing pin, graduates contact the University Bookstore for replacement.

III. College of Nursing and Health Sciences Mission/Vision

College of Nursing and Health Sciences Mission Statement

Building on a foundation of excellence, liberal education, and inclusivity, the College of Nursing and Health Sciences fosters the transformation of individuals at the undergraduate and graduate levels into leaders in professional nursing practice, education, and scholarship. High-impact educational experiences, scholarship, and service to our communities enhance the personal and professional growth of students and faculty while promoting life-long learning. 4/19/2019

College of Nursing and Health Sciences Values

- Excellence in*:
 - Education
 - Practice
 - Scholarship
 - Leadership
 - Experiential Learning
 - Life-Long Learning
- Diversity
 - Eliminating Barriers to Participation*
- Health
- Integrity
- Civility
- Innovation*
- Quality of Life
- Social Responsibility*:
 - Respect
 - Positive Influence on Health
 - Social Justice,
 - Accountability
 - Sustainability

Note: Those values with an asterisk are held in common with the overall University of Wisconsin-Eau Claire values.
(approved 4/19/19)

College of Nursing and Health Sciences Vision

The College of Nursing and Health Sciences strives to be a leader for exemplary education in nursing. In doing so, we endeavor to transform the lives of our students, the practice of our profession, and the health of populations.

(approved 4/19/19).

III. College of Nursing and Health Sciences Facilities

Eau Claire Site - College of Nursing and Health Sciences Building

Hours

Building is open Monday-Thursday, 7 a.m. - 9 p.m., and 7:00 a.m. - 5:00 p.m. Friday during fall and spring semesters, unless otherwise published. During summer sessions the building is open Monday – Friday from 7:00 a.m. – 5 p.m. unless otherwise published.

Lockers

Individual lockers are available on a first come, first serve basis for nursing students each semester. Students provide their own locks (combination only). If interested, students should select a locker and place their lock on it. Lockers can be utilized as needed, day-to-day, or for the whole semester. Lockers must be cleaned out and locks removed at the end of each semester. Any locks remaining on lockers at the end of the semester will be cut off and personal items found in the lockers will be recycled or donated. The College reserves the right to remove the locks at any time if it is deemed necessary to ensure the safety of its staff, students, physical structure, and/or other aspects of campus. The Women's Locker Room is adjacent to the 1st floor women's restroom (room 121) and has 106 lockers. The Men's Locker Room is adjacent to the 2nd floor men's restroom (room 220) and contains 12 storage lockers.

Letters/Returned Papers

Letters, graded papers, paper forms, or other items not returned directly to a student by an instructor or adviser may be picked up in Room 127 of the Nursing Building at the Eau Claire campus or in the main program office (Room 325) at the Marshfield Site.

Faculty Mailboxes

Faculty and staff mailboxes are located in room 252 on the second floor of the Nursing building. Because the door to the room is kept locked for security reasons, students may leave items with the support staff in Room 127, who will deliver the materials to the appropriate mailboxes.

Courier Service (Marshfield to Eau Claire; Eau Claire to Marshfield)

A green courier pouch leaves the Marshfield Site main office (Room 325) three times per week and is delivered to the Nursing building (Room 127, Eau Claire campus) that afternoon. A second green courier pouch leaves the Eau Claire Nursing building (Room 127) in the afternoon and is delivered to the Marshfield Site. Students wishing to send paperwork and other correspondence items between the campuses are encouraged to use the courier pouch. Under no circumstance are text rental books to be returned via the courier service. For more information, please speak with the Eau Claire campus Academic Department Associate.

Room Use

The Academic Department Associate for the Department of Nursing, Room 127, handles reservations for most rooms. Furniture is to remain in designated rooms. If room is rearranged for special class sessions, it is to be returned to the original arrangement at the end of the session. Rooms are to be left clean and orderly after use. No penetrating objects, such as nails or thumbtacks, are to be used on walls. Modifying rooms, such as might be done for special educational or community service projects, must be approved by the Nursing Department Chair or administrator responsible for the project.

Computer Group Workstations and Printer

- Room 154 houses a computer group workstation for student use, along with a multi-function device (MFD) for printing, copying, and scanning. Blugold ID cards can be used to log into the MFD and release print jobs.
- Room 246 houses a computer group workstation and serves as a simulation debriefing room.
- Room 158 houses a group workstation which seats five individuals. It is available for faculty use only.

Printing

A multi-function device (MFD) for printing, copying, and scanning is available in Room 154 for student use. Blugold ID cards can be used to log into the MFD and release print jobs.

Special Purpose Rooms

Rooms 162, 164, and 169-175: Nursing clinical areas containing examination rooms, laboratory, audiometry, and client conference rooms.

Clinical Learning Center (CLC)/Nursing Skills Lab

The College of Nursing Skills Lab encompasses multiple rooms in the center of the second floor of the building: 202A, 202B, 222, 224, 234, 246A, and 246B. This area is used for teaching and practicing nursing skills incorporating high and medium fidelity simulation in many forms. There are 20 bed spaces with equipment and supplies each closely resembling an acute care patient room. Videotaping capabilities allow recording of students and faculty in simulation and demonstration activities. In addition to assigned laboratory periods, open sessions are available for student practice.

Nursing Clinic Area

The Nursing Clinic Area on the west end of the first floor consists of eight clinic rooms, an observation aisle, a wet lab, and a client waiting room (also used as the Nursing Student Success Center). The clinic rooms are utilized for clinical course practice and public clinic use. The observation aisle provides student/faculty observation of procedures via a one-way mirror and an audio connection between the aisle and the rooms. Videotaping capability is available in two of the rooms. The clinic area provides students with an area where they can learn and practice skills in an environment which closely resembles a clinic setting.

Student Lounge

Room 154 is a Graduate/Undergraduate student lounge area with a refrigerator and microwave.

Lactation Room

A lactation room is available for students, faculty, and staff and is located on the west side of the building (Room 166). Lactation rooms also are available in Davies Center.

Reporting Damage/Malfunctions

Any damage to or malfunctioning of the building or its contents should be reported directly to the Building Coordinator whose office is located in the Nursing LRC. Please provide the Building Coordinator with the location and nature of the problem.

Food and Beverage

1. No alcoholic beverages are permitted at anytime, anywhere in the building.
2. Coffee pots or other electrical appliances for food or beverage preparation are to be used in authorized areas of the building only (Room 105, 251, and 259).
3. Faculty offices and classrooms are not to be used for beverage or food preparation or serving.
4. Soft drink and snack machines are located outside Room 114 in the west corridor on the first floor.
5. Please place all discarded trash in the appropriate recycling and waste receptacles.
6. No food is allowed in the three distance education classrooms. Drinking water in closed containers is allowed (no Styrofoam or open cans).

Food Services

Food can be purchased in a variety of locations in the Davies Center. The Nursing building contains vending machines (on the first floor of the west side) which sell soft drinks, juices, and snacks.

Accessibility Features

An elevator near the rear entrance as well as ramps leading to the front, rear, and west entrances of the building are available for students, clients, or visitors.

Smoking

Smoking is prohibited on campus except in designated areas. Students also are expected to follow the smoking policies (including use of tobacco and e-cigarette products) of clinical agencies.

Bicycles

Bicycles must be parked in provided bicycle racks, NOT attached to trees.

Posting of Items

1. Notices, posters, or communications of any kind are to be posted only in areas designated for that use; namely, bulletin boards and display cabinets. Walls, doors, and window surfaces are not to be used for posting.
2. Classroom whiteboard and bulletin boards are for instructional purposes; they are not to be used for announcements unrelated to instruction. Exceptions must have the approval of the Dean or Building Coordinator.
3. Unless otherwise designated, bulletin board items in the corridors are posted by the Dean, the Associate Dean, the Department Chair, the Marshfield Site Director, the Building Coordinator, and/or the Academic Department Associates. The only exceptions are:
 - a. The Eau Claire Student Nurses Association (ECSNA) bulletin board is to be used for items relevant to that organization. Non-relevant items will be removed.
 - b. Course materials are posted by faculty.
 - c. Two of the bulletin boards in the first floor west corridor are reserved for items of campus-wide interest and monitored by Davies Center staff.
 - d. Areas are demarcated on certain bulletin boards for specific purposes, such as Sigma Theta Tau.
4. Students having items for sale, negotiating housing, or wishing to communicate about matters that might be categorized as "Classified Ads" should make use of the facilities in the Davies Center.
5. Occasionally, part-time work, scholarship, volunteer, or other opportunities are made known to the College; the posting does not mean the College has done any specific screening or that any kind of endorsement is implied.
6. Special requests for displays other than the above should be submitted to the Dean or Building Coordinator.

Other Available Resources

Academic Computing Services

See UW-Eau Claire Graduate Catalog and the current UW-Eau Claire General Catalog.

Nontraditional Student Services

This University office assists students in registering for courses and planning a program around work or family responsibilities. The personnel in this office are especially sensitive to the needs of older and returning students and facilitate the procuring of financial aid specifically designated for the older student. It is located in Schofield (Room 226) or at 715-836-3259.

Employment Opportunities

Employment opportunities for graduate students and graduates are posted on a bulletin board outside of the LRC and online by Career Services in Handshake.

Fellowships

Graduate fellowships are also available in limited number. Inquiries should be directed to the Graduate Studies office and website.

Graduate Assistantships

Graduate assistantships are available in limited number. Inquiries should be made to the Office of University Graduate Studies. Applications and references are submitted to the University Dean of Graduate Studies Office and are accepted during the spring semester for the following academic year. The exact deadline to apply may be obtained from the office of the University Dean of Graduate Studies (usually about March 1). The policies, assignments, and functions of graduate assistants in the College of Nursing and Health Sciences are found in the Appendix.

Library Resources

See UW-Eau Claire Graduate Catalog available online. McIntyre Library is located on the UWEC campus and has multiple online databases for article searches and retrieval. In Marshfield, the Marshfield Clinic offers the use of the George E.

Magnin Medical Library to the Marshfield Site UW-Eau Claire nursing students. The library is located at the Marshfield Clinic, Laird Center for Medical Research. Students are allowed 24/7 library access with an issued Marshfield Medical Center ID badge card.

Service for Students with Disabilities

Academic accommodations are sometimes available for students with disabilities including learning disabilities. Admitted students seeking accommodations must provide disability documentation and should make their special needs known in advance to insure that appropriate accommodations can be arranged prior to the beginning of classes. Information about necessary documentation and obtaining services is available from the Coordinator of Services for Students with Disabilities located in Centennial Hall.

Sigma Theta Tau

Graduate students should consider membership in this international honor society. See the Appendix for more information.

Student Health Services

The Student Health Services clinic on the main campus is located in Crest Wellness Center and provide acute, chronic and preventive health care for registered students. Please see their website for hours of operation. In addition to caring for students who are ill, Health Services also provides health education and programs oriented toward wellness, exercise nutrition, stress management, high-risk behaviors, reproductive health, and family planning.

There is no charge for student visits to the Student Health Service, but students must pay for prescriptions, special tests, any emergency room or other hospital charges, and medical care that is beyond the scope of Health Service practice. Students are required to carry health care insurance if not covered by family policy. More information on the health services available is located on the UW-Eau Claire website at www.uwec.edu/shs.

All expenses associated with RN licensure, health surveillance, and care are borne by the student unless the Student Health Service specifically indicates otherwise. Students are not covered by health or accident insurance by UW-Eau Claire, the practicum facility, or the practicum institution. In addition, workers' compensation insurance does not cover students. For example, if a student suffers a needle stick or is injured while in practicum, they are personally responsible to pay for medical bills. Nursing students are required to maintain health insurance for the duration of their education. Students must be able to provide proof of health insurance coverage if requested by clinical agencies. Students are under a continuing obligation to notify the dean's office of the college of any lapse in personal health insurance coverage.

Counseling Services

Counseling Services, located in Vicki Lord Larson Hall 2122, is available to assist students with a variety of issues such as family or personal emergencies, alcohol and/or drug difficulties, eating disorders, depression, anxiety, major stressors, or emotional concerns. Assistance can be provided in evaluating and managing mental health concerns, as well as counseling and education to assist in preventing mental health concerns. If medications are required, counselors and licensed psychologists are able to provide services in collaboration with Student Health Services or the student's own health care provider, as desired by the student. The Dean of Students' office is also a resource for students.

Marshfield Site: Students at the Marshfield Site may obtain counseling services by contacting the Marshfield Site Director who will be in touch with the Director of UWEC Counseling Services.

Financial Aid Office

The Financial Aid Office, <https://www.uwec.edu/finaid/index.htm>, is located in Vicki Lord Larson Hall 1108 (see Blugold Central Office). Besides information regarding different types of financial aid, the website also provides scholarship listings. Emergency grants are available through the Dean of Students Office; the grants are intended for emergencies such as a house burning down. Contact the Dean of Students Office when these circumstances occur. Emergency short-term loans are available through the Financial Aid Office, funded by the Foundation Office. These must be repaid in 30 days and therefore are only a Band-Aid for financial difficulties. The loans are meant for circumstances such as when a car breaks down or a paycheck is delayed and the student is expecting to have money for repayment within a month.

Campus Harvest Food Pantry

The Campus Harvest Food Pantry is located in Brewer Hall, Room 49. The food pantry is available to students that self-identify as in need of supplemental food assistance. It is open exclusively for university students.

Center for Awareness of Sexual Assault (CASA)

CASA is located in 2119 Vicki Lord Larson Hall, <http://www.uwec.edu/CASA/>, and is a sexual assault support service that maintains a victim centered approach. Services are free and confidential. 715-836-4357.

Gender & Sexuality Resource Center

The Gender & Sexuality Resource Center, <https://www.uwec.edu/equity-diversity-inclusion/edi-services-programs/gender-sexuality-resource-center/>, is located in Davies Student Center 220M, 715-836-2693, and provides resources, information, programming, events, and training to foster an inclusive atmosphere on campus and in the greater community. Of particular note is the Safe Space Training it provides. Under its umbrella are the following additional resources that provide a safe space and an informal lounge/study space for students to gather:

Women's Resource Center, located in Hibbard 311C.

The Bridge: LGBTQIA+ Resource Center, located in Davies 229 (2nd floor, next to the Bookstore).

TRANS at UWEC

As part of the Gender and Sexuality Resource Center, resources specifically for Transgender students can be found on this website: <https://www.uwec.edu/equity-diversity-inclusion/edi-services-programs/gender-sexuality-resource-center/trans-at-uwec/>, including information on changing one's gender identity and preferred name in CAMPS, gender inclusive housing, and health care.

Pronouns

The following website provides information on the use of personal pronouns: <https://www.mypronouns.org/>

Bias Incident Reporting Tool (BIRT)

The Bias Incident Reporting Tool, <https://www.uwec.edu/DOS/resources/birt.htm>, is available for anyone who is aware of and would like to report a bias/hate incident.

Veterans Center

The Veterans Center, <http://www.uwec.edu/dos/programs/veteran/>, located in Schofield 20, is a meeting and information place for veteran students, faculty, and staff. It provides information about resources specifically for veterans, including access to support groups and a telehealth network through a partnership with the Veterans Administration Hospital in Minneapolis.

Scholarships

The general nursing scholarship form is available at <http://www.uwec.edu/academics/college-nursing-health-sciences/departments-programs/nursing/explore-opportunities/scholarships/>. Follow the instructions listed under each scholarship. Please see the Dean's office personnel for more information.

IV. Nursing Organization

While the Nursing Program is under the direction of the Dean of the College of Nursing and Health Sciences, the Nursing faculty, through its organization, establishes policies related to curriculum, faculty, and students. With few exceptions, standing and ad hoc committees are working committees of faculty/instructional academic staff and as such, report to the total nursing faculty. The faculty as a whole then takes action on recommendations presented.

Faculty and standing committee meetings are posted in conformity with the Wisconsin Open-Meeting Law. Graduate and undergraduate nursing students are eligible to serve on nursing and college committees.

The Dean of the College of Nursing and Health Sciences, Associate Dean, Department Chair, and other administrative personnel hold scheduled meetings to discuss administrative matters and to coordinate those activities that will expedite the affairs of the College. Nursing faculty regularly participate in University governance as well, through the University Senate and a number of University committees.

Committee Membership and Functions

Graduate student members of Nursing committees have voice-only privileges. Their roles include contribution and evaluation of ideas based upon their own knowledge, experience and study; participation in the development of recommendations and planning of events; and relaying of information, suggestions and responses between committees and classmates. Students are asked and may volunteer to serve as members of Nursing committees.

Participation in University Graduate Council

The College of Nursing and Health Sciences selects a faculty and graduate student representative to serve on the University Graduate council. The Graduate Council formulates policies and regulations and approves graduate programs. Further information about committee membership and functions can be found in bylaws, which may be obtained in the Dean's Office or from any faculty member.

Department of Nursing Vision Statement

Members of the University of Wisconsin-Eau Claire Department of Nursing, as a learning community, honor our successes while we pursue new avenues of excellence.

Vision: Educating nurse leaders to challenge boundaries and build bridges for a healthier world.

Revised & approved 11.7.19.

Department of Nursing Mission Statement

The purpose of the University of Wisconsin-Eau Claire Department of Nursing is to provide a scholarly environment in which faculty and students gain and extend knowledge of health, health care, and the practice of professional nursing. The Department of Nursing is dedicated to accomplishing this mission using traditional, as well as technology-based instructional strategies and a variety of innovative and diverse teaching methods.

The Nursing Department shares the mission of the University and the College by building upon the foundational values of transformative liberal education, inclusivity, and educational excellence.

The select mission of the Nursing Department is to:

- Educate nurses to lead within diverse, complex environments
- Promote health and the public good through ethical leadership, collaboration, and practice
- Contribute to knowledge development for health and nursing,
- Serve the broader missions of the College and University

Revised & approved 11.7.19.

Philosophy of the Department of Nursing

Nursing is a discipline that practices. In our practice, we protect, promote, and optimize health and abilities; prevent illness and injury; alleviate suffering through the diagnosis and treatment of human response; and advocate in the care of individuals, families, communities, and populations (American Nurses Association, 2003). In our practice, evidence underscores what we do and client education assumes a primary role. In all settings, holism shapes our approach and expands our effectiveness. Although deliberate and purposeful, to improve world health we also remain imaginative and continually search for the unforeseen in our practice.

Nursing is a discipline that leads. Leadership demands us to confront what is and imagine what could be. We hold and articulate our own values and visions with conviction. But in challenging what exists, we also recognize that accomplishing commonly-shared goals about health requires collaboration that emerges from inclusive leadership. Inclusion is expanded because professionally-educated nurse leaders strive to understand people who are unlike them. Furthermore, leadership insists that we persuade rather than coerce, appreciate the power of mutual information, and live peacefully with irony and paradox. As architects, then, nurse leaders design strategy, influence policy, and advocate for clients in political places. As designers, nurse leaders inspire others to seek environmentally-beneficial solutions. Both strategy and inspiration call for knowledge, energy, and courage.

Nursing is a discipline that generates, translates, and applies knowledge. Research, as the process of knowledge generation, uses data that are systematically collected and judiciously interpreted to help us answer questions and construct interventions. We engage in this process with students and colleagues, as well as with other campus and community partners. In this collaboration, where we respect traditional and emerging approaches to knowledge generation, we study issues that influence nursing practice, education, and administration. Our goal is that our research launches wide-ranging conversations, contributes to a culture of scholarship in all settings, and advances and promotes world health and well-being.

Nursing is a discipline that educates. Because nursing education is a liberal education, faculty and students reflect thoughtfully, commit to innovation, and exhibit a spirit of scholarship. As educators, we value multiple evidence-based methods of teaching and honor numerous ways of learning. Nursing education serves society where we strive to practice wisely and try to understand unpredictability and complexity. At the same time, nursing education is a reflective haven where we can disagree, examine, and dialogue in ways that incite and enrich us. Unmistakably, then, preparing students for the workforce is not our only goal as we both serve society and retreat from society in our nursing education. More broadly, improved healthcare outcomes for all people direct our teaching and learning. Freedom and lifetime growth for both students and faculty draw us onward. With our rekindled effort, this nursing education will become more accessible to all.

As we ***practice, lead, generate knowledge, and educate***, several convictions structure our actions. First, the American Nurses Association Code of Ethics for Nurses (Fowler, 2008) guides our decisions. Further, a commitment to a person-centered collaborative relationship secures what we do. This commitment compels us to embrace diverse peoples and understand distinctive lifestyles from all global places and positions. By foregrounding ethics and relationship, a seamless link merges our roles in practice, leadership, knowledge generation, and education.

In our blended roles, it is our curiosity and wonder—our search for opportunity and sense of inquiry—our ability to create associations and see patterns—that lead us forward. In this way, we focus on social justice, environmental protection, and the promotion of world health through our engagement with and contributions to the human health experience.

American Nurses Association. (2003). *Nursing's social policy statement* (2nd ed.). Silver Spring, MD: Author.

Fowler, M. D. M. (Ed.). (2008). *Guide to the Code of Ethics for Nurses: Interpretation and application*.

Silver Spring, MD: American Nurses Association.

Accepted September 17, 2009

Master of Science in Nursing

Purpose of MSN Graduate Program

The purpose of the MSN graduate program is to prepare individuals for advanced professional nursing in adult-gerontologic health nursing or family health nursing to assume leadership roles in professional nursing. The program leads to a Master of Science in Nursing, which may serve as a degree for advanced professional nursing roles, or as the basis for doctoral study. Adopted 7/7, Reviewed 5/00, Revised 12/82, 10/84, 5/9, 7/03, 4/10; reaffirmed 4/17/14.

MSN Graduate Program Objectives

A graduate of this program will be prepared to:

1. Analyze, synthesize, and apply knowledge from nursing science and other disciplines related to the health of adults, older adults, and families.
2. Synthesize, critique, evaluate, and utilize theory to guide advanced nursing roles.
3. Synthesize, evaluate, and utilize research to improve client outcomes for adults, older adults, and families.
4. Demonstrate expertise in ethically based, advanced clinical decision making of human responses in diverse populations.
5. Integrate leadership and management theories into the advanced nursing roles.
6. Analyze and synthesize current nursing and health care issues and policies within the context of advanced nursing roles.
7. Integrate knowledge and theory of health policy, organizations, and financing of health care as a basis for the provision of quality, cost effective care.
8. Assume beginning advanced nursing roles across health care settings demonstrating effective advocacy for diverse populations.
9. Engage in lifelong learning and scholarship for the advancement of professional nursing.

3/22/89; Revised 5/92

Reviewed 5/00

Rev. 10/26/00; 12/15/00

Approved by FASO 12/21/00; 10/21/04

Approved by Nursing Dept. Grad Faculty 5/20/10; Reaffirmed 4/17/14, 5/7/20.

Doctor of Nursing Practice (DNP)

DNP Graduate Program Objectives

The purpose of the DNP program is to prepare advanced practice nurses for the highest level of nursing practice. The DNP is a clinical doctorate intended for nurses assuming leadership roles in the areas of advanced clinical practice (nurse practitioner or clinical nurse specialist) or nursing administration. 4/17/14; reaffirmed 5/7/20.

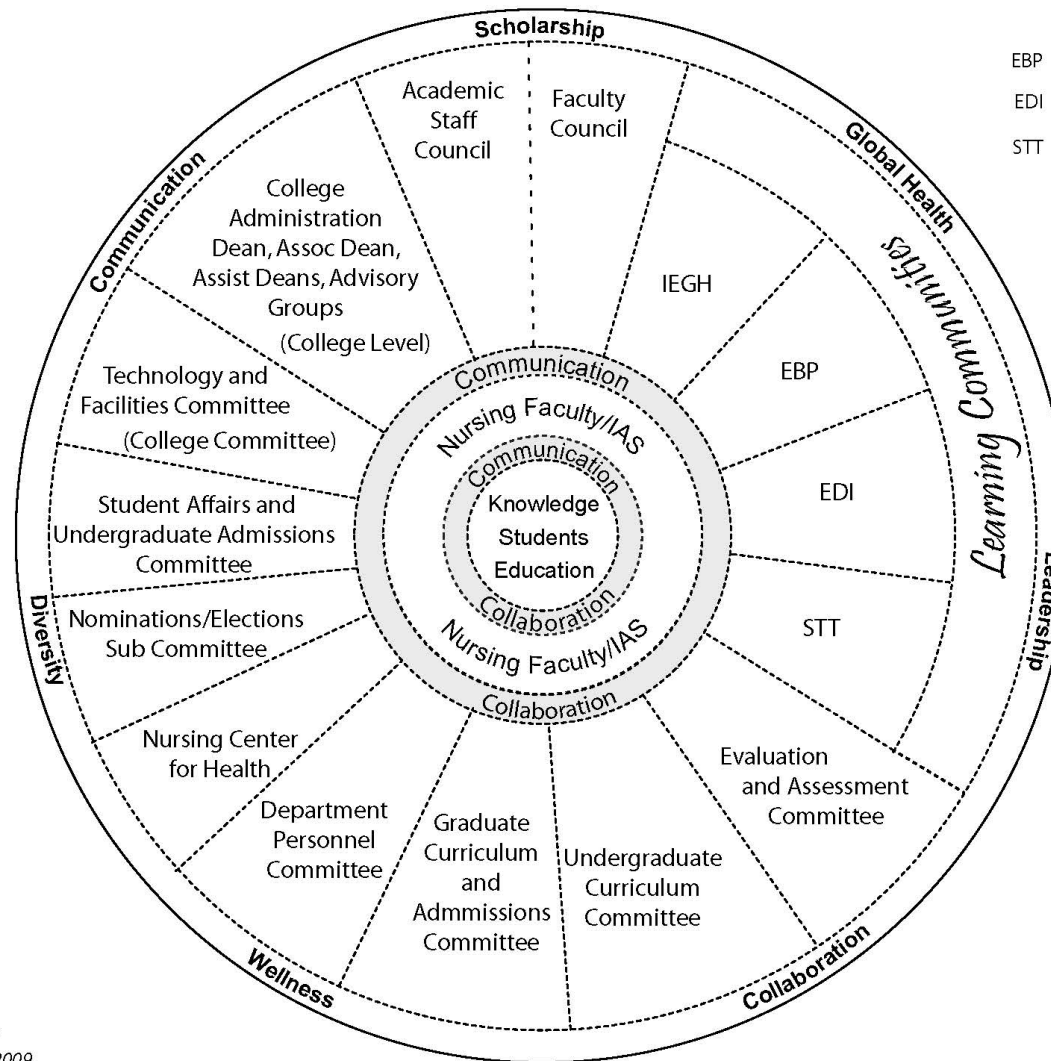
Graduates of the DNP program will be able to:

- Expand advanced nursing practice by integrating the art and science of nursing with theory and knowledge from biophysical, psychosocial, political, ethical, technical, analytical, cultural, spiritual, environmental, and organizational realms.
- Promote culturally sensitive, holistic advanced nursing practice care and services in a global community, with emphasis on disease/illness prevention and health/wellness promotion as well as restoration and maintenance.
- Synthesize leadership skills, systems analysis, and advocacy expertise.
- Integrate clinical expertise and competence with population-focused management, evidence-based practice, and health care policy.
- Analyze health-related information systems and technology for the improvement of health care.
- Develop, implement and evaluate evidence-based approaches to advanced nursing practice.
- Evaluate the outcomes of advanced nursing practice.
- Apply clinical scholarship and leadership skills to advanced nursing practice.
- Evaluate personal scholarship, professional growth, and excellence in practice.

Approved by Department of Nursing 11/20/08; Reaffirmed 4/17/14, 5/7/20.

Department of Nursing

Framework for Communication and Collaboration



IEGH International Education and Global Health

EBP Evidence Based Practice

EDI Equity, Diversity, Inclusivity

STT Sigma Theta Tau Delta Phi Chapter

Sept 2007
Revised Sept 2009
Revised July 2012

Nursing Curricular Organizing Framework

Core Concepts

- Nurse as *leader*
- Nurse as *scholar*
- Nurse as *professional*
- Nurse as *global citizen*

Nurse as *leader*

- Empowering others and stimulating change to reach a shared vision.

Nurse as *scholar*

- Drawing on a liberal education to reason critically, investigate carefully, and think creatively to build an advancing discipline and affect patient outcomes.

Nurse as *professional*

- Advocating vigorously for the profession and providing nursing care that is based on the Code of Ethics.

Nurse as *global citizen*

- Enlarging an understanding of the world that expands inclusivity, embraces diversity, and strengthens cultural sensitivity to reduce health disparity.

Approved August 2010 Dept. of Nursing.

Glossary of Terms

Commission on Collegiate Nursing Education (CCNE) Definitions

Academic Policies: Published rules that govern the implementation of the academic program including, but not limited to, policies related to admission, retention, progression, graduation, grievance, and grading.

Academic Support Services: Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources, advising, counseling, and placement services.

Advanced Nursing: Nursing roles requiring advanced nursing education beyond the basic baccalaureate preparation. Academic preparation for advanced nursing may occur at the master's and/or doctoral level.

Chief Nurse Administrator: A registered nurse with a graduate degree in nursing who serves as the administrative head of the nursing unit.

Community of Interest: Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

Curriculum: All planned educational experiences under the direction of the program that facilitate students in achieving expected outcomes. Nursing curricula include supervised clinical learning experiences.

Distance Education: Teaching-learning activities characterized by the separation, in time or place, between instructor and student. Courses may be offered through the use of print, electronic, or other media. Distance education methodologies may be used for a portion of or for an entire nursing degree program.

Formal Complaint: A statement of dissatisfaction that is presented according to a nursing unit's established procedure.

Goals: General aims of the program that are consistent with the institutional and program missions and reflect the values and priorities of the program.

Mission: A statement of purpose defining the unique nature and scope of the parent institution or the nursing program.

Nursing Program: A system of instruction and experience coordinated within an academic setting and leading to acquisition of the knowledge, skills, and attributes essential to the practice of professional nursing at a specified degree level (baccalaureate, master's, doctorate).

Nursing Unit: The administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Outcomes: Individual Student Learning Outcomes: Learner-focused statements explicitly describing the characteristics or attributes to be attained by students as a result of program activities. At the curricular level these outcomes may be reflected in course, unit, and/or level objectives.

- **Expected Outcomes:** Statements of predetermined levels of aggregate achievement expected of students who complete the program and of faculty. Expected outcomes are established by the faculty and are consistent with professional nursing standards and guidelines and reflect the needs of the community of interest.
- **Aggregate Student Outcomes:** Statements of the level of attainment of designated outcomes expected of a group or cohort of students as a result of completing the nursing program. Aggregate student outcomes include graduation rates, NCLEX-RN® pass rates, certification rates, employment rates, and employer satisfaction with graduates. Programs may identify other expected student outcomes, such as percentage of alumni pursuing further education or actively involved in professional organizations.
- **Aggregate Faculty Outcomes:** Statements of expected collective faculty accomplishments that support the program's mission and goals. Expected aggregate faculty accomplishments may reflect teaching, scholarship, practice, and/or service components of the faculty role, as defined by the program and its parent institution.
- **Actual Outcomes:** Aggregate results describing student and faculty accomplishments. Actual outcomes are analyzed in relation to expected outcomes to demonstrate program effectiveness.
- **Aggregate Student Outcomes:** A description of the level of students' actual collective attainment of designated outcomes as a result of completing the nursing program. Aggregate student outcomes include graduation rates, NCLEX-RN® pass rates, certification rates, employment rates, employer satisfaction with graduates, and program-identified outcomes.
- **Aggregate Faculty Outcomes:** Collective accomplishments of faculty that support the program's mission and goals. Actual accomplishments may reflect teaching, scholarship, practice, and/or service components of the faculty role.

Parent Institution: The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency (regional or national) recognized by the U.S. Secretary of Education that has overall responsibility and accountability for the nursing program.

Preceptor: An experienced practitioner who facilitates and guides students' clinical learning experiences in the preceptor's area of practice expertise.

Professional Nursing Standards and Guidelines: Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master's, and professional doctoral programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through: state

rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.

Program Improvement: The process of utilizing results of assessments and analyses of actual student and faculty outcomes in relation to expected outcomes to validate and revise policies, practices, and curricula as appropriate.

Teaching-Learning Practices: Strategies that guide the instructional process toward achieving individual student learning outcomes and expected student outcomes.

Commission on Collegiate Nursing Education (CCNE), 2009.

UW-Eau Claire Nursing Definitions

Advanced Practice Registered Nurses (APRN): A certified nurse practitioner, certified registered nurse anesthetist, certified nurse midwife, or clinical nurse specialist who is educationally prepared (usually at a post-baccalaureate level) accredited by a national accrediting body, and has current certification by a national certifying body in the appropriate APRN role and at least one population focus. *

Assessment: A systematic, dynamic process by which the registered nurse, through interaction with the patient, family, groups, communities, populations, and healthcare providers, collects and analyzes data. Assessment may include the following dimensions: physical, psychological, sociocultural, spiritual, cognitive, functional abilities, developmental, economic, and lifestyle. **

Autonomy: The capacity of a nurse to determine their own actions through independent choice, including demonstration of competence, within the full scope of nursing practice. **

Care Coordination: “The National Quality Forum (NQF) describes care coordination as ‘a function that helps ensure that the patient’s needs and preferences for health services and information sharing across people, Functions, and sites are met over time’ (2006, p. 1). The U.S. Agency for Healthcare Research and Quality (AHRQ) defines care coordination as ‘the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of health care services’ (2011, p. 189).” [ANA Position Statement, Care Coordination and Registered Nurses’ Essential Role, June 11, 2012]

Caring: “A nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility.” (Swanson, K.M. 1991. Empirical development of a middle range theory of caring. *Nursing Research*, 40(3), 161-166)

Certified Nurse Practitioner (CNP): A registered nurse who is professionally prepared to provide direct primary care and acute care (initial, ongoing, and comprehensive) along the wellness-illness continuum and in all settings. Clinical CNP care includes health promotion, disease prevention, health education, and counseling as well as the diagnosis and management of acute and chronic diseases (APRN Consensus, 2008). *

Clinical Judgment: The outcomes of critical thinking in nursing practice. Clinical judgments begin with an end in mind. Judgments are about evidence, meaning and outcomes achieved (Pesut, 2011). ***

Clinical Prevention: Individually focused interventions such as immunizations, screenings, and counseling, aimed at preventing escalation of diseases and conditions. ***

Clinical Reasoning: The process used to assimilate information, analyze data, and make decisions regarding patient care (Simmons, Lanuza, Fonteyn, & Hicks, 2003). ***

Code of Ethics (Nursing): A list of provisions that makes explicit the primary goals, values, and obligations of the nursing profession and expresses its values, duties, and commitments to the society of which it is a part. In the United States, nurses abide by and adhere to the Code of Ethics for Nurses (ANA). **

Collaboration: A professional healthcare partnership grounded in a reciprocal and respectful recognition and acceptance of: each partner's unique expertise, power, and sphere of influence and responsibilities; the commonality of goals; the mutual safeguarding of the legitimate interest of each party; and the advantages of such a relationship. **

Community: A social system characterized by geographical or relational bonds. The functions of this social system are defined by the people within the community based on their norms, values and perceptions of common concerns. ****

Competency: An expected and measurable level of nursing performance that integrates knowledge, skills, abilities, and judgment, based on established scientific knowledge and expectations for nursing practice. **

Continuity of Care: An interprofessional process that includes healthcare consumers, families, and other stakeholders in the development of a coordinated plan of care. This process facilitates the patient's transition between settings and healthcare providers, based on changing needs and available resources. **

Critical Reflection: "a deliberate, consistent, systematic effort in becoming aware of how power distorts, permeates, and oppresses processes, interactions, and practices; as well as uncovering assumptions that maintain the status quo" (Brookfield, 1995).

Critical Thinking: All or part of the process of questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity (AACN, 1998). Critical thinking underlies independent and interdependent decision making. ***

Cultural Competence: "having the knowledge, understanding, and skills about a diverse cultural group that allows the health care provider to provide acceptable cultural care. Competence is an ongoing process that involves accepting and respecting differences and not letting one's personal beliefs have an undue influence on those whose worldview is different from one's own. Cultural competence includes having general cultural as well as cultural-specific information so the health care provider knows what questions to ask" (American Academy of Nursing Expert Panel on Cultural Competence, 2007).

Cultural Sensitivity: Cultural sensitivity is experienced when neutral language, both verbal and not verbal, is used in a way that reflect sensitivity and appreciation for the diversity of another. Cultural sensitivity may be conveyed through words, phrases, and categorizations that are intentionally avoided, especially when referring to any individual who may be interpreted as impolite or offensive (American Academy of Nursing Expert Panel on Cultural Competence, 2007). ***

Culturally Congruent and Competent Care: "the use of sensitive, creative, and meaningful care practices to fit with the general values, beliefs, and lifeways of clients for beneficial and satisfying health care, or to help them with difficult life situations, disabilities, or death" (Leininger, 1995).

Delegation: The transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome. Example: the RN, in delegating a task to an assistive individual, transfers the responsibility for the performance of the task but retains professional accountability for the overall care. **

Diagnosis: A clinical judgment about the healthcare consumer's response to actual or potential health conditions or needs. The diagnosis provides the basis for determination of a plan to achieve expected outcomes. Registered nurses utilize nursing and medical diagnoses depending upon educational and clinical preparation and legal authority. **

Diversity: The range of human variation, including age, race, gender, disability, ethnicity, nationality, religious and spiritual beliefs, sexual orientation, political beliefs, economic status, native language, and geographical background. ***

Environment: The surrounding context, milieu, conditions, or atmosphere in which a registered nurse practices. **

Evaluation: The process of determining the progress toward attainment of expected outcomes, including the effectiveness of care. **

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

Expected Outcome: End results that are measurable, desirable, and observable, and translate into observable behaviors. **

Family: Family of origin or significant others as identified by the healthcare consumer. **

Family-Centered Care: A collaborative relationship between families and professionals in the pursuit of being responsive to the priorities and needs of families wherever they see health care (Leviton, Mueller and Kauffman, 1992, as cited in Lewandowski, 2003). [Lewandowski, L. A., The Society of Pediatric Nurses, & American Nurses Association. (2003). Family-centered care: putting it into action: the SPN/ANA guide to family-centered care. University of Michigan" Society of Pediatric Nurses.]

Health: An experience that is often expressed in terms of wellness and illness, and may occur in the presence or absence of disease or injury. **

Health Determinants: Complex interrelationships of factors, such as the social and economic environment, the physical environment, individual characteristics, and behaviors that influence health. ***

Health Literacy: The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (U. S. Department of Health and Human Services, 2000b). ***

Healthcare Provider: Individuals with special expertise who provide healthcare services or assistance to patients. They may include nurses, physicians, psychologists, social workers, nutritionist/dietitians, and various therapists. **

Healthcare Team: The patient plus all of the healthcare professionals who care for the patient. The patient is an integral member of the healthcare team. ***

Holistic Nursing: "All nursing practice that has healing the whole person as its goal." (American Holistic Nurses Association, 1998, Description of Holistic Nursing)

Human Responses: The phenomena of concern to nurses that include any observable need, concern, condition, event, or fact of interest actual or potential health problems. *

Illness: The subjective experience of discomfort. **

Immersion Experience: Clinical experiences with a substantive number of hours in a consistent clinical setting over a concentrated period of time. ***

Implementation: Activities such as teaching, monitoring, providing, counseling, delegating, and coordinating. **

Information Literacy: "A set of abilities allowing individuals to recognize when information is needed and to locate, evaluate and use that information appropriately" [The Association of Colleges and research Libraries (2000) as cited in Technology Informatics Guiding Education Reform/TIGER, Informatics competencies for every practicing nurse, no date; available at http://www.tigersummit.com/Competencies_New_B949.html.]

Information Management: “Information management is a process consisting of 1) collecting data, 2) processing the data, and 3) presenting and communicating the processed data as information or knowledge.” [Technology Informatics Guiding Education Reform/TIGER, Informatics competencies for every practicing nurse, no date; available at http://www.tigersummit.com/Competencies_New_B949.html.]

Information Technology: The study, design, development implementation, support, or management of computer-based information systems, particularly software applications and computer hardware. ***

Integrative Strategies for Learning: Coherent organization of educational practices that integrate general education concepts throughout the major, through the widespread use of powerful, active, and collaborative instructional methods (Association of American Colleges and Universities, 2004). ***

Interprofessional: Working across healthcare professions to cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. The team consists of the patient, the nurse, and other healthcare providers as appropriate (IOM, 2003b). ***

Intraprofessional: Working with healthcare team members within the profession to ensure that care is continuous and reliable. ***

Leadership ***:** An evolutionary and learned process. It is an informal and formal process used to persuade rather than coerce, that appreciates the power of mutual information and lives peacefully with irony and paradox, while focusing on influencing individuals and/or groups to achieve a shared vision and challenge boundaries.

Management ***:** Provides approaches to minimize chaos and to increase efficiency and effectiveness. Focuses on planning, prioritizing, delegating, budgeting, organizing, staffing, controlling, problem solving, and designating organizational resources. The outcome of management is to assure the attainment of organizational goals.

Microsystem: The structural unit responsible for delivering care to specific patient populations or the frontline places where patients, families, and care teams meet (Nelson, Batalden, Godfrey, 2007). ***

Multi-Dimensional Care: Relating to or having several dimensions; it speaks to the fullness of the patient-clinician experience, but also to people’s lives in general. Spirituality is one of those many dimensions. ***

Nurse Sensitive Indicators: Measures of processes and outcomes – and structural proxies for these processes and outcomes (e.g., skill mix, nurse staffing hours) – that are affected, provided, and influenced by nursing personnel, but for which nursing is not exclusively responsible (National Quality Forum, 2003). ***

Nursing: 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. **

Nursing Practice: The collective professional activities of nurses characterized by the interrelations of human responses, theory application, nursing actions, and outcomes. **

Nursing Process: A critical thinking model used by nurses that comprises the integration of the singular, concurrent actions of these six components: assessment, diagnosis, identification of outcomes, planning, implementation, and evaluation. **

Organized Framework: A structure made up of constructs identified from philosophy and united in a way which gives direction and sequence to the curriculum. *****

Outcomes (Nursing): The results of nursing actions, in relation to identified human responses, based on findings from nursing research, the efficacy and benefit of which are determined by evaluation. *

Patient: The recipient of nursing care or services. This term was selected for consistency and in recognition and support of the historically established tradition of the nurse-patient relationship. Patients may be individuals, families, groups, communities, or populations. Further, patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care. Depending on the context or setting, patients may, at times, more appropriately be termed clients, consumers, or customers of nursing services (AACN, 1998, p. 2). ***

Patient-Centered Care: Includes actions to identify, respect and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health (IOM, 2003b). ***

Plan: A comprehensive outline of the components that need to be addressed to attain expected outcomes. **

Population Focus: Any one of these six APRN practice areas: family/individual across the life span; adult/gerontology; neonatal; pediatrics; women's health/gender-related health; psychiatric/mental health. *

Population Health Interventions: Actions intended to improve the health of a collection of individuals having personal or environmental characteristics in common. Population health interventions are based on population-focused assessments. ***

Professional Nurse: An individual prepared with a minimum of a baccalaureate in nursing, but is also inclusive of one who enters professional practice with a master's degree in nursing or a nursing doctorate (AACN, 1998). ***

Quality: The degree of which health services for patients, families, groups, communities, or populations increase the likelihood of desired outcomes and are consistent with current professional knowledge. **

Reflective Practice: "Reflective practice is an active and deliberate process of critically examining practice where an individual is challenged and enabled to undertake the process of self-enquiry to empower the practitioner to realize desirable and effective practice within a reflexive spiral of personal transformation" [Duffy, A. (2007). A concept analysis of reflective practice: determining its value to nurses. *British Journal of Nursing*, 16(22), 1400-1407].

Registered Nurse (RN): An individual registered or license by the state, commonwealth, territory, government, or other regulatory body to practice as a registered nurse. **

Regulation of Nursing Practice: The process of governance and controls established by authorized bodies as standards, guidelines, protocols, and other mandates for defining, attaining, and maintaining mandated quality of care and practice. *

Scholarship: Scholarship is generating, investigating, integrating, and disseminating knowledge. ****

Scope of Nursing-Practice: The description of the who, what, where, when, why, and how of nursing practice that addresses the range of nursing practice activities common to all registered nurses. When considered in conjunction with the Standards of Professional Nursing Practice and the Code of Ethics for Nurses, comprehensively describes the competent level of nursing common to all registered nurses. **

Simulation: An activity that mimics the reality of a clinical environment and is designed to demonstrate procedures, decision-making, and critical thinking through techniques such as role-playing and the use of devices (e.g., interactive videos, mannequins) (National Council of State boards of Nursing, 2005). *** Simulation is a pedagogy, using one or more typologies to promote, improve, or validate a participant's progression from novice to expert (INACSL, 2013). "Simulation" means planned clinical experiences to develop clinical judgment and assess learning utilizing patient simulators in an environment and under conditions that provide a realistic clinical scenario (WI Administrative Code).

Social Ethics: “the domain of ethics that deals with ‘issues of social order – the good, right, and ought in the organization of human communities and the shaping of social policies. Hence the subject matter of social ethics is moral rightness and goodness in the shaping of human society.’ There are three major functions of social ethics, all of which fall within the legitimate, if not essential, sphere of the professional nursing association: reform of the profession, epideictic discourse (which is a type of public values-based speaking), and social reform” (Fowler, 2010, p. 123). [Fowler, M.D.M. (2010). *Guide to the Code of Ethics of Nurses, Interpretation and Application*. Washington, DC. ANA. Inserted quotation is credited to Gibson, 1965, *Elements for a Social Ethics*]]

Social Reform: “the [nursing] profession critiques society and attempts to bring about social change that is consistent with the values of the group... It is expected that all nurses will be involved in this aspect of the profession’s social ethics. However, the actual implementation of social criticism and social change generally depends upon collective action, usually through a professional association” (Fowler, 2010, p. 123). [Fowler, M.D.M. (2010). *Guide to the Code of Ethics for Nurses, Interpretation and Application*. Washington, DC: ANA.]

Spiritual Care: “Interventions, individual or communal, that facilitate the ability to experience the integration of the body, mind, and spirit to achieve wholeness, health and a sense of connection to self, others, and a higher power” (American Nurses Association and Health Ministries Association, 2005, p. 38). ***

Standards: Authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable, the outcomes for which registered nurses are responsible, and by which the quality or practice, service, or education can be evaluated. *

Theory: A set of interrelated concepts, definitions, or propositions used to systematically describe, explain, predict, or control human responses or phenomena of interest to nurses. *

Vulnerable Populations: Refers to social groups with increased relative risk (i.e., exposure to risk factors) or susceptibility to health-related problems. The vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life (Center for Vulnerable Populations Research, UCLA School of nursing, 2008). ***

*Source: ANA (2010) *Nursing Social Policy Statement*

**Source: ANA (2010) *Nursing: Scope and Standards of Practice*, 2nd ed.

***Source: AACN (2008) *The Essentials of Baccalaureate Education for Professional Nursing Practice*

****Source: Retained from UWEC Nursing Definitions, *Nursing Faculty/Instructional Academic Staff Handbook*, CONHS, UW-Eau Claire, August 5, 2011 Version (Web)

*****New in April 2012 version UWEC Nursing Definitions

Conceptual Definition: Nursing as a Healing Art

Nursing as a healing art is the skilled application of nursing knowledge, multiple ways of knowing and diverse practice modalities. It involves expert and compassionate use of caring, relational processes, knowledge of health and illness and insight into nuances of the human condition, to bring about healing outcomes. Such outcomes may include the full spectrum and continuum of healing processes, including growth and change, pursuit of wellness or relief from suffering and distress.

Relationship dimensions are paramount in nursing as a healing art; connecting compassionately with others, sometimes within their most vulnerable life spaces; providing a supportive awareness, an integrative presence, a reflective understanding and a conduit for change. The connection and response occur at the level of specific need, as well as at the level of the whole person.

Concepts and processes of nursing as a healing art are applicable to nursing relationships with individual clients, families, groups, communities and complex systems.

Some Components of Nursing as a Healing Art

- Attends to body-mind-spirit integrity
- Is concerned with the meaning of health experiences
- Is a relational process of healing, change, growth
- May involve restoration of self, relationship
- May involve relief from suffering
- Can be understood through health patterning: unique, evolving pattern of the whole
- Involves use of self, multiple ways of knowing
- Processes of change, restoration, integration, transformation
- Concerned with wholeness, harmony, patterning and connection
- Making meaning, making sense, putting into meaningful relationship
- Seeks movement toward reconciliation of losses, physical-emotion-spiritual well-being
- An experiential process of expert caring in the human health experience
- Involves all domains of nursing knowledge and practice modalities: aesthetic, scientific, cognitive, behavioral, social, cultural, spiritual, relational

Additional Graduate Program Definitions

Advanced Professional Nursing: Combines advanced nursing knowledge and practice. Advanced knowledge in nursing addresses the structure and syntax of the discipline. Emphasis is placed on analysis and synthesis of concepts, theories and issues unique to nursing and shared with other disciplines. The essence of advanced knowledge is the systematic organization and integration of the subsequent understandings and inferences. Advanced practice is the application of advanced knowledge to a client population within a functional role.

Core: The body of knowledge required of all advanced professional nurses regardless of area of population focus or functional role preparation.

Cognate: Body of knowledge that augments core knowledge, area of population focus/functional role preparation.

Population Focus: Population focus is the specific body of nursing and related knowledge about the care of adults (including older adults) or families. Note: The adult population focus is being transitioned to an adult-gerontologic population focus.

- **Adult-Gerontologic Health Nursing:** The application of advanced professional nursing in the care of adults and older adults. Advanced professional nursing in this context refers to concepts, theories and methods that focus on actual and potential health problems and human responses of adults and older adults. Focus is on assessment of adults and older adults within the context of nursing theory and adult development and analysis, application, and evaluation of nursing clinical decision-making with adults and older adults having actual or potential health problems.
- **Family Health Nursing:** The application of advanced professional nursing in the care of the family as a unit and including its members. Advanced professional nursing in this context refers to concepts, theories, and methods that focus on actual and potential health problems and human responses of families. Focus is on assessment of families within the context of nursing and family theories and analysis, application, and evaluation of nursing clinical decision-making with families having actual or potential health problems.

Functional Role Preparation: Knowledge and practice for the roles of nurses in advanced clinical practice, education and administration.

- **Nurse Educator:** The nurse educator applies the knowledge and skills of an area of population focus in the role of faculty.
- **Nurse Administrator:** The nurse administrator applies the knowledge and skills of an area of population focus in the role of the nurse administrator at the middle management level in a variety of health care settings. The administrator demonstrates the ability to apply concepts/theories related to management and leadership within organizational structures.

- Nurse in Advanced Clinical Practice: The nurse in clinical practice applies the knowledge and skills of an area of population focus in the clinical setting. The expert in clinical practice demonstrates the ability to integrate education, research, management, leadership and consultation into clinical practice.

1983; Rev. 1984, 1992, 1996, 2009, 2010.

V. Academic Affairs

Admission Procedure

See Graduate Catalog. Catalog available on the internet at <http://www.uwec.edu/Registrar/catalogs/Catalogs.htm>

Academic Standards and Procedures

See Graduate Catalog.

Advising

Upon admission to the Master of Science in Nursing (MSN) or the Doctor of Nursing Practice (DNP) program, each student is assigned an academic adviser who is a member of the graduate nursing faculty. This academic adviser gives assistance, information, and counsel in planning a program of study. Advisers can also help (or refer to others) with difficulties related to course work and/or personal problems. For MSN students, the academic adviser is a member of the student's thesis committee and may serve as the scholarly project adviser. If students choose the thesis option, the adviser must be a member of the student's oral examination committee. For DNP students, the academic adviser serves also as the DNP Project adviser. If a student wishes to change academic advisers, they must receive permission from the Nursing Graduate Programs Director.

Conditional Admission

Students admitted to the program on probationary status must complete six credit hours with a "B" or above to attain full status. Students may complete nine (9) credit hours (or two courses) as a special student before admission to the graduate program. **Only two courses or no more than six credits may be in nursing.** Graduate courses taken as a graduate special student at the University of Wisconsin-Eau Claire may be used to offset the credit requirement for probationary admission, upon recommendation of the appropriate departments or program and approval of the Nursing Graduate Programs Director.

Degree Completion

Students are required to complete the graduate degree in no greater than seven years.

Graduate Nursing Courses and Prerequisites

Course descriptions, along with prerequisites, can be found in the UW-Eau Claire Graduate Catalog. Clinical credits are at a 1:5 ratio (1 credit = 5 hours per week of clinical during a 15-16 week session).

Orientation Session

An orientation session to the graduate nursing program is held in late spring. This session is designed to orientate students to expectations in graduate education, library, and computer resources, personal and family stress and coping, and a variety of other topics. The orientation is designed for incoming students but may also be of benefit to others.

Portfolio Development

The portfolio approach is designed for potential graduate nursing students who have a bachelor's degree in nursing and do not meet the stated admission requirements for the graduate program, but who believe they have gained equivalent knowledge through experience. Guidelines to assist potential students to develop a portfolio are contained in Appendix K.

BSN Completion Program*

Based on specific requirements students in the BSN Completion Program (Collaborative Nursing Program/CNP/BSN@Home) may take: NRSB 701 Nursing Research: Methods (4 credits); NRSB 715 Leadership and

Health Policy in Nursing (3 credits); and a cognate (2 credits) which may include another core course, in lieu of the CND courses: CND 446 Nursing Research (3 credits); CND 447 Leadership and Management (3 credits); and an elective (2 credits). A grade of B or better must be earned in a graduate course in order to be eligible to register for additional graduate courses.

*Policy specifications include:

- Senior standing
- 90 semester credits completed, including 2 courses in upper division Nursing and an undergraduate statistics course (grade of C or higher—note, a grade of B or higher is strongly recommended)
- 3.0 cumulative GPA
- A faculty recommendation and the recommendation of the Nursing Graduate Programs Director
- If a second degree student, pre-requisites for Nursing, University requirements for a second degree, two courses in upper division Nursing, and an undergraduate statistics course (grade of C or higher) completed.
- Submission and approval of the “Application to the RN/BSN/MSN Option” form. The approved form is submitted to the Registrar’s Office, along with the “Application for an Undergraduate Student to Enroll in Graduate Coursework” form.

Note that tuition for the graduate course is charged at the undergraduate tuition rate only if one is concurrently registered for an undergraduate course. If only a graduate course is taken in the semester, then graduate tuition is charged.

Registration

See Graduate Catalog and online Class Schedule. Please note that there may be registration deadline dates that occur earlier than the university dates. For instance, registration for courses which include clinical have registration deadlines. These deadline dates are communicated to graduate nursing students via email and must be met. If registration is not completed by the deadline date one will not be able to progress in the program in a timely manner as clinical course preparation requires additional time.

Rotation of Graduate Courses

Core graduate nursing courses will be offered at the Eau Claire site one time per year per published schedule.

The Advanced Clinical Practice for Nurse Practitioner role preparation courses (Adult-Gero Primary Care and Family NP) will be taught each year; the Adult-Gerontologic CNS alternate years (admission currently on hold due to low enrollments); and the Education and Administration role preparation courses will be taught every year for the next three years (effective Fall 2022) but otherwise are taught alternate years. If staffing permits, NRSG701 and NRSG715 may also be taken prior to admission to the graduate program as special status students, if space is available.

The graduate courses have been developed for hybrid delivery, utilizing a combination of on-campus, asynchronous online, and remote synchronous days.

Transfer Credits

When students transfer credits to Eau Claire, only the credits transfer. The Registrar’s Office enters only the course number and number of credits on the Eau Claire transcript. While the credits will show on our transcript, only the UW-Eau Claire credits are used for computing the grade point average. The date of the transferred course (when it was taken) begins the seven-year timeline limit for completion of the graduate program. Students are able to transfer 9 credits to fulfill requirements in the MSN and MSN to DNP programs and 20 credits for the BSN to DNP program.

MSN Program

The Master of Science in Nursing (MSN) program is designed to prepare students in adult-gerontologic or family nursing to assume leadership roles in advanced professional nursing. Students are prepared for roles in nursing education or nursing administration/leadership & management.

MSN Core Courses

| | |
|---|---------------|
| NRSG 718 Conceptual and Theoretical Foundations | 2 credits |
| NRSG 701 Nursing Research - Methods | 4 credits |
| NRSG 702 Nursing Research - Application | 2 credits |
| NRSG 715 Leadership and Health Policy in Nursing | 3 credits |
| NRSG 794 Scholarly Project (2 credits) or NRSG 799 Thesis (3 credits) | 2 - 3 credits |

Population Focus

| | |
|--|-----------|
| NRSG 719 Human Responses in Health and Illness for Adults & Older Adults | 4 credits |
| NRSG 720 Advanced Theory and Practice of Adults and Older Adults I | 3 credits |

OR

| | |
|--|-----------|
| NRSG 722 Individual, Family, and Community Responses | 4 credits |
| NRSG 725 Advanced Theory and Practice of Family Health Nursing I | 3 credits |

Educator Functional Role Preparation

| | |
|---|------------------|
| NRSG 709 Advanced Physiology and Pathophysiology | 3 credits |
| NRSG 703 Advanced Clinical Concepts for Nurse Educators | 3 credits |
| NRSG 730 & 731 Nursing Education I and II | 13 (6,7) credits |

OR

Administrator Functional Role Preparation

| | |
|---|------------------|
| NRSG 750 & 751 Nursing Administration I and II | 13 (6,7) credits |
| Cognates / Electives (administration students only) | 6 credits |

MSN Plan of Study

Students are normally on a two-year full-time plan or a three to four-year part-time plan. Plans are available on the Department of Nursing webpage. Students should review their plans regularly with their academic adviser. Students should recognize that full-time study requires extensive time for classes, studying and clinical and therefore the need to reduce one's employment/hours of work is highly recommended. The 700 level courses are offered as hybrids that combine online components (synchronous and asynchronous) with on-campus classroom immersion days.

Students are encouraged to review their degree audits with their faculty advisors. The degree audits are available through CampS.

DNP Program

The DNP is a clinical doctorate designed to prepare nurses to assume leadership roles in the areas of advanced practice nursing (nurse practitioner or clinical nurse specialist) or nursing administration/nurse executive. Both MSN-to-DNP and BSN-to-DNP options are offered. The MSN-to-DNP option includes an advanced clinical practice option (for nurse practitioners or clinical nurse specialists) or a nurse executive option. The BSN-to-DNP option includes adult-gerontologic primary care nurse practitioner (NP), family NP, adult-gerontologic clinical nurse specialist (CNS), and nurse administrator/nurse executive (adult-gerontologic or family population focus) options.

During the first two years of the program, the 2010-2011 and 2011-2012 academic years, the DNP degree was offered as a post-masters option only (for part-time students during the initial year). Sixteen students were admitted to the first class of post-master's DNP students, with coursework beginning in the summer of 2010. Twelve post-master's DNP students were admitted for the summer of 2011. The first class of post-master's DNP students graduated in 2012, with

14 of them graduating in May and one individual graduating later in August. The first class of post-baccalaureate DNP students was admitted for the Fall of 2012 and graduated in May 2015.

DNP Emphasis

- Organizational and systems leadership
- Influencing health care policy
- Evidence-based practice & research utilization
- Information systems and patient care technology
- Interprofessional collaboration
- Improving patient and population health outcomes and effecting change
- Evaluating health outcomes

MSN-to-DNP Option

For MSN-to-DNP students, the program consists of 31 credits taken at the 800-level. The 800-level courses include four core courses, DNP Project experience courses, and two seminar and practicum courses, representing a total of 450 clinical hours. The courses are offered as hybrids that combine online components with classroom immersion days on campus and can be taken over two-and-a-half years.

Required DNP Courses (Post-Master's)

800-Level DNP Courses

| Title | CREDITS |
|---|----------------|
| Advanced Epidemiology & Biostatistics for Population Health | 4 |
| Philosophical, Theoretical, & Ethical Foundations for Advanced Nursing Practice | 3 |
| Clinical Scholarship for Advanced Nursing Practice | 4 |
| Organizational Leadership & Health Policy for Advanced Nursing Practice | 4 |
| Advanced Nursing Practice and Informatics | 2 |
| MSN to DNP Seminar & Practicum I* | 3 |
| MSN to DNP Seminar & Practicum II* | 4 |
| DNP Project I, II, and III | 7 |

Post-MSN Clinical Practicum

- 450 Hours
 - MSN to DNP Seminar & Practicum I (1 credit practicum)*
 - MSN to DNP Seminar & Practicum II (2 credits practicum)*
 - DNP Project (3 credits practicum)

1 credit = 75 hours of clinical practicum

*Students in the nurse executive option take NRSG 852 Administration III (3 credits) and NRSG 853 Synthesis for the Nurse Executive (3 credits) instead of NRSG 826 and 827.

MSN-to-DNP (Post-Master's) Option Course Sequencing

The part-time plan requires two-and-a-half years to complete, with courses offered during the summers, fall, spring, and winterim terms. The courses are taught via immersion days with some online/hybrid sessions.

See Nursing Website for sample plans.

BSN-to-DNP Option

For BSN-to-DNP students, the program consists of 68-74 credits, depending on the role preparation area. Nurse executive students complete at least 1,050 hours of clinical practicum and Advanced Clinical Practice students complete at least 1,200 hours. 1 credit equals 75 hours of clinical practicum. Credits are at the 700-level and 800-level (see Sample Program Plans available online at the nursing website). The 700 level and 800-level courses are offered as hybrids that combine online components (synchronous and asynchronous) with on-campus classroom immersion days. The BSN-to-DNP option can be taken over three years for full-time post-baccalaureate students and over 4-6 years for part-time students.

National Certification Exams for which UWEC MSN or DNP Graduates are Eligible

Upon completion of the BSN to DNP program at UW-Eau Claire, graduates are eligible to apply for the following national certification exams based on their area of role preparation:

- Adult – Gero Primary Care Nurse Practitioner: American Nurses' Credentialing Center (ANCC) and American Academy of Nurse Practitioners Certification Board (AANPCB) exams
- Family Nurse Practitioner: ANCC and AANPCB exams
- Adult – Gero Clinical Nurse Specialist, ANCC exam
- Nursing Administration/Nurse Executive: Nurse Executive – Advanced certification through ANCC or the American Organization of Nurse Executives (AONE) Certified in Executive Nursing Practice (CENP). The required work experience in nursing administration may still be needed. Nurse Executive MSN-to-DNP graduates also are eligible for these certifications.

Upon completion of the MSN program, graduates are eligible for the following:

- Nursing Education Role Preparation: Eligibility for the National League for Nursing (NLN) Option A Education Requirement for Nurse Educator certification is met. The required work experience in nursing education may still be needed.
- Nursing Administration/Leadership & Management: Nurse Executive – Advanced certification through ANCC or the American Organization of Nurse Executives (AONE) Certified in Executive Nursing Practice (CENP). The required work experience in nursing administration may still be needed.

Individuals requesting paperwork from the College pertaining to certification and/or licensure application need to allow for a 2-week minimum turn-around time.

The United States Department of Education requires institutions to disclose information for programs leading to professional certification or licensure about whether each program meets state educational requirements for initial licensure or certification. Please see this website for the College of Nursing and Health Sciences:

<https://www.uwec.edu/academics/college-nursing-health-sciences/graduate-programs/doctor-nursing/>

Precepted Learning Experiences

Courses with clinical components in the MSN and DNP curricula utilize precepted learning experiences. These population and role preparation experiences are designed by the student and course instructor to meet the student's specific learning needs. The student should not be employed in the specific setting where the learning experience is to occur.

The student and course instructor work with the Clinical Agency Coordinator: Post-Licensure program to secure a preceptor who functions as a consultant/facilitator for the learning experience. A contract containing objectives of the learning experience is developed and is signed by the course instructor, preceptor, and student. Preceptors are usually asked to write an evaluation of the student's performance. Guidelines for use of preceptors are contained in

Appendix C. Students need to work closely with the Clinical Agency Coordinator (CAC) and be timely in their responses to communications from the CAC.

Program Evaluation

Evaluation of courses, faculty, and the graduate program itself is an integral part of the graduate nursing program. Students have an opportunity to evaluate courses and faculty at the close of each semester. In addition, students have an opportunity to participate in program evaluation before and during enrollment, and after graduation. Alumni evaluations will include, but are not limited to, periodic surveys on employment position; clinical practice, education, or administration activities; and research and publication activities.

Collection of Student Work for Accreditation and Assessment Processes

Faculty are encouraged to place in syllabi and announce in class:

As part of the accreditation and assessment process, on-site visitors may want to review examples of student work. These examples may include items such as care plans, written papers, projects, etc. Faculty will de-identify the required sampling of artifacts. If a student does not want any personal papers or projects included in this sample, they should please notify each course or clinical faculty person of this request.

Information Reported to National/State Nursing Organizations/Accrediting Bodies

The American Association of Colleges of Nursing (AACN) is a national nursing organization of which we are a member. An arm of the organization serves as our accrediting body. AACN and other state and national organizations require that we periodically submit basic directory-type and employment information regarding our students, graduates, and faculty. AACN collects the data to address issues related to nursing faculty and health care access shortages. If an individual objects at any time to having their information released to AACN or other national/state organizations, please notify the Associate Dean of the College so that we ensure the information is not submitted. The Registrar's Office also has an electronic form in which one may request to restrict the release of directory information.

Guidelines for Video Recording of ITV Classes

1. The instructor(s) will determine for what purpose, for whom, and at what location their class may be video recorded.
2. Instructors are responsible for decisions regarding video recording in student absence situations. Taping of an ITV class for a student should be an exception and permission for the taping must be granted by the instructor (not the facilitator, student, or technician). All students are expected to attend all sessions of nursing courses in which they are enrolled.
3. In the case of emergencies or technical difficulties involving the transmission of a class, the class will be video recorded only with the instructor's permission.
4. Instructors are asked to address the video recording policy in the course syllabus.
5. Students will be informed if video recording occurs.
6. Recordings will be managed by the Media Specialist/DE Coordinator in Eau Claire and by the ADA in Marshfield. The recordings can only be checked out by the student(s) who made the recording request. The recordings will be erased upon their return.

Updated 8/12

Clinicals – Subject to Change

The Department of Nursing attempts to provide information regarding clinical prior to course registration. However, due to unexpected staffing or clinical site alterations, the locations, dates, times, instructors, and preceptors may need to be modified and are subject to change. Although efforts are made to honor student wishes, it is possible that

students may be required to change clinical locations, preceptors, etc. Our goal is to provide meaningful, supportive, and safe clinical experiences that will enable all students to learn and grow and for patients to receive optimal care.

Nursing Learning Environment Visitation Policy

This visitation policy applies to all College of Nursing and Health Sciences nursing programs. It has been developed due to the potential sensitive nature of content shared in the nursing programs, as well as learning distractions posed by visitors. A visitor is defined as an individual not enrolled in the respective course. A visitor, either in person or via distance education technology (e.g., Zoom or Skype) is not allowed in College of Nursing and Health Sciences learning environments. This includes classrooms, clinical laboratory spaces, and clinical sites. Rare exceptions may be made under extenuating circumstances only. Permission to bring a visitor must be received from the course instructor(s) for that day prior to the start of each class. *Approved by Dept. 12/1/16.*

Grading Policy for Courses

Graduate students must earn a grade of “C” or better in courses and practica to successfully progress. Satisfactory performance is required in both the clinical and didactic components of courses. A 3.00 cumulative GPA is required to continue in the graduate program. Graduate students may earn grades of A (4.00), A- (3.67), B+ (3.33), B (3.00), B- (2.67), C+ (2.33), C (2.00), C- (1.67), D+ (1.33), D (1.00), D- (0.67), or F (0.00). No more than 2 C’s may be earned in the graduate program. Also see the Graduate Catalogue.

Written Assignments

Students are expected to know and use the current edition of the *Publication Manual of the American Psychological Association* as the manual of style for all written assignments. This manual is available in the University Bookstore.

Study Skills

Students are urged to seek assistance early if they encounter difficulties in such areas as writing skills, reading speed and comprehension, and preparing for or taking examinations. The course instructor or your academic adviser can often help you to correct the difficulty and/or direct you to the appropriate resources.

Oral Examination

Successful performance in an oral examination is required of all MSN graduates of the nursing program who elect to do a thesis. The exam focuses on the student's thesis. The exam must be taken at least one week before the end of classes (and at least 10 days prior to graduation) in the semester or summer session in which the student plans to graduate. The oral examination committee consists of graduate faculty, including the academic adviser, the project or thesis adviser, and one member from outside the student's department of specialization. The committee is appointed by the Nursing Graduate Programs Director upon recommendations from the academic adviser and project or thesis chair and approved by the University Dean of Graduate studies. (See the Graduate Catalog for additional details.)

Students who complete a **scholarly project** in lieu of a master's thesis will be expected to make a presentation regarding the project. This presentation must occur at least one week before the end of classes in the semester or summer session in which the student plans to graduate. Announcement of the presentation is given to the Nursing community in sufficient time (one week minimum, at least 2 weeks is recommended) prior to the presentation to allow interested faculty and students to attend.

Final Examinations

Examination week is part of the regular academic semester. Each course offered for credit is concluded with a final examination unless the instructor determines that some other method of evaluation is more appropriate to the objectives of the course. Final examinations for graduate nursing students are normally offered during the same time frame during exam week as the class was scheduled during the semester, but may be held at a time and day different

from that of regularly scheduled course sessions. Therefore, students should plan to ensure attendance at final examinations. (See University of Wisconsin-Eau Claire [General] Catalog for more details.)

Final Examination Schedule Changes

A request for a change in the time of an individual final examination must be approved by the instructor, the department chair, and the associate dean of the college in which the course is offered. Make-up examinations must be scheduled during finals week or later and must be arranged by the student with the instructor (See policies regarding final examinations in "Academic Policies and Regulations" of current University Catalog or the following link:

<https://www.uwec.edu/blugold-central/academic-planning/final-common-exam-schedules/>.

The following points are considered in granting permission to change an examination schedule:

- Three or more examinations scheduled for one day.
- Military obligation.
- Work or employment related reasons, if they existed prior to publication of the examination schedule and the employer verifies the need for the request.
- Illness that clearly renders the student incapable of demonstrating their achievement through the exam.
- Death or serious illness of family members that are verified as in four above.
- Personal or family events that are verifiable and deemed sufficiently cataclysmic to warrant the student's absence from campus.

Planned "emergency" or "extraordinary circumstances" are generally not honored. For example, circumstances typically not approved for final exam rescheduling may include: family vacations, weddings, baptisms, family reunions, medical tests, dental appointments, job interviews, fishing trips. For courses in the College of Arts and Sciences, final exam rescheduling requires submission of the "Final Exam Change Form" which is located on the College of Arts and Sciences website or at this link: <https://www.uwec.edu/blugold-central/academic-planning/final-common-exam-schedules/>.

Academic Conduct and Misconduct

The student's work is expected to be theirs alone, unless prior approval for assistance has been granted by the instructor. Students are expected to acknowledge appropriately, ideas borrowed from the work of others, through use of quotation marks for short quotations, setting off of longer quotations, and identification of the sources of both direct quotations and materials paraphrased or summarized according to the *Publication Manual of the American Psychological Association*. Failure to acknowledge such resources will be considered academic dishonesty and will be handled according to University policy.

FALSIFICATION OF ANY PATIENT/CLIENT RECORDS OR MISREPRESENTATION OF A STUDENT'S NURSING ACTIONS IN RELATION TO PATIENTS/CLIENTS IS REGARDED BY THE FACULTY AND ADMINISTRATORS OF THE COLLEGE OF NURSING AND HEALTH SCIENCES AS ACADEMIC MISCONDUCT AND SUBJECT TO DISCIPLINARY ACTION.

University policies regarding academic misconduct as well as information regarding student academic grievance procedures and student disciplinary procedures available at the Dean of Students web site.

Student Rights and Opportunities

Student Academic Grievance Procedures

The Department of Nursing recognizes the value of student concerns and therefore addresses student complaints or grievances in the following manner:

The University of Wisconsin-Eau Claire has an appeal and grievance policy governing academic matters. This policy defines the general rules regarding what issues may be appealed and the procedure to be followed for filing a grievance. The College of Nursing and Health Sciences operates in conformity with the University academic grievance procedures and policies.

The University defines an academic grievance as an allegation by a student of substantial and unjustified deviation, to the student's detriment, from any of the following:

1. Officially announced or published policies, procedures, and/or requirements regarding admission into programs, schools, or individual classes;
2. Officially published grading policies of the University;
3. The instructor's requirements for a course as announced to the class at the beginning of the semester;
4. The instructor's own grading policies as announced to the class or as demonstrably applied to other students in that same class.

Before submitting a formal grievance, the Informal Resolution Procedures of the College of Nursing and Health Sciences are to be followed. The Informal Resolution Procedures must be initiated within 30 days of the conclusion of the term when the alleged deviation occurred and prior to submitting a formal academic grievance.

The informal resolution procedures include the following steps:

1. The student should first meet with the person (i.e., respondent) to whom the grievance is directed (e.g., instructor or department chair).
2. If resolution is not achieved at any level, the student may consult with the person at the next level of decision making. Students should follow the appropriate consultation protocol sequence: instructor, course coordinator, department chair (undergraduate)/program director (graduate), associate dean. Students enrolled in online degree programs should consult their program director.

If resolution is not achieved through the informal resolution process, and the student wants the grievance to be considered further, the student must file a Formal Student Academic Grievance and follow that procedure. The student will be directed by the associate dean with whom they have been working.

Formal Student Academic Grievance Procedure

If the student is not satisfied with the results obtained by following all of the above applicable procedures for informally resolving the concern and wants the grievance to be considered further, the student may file a Formal Academic Grievance according to the procedures established in the UW-Eau Claire grievance policy (available at the Dean of Students Office website: <https://www.uwec.edu/dean-of-students/>).

Other information of interest that can be found at the UWEC Dean of Students website includes university policies on codes of conduct, affirmative action, and sexual harassment. Students are encouraged to familiarize themselves with this information.

Approved 12/5/19.

General Suggestions

If students have a complaint about or a suggestion for improvement of a course or some aspect of the Nursing program, they are encouraged to make those thoughts known to the Nursing Department faculty/IAS and administration. The department faculty/IAS strive to improve the educational experiences for students in the programs. Students are encouraged to talk about their ideas with academic advisors, course instructors, the Nursing Graduate Programs Director, the department chair, the Associate Dean, or the CONHS Dean. Student concerns may be referred to student representatives on department committees, who may talk with committee chairs about putting the item on a meeting agenda. Students are permitted to attend department meetings, which are open, to present requests or ideas. They may also wish to include their ideas for course/program improvement on course evaluation forms or as part of their response to student surveys.

Other Student Rights

Evaluating Educational Experiences - Students have the opportunity to participate in the evaluation of their educational experience. The Nursing Program offers this opportunity through a variety of mechanisms. Each semester students have a chance to provide feedback to the Department about each course and the instruction they receive. Normally,

evaluations are done at the end of the semester and within the classroom setting. The results of student evaluations of faculty are not shared with faculty until after grades have been turned in for that semester. Course evaluations are reviewed on a regular basis by the department curriculum committee and where needed, recommendations for changes are made to the Department of Nursing faculty.

Essential Abilities for Students in Undergraduate and Graduate Nursing Program

Preamble - The University of Wisconsin–Eau Claire, College of Nursing and Health Sciences, welcomes and invites persons with disabilities into professional nursing education whenever possible, making modifications and accommodations as possible within the capacities of our resources and expertise. While there are limitations on the extent of modifications and accommodations that can be provided within a program that does not specialize in disability education, we are committed to facilitating baccalaureate and graduate nursing education for qualified individuals whenever possible, including individuals with disabilities. For circumstances in which we are not able to accommodate an individual's needs due to disability status, we will do our best to refer students to appropriate support services.

The following ***Essential Abilities of UW-Eau Claire Nursing Students*** apply to students in the UW-Eau Claire Nursing programs. Students who, due to documented disability or other limitation, do not fully meet these abilities, may request accommodations consistent with requirements for meeting course and program objectives. When possible the UW-Eau Claire Nursing programs will work with university services and clinical partners to assist students in meeting course and program requirements while maintaining student and patient safety and effectively facilitating highest quality client health outcomes.

Essential Abilities: Safe and Effective Care - The University of Wisconsin–Eau Claire, College of Nursing and Health Sciences, represents to its internal and external constituents that recipients of the baccalaureate or higher degree from a UW-Eau Claire Nursing program have been educated to practice professional nursing safely and effectively in a wide variety of healthcare settings, and that pre-licensure BSN graduates are eligible to apply for RN licensure in the State of Wisconsin. In light of this, UW-Eau Claire's Nursing programs leading to licensure or advanced clinical practice require students to engage in a variety of complex and specific experiences. Successful completion of these experiences is necessary in order for the nursing student to demonstrate integration and application of the broad body of knowledge and skills essential for safe and effective professional nursing practice, across a wide spectrum of health and illness conditions and settings for the provision of care.

To this end, in order to practice safely and effectively, nursing requires a combination of physical abilities, motor skills, and sensory abilities; affective, interpersonal, and communication skills; cognitive abilities, behavioral and emotional sensitivity; and professionalism. These skills and abilities are essential not only to ensure the safety and effectiveness of professional nursing care for patients, but also to ensure the health, safety, and well-being of the nursing student, fellow nursing students, faculty, other healthcare providers, and the community. As such, nursing students are expected to demonstrate skills and behaviors consistent with the following essential abilities in order to successfully complete the Nursing programs at the UW-Eau Claire College of Nursing and Health Sciences. Students who demonstrate a pattern of behaviors that is not consistent with the essential abilities and their professional application may be removed from the teaching-learning setting or may be required to participate in remedial activities, as appropriate for the circumstances and to preserve safe and effective care. Students who, due to documented disability or other limitation, do not fully meet these abilities, may request accommodations consistent with requirements for meeting course and program objectives.

Essential Abilities: Physical and Motor Skills - The nursing student must have sufficient biological or accommodated: physical abilities and motor function so that they are able to execute movements required to provide general care and treatment for patients in all health care settings. For example: For the safety and protection of individuals, the nursing student must be able to perform basic life support, including CPR, and function physically in an emergency situation, both independently and with professional colleagues. The nursing student must have the ability, within reasonable limits, to safely assist an individual in moving, for example, from a chair to a bed, or from a wheelchair to a commode, using appropriate bioengineering equipment consistent with national guidelines (e.g., the National Institute of

Occupational Safety and Health), and to hold or otherwise care for infants and small children to meet their healthcare, emotional, and developmental needs. Fine motor skills and other psychomotor skills, including the use of one or both upper extremities, hands, and fingers, are needed for some essential activities. Students requiring uniform or clinical attire accommodations for personal religious beliefs must be able to perform all of the above activities safely, effectively, and in accordance with healthcare agency policy, while wearing the accommodated uniform.

Essential Abilities: Sensory - The nursing student must have sufficient biological or accommodated: visual acuity to see details near and at a distance, as well as be able to discriminate colors adequately for the clinical setting; auditory acuity to hear conversation and other sounds in order to assess and protect the health and safety of individual patients and others in the vicinity; and intact tactile sensation to assess (e.g., hot/cold; rough/smooth) and perform appropriate professional nursing functions. Sight and hearing are also necessary to communicate accurately and effectively. Auditory-visual-tactile perception and integration are needed to perform most essential nursing functions.

Essential Abilities: Situation-Appropriate Affect, Communication, and Interpersonal Skills - The nursing student must have sufficient biological or accommodated: effective communication with others. Effective communication requires consistency of message, integration of information, synchrony with circumstances and other data, and effective interpersonal skills. Situation-appropriate affect and judgment are necessary to convey emotions appropriate for the circumstances, to engage in interpersonal communication effectively and sensitively, and to respond appropriately to a wide variety of interpersonal circumstances and demands. The nursing student must express their ideas clearly and appropriately. (See also Behavioral/Emotional section below.) A nursing student must be able to convey or exchange information to establish and maintain patient-centered relationships; conduct an appropriate health history; identify problems presented; explain alternative solutions; give directions during treatment and post-treatment; and work effectively with all professional colleagues and team members. The nursing student must be able to communicate effectively in oral and written forms and interpret non-verbal communication. They must be able to process and communicate information on the patient's status with accuracy and in a timely manner with other members of the healthcare team.

Essential Abilities: Cognitive - The nursing student must have sufficient biological or accommodated: cognitive abilities to be able to measure, calculate, reason, analyze, integrate, synthesize, and make appropriate clinical judgments in the classroom and in a wide variety of clinical settings. The nursing student must be able to quickly read and comprehend extensive written material, as well as comprehend oral communication. The student must be able to enter and process electronic information using a variety of current technologies. They must also be able to effectively gather information to assess and evaluate individuals, families, groups, and community/environmental situations, and act in a timely fashion using critical thinking. Likewise, the nursing student must be able to select from a wide array of existing information, to assess and evaluate that information and take action that shows evidence of intact integrative functions and critical thinking. Effective clinical judgment requires the integration of information that results in rational, timely, and informed action, and the appropriate anticipation of consequences associated with those actions (or inactions). They must be able to engage in critical self-evaluation, including demonstrating a willingness and ability to give and receive feedback and to make a correct judgment in seeking supervision and consultation in a timely manner. English-language ability in all of the above is required.

Essential Abilities: Behavioral/Emotional Sensitivity - The nursing student must have sufficient biological or accommodated: psychoemotional ability required to fully use their cognitive abilities, employ good judgment and carry out responsibilities in a timely manner with respect to professional nursing practice. In addition, nursing students must be able to quickly develop and maintain professional, sensitive, and effective relationships with individual patients, families, students, team members, faculty, and others with whom they have professional contact, regardless of circumstances. In the practice setting these circumstances can frequently be stressful and require immediate appropriate response. Nursing students must be able to control impulsive behaviors and act in a socially responsible way regarding their own behavior, recognize the same in others, and take appropriate action as warranted. The nursing student is expected to have the psychoemotional stability to function effectively under stress and to adapt to the healthcare environment, which can change rapidly and unpredictably. The nursing student must be able to experience empathy for the situations and circumstances of others and effectively communicate that empathy. Nursing students

must be cognizant of their values, attitudes, beliefs, affect, and experiences, and how these attributes or experiences may influence their own perceptions, behaviors, and relationships with others. Nursing students must be able and willing to examine and change their behavior when it interferes with relationships with others so that they can function effectively and collaboratively in diverse academic and professional work environments.

Essential Abilities: Professional Conduct - The nursing student must have sufficient biological or accommodated: ethical and professional manner at all times, adhering to the professional code of ethics, professional standards, and workplace/academic ethics and standards, including those standards related to the use of social media. They must possess characteristics including integrity, honesty, compassion, empathy, altruism, responsibility, maturity, respect, and acceptance of differences. Nursing students must be able to engage in healthcare delivery in all settings and be able to provide care to all client populations, including but not limited to children, adolescents, adults of all ages, all genders, individuals with disabilities, medically compromised individuals, individuals from all socioeconomic strata, and other vulnerable populations. Professional conduct is expected in both academic and clinical/community environments. Behaviors demonstrating acceptance of and respect for diversity are expected, including but not limited to race/ethnicity, gender, sexual orientation, religion, national origin, and ability/disability. Nursing students are expected to meet UW-Eau Claire's attendance requirements in all courses and clinical activities. Academic integrity must be maintained in all clinical and classroom experiences.

Reasonable Accommodation for Disabilities

UW-Eau Claire provides reasonable accommodation to qualified students with disabilities. Upon admission, a nursing student who discloses a disability and requests accommodation may be asked to provide documentation of their disability for the purpose of determining appropriate accommodations. The UW-Eau Claire College of Nursing and Health Sciences will make every attempt to provide reasonable accommodations whenever possible, but is not required to make modifications that would substantially alter the nature or requirements of courses or programs, or to provide auxiliary aids that present an undue burden. To progress in the curriculum, the nursing student must be able to demonstrate satisfactory achievement of course and program objectives, either with or without negotiated accommodations. The student is responsible for disclosing the need and engaging in the process to determine appropriate accommodations prior to the academic or other activities and is responsible for providing documentation to substantiate the disability and need for accommodations in a timely manner.

Requests for accommodation should be directed to:

UW-Eau Claire Services for Students with Disabilities

Centennial Hall 2106

(715) 836-5800

<http://www.uwec.edu/ssd/index.htm>

Acknowledgements and References - This policy has been significantly modified from Katz, J.R., Woods, S. L., Cameron, C.A., & Millam, S. (2004). Essential qualifications for nursing students. *Nursing Outlook*, 52, 277-288, as well as informed by these other key sources:

- American Association of Colleges of Nursing (1998). *The essentials of baccalaureate education for professional nursing practice*. Washington, D.C.: Author
- U.S. Equal Employment Opportunity Commission (EEOC), Facts and Guidance, Disability Discrimination. Available at: <http://www.eeoc.gov/>
- Wilkerson, D.J., Watson, J.E., & Hutchens, S.H. (2005). *Medical students with disabilities: A generation of practice*. Washington, DC: Association of American Medical Colleges.
- University of Wisconsin-Milwaukee, College of Nursing, Policy on Essential Abilities, Faculty Document #(80-05) 073B.

APPROVED 2/18/2010 Dept. of Nursing; updated 7/12, 1/16, 12/8/22.

Students in need of accommodations are to work with the Services for Students with Disabilities Office to provide documentation and are to contact the appropriate course faculty, as soon as possible, preferably prior to the start of each term.

VI. MSN Scholarly Project

Completion of a scholarly project is an option to meet the research requirement for the Master of Science in Nursing degree. This project may be an independent one or may be conducted in conjunction with a faculty project.

The scholarly project or thesis is designed to serve as the culmination of the research thread in the nursing graduate program. As such, it focuses on participation in research and research utilization and may be implemented through proposal development, synthesis of research literature, data collection, analysis, dissemination, or research utilization projects. Information regarding this project will be discussed in graduate courses throughout the program, and the project will be carried out in NRS794 (2 credits).

Characteristics of the Scholarly Project

The Scholarly Project...

Should be...

- Substantive, realistic
- Able to be completed in one semester

Is...

- A course for two credits (not variable credit as in directed study or thesis)
- Graded Satisfactory/Unsatisfactory
- An independent student endeavor, but it may be coordinated with the work of one or more other students and one or more faculty (e.g. body of literature might be the same but the population or data different)
- The end product of the research track

Has...

- An oral presentation
- An open invitation to faculty and students to attend the presentation
- More latitude than a thesis

May (optional)...

- Have a formulated committee
- Be a thesis proposal; in which case the proposal meeting would meet the requirement for the presentation.
- Meet as a group
- Have any of the following as an output:
 - Professional presentation
 - Written document
 - Article for publication (could be first draft)
 - Videotape
 - Artistic presentation (music, drama)
 - Poster presentation
 - Computer program

The **Scholarly Project Form** is completed by the student, signed by the scholarly project adviser and forwarded to the Nursing Graduate Programs Director for inclusion in the student's file. *This form should be completed within the first three weeks of the semester in which the student is enrolled in NRS794.* Before this form is completed, students must talk to their scholarly project advisor and discuss plans for their project. Note that the academic advisor is not necessarily the scholarly project advisor. The scholarly project advisor will e-mail the Nursing Graduate Programs Director regarding agreeing to serve as advisor. Permission to register for NRS794 is then granted by the Director. Permission to register is provided by the Academic Department Associate following notification by the scholarly project advisor and permission of the Director.

The student selects and implements an aspect of the scholarship/research process with guidance from a nursing graduate faculty adviser. The project culminates in a product and an oral presentation.

The specifics of the project originate through student and adviser collaboration. An overall objective is that the student demonstrates a commitment to research/scholarship through proposal development, synthesis of research literature, data collection, analysis, dissemination, or research utilization. The project is the culmination of the research thread in the graduate nursing program and is completed in the last semester of the program.

Public Presentation of the Project

A 30-minute presentation will be given during the semester in which the student completes NRS 794. Scholarly Project presentations are normally scheduled the week before finals week on “Scholarly Project Day”. As many students and faculty as possible attend these presentations. Scheduling of this presentation is done through the Chair of the Graduate Curriculum Committee and Nursing Graduate Programs Director.

Scholarly Project Abstract

Following the public presentation, the completed and signed **Scholarly Project Abstract Form** plus 1 copy (see Scholarly Project Abstract Form online) will be submitted to the Nursing Graduate Programs Director for filing and also the student’s file.

For students who choose the thesis option, the thesis proposal meets the objectives of the scholarly project. The following pages provide detailed information on conducting a formal thesis. All students will need to be knowledgeable about the section on Protection of Human Subjects in Research regardless of whether a scholarly project or thesis is chosen.

There is a great deal of information on the following pages and in the Appendices related to the thesis option. Students also should consult the “Thesis Manual” available on the Graduate Studies web site. Students preparing for the Scholarly Project may also find this information of interest.

VII. MSN Thesis Option

Requirement for Degree

Students in the Master of Science in Nursing program have the option of conducting a thesis (course number 799). Execution of the thesis entails development and completion of a nursing research project, using systematic investigative methodology. It may or may not include a pilot study, depending on the problem and methodology of the study. The thesis committee, together with the student will determine whether or not a pilot study is necessary. Acceptable topics are negotiated with the thesis committee.

Thesis Committee

Please refer to Graduate catalog. The thesis committee is composed of at least three doctorally prepared members of the UW-Eau Claire graduate faculty, two of whom are Nursing faculty, and includes the major thesis adviser. One member from a department other than nursing is selected. Since the oral examination committee includes the academic adviser, the academic adviser is almost always chosen as a member of the thesis committee. Other UW-Eau Claire faculty holding professional rank or qualified persons who are not faculty may be invited to join the committee, but are considered extra, nonvoting members.

Responsibilities of the thesis committee include:

1. Guides student in development of methodology for research.
2. Approves thesis proposal.
3. Advises students regarding content of thesis.
4. Usually serves as oral examination committee.
5. Approves final thesis.
6. Thesis committee approval by the University Dean of Graduate studies.

Thesis Adviser

The Chairperson of the thesis committee is a graduate nursing faculty member selected by the student with advice and approval of the academic adviser. The thesis adviser is chosen after the student has tentatively identified a research problem and, ideally, before initial registration for thesis credits. The faculty member selected agrees to become the thesis adviser before further procedures are implemented.

Responsibilities of the thesis adviser include:

1. Provides guidance and instruction in writing the proposal and thesis.
2. Assists student in selecting additional members of the thesis committee.
3. Reserves rooms for thesis committee meetings after meetings are scheduled.
4. Assists student in determining appropriate channels for agency clearance for research involving human subjects.
5. Chairs thesis committee meetings.
6. With student, sets date for oral defense.
7. Reports results of the oral examination to the Associate Dean of the College of Nursing and Health Sciences and the University Dean of Graduate Studies.
9. Submits thesis grade.

University Thesis Procedures

A handout including specifications and procedures for the thesis is available from the office of Graduate Studies. This handout, entitled "Thesis Manual" can be found at the Graduate Studies website.

Protection of Human Rights in Research

The students should familiarize themselves with the ANA Human Rights Guidelines for Nurses in Clinical and other Research (ANA Publication Code D-46 5M). The student should design the methodology of the study keeping in mind the protection of human subjects. The UW-Eau Claire and the UW-Eau Claire College of Nursing and Health Sciences

policies for protection of human subjects have as their purpose the protection and welfare of human subjects involved in research. Safeguarding of human subjects protects the researcher and the institution as well as the subject.

Each thesis proposal will be reviewed first by the UW-Eau Claire Nursing Research Participation Review Subcommittee (NRPRS) and, secondly, by the UW-Eau Claire Institutional Review Board for the Protection of Human Subjects (IRB).

Policies and procedures for the protection of human subjects in research can be found online at <https://www.uwec.edu/orsp/faculty-academic-staff/research-using-human-subjects/>.

A request for IRB approval should be completed carefully and submitted to the review committee chairpersons well in advance of scheduled meetings.

The completed Request and any supporting documents are submitted along with the research proposal to the thesis committee chairperson for approval prior to submission to review committees.

MSN Student Proposals Requiring IRB Approval

- a. The Nursing Research Participation Review Subcommittee (NRPRS) is a subcommittee of the Graduate Curriculum and Admissions Committee (GCAC). The Subcommittee chair and four graduate faculty members are appointed by GCAC for two year, staggered terms. All graduate faculty members rotate subcommittee membership. Subcommittee members are to provide evidence of completion of the CITI IRB Training for the Social-Behavioral Educational Researchers Course at the start of their term.
- b. The single purpose of the NRPRS is to review all student proposals involving human subjects to assure that all studies respect the rights and welfare of the individual(s) involved, utilize appropriate methods to secure informed consent, and have duly considered the risks and potential benefits of the investigation for participants. This includes all proposals submitted for Exempt & Expedited Review, and proposals requiring a full IRB Review prior to their submission to the University. **The NRPRS review is not intended to be a critique of the proposal.**
- c. UW-Eau Claire IRB materials are submitted to the NRPRS chair and University IRB via the BPLogix eForm system. Please see the Office of Research and Sponsored Programs (ORSP) IRB web site for information regarding the submission process using the BPLogix eForm system (<http://www.uwec.edu/ORSP/IRB/guide/>). The following steps are to be followed in the Department of Nursing:
 - i. Student completes the CITI IRB Training for the Social-Behavioral Educational Researchers Course if not previously done. This process will only need to be completed before beginning one's very first IRB application.
 - ii. Student completes proposal forms in BPLogix and submits them to faculty advisor via the BPLogix system.
 - iii. Faculty advisor may edit the forms in BPLogix or send corrections to the student.
 - iv. When faculty advisor is satisfied with the proposal changes, the student submits, via e-mail, a PDF copy of all forms and attachments to the NRPRS chair. The forms can be converted to PDF at any time by selecting "Print" at the bottom of the forms and printing to Cute PDF Writer or Adobe PDF. Such PDF files cannot be directly edited without Adobe Acrobat, although comments can be inserted.
 - v. The subcommittee chair will distribute (via e-mail) PDF copies to one member of the subcommittee if the proposal qualifies for an exempt or expedited review, and copies to two members if the proposal requires a full review. The members will review the proposal as noted in item "b" above and return the proposal with identified changes, if needed, to the subcommittee chair within one week if possible. The subcommittee chair will review the changes noted, communicate any concerns to the student and faculty advisor, and request changes to the proposal and forms if needed. **The subcommittee chair will notify the student, faculty advisor, and Nursing Department Chair via e-mail when necessary changes are made and the project is approved by the NRPRS.**
 - vi. The student and faculty advisor will then forward the IRB forms and attachments to the Nursing Department Chair via BPLogix. If in agreement, the Nursing Department Chair then forwards the materials to the University IRB via BPLogix. Submitting the full research proposal to the University IRB is optional, but can be helpful, particularly if it may add clarity to the forms. The entire process will be completed within two weeks.

- vii. The student must submit a *Project Status Form – Change/Renewal/Termination* at least once per year following initial approval, and then upon termination of the project.
- d. Students requiring IRB approval from additional settings, such as a health care agency, must seek UW-Eau Claire IRB approval prior to or concurrently with the agency IRB request.

Suggested content of the research proposals/thesis and the schedule/progression of the process can be found in Appendix D.

Form and Style

The Publication Manual of the American Psychological Association (A.P.A. current edition) governs the style and format of the thesis. A handout entitled, "Thesis Manual," available online from the office of Graduate Studies, should be obtained and complied with regarding additional form and style characteristics. Where form and style specifications of the A.P.A. Publication Manual are in conflict with those of the University, students must adhere to the University.

Suggested organization of contents of the thesis is included in Appendix D.

General Considerations

Student Responsibilities:

1. The student is responsible for typing and duplicating the proposal, request forms (for approval for use of human subjects in research), thesis, and other forms/papers necessary for thesis committee and human subjects review committee use.
2. The student is responsible for distributing necessary materials to thesis committee members at least one week prior to scheduled meetings. Failure to do so may result in the necessity of rescheduling the meeting.
3. The student is responsible for scheduling thesis committee meetings with committee members at times when all members can be present (with the exception of the oral defense, which is scheduled with the help of the thesis adviser).
4. The student is responsible for using appropriate channels and following agency specifications for permission to contact subjects in agencies. Some agencies have Protection of Human Subjects review boards, while others do not. The thesis adviser will assist the student in determining appropriate channels for gaining necessary permission before the research is implemented.

Necessary Copies of Thesis

In addition to submission of a pdf (digital) copy of the thesis to the Office of Graduate Studies, one bound copy should be submitted to the College of Nursing and Health Sciences Learning Resources Center for filing (Note: Consult the Nursing Graduate Programs Director for current requirements). Moreover, it is customary to present each thesis committee member with a final copy of the thesis, which can be bound in any manner the student wishes. Occasionally it is appropriate to provide a bound copy of the thesis to the cooperating agencies where data were collected. The appropriateness should be discussed with the Chair of your thesis committee. Please see the *Thesis Manual* available from the Graduate Studies Office.

Copyright Information

Information on minimum standards for copyright fair use is included in Appendix E, along with a sample letter requesting permission to copy. The student may need to request permission to copy if diagrams (models), figures, etc. are to be reproduced for distribution e.g., as part of a handout for a research presentation (See current A.P.A. Publication Manual.)

Permission to Quote

See Appendix F for example of letter to publisher requesting permission to quote (generally sought if quotation is over 50 words in length). (See APA Publication Manual.)

Grading

Students who do not complete the thesis during the semester in which they are registered for thesis credit will be given a grade of PR. This grade signifies that the research is still in progress. Once the thesis is completed, the grade of "satisfactory" or "unsatisfactory" is determined by the Oral Examination Committee. A "satisfactory" result is reported if a majority of the committee votes in favor of reporting "satisfactory."

"Graduation Only" Enrollment

Students who have completed all enrollments for credits required for the degree and are working only on thesis examinations are required to enroll for "graduation only" during the semester in which they will be completing these degree requirements for graduation. The enrollment fee for "graduation only" will be equal to the established fee for one credit. This fee is exclusive of the fee for graduation. Another option is for the student to enroll in one credit of thesis, NRS799. This is strongly recommended when there is considerable work that needs to be done on the thesis and faculty guidance and time will be required throughout the enrollment period.

VIII. DNP Project

The DNP project is designed to serve as the culmination of the Doctor of Nursing Practice degree program. Students develop a nursing practice field project in a phenomenon of interest that focuses on advancing the nursing profession. Through the project, students demonstrate advanced levels of clinical judgment, systems thinking, and accountability in the design, delivery, and evaluation of evidence-based practice to improve health care outcomes for the phenomena of interest. This project is designed as a clinical scholarship project allowing students to demonstrate expertise in practice and will be individualized based on their prior experiences and projected career goals. The project integrates the role of the DNP-prepared individual in a health care environment that includes utilization of leadership, consultation, advocacy, and collaboration. The project involves in-depth work with experts from nursing and other disciplines.

Initial exploration and work in developing the ideas for the project occurs in NRSG 801 Philosophical, Theoretical, & Ethical Foundations for Advanced Nursing Practice. The remaining work on the project occurs in NRSG 892 DNP Project I (1 credit), NRSG 893 DNP Project II (3 credits), and NRSG 894 DNP Project III (3 credits).

As part of the Project requirement students will give a public presentation of their project. A scholarly paper also will be required.

All associated guidelines, including the DNP Project Handbook, and documents required to be completed related to the project are available in Canvas or MyBlugold.

Protection of Human Subjects

If the project involves human research, the students should familiarize themselves with the ANA Human Rights Guidelines for Nurses in Clinical and other Research (ANA Publication Code D-46 5M). The UW-Eau Claire and the UW-Eau Claire College of Nursing and Health Sciences policies for protection of human subjects have as their purpose the protection and welfare of human subjects involved in research. Safeguarding of human subjects protects the researcher and the institution as well as the subject. Policies and procedures for the protection of human subjects in research can be found at the following UWEC website: <https://www.uwec.edu/orsp/faculty-academic-staff/research-using-human-subjects/>.

Each research proposal will be reviewed first by the UW-Eau Claire Nursing Research Participation Review Subcommittee (NRPRS) and, secondly, by the UW-Eau Claire Institutional Review Board for the Protection of Human Subjects (IRB).

Nursing Research Participation Review Subcommittee

Student Proposals

- a. The Nursing Research Participation Review Subcommittee (NRPRS) is a subcommittee of the Graduate Curriculum and Admissions Committee (GCAC). The Subcommittee chair and four graduate faculty members are appointed by GCAC for two year, staggered terms. All graduate faculty members rotate subcommittee membership. Subcommittee members are to provide evidence of completion of the CITI IRB Training for the Social-Behavioral Educational Researchers Course at the start of their term.
- b. The single purpose of the NRPRS is to review all student proposals involving human subjects to assure that all studies respect the rights and welfare of the individual(s) involved, utilize appropriate methods to secure informed consent, and have duly considered the risks and potential benefits of the investigation for participants. This includes all proposals submitted for Exempt & Expedited Review, and proposals requiring a full IRB Review prior to their submission to the University. **The NRPRS review is not intended to be a critique of the proposal.**
- c. UW-Eau Claire IRB materials are submitted to the NRPRS chair and University IRB via the BPLogix eForm system. Please see the Office of Research and Sponsored Programs (ORSP) IRB web site for information regarding the submission process using the BPLogix eForm system (<https://www.uwec.edu/orsp/faculty-academic-staff/research-using-human-subjects/>). The following steps are to be followed in the Department of Nursing:

- i. Student completes the CIT IRB Training for the Social-Behavioral Educational Researchers Course if not previously done. This process will only need to be completed before beginning one's very first IRB application.
 - ii. Student completes proposal forms in BPLogix and submits them to faculty advisor via the BPLogix system.
 - iii. Faculty advisor may edit the forms in BPLogix or send corrections to the student.
 - iv. When faculty advisor is satisfied with the proposal changes, the student submits, via e-mail, a PDF copy of all forms and attachments to the NRPRS chair. The forms can be converted to PDF at any time by selecting "Print" at the bottom of the forms and printing to Cute PDF Writer or Adobe PDF. Such PDF files cannot be directly edited without Adobe Acrobat, although comments can be inserted.
 - v. The subcommittee chair will distribute (via e-mail) PDF copies to one member of the subcommittee if the proposal qualifies for an exempt or expedited review, and copies to two members if the proposal requires a full review. The members will review the proposal as noted in item "b" above and return the proposal with identified changes, if needed, to the subcommittee chair within one week if possible. The subcommittee chair will review the changes noted, communicate any concerns to the student and faculty advisor, and request changes to the proposal and forms if needed. **The subcommittee chair will notify the student, faculty advisor, and Nursing Department Chair via e-mail when necessary changes are made and the project is approved by the NRPRS.**
 - vi. The student and faculty advisor will then forward the IRB forms and attachments to the Nursing Department Chair via BPLogix. If in agreement, the Nursing Department Chair then forwards the materials to the University IRB via BPLogix. Submitting the full research proposal to the University IRB is optional, but can be helpful, particularly if it may add clarity to the forms. The entire process will be completed within two weeks.
 - vii. The student must submit a *Project Status Form – Change/Renewal/Termination* at least once per year following initial approval, and then upon termination of the project.
- d. Students requiring IRB approval from additional settings, such as a health care agency, must seek UW-Eau Claire IRB approval prior to or concurrently with the agency IRB request.

IX. Post-Master's Certificate Programs

Nursing Education and Administration

1. Statement of Benefits
 - a. The Nursing post-masters certification program is designed to meet the needs of increasing numbers of master's-prepared nurses returning to the University for credit-bearing role preparation courses. The program makes better use of existing nursing courses while providing recognition for students' efforts in improving their educational preparation.
2. Target Audience and Long-term Needs
 - a. The target audience consists of registered nurses who have completed a master's degree in nursing and wish to obtain additional role preparation in education or nursing administration. This permits them to assume new job responsibilities. It also helps address local and regional nursing educator shortages
3. Goals
 - a. Our primary goal is to educate master's-prepared nurses to assume new leadership roles in the area of education or nursing administration. A secondary goal is to maximize use of existing graduate level courses.
4. Admission Requirements
 - a. Successful completion of a nationally accredited (CCNE or NLN) nursing master's degree program with a GPA of 3.0 or higher.
 - b. Wisconsin Registered Nurse licensure
5. Number and Array of Courses
 - a. Students enroll in the following courses for the nurse educator role preparation:
 - i. NRSB 730, Nursing Education I (6 credits)
 - ii. NRSB 731, Nursing Education II (7credits)
 - iii. Students should consult with the Nursing Graduate Programs Director for further information and requirements. Although not required for the post-master's certificate, students are encouraged to take NRSB 709 Advanced Physiology and Pathophysiology and NRSB 703 Advanced Clinical Concepts for Nurse Educators if they have not already had similar courses.
 - b. Students enroll in the following courses for the nurse administrator role preparation
 - i. NRSB 750, Nursing Administration I (6 credits)
 - ii. NRSB 751, Nursing Administration II (7credits)
6. Relationship to Existing Degree Programs
 - a. This post-master's certificate program uses existing graduate level nursing courses, offered in the existing scheduled rotation of courses, and using existing resources. Students will be admitted on a "space available" basis. Administration of the program will not differ from the current graduate program administration process. The Nursing Graduate Programs Director coordinates the admission of students for post-masters.

X. Clinical Information

Graduate Student Clinical Requirements

Background Checks

Based on Wisconsin state law, clinical agencies must have completed background checks for all students. The College of Nursing and Health Sciences requires student admitted to the Nursing program to complete background check materials which are submitted by the students to CastleBranch.com. CastleBranch.com conducts Wisconsin and out of state criminal record and healthcare fraud and abuse searches. Some clinical agencies also require the Wisconsin Department of Health and Family Services (DHFS) Background Information Disclosure (BID), a release for a Wisconsin Department of Justice Criminal Background Check. Further information regarding the Wisconsin Caregiver Law can be obtained from DHFS's Web site: www.dhfs.state.wi.us. Students participating in clinicals in Minnesota may be required to complete added background check(s) (with associated fees). Additional, including out of state, background checks (with associated fees) may be required by the College and by the clinical agencies. Clinical agencies may conduct further background checks. In addition to providing student background check findings, some clinical agencies require the College to submit photo images of students for identification and safety surveillance purposes.

Admission status to the nursing program is contingent upon return of criminal background check(s) with no findings that would prevent participation in the program. Because of background check or BID findings, clinical agencies may refuse placement of students based on the findings. This may prevent progression in or completion of the program. The findings also may affect future licensure, licensure good standing, and employment. A criminal history is not an automatic bar to clinical agency placement, program progression, licensure/certification, and/or future employment. Admitted students are under a continuing obligation to notify the Dean's Office at the College of Nursing and Health Sciences of any new or pending charges or violations of federal, state, and local laws or the campus student conduct code, or RN licensure encumbrances or status changes that occur at any future date and during their tenure as College of Nursing and Health Sciences students. Failure to notify the college may result in loss of good academic standing in the college and an inability to progress in the program.

Health & Clinical Record Requirements

Students are not permitted to participate in clinical course work and experiences unless all health record information, including immunizations, TB tests, CPR certification, personal health insurance coverage, RN licensure, background checks, and other health or clinical requirements are current and cleared/approved. Please refer to the Health and Clinical Record Guidelines on the web. Some clinical sites require students to have proof of personal health insurance coverage; therefore, students must be able to provide proof of personal health insurance if asked. Students are under a continuing obligation to notify the Dean's Office at the College of Nursing and Health Sciences of any lapses in personal health insurance coverage. All requirements are subject to change as clinical facility requirements evolve. Non-immune status may affect clinical placement and ability to progress or complete the program. Graduate students must have current WI RN licensure. TB test requirement for graduate students to be completed by April 1st of the year they begin their clinical site role preparation courses; all other requirements to be met upon admission to the program. WI RN licensure must be maintained throughout the program. Appropriate RN license required for clinical placement.

A student who fails to comply with the health requirements will not be permitted to enroll or continue in clinical nursing courses. Health requirements must be documented by July 1st following admission to the graduate program and updated annually.

Health Insurance Requirement and Health Expenses and Risks

All expenses associated with health surveillance and care are borne by the student unless the Student Health Service specifically indicates otherwise. Students are not covered by health or accident insurance by UW-Eau Claire, the College, the practicum facility, or the practicum institution. In addition, workers' compensation insurance does not cover students. If a student suffers a needle stick or is injured while in practicum, they are personally responsible to pay for all medical bills and therefore will need personal health insurance.

Due to occupational exposure to blood or other potentially infectious materials, health care workers are at risk of acquiring Hepatitis B Virus infection and other serious infections. Students are considered to be at increased risk for

needle-stick injuries. Such accidents can also be costly (e.g., student and patient testing, ER injury management, chemoprophylaxis, and potential illness care). The student, not the College, University, or clinical agency, is responsible for these expenses should an accidental exposure occur during a clinical experience.

Some clinical sites require students to show proof of personal health insurance; therefore, nursing students are required to maintain health insurance for the duration of their education. Students must be able to provide proof of health insurance coverage if requested by clinical agencies. Students are under a continuing obligation to notify the dean's office of the College of any lapse in personal health insurance coverage.

Clinical Behavior Expectations

When students are participating in clinical (including immersion experiences) they are representatives of the Department of Nursing. Students are expected to conduct themselves in a professional manner. The clinical setting, or in the case of immersion experiences, the full immersion experience (including the housing site) is considered the professional practice environment. No alcohol is to be purchased, transported, or consumed by students en route, during, and when returning from clinical immersion experiences. This includes when driving or flying to and from the clinical site. Students are expected to be respectful of all faculty, student peers, professional colleagues, institutional staff, patients/clients and their family members or other visitors, community/clinical hosts, and community members. Respect and professional behavior are demonstrated through active engagement, participating in and contributing to a positive learning environment, honoring cultural beliefs, expectations and practices, and taking responsibility for personal behaviors. Attire in the clinical setting is required to follow the policies as addressed under UW-Eau Claire dress requirements in the student handbooks. Attire for and behavior at cultural events or activities, or during clinical immersion experiences, must be respectful of cultural expectations for the setting. Faculty may request students whose behavior is distracting, disruptive, disrespectful, inappropriate or otherwise unprofessional to leave the clinical site. Students may also be asked to leave the clinical site if not engaged in the teaching-learning activities. These behaviors may result in failure of the clinical course. *Approved 10/16/09; revised 10/16.*

Graduate students are expected to adhere to national competencies for specific role preparation clinical behaviors.

Approved 5/14/15

Students are expected to follow the policies of the clinical agencies; this includes policies regarding smoking and the use of tobacco and e-cigarette products.

CPR Certification

Current Basic Life Support for Healthcare Providers (American Red Cross) or Basic Life Support (BLS) Provider (American Heart Association) level cardiopulmonary resuscitation (CPR) certification, ACLS, or CPR Instructor status are required to continue in clinical courses. CPR certification is not allowed to lapse. Documentation due by July 1st following admission. Evidence of current certification must be uploaded to CastleBanch.com.

Dress

Students should dress appropriately for practicum experiences. Lab coats and/or name pins may be required. Contact your faculty instructor for questions.

Name Pin

A UWEC College of Nursing name pin (with legal first and last name) will be worn during all clinical assignments unless otherwise directed by the instructor or agency. A UWEC name pin will be provided. The designated staff member at either the Eau Claire (Nursing Room 127) or Marshfield site (program office) will order name pins with student legal first and last names and distribute them. If the name pin is lost, students are expected to order a replacement through the Nursing support staff at either the Eau Claire (Nursing Room 127) or Marshfield site (program office). Requests for replacements also can be made through the following link to a name pin request form:

https://uweauclaire.qualtrics.com/jfe/form/SV_e9TqFdZX3PWpcHz.

Liability Insurance

The University maintains general liability insurance which covers students while they are caring for patients or clients as part of a University course. It is also recommended that graduate students carry personal liability insurance obtained through a plan/agency of the student's choice.

Licensure

Graduate nursing students must hold current Registered Nurse licensure in the state in which practicum experiences will be implemented. Some courses may require clinical, educational, or administrative experiences in the Eau Claire area. It is necessary for all students holding RN licensure in states other than Wisconsin to obtain a Wisconsin RN license. Documentation of a current, unrestricted Wisconsin RN license is due by July 1st following admission to the MSN or DNP program, and maintained throughout the program. WI RN licensure must remain current.

Costs

Nursing is a professional discipline and students enrolled in the nursing program must anticipate some additional costs that are directly related to the nursing program. These include nursing textbooks, health requirements, background checks, nonrefundable application fees, transportation costs, extra course fees, etc.

Annual Safety Training (AST) Requirement—Includes Bloodborne Pathogen Annual Requirement

Evidence of completing the annual update will be maintained as indicated below.

- **Students:** Annually, it is the responsibility of the student to view the online materials and pass the quiz. This requirement will be met in the following courses prior to the start of on-site clinical experiences: CND 310, CND 480, and NRS 701, 709, 719, 722, 730, 741, 750, 805, 811, 813, 827, 831, 833, and 852. In the TBSN program this requirement will be met each fall in the following clinical courses: NRS 267, 317, 359, 447 or 428, and 477 and each spring in 267. Course coordinators or designees will monitor successful completion of the quiz and inform appropriate course faculty and students.

Policies Relating to Injuries and Exposure Risk in Clinical and Skills Lab Settings

1. Faculty/IAS and students are responsible for exercising reasonable prudence to prevent injury or risk. This means that faculty/IAS must be aware of risks inherent in situations to which students are exposed and assignments must be structured in a way that takes into consideration the student's capacity and readiness to deal with the risks. Faculty/IAS and students will comply with approved safety precautions so as to not compromise their own safety or that of others in the vicinity. Students having any work restrictions due to surgery, illness, injury, pregnancy, etc., should notify their clinical instructor immediately.
2. Both students and faculty/IAS will refer to the "Guidelines to Promote Safety and Prevent Infection with Bloodborne Pathogens for Students and Faculty/IAS in All Clinical Experiences".
3. All accidents, injuries, and exposure incidents (including needle sticks), either to themselves or their patients, are to be reported promptly to the supervising faculty/staff and appropriate agency personnel.
4. The instructor is responsible for documenting the event following the procedures of the College of Nursing and Health Sciences, UW-Eau Claire Safety & Risk Management, and the clinical agency.
 - Documentation of injury or exposure to a bloodborne pathogen, occurring to a student or College of Nursing and Health Sciences employee while **ON CAMPUS**:
 - a. Follow the UW-Eau Claire Bloodborne Pathogen Exposure Control Plan:
<https://www.uwec.edu/kb/article/risk-management-and-safety-bloodborne-pathogens-exposure-control-plan/>
 - b. Complete the UWEC College of Nursing *Incident Record of Injury or Exposure to Risk* form. The reporting form is available on the department SharePoint website under *Forms and Resources*. After all signatures are obtained, submit the form to the Dean's office (Main office at the MF site). This record is not kept in the individual's personal file.

- Documentation of injury or exposure to a bloodborne pathogen, occurring to a student or College of Nursing and Health Sciences employee while **ON SITE AT A CLINICAL AGENCY**:
 - a. Complete the clinical agency incident report. Do not submit this form to the CONHS. This is for the clinical agency only.
 - b. Complete the UWEC College of Nursing Incident Record of Injury or Exposure to Risk form. This form is available on the department SharePoint website under *Forms and Resources*.
 - c. Submit **only** the UWEC College of Nursing Incident Record of Injury or Exposure to Risk form to the Dean's office (Main office at the MF site), after all signatures are obtained. This record is not kept in the individual's personal file.
 - d. Follow the UW-Eau Claire Bloodborne Pathogen Exposure Control Plan:
<https://www.uwec.edu/kb/article/risk-management-and-safety-bloodborne-pathogens-exposure-control-plan/>
5. Nursing faculty/IAS and other CONHS employees who are injured or exposed must also complete the following:
- a. The UWEC Worker Compensation form. Submit the completed form to the UWEC Human Resources Office, and a copy to the CONHS Dean's office.
 - b. [Complete the Bloodborne Pathogens Post Exposure Incident Report Form available via the UWEC Bloodborne Pathogens Exposure Control Plan.](#)
6. Students must be advised they should notify their health insurance carrier of their academic activities involving bloodborne pathogenic materials. Neither UW-Eau Claire departments nor the Student Health Service will fund post-exposure follow up procedures should the student become exposed to bloodborne pathogens (UW-Eau Claire Exposure Control Plan, April, 2007).

Centers for Disease Control. (2013). Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for postexposure prophylaxis. *Infection Control and Hospital Epidemiology*, 34 (9), 1-48.

7/88; Reviewed 9/91; Rev: 8/00; Revised 10/09; 7/12; 1/15; edited 7/21, 6/22.

Guidelines to Promote Safety and Minimize Risks Associated with the Instruction and Practice

- ... of the Technical Skills within the Department of Nursing (On Campus, Clinical Learning Center, or Nursing Clinic areas)
1. Items coming in contact with mucous membranes or resulting in breaks in skin or vascular integrity will be considered as potentially infectious and handled with universal precautions to prevent transmission of infectious agents.
 2. Puncture-resistant containers will be used for the disposal of potentially infectious disposable items.
 3. All reusable items used in the Clinical Learning Lab will be cleaned and/or replaced according to standard best practices.
 4. All invasive procedures performed by students on humans in the Clinical Learning Center require faculty supervision.
 5. Practice of technical skills by students in the Department of Nursing will take place during designated supervised lab hours.
 6. Condition of equipment and supplies used for practice of technical skills will be monitored by a responsible faculty member.
 7. Students are responsible to promptly report any injury sustained during learning experiences to a faculty/IAS member.
 8. Completed UWEC Incident Record of Injury or Exposure Risk form will be submitted to the CONHS Dean's office. The completed form will then be kept in the Dean's office.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>
<http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>

Community-Based Clinical Practicum Guidelines

Guidelines for Clinical Experiences in Public Health Agencies, Residential Facilities, Homes, and Other Community Settings:

Community-based practicums involve specific planning to maximize effectiveness and maintain safety. The following guidelines are designed to help meet the above aims.

Clinical practicums may occur in community-based settings, in order to meet specific program requirements and course objectives. The purpose of community-based practicums is to learn to assess, plan, and deliver care for families, communities and populations (e.g., in schools, correctional facilities) in their natural environment.

Professional Conduct and Safety Guidelines

1. Standards of professional conduct and communication, as well as protection of client confidentiality, apply in community settings as in all other clinical settings. Additionally, conduct and communication are expected to be culturally sensitive.
2. Dress code guidelines of the clinical agency, Department of Nursing, and specific syllabus instructions are to be followed.
3. Professional nurse-patient boundaries must be maintained. Only *agency* contact information is to be shared with clients for follow-up.
4. Visit preparation and communication with the clinical instructor or preceptor is necessary for maximum safety and effectiveness. Most clinical visits are made by students in pairs. Specific timing, goals, and itinerary for the visit must be developed in advance with instructor or preceptor knowledge and approval. For example, students must be familiar with the setting's geographic location and travel by the safest direct route. Remember that cell/GPS service may not be available in rural areas.
5. Student safety is of highest priority. Maintain alertness to identify hazardous circumstances in the setting. If a student feels unsafe for whatever reason (e.g., alcohol or other substance use in the home, developing altercation, or visible presence of a weapon), **withdrawal from the situation is required**. Immediate contact with the clinical instructor must be made and documentation completed as instructed.
6. Students are encouraged to practice automobile safety precautions. Examples include being aware of fuel levels, weather conditions, and emergency numbers. Lock automobile doors; do not display valuables. Following a home or community visit, travel to a safe place, such as the agency, university, or local library to complete documentation. Please be aware that student driver authorization may be a requirement, depending upon the circumstances of university related travel.

Approved 4/8/16

APPENDIX A: UW-Eau Claire Graduate Faculty

| Faculty Member | Graduate Degrees | Scholarship Interests |
|----------------------------------|--|--|
| Kristen Abbott-Anderson, PhD, RN | M.S. University of Wisconsin-Madison School of Nursing, 2009; Major-Nursing; Minor-Education & Women's Studies Ph.D., University of Wisconsin-Madison School of Nursing, 2015; Nursing | Alzheimer's disease and related dementias (ADRD) Meaningful engagement Programming/opportunities for people living with ADRD & their care partners End of life care Women's health across the lifespan |
| Norah Airth-Kindree, DNP, RN | M.S.N., Nursing, University of Wisconsin – Eau Claire, 2005; Education & Family Health. D.N.P., University of Minnesota-Twin Cities, 2010 Subspecialty: Public Health Nursing. | Public Health Social justice Hispanic population & their health disparities (esp. health literacy) Global health Family Nursing |
| Mohammed Alasagheirin, PhD, RN | M.A., Yarmouk University Jordan, 2000 Physical Anthropology. M.S.N., The University of Iowa Nursing Ph.D., The University of Iowa, 2013 Nursing | Children Physical Growth bone growth Health of new immigrants and refugees Physical Activity Body Composition Biological Markers of Stress |
| Ann Aschenbrenner, PhD, RN | M.S.N., Adult Nurse Practitioner, Marquette University, Milwaukee, WI, 2001 Ph.D., Marquette University, Milwaukee, WI, 2013 | Evidence-Based Practice (EBP) with focus on Impact on Maternal-Newborn Outcomes Nursing Education, Simulation Civility; Forgiveness Interventions |
| Mary K. Canales, PhD, RN | M.S.N., Georgetown University, Washington, D.C., 1989, Nursing Administration Ph.D., University of Wisconsin-Madison, 1998; Major: Nursing; Secondary concentration: Curriculum & Instruction, Multicultural Education | Public health nursing Identity and health Social determinants of health/ Population health |
| Theresa Dachel, DNP, RN | M. S. in Nursing, UW-Madison, 2005 Adult & Gerontological Nurse Practitioner & Educator D.N.P., UW-Madison, 2018 Post-Master's Adult-Gerontology Primary Care | Health Promotion/Wellness Physical Activity Disease Prevention Professional and personal development |
| Beth Evans, PhD, RN | MNSc, University of Arkansas for Medical Sciences, 2009; Gerontology PhD, University of Arkansas for Medical Sciences, 2017; Nursing | Gerontological Advanced Nursing Practice Geriatric Psychiatry Nursing and Gerontological Education Electronic personal health record use among older adults Hospice & Palliative care |
| Gail Hanson Brenner, PhD, RN | MSN, University of Wisconsin-Eau Claire, 2005; Nursing Education Post-MSN Certificate, University of Wisconsin-Eau Claire, 2009; Nursing Administration PhD, University of Northern Colorado, Greeley, Co, 2022; Nursing Education | Nursing education Nurse faculty shortage Political astuteness |
| Debra Jansen, PhD, RN | MS, University of Wisconsin-Madison, 1992; Major-Medical-Surgical Nursing. PhD, University of Wisconsin-Madison, 1997; Major-Nursing; Secondary Concentration- | Well-being of community dwelling elders Cognitive function of elders and persons with chronic illness, e.g., MS Aging issues |

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|------------------------------|---|---|
| | Behavioral Neuroscience/Physiological Psychology | Importance of variety to older adult wellbeing Nursing and technology Stress |
| Megan Lagunas, PhD, RN | MEd, University of Washington, Seattle, 2015, Measurement and Statistics Program PhD, University of Washington, Seattle, 2016 | Interprofessional education Medical-surgical/critical care Simulation; Clinical Learning Pedagogy |
| Der-Fa Lu, PhD, RN | MA University of Iowa, 1991 Gerontological Nursing PhD University of Iowa, 2001 Gerontological nursing, Epidemiology | Care for older adults Human biofield interventions Oncology Health and Nursing Informatics |
| Sonja Meiers, PhD, RN, FAAN | M.S., Winona State University, Winona, MN, 1997 Adult Health/Nursing Education PhD, University of Minnesota, Minneapolis, 2002 Nursing | Family nursing care; Family health; Substance use disorder influence on family health Chronic illness experience for families Theory development; Measure development and testing Community-based participatory research methods Nurse-patient/family member interaction |
| Rachel Merkel, DNP, RN | M.S.N., University of Wisconsin-Eau Claire, 2005, Family Health/Nursing Education. D.N.P., Minnesota State University Moorhead, 2010. | Evidence-based practice with focus on childhood & family health Self-efficacy & chronic illness Type I Diabetes; Celiac Disease Nursing Education |
| Dalete Mota, PhD, RN | MN, Universidade de Sao Paulo, Brazil, 2003 PhD, Universidade de Sao Paulo, Brazil, 2008 | Assessment & management of fatigue & other symptoms in patients with cancer Instrument development & psychometric evaluation |
| Jeanette Olsen, PhD, RN | MSN, Viterbo University, La Crosse, 2009 PhD, University of Wisconsin-Milwaukee, 2015 | Health promotion in rural populations Standardized terminologies Women's health issues Nursing Education |
| Rachel Pierce, DNP, RN | MS, Purdue University Global, 2018 Family Nurse Practitioner DNP, Frontier Nursing University, 2022 | Family Practice Pediatric Wellness Sexual Assault Prevention Surgical Care Holistic Care |
| Linda Sargent, DNP, RN | MS, Silver Lake College, 2004 MSN, Viterbo University, 2011 DNP, Viterbo University, 2020 | Civility in Nursing Education & Practice |
| Lisa Schiller, PhD, RN | M.S., University of Wisconsin-Milwaukee Family Nurse Practitioner, 1997 PhD, University of Wisconsin-Milwaukee, 2010 Nursing | Family practice Rural health Agricultural health & safety Immigrant health |
| Melissa Skoff, DNP, RN | DNP, College of St. Scholastica, Duluth, MN Family Nurse Practitioner, 2017 Graduate Certificate, Adult Gerontology Acute Care Nurse Practitioner, 2021 | Advance care planning |
| Lorraine M. Smith, DNP, RN | MSN, University of Wisconsin-Eau Claire, 2003 Administration DNP, University of Wisconsin-Eau Claire, 2016 | Correctional health care Moral distress Moral resilience E-cigarettes and vaping Agricultural Health and Safety |
| Charlotte Sortedahl, DNP, RN | MS, MPH, University of Minnesota Twin Cities, 2007, in Environmental and Occupational | Leadership; Case Management Community Health |

| | | |
|--------------------------|---|---|
| | Health Nursing. DNP, University of Minnesota Twin Cities, 2010 | Journal Clubs Hospital Nurse Leader Surveys Essential Professional Behaviors of Nursing Students and New Nurses Transplants; Trauma Nursing |
| Arin Van Wormer, PhD, RN | MS, University of Minnesota, 2007; Major-Nursing Education, Minor-Educational Psychology. Post-Master's Certificate: CNS, 2010. PhD, University of Minnesota, 2010. | Adult Health Acute Care Palliative/End-of-Life Care Alternative/Complementary Therapies Nursing Education |
| Marie Walsh, DNP, RN | MSN, Walden University, Minneapolis, 2012 Nursing Education Specialization DNP, Walden University, Minneapolis, 2015 | Mental Health Addiction Nursing Acute Care Nursing Simulation Health and Wellness |

APPENDIX B: Graduate Assistants – Assignment and Functions

1. GENERAL POLICIES

1.1 College of Nursing and Health Sciences Policy Statement Pertaining to Employment of Graduate Assistants. Graduate students who are appointed as teaching, research or project assistants are in attendance at the College of Nursing and Health Sciences, University of Wisconsin-Eau Claire, essentially in a learner's role. The assisting function is that of assisting faculty in performing their creative, planning, teaching, service, and evaluative functions, not that of replacement of faculty. Therefore, the utilization of teaching, research or project assistants must be planned in terms of the total number of hours required of them--an average of thirteen hours per week for part-time employment, twenty hours for full-time employment--rather than task completion without reference to the amount of time required for its completion. Please see the Graduate Studies website for additional information. Nursing faculty have requested that the two graduate assistant positions assigned by the Graduate Studies Office be utilized to support faculty research and scholarship.

1.2 Qualifications. Graduate Assistants will be selected from students admitted to the Graduate Nursing Program whenever possible. A license to practice nursing in Wisconsin is required for teaching assistants and for research assistants if the assignment involves contact with patients. Please see Graduate Admissions Office website for additional requirements.

1.3 Period of Employment.

1.3.1 Academic year - from the beginning of the period designated for faculty orientation through finals week.

1.3.2 During University holidays - no assignments will be made except in those instances jointly agreed upon by the graduate assistant and the course coordinator/research supervisor.

1.3.3 Usual employment is 13.3 hours per week, with a weekly range of 5 to 15 hours.

1.4 Orientation of Graduate Assistants. Will be the responsibility of the accountable faculty members to whom the assistant is assigned to work with on designated projects. Faculty initiate contact with the assistant after the assignment has been made.

1.5 Responsibility and Accountability. The Faculty members to whom the Graduate Assistant is assigned will detail the tasks and describe the role for the student. Schedules will be planned cooperatively within the guidelines of this document. If attendance is expected at course or project meetings, this should be included in the assigned hours. This assistant will be responsible for performing the tasks described and will be accountable to the faculty member. The Informational Systems Coordinator/Building Coordinator is responsible for providing research/work space and building keys, as needed.

APPENDIX C: Guidelines for the Use of Preceptors

1. The student and one of the course instructors, together, will select a population or clinical area, a setting, and a preceptor for the contracted clinical portion of the course. The preceptor will be selected using the following guidelines:
 - a. Hold at least a Master's degree in Nursing or a related area.
 - b. Be actively employed in the setting selected for clinical activity by the student and/or;
 - c. Have demonstrated expertise in the area of selected study (e.g., teaching or clinical assignment in that area).
2. An agreement will be arranged between the student, faculty and preceptor for the clinical experience. The course instructor will initiate the agreement. It will contain:
 - a. Specific learning objectives determined by faculty and the student for the clinical experience.
 - b. A means of achieving the course objectives to be negotiated with the preceptor and agreed upon by all three parties.
 - c. Provisions for evaluation of the preceptorship experience.
 - d. A plan for ongoing feedback by the student, and preceptor (e.g., biweekly or monthly meetings, maintenance of log).
 - e. A plan for ongoing feedback between the student and faculty (e.g., biweekly or monthly meetings, maintenance of log).
3. The agreement accepted by the student, preceptor, and course instructor and one copy will be given to each.
4. Courses in the graduate program often contain both clinical and didactic components. In such courses, students must have satisfactory performance in both clinical and didactic components to successfully complete the course.

12/21/90; revised 11/12/09

APPENDIX D: MSN Suggested Content – Research Proposal/Thesis

Please consult the *Thesis Manual* available online from the Graduate Studies Office.

I. Introduction

- A. Overview of problem area (general stats showing prevalence of problem and/or interest in the area).
- B. Statement of purpose/problem
- C. Conceptual framework
- D. Conceptual (and possibly operational) definitions
- E. Significance of work
- F. Summary

II. Review of the Literature

- A. Introduction
- B. R.O.L. organized by major concepts of the model, major themes, etc. (may need more or fewer categories).
- C. Restatement of problem in terms of hypothesis (hypotheses) and/or specific research question(s).
- D. Summary

III. Methodology

- A. Introduction
- B. Design of the Study
- C. Setting
- D. Population (results can be generalized)
- E. Sampling
 - 1. method, size, etc.
 - 2. advantages/disadvantages
- F. Instrument(s)
 - 1. general description
 - 2. development of
 - 3. reason for selecting
 - 4. validity
 - 5. reliability
- G. Procedures
 - 1. human subjects review
 - 2. data collection
- H. Pilot test
- I. Assumptions
- J. Limitations
- K. Proposed Data Analysis
- L. Summary

IV. Results

- A. Introduction
- B. Description of respondents
- C. Data analysis for each of hypotheses or research questions
- D. Limitations
- E. Summary

V. Discussion, Conclusions, and Recommendations

- A. Introduction
- B. Discussion of findings for each hypothesis/research question
- C. Major conclusions
- D. Recommendations
 - 1. methodological

2. further research
E. Summary of entire study

References

Appendices:

- A. (Example): Informed Consent
B. (Example): Questionnaire A
C. (Example): Questionnaire B

| Step | Progression of Events | Deadline or Suggested Completion Date |
|------|---|---|
| 1 | Selection of thesis adviser. | Prior to registration for thesis credits. |
| 2 | Selection of thesis committee members | |
| 3 | Fill out thesis registration form | Before registration for thesis credit. |
| 4 | Preparation of proposal and request and submission to thesis adviser. (Thesis Manual is available in Graduate Studies office and on-line at the Graduate Studies website). | |
| 5 | Distribution of proposal and request to thesis committee. | After approval by thesis adviser; one week prior to proposal meeting. |
| 6 | Modification of proposal and request if necessary. (If directed by thesis committee). <i>(Repeat of steps 3 & 4 until proposal is approved by thesis committee.)</i> | |
| 7 | Approval of proposal by thesis committee. This approval serves as the oral examination required by the University. | |
| 8 | Submission of Request to Nursing RPRC. | |
| 9 | Modification of request and/or accompanying data if necessary with consultation from thesis adviser and subsequent resubmission to Nursing RPRC committee. (Repeat as necessary.) | |
| 10 | Submission of request to UW-Eau Claire Institution Review Board (IRB). (IRB guidelines are available in the Office of University Research.) | See IRB guidelines |
| 11 | Modification of request and/or accompanying data if necessary with consultation from thesis adviser and subsequent resubmission to UW-Eau Claire IRB. (Repeat as necessary.) | |
| 12 | Agency clearance, with notification to thesis adviser. | |
| 13 | Collection of data for pilot study. (If one is to be conducted.) | |
| Step | Progression of Events | Deadline or Suggested Completion Date |
| 14 | Report of pilot study findings to thesis adviser. If substantial changes in protocol are to be made based on pilot study results, schedule a meeting of thesis review committee to review pilot study findings and changes in protocol. | |
| 15 | Collection of data for research investigation (after approval of revised proposal, if revisions are made.) | |
| 16 | Consultation with thesis adviser or entire thesis committee, as necessary. | |
| 17 | Preparation of final draft. | |
| 18 | Final draft to thesis adviser. | One month before end of term. |

| | | |
|-----------|--|--|
| 19 | Revisions (if necessary) and distribution of copies to oral committee. | As soon as copies can be made of the draft—at least one week prior to oral exam. |
| 20 | Preliminary approval of the thesis by members of the oral committee. | |
| 21 | Complete form. Must be filed 14 days prior to oral examination. | |
| 22 | Oral examination. | At least one week prior to end of term, usually ten days. |
| 23 | Warrant of completion to Office of Graduate Studies. | At least one week prior to end of term, usually nine days. |
| 24 | Corrections and changes, if required. | |
| 25 | Approval signature of thesis committee. | |
| 26 | Approval for binding of three copies of the thesis and three abstracts. (Approval given by Office of Graduate Studies.) | At least one week prior to end of term—usually nine days. |
| 27 | Binding. | Delivery to a bindery as soon as it is approved for binding. |
| 28 | Return of two bound copies to the Office of Graduate Studies and one bound copy to the College of Nursing and Health Sciences. | When binding is complete. |
| 29 | Registrar issues diploma and complete record of graduate study. | When bound copies are received. |

APPENDIX E: Copyright Fair Use – Minimum Standards

UW-Eau Claire Copyright - Fair Use Doctrine

Fair use is a legal principle that defines the limitations on the exclusive rights of copyright holders. The purpose of these guidelines is to provide guidance on the application of fair use principles by educators, scholars, and students who use portions of copyrighted works under fair use rather than by seeking authorization for non-commercial educational uses. These guidelines apply only to fair use in the context of copyright and to no other rights. There is no simple test to determine what fair use is. Section 107 of the Copyright Act sets for the four fair use factors that should be considered in each instance, based on particular facts of a given case, to determine whether a use is a "fair use" consider:

- The purpose and character of use, including whether such use is of a commercial nature or is for nonprofit educational purposes.
- The nature of the copyrighted work.
- The amount and substantiality of the portion used in relation to the copyrighted work as a whole.
- The effect of the use upon the potential market for or value of the copyrighted work.

While only the courts can authoritatively determine whether a particular use is fair use, these guidelines represent conditions under which fair use should generally apply. Uses that exceed these guidelines may or may not be fair use. The more one exceeds these guidelines, the greater the risk that fair use does not apply.

Guidelines for specific areas can be found under Uses and Applications located on the UW-Eau Claire Website: <http://www.uwec.edu/Copyright/>

If you have questions contact Copyright Officer: copyright@uwec.edu or 715/836-3715.

APPENDIX E (Con't): COPYRIGHT FAIR USE – MINIMUM STANDARDS

UW-Eau Claire Copyright - Fair Use Doctrine

Date: _____

Copyright Holder: _____

Address: _____

Attention: Permission Department

I would like permission to duplicate the materials described below under the following conditions:

Title: _____

Copyright: _____

Author: _____

Material to be duplicated: _____

Number of Copies: _____

Distribution: _____

Type of Reproduction: _____

How material will be used: _____

I appreciate your consideration in this matter and am enclosing a self-addressed stamped envelope for your convenience. If there is a fee for this approval, please respond accordingly. If permission can be granted and your approval procedures permit, your signature below would be satisfactory for my needs.

Sincerely,

Department: _____

Phone: _____

University of Wisconsin-Eau Claire
Eau Claire, WI 54702

Approval Date

Signature of Individual Granting Permission

APPENDIX F: How to Seek Permissions

Under U. S. copyright law, the title page or the reverse of it is the appropriate place for the copyright notice, which consists of the year of publication, the name of the copyright owner and, in general, any acknowledgment of other copyrighted material used in the book. In this context, the work "acknowledgment" indicates that some materials were originally published elsewhere, and that the copyright for these materials remains with the original owner. It is wise to check this page when requesting permission to duplicate, since the material in question may be the property of an author or publisher other than that of the material you are using.

This page is also useful in determining the actual copyright holder (particularly in the case of paperback editions, reprints, etc.) because the material is, unless marked "original edition," probably still the property of the first edition publisher. In the case of audiovisual materials, this notice is printed on the label. Some materials, graphs, charts, or photographs may not be the property of the immediate publisher or author, and thus permission to duplicate cannot be granted by that publishing house.

After checking to determine who owns the copyright on the material, the next step is to request permission to duplicate. One of the most frequent reasons cited by permissions departments for delays in answering requests of this nature is incomplete or inaccurate information contained in requests. A survey of permissions professionals conducted by the AAP determined that the following facts are necessary in order to authorize duplication of copyrighted materials:

1. Title, author and/or editor, and edition of materials to be duplicated.
2. Exact material to be used, giving amount, page numbers, chapters and, if possible, a photocopy of the material.
3. Number of copies to be made.
4. Use to be made of duplicated materials.
5. Form of distribution (classroom, newsletter, etc.)
6. Whether or not the material is to be sold.
7. Type of reprint (ditto, photocopy, offset, typeset)

The request should be sent, together with a self-addressed return envelope, to the permissions department of the publisher in question. If the address of the publisher does not appear at the front of the material, it may be readily obtained in a publication entitled *THE LITERARY MARKETPLACE*, published by the R. R. Bowker Company and available in all libraries.

Because each request must be checked closely by the publisher, it is advisable to allow enough lead-time to obtain the permission before the materials are needed. Granting of a permission to duplicate is not simply a "yes" or "no" matter. (Although many publishers have a minimum or no-charge policy for such uses by non-commercial organizations, they must first review the status of the copyright to see if the power to grant duplication rights of this nature is within their scope or province.) Each such request requires a careful checking of the status of the copyright, determination of exact materials to be duplicated (which sometimes involves ordering a copy of the material from a warehouse), and assignment of author's royalties if fees are involved.

Some helpful hints from those involved daily in the processing of permission include:

1. Request all permissions for a specific project at the same time.
2. Don't ask for blanket permission; in most cases, it cannot be granted.
3. Send a photocopy of the copyright page and the page(s) on which permission is requested.
4. Make sure to include a return address in your request.

SAMPLE PERMISSION REQUEST FORM

MOST IMPORTANT: Check and double-check to make sure that all your information is complete; the more accurate the request, the more rapid the response.

Date:

To:

I am the (author/editor) of a (monograph/anthology/volume of conference proceedings) to be published by the University of Wisconsin Press in the (Spring/Fall) of 20__ under the tentative title, _____.

I would like your permission to include in this work the materials listed below. A duplicate of this request is enclosed for your files.

Sincerely yours,

(Name)
(Title)
(Address)

MATERIAL DESIRED

Title of book/journal

Author _____ Date of issue/volume _____

Title of chapter/article/illustration

Beginning on page _____ with _____

Ending on page _____ with _____

It is understood that, unless otherwise specified, permission covers world rights. Appropriate credit will be given in a form standard for the volume.

_____ Permission is granted on the terms indicated.

Date: _____

By: _____

APPENDIX G: Policy Regarding Bloodborne Pathogens

Policy Regarding Bloodborne Pathogens

Control of Bloodborne Pathogens is a principal concern of the College of Nursing and Health Sciences (COHNS) Department of Nursing, including nondiscriminatory treatment of students and faculty/staff who may have a bloodborne illness, faculty/IAS and student education, and exposure or infection control issues that may arise with nursing students, department faculty/IAS, and clients served in clinical practice.

Objectives

1. Protection of the rights and welfare of patients, employees, students, faculty/staff, and the public who come in contact with each other through various Department of Nursing programs and activities.
2. Continuation of the Department of Nursing's ability to carry out its mission in the setting of bloodborne pathogen concerns.

Definitions of Bloodborne Pathogens

- HIV antibody positive - A person who has serum antibody to Human Immunodeficiency Virus as confirmed by reliable testing.
- Bloodborne pathogens - Include, but are not limited to, Hepatitis B, Hepatitis C, Human Immunodeficiency Virus (HIV), Syphilis, Malaria, and Creutzfeldt-Jakob Disease.
- AIDS- Acquired Immune Deficiency Syndrome as defined by the Center for Disease Control (CDC).
- Direct patient contact- Care or contact with a patient that requires direct physical contact. Contact with mucous membranes, body fluids/excretions, or performance of an invasive procedure are of particular concern.

Admission and retention of students: Nondiscriminatory treatment

The same admission and retention policies prevail with regard to the person who is HIV antibody positive, has AIDS, Hepatitis C, or other bloodborne illness, as for any student admitted to the program with a known medical condition.

Decisions regarding admission or retention for the student with a known bloodborne illness are based on the following:

1. The student's condition is relatively stable and well controlled.
2. The student is able to carry out activities essential to meeting course and program objectives.
3. The student is able to function in the program without significant risk to self or others.
4. The student is regarded as one who will be able to carry out the responsibilities of professional nursing practice after graduation.

Education: Faculty/IAS and Students

Education regarding Bloodborne Pathogens including current OSHA standards is required annually for students and Department of Nursing faculty/IAS. (OSHA 29CFR1910.1030.) Education materials are available electronically on the CONHS Canvas website.

Annual Safety Training Requirement (AST)—Includes Bloodborne Pathogen Annual Requirement

Evidence of completing the annual update will be maintained as indicated below.

- Faculty/IAS: It is the responsibility of the faculty/IAS member to view the online materials and pass the quiz. Department Chair or designee will monitor Canvas site for successful completion of quiz. The quiz must be completed by October 1 of every academic year.
- Students: Annually, it is the responsibility of the student to view the online materials and pass the quiz. This requirement will be met in the following courses prior to the start of on-site clinical experiences: CND 310, CND 480, and NRSNG 701, 709, 719, 722, 730, 741, 750, 805, 811, 813, 827, 831, 833, and 852. In the TBSN program this requirement will be met each fall in the following clinical courses: NRSNG 267, 317, 359, 447 or 428, and 477 and each spring in 267. Course coordinators or designees will monitor successful completion of the quiz and inform appropriate course faculty and students.

Approved by Dept. 10/17/13; updated 5/17; edits on 1/19, 1/20, 7/21.

APPENDIX H: Marshfield Site Learning Resource Center

MARSHFIELD SITE--LEARNING RESOURCE CENTER

UWSP-Marshfield Library

The library is designed to support the education needs of all students, including UWEC nursing students, and the general public. Students can borrow library resources using their Blugold ID card. There are also several private study rooms that are reservable and plenty of reading areas, tables, chairs, study kiosks, etc. The library is a quiet zone. The hours for Fall 2021 are 8-5:30 Monday-Thursday and 8-1 Friday.

George E. Magnin Medical Library

The Marshfield Clinic offers the use of the George E. Magnin Medical Library to the Marshfield Site UW-Eau Claire nursing students. The library is located at the Marshfield Clinic, Laird Center for Medical Research. Students are allowed 24/7 library access with an issued Marshfield Medical Center ID badge card.

APPENDIX I: SIGMA THETA TAU (Sigma)

Sigma Theta Tau is the international honor society that recognizes students in baccalaureate and graduate nursing programs that demonstrate superior scholastic achievement, evidence of professional leadership potential, and/or marked achievement in the field of nursing. The society was founded in 1922 by six students at the Indiana University Training School for Nurses, Indianapolis, Indiana. The name was chosen using the initials of the Greek Words, STORGA, THAROS, TIMA, meaning Love, Courage, Honor. The honor society is now referred to as *Sigma*.

From a beginning of six members and one chapter in 1922, the organization has grown to more than 12,000 members and 263 chapters. Sigma Theta Tau International is a member of the Association of College Honor Societies and is professional and scholarly, rather than social in its purpose.

The local chapter, Delta Phi, was granted a charter on April 25, 1980.

Membership is by invitation; however, students interested in membership should discuss it with their academic advisers. Graduate students must have completed one-quarter of the program credit requirements and be in good academic standing in order to be eligible for membership. Please see the Sigma Theta Tau website for current information: <http://www.nursingsociety.org/default.aspx>.

As a member of Sigma Theta Tau, one joins a global community of scholars who perceive their professionalism with a special sense of commitment to research, education, and quality patient/client care.

Active membership in Sigma Theta Tau carries numerous privileges. These include:

- Opportunity to remain abreast of scholarly research developments, social and educational trends, conference, and seminar highlights that are covered in *Image: The Journal of Nursing Scholarship*, *Nursing Centered*, *Worldviews on Evidence-Based Nursing*, and other special publications.
- Professional growth through conferences, seminars, webinars, and workshops. Members receive reduced conference fees.
- Leadership opportunities in nursing and in the community at large.
- Recognition programs in support of achievement, leadership, service, education, and research.
- Priority when applying for National and Chapter research grants.
- An implicit recommendation in relation to employment and admission to graduate school.

Many faculty members are Sigma Theta Tau members. You are encouraged to talk with them about the society and all it has to offer.

APPENDIX J: Northwestern Wisconsin Chapter of the American Assembly for Men in Nursing

In 2016, the Northwestern Wisconsin Chapter of the American Assembly for Men in Nursing was formed by UW-Eau Claire nursing students with the assistance of faculty advisers. It is part of the larger American Assembly for Men in Nursing (AAMN) organization originally founded in 1971 and is open to all genders. The Northwestern Wisconsin Chapter was recognized as an official student organization on the UW-Eau Claire campus with the 2016-2017 academic year. The goal of the chapter is to increase enrollment of minorities, particularly men, into nursing and create more diverse future cohorts of nursing students at UW-Eau Claire and nationally.

Membership is open to pre-nursing and admitted nursing undergraduate and graduate students of all genders at UW-Eau Claire, including the Marshfield Site, as well as non-UW-Eau Claire students and practicing nurses. Please see the UW-Eau Claire Blusync website (<http://www.uwec.edu/Activities/organizations/>) for more information.

APPENDIX K: Library Resources and Utilization

McIntyre Library on the Eau Claire campus, UWSP-Marshfield Library, and the George E. Magnin Medical Library are the primary library resources for nursing students.

Mayo Clinic Health System's and HSHS Sacred Heart Hospital's libraries are also available. However, please be sure to bring your student identification when utilizing Sacred Heart resources as they are making efforts to offer their resources exclusively to nursing students.

The librarians can suggest a better resource if you are not able to find the information you seek (i.e. local demographic, community, and/or public health data).

Aids to Library Use

Librarians are a scholar's best friend when it comes to helping you uncover and access current informational and reference materials. Make the Reference Desk your first stop in the library.

Selecting References

1. Select the most current scholarly references. While books over five years old rarely meet this criterion, there are "classics" in each field which are considered appropriate for research and are able to be incorporated into scholarly efforts. Because of the rapidity with which knowledge is accumulating, even sections of newly published books may be obsolete; therefore, expect to rely heavily on professional journals and periodicals in addition to consulting books.
2. As a general rule, do not use older editions of books if a newer edition has been published.
3. Materials written for the lay public must be used cautiously; information pertinent to scholarly research is generally found in literature made available through professional sources.

APPENDIX L: Guidelines for Portfolio Development

Introduction

The portfolio approach is designed for potential graduate nursing students who have a bachelor's degree in nursing, do not meet the stated admission requirements for the graduate program, but who believe they have gained equivalent knowledge through experience. The following assumptions and procedures were developed to assist students and faculty to use the Portfolio approach to document and evaluate this learning.

Assumptions

1. It is the responsibility of the student to provide evidence that prior learning outcomes have been met.
2. It is the responsibility of the faculty to provide guidelines, procedures, and advisement to students to assist in documenting prior learning outcomes.
3. Assessment of prior learning is based on the learning resulting from previous experience, not on the experiences themselves.
4. Both the theory and the application of prior learning should be documented.
5. Learning is measurable and verifiable.
6. Learning outcomes must be current.
7. Credit is given based on evidence that prior learning relates to existing courses and programs offered in the College of Nursing and Health Sciences.
8. The learning to be documented must fit the educational goals of the student and the intended degree plan.
9. For admission, the student provides data that he/she meets the program's admission criteria.

Procedure

1. The Graduate Curriculum and Admissions Committee will review the current record of the student seeking admission prior to being assigned an adviser.
2. The adviser will be the student's portfolio counselor and will meet with the student to share the guidelines for portfolio development.
3. Using the guidelines, the student will develop a portfolio to document how he/she meets the criteria outlined in the AACN "Essentials of Baccalaureate Nursing".
4. Applicants may take courses as special students while preparing the portfolio. (Refer to University Policy regarding special students.)
5. If documentation of learning is based on specific course objectives (undergraduate or graduate), consultation for comparability should be sought from faculty recently (last three years) involved in teaching the course.
6. Appropriate documentation for prior learning as a result of courses taken in non-accredited programs would entail documentation of the student's learning outcomes, not the experiences in the course.
7. The written documentation will be reviewed by the applicant's adviser and representatives of the Graduate Curriculum and Admission Committee (who will be the review committee).
8. The review committee will interview the applicant to clarify and validate the portfolio materials.
9. Based on the report of the review committee, the Graduate Curriculum and Admission Committee will make a recommendation regarding admission of the applicant.

Please submit in written form to your adviser the following portfolio data:

I. Resume in reverse chronological order including:

- Education
- Employment experience
- Employment related committees
- Professional association activities
- Honors/Awards
- Community Service
- Publications, research activities, special projects
- Other

II. Narrative which explains how the student satisfies each of the characteristics of the AACN “Essentials of Baccalaureate Education”:

- Description of personal, educational, and professional experiences which document the learning outcomes inherent in the characteristics.
- Exhibits may be included to explain projects or programs submitted as evidence. An explanation should be given of the applicant’s role in each project or program cited.

III. Documentation that student has met the objectives of program might include:

- RN licensure
- Transcripts
- NLN Mobility Exam Scores
- Papers written/presentations
- Letters from employers
- Peer evaluations
- Awards
- Publications
- Research grants/reports
- Professional activities
- Performance evaluation and job description
- CE certificates
- Certifications
- Political activities
- Community service
- Teaching experience
- Other

IV. Please describe any other significant accomplishments or experiences that you feel show your involvement, independence, self-discipline, ambitions, persistence, responsibility, or interest in your field. Also explain the pertinence of these accomplishments or experiences to your graduate school goal.

An interview will be scheduled after the above data have been reviewed.

Adopted 1989; Revised 10/90, 9/95; 3/00; updated 6/15.

APPENDIX M: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, or Asexual (LGBTQIA+) Safe Space Resolution

In that it can be assumed that some members of the nursing student body, pre-nursing students, department of nursing faculty and staff, and other members of the Department of Nursing community may be lesbian, gay, bisexual, transgender, intersex, queer/questioning, or asexual (LGBTQIA+) individuals;

And, in that many of our patients and large segments of society are LGBTQIA+ individuals;

And, in that we have committed, in our Nursing vision/mission/program outcome and University strategic planning documents, to fully promote and aspire to equity, diversity, inclusivity ideals and actions;

And, in that any form of negative bias against lesbian, gay, bisexual, transgender, intersex, queer/questioning, or asexual (LGBTQIA+) individuals constitutes a form of discrimination;

And, in that we have a responsibility to create a culture, community and physical space free from bias, bigotry, and discrimination;

And, in that the LGBTQIA+ Safe Space concept strives to assure that that each member of every community is valued and respected regardless of sexual orientation or gender orientation/expression;

Be it resolved that the UW-Eau Claire Department of Nursing, Nursing programs, and Nursing Building will be identified as Safe Space for LGBTQIA+ individuals, their partners, family members and allies, in all activities and undertakings associated with UWEC Nursing program and department functions;

And that the UWEC Department of Nursing will strive to uphold and enact Safe Space precepts, actions, and intent in our collective endeavors to create a welcoming, bias-free environment supportive of LGBTQIA+ issues and concerns.

Approved 9/18/09; 5/11/23.