Dear School of Nursing Student:

Welcome to the University of Maine School of Nursing! You have made a wonderful career choice! The nursing profession allows you to take advantage of unexpected career opportunities and to change direction as your interests and circumstances evolve in the decades ahead. The Baccalaureate of Science in Nursing (B.S.N.) educational program demands full use of your intellect, motivation, energy, and compassion. Your efforts will be rewarded in countless ways while in the role of student and, later, as a graduate nurse. Most student nurses and professional nurses find their greatest satisfaction in the small moments with patients and families—moments when you realize that you’ve made a contribution to a patient’s health and well-being. These brief moments capture our hearts and minds, and they renew our commitment to the profession of nursing and to lifelong learning.

As a UMaine nursing student, you will benefit from our faculty who are expert nurses in their areas of specialization in addition to being skilled educators and scholars. In the classroom, practice laboratories, and in clinical settings, you will be challenged to base your nursing care upon the best available evidence and to critically analyze your practice, always striving for optimal outcomes for patients, families, and communities.

The *U.M. School of Nursing (SON) Student Handbook* is a supplement to the University of Maine Student Handbook (available online http://www.umaine.edu/handbook). The *School of Nursing Student Handbook* explains many policies and requirements that directly affect you as you progress through the B.S.N. program. Please familiarize yourself with these requirements and keep a copy of the SON Student Handbook handy for future reference. Our academic expectations are high throughout the program. Students must demonstrate the ability to provide safe, effective patient-centered care through every level of the program, progressing from fundamental to complex patient-care situations.

The School of Nursing faculty and staff look forward to working with you during your student-years, and, after graduation, as professional nurse colleagues.

Best wishes in your studies,

Nancy J. Fishwick, Ph.D., R.N., F.N.P.
Director and Associate Professor
U.M. School of Nursing
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2015-2016 ACADEMIC YEAR CALENDAR

Fall Semester 2015

Classes begin: Monday, August 31
Last day to add classes: Friday, September 4
No Classes Labor Day: Monday, September 7
Last day to drop classes: Sunday, September 13
Classes dropped on or before this date will not appear on transcript: Thursday, October 1, 4:30 p.m.
Fall break begins: Monday, October 12
Classes resume: Wednesday, October 14
Enrollment for Spring 2016 (tentative): October 26 – November 20
Veteran’s Day (Classes canceled except those that meet once a week.) Wednesday, November 11
Last day to withdraw from a class and receive ‘W’ grade (Withdrawn classes after this date will receive failing grade.): Friday, November 13, 4:30 p.m.
Application for Graduation filing deadline (Dec.): Monday, November 16
Thanksgiving break begins: Wednesday, November 25
Classes resume: Monday, November 30
Classes end: Friday, December 11
Final exams begin: Monday, December 14
Final exams end: Friday, December 18

Spring Semester 2016

Classes begin: Tuesday, January 19
Last day to add classes: Monday, January 25
Last day to drop classes: Monday, February 1
Classes dropped on or before this date will not appear on transcript: Thursday, February 18, 4:30 p.m.
Spring recess begins: Monday, March 7
Application for Graduation filing deadline (May): Tuesday, March 15
Classes resume: Monday, March 21
Enrollment for Fall 2016 (tentative): March 28 – April 22
Last day to withdraw from a class and receive ‘W’ grade (Withdrawn classes after this date will receive failing grade.): Wednesday, April 13, 4:30 p.m.
Maine Day (tentative): Wednesday, May 4
Classes end: Friday, May 6
Final exams begin: Monday, May 9
Final exams end: Friday, May 13
Commencement: Saturday, May 14

Class information is based on full semester classes. MaineStreet provides information on non-standard dated classes.

February 2015

Maine’s Land Grant and Sea Grant University
One of Maine’s public universities
INTRODUCTION OF FACULTY AND STAFF

DIRECTOR

Nancy Fishwick, Ph.D., R.N., F.N.P.
Director
Associate Professor of Nursing
Teaching Area: Master's Program in Nursing, Interprofessional Graduate Certificate Program in Gerontology
Areas of Interest: Family Nurse Practitioner, Rural Primary Health Care, Intimate Partner Violence, Family Violence

FACULTY

Catherine Berardelli, Ph.D., R.N.
Assistant Director of Nursing - R.N. Studies Coordinator
Lecturer in Nursing
Teaching Areas: Concepts in Nursing, Senior Seminar
Areas of Interest: Primary Care, Women’s Health, Leadership & Management

Mary Regan Brakey, Ph.D., R.N.
Associate Professor of Nursing
Teaching Area: Medical-Surgical Nursing
Areas of Interest: Medical-Surgical Nursing, Oncology, Nursing Research

Nilda Cravens, R.N., M.S.
Lecturer in Nursing
Teaching Area: Community Health, Socio-cultural aspects of health & illness
Areas of Interest: Public Health, Transcultural Nursing

Kathleen Denning, M.S., R.N.
Lecturer in Nursing
Teaching Area: Medical and Surgical Long Term Care Nursing
Areas of Interest: Geriatric Rural Population
Deborah Eremita, R.N., M.S.N
Lecturer in Nursing/Clinical Simulation Education
Teaching Areas: Medical Surgical Nursing Clinical Simulation, Med Math
Areas of Interest: Oncology, Maternity Care, Nursing Informatics

Charlene Ingwell-Spolan, Ph.D., R.N.
Assistant Professor of Nursing
Teaching Area: Adult Health, Simulation, and Leadership
Areas of Interest: Leadership, Innovative Teaching, Health Policy, and Quality of Nursing

Dale Lowe, M.S.N., A.P.R.N., B.C., F.N.P.
Lecturer in Nursing
Teaching Areas: Medical-Surgical, Mental Health, Nursing Health Assessment, and Fundamentals of Nursing
Areas of Interest: Health Promotion, Pediatrics, Gerontological Nursing and Men’s Health

Patricia Poirier, Ph.D., R.N. A.O.C.N.
Associate Professor of Nursing
Teaching Areas: Medical-Surgical Nursing, Nursing Research, Nursing Education
Areas of Interest: Oncology, Fatigue during cancer treatment and Health Care Policy

Irene Rattie, MSN, APRN-C
Lecturer in Nursing
Teaching Area: Nursing Fundamentals, Health Assessment
Areas of Interest: Geriatrics

Mary Shea, Ph.D., F.N.P., P.N.P.
Assistant Professor of Nursing
Graduate Program Coordinator
Teaching Area: Pediatrics, Professional Issues Advanced Practice Nursing
Area of Interest: Heath Disparities, Pediatric Health Promotion, and Lead Poisoning
Ann Sossong, Ph.D., R.N., CAS, NE-BC
Undergraduate Program Coordinator
Professor of Nursing
Teaching Area: Medical-Surgical Nursing, Ethics, Health Policy Leadership,
Cardiovascular Nursing, Nursing Research, and Nursing Education
Areas of Interest: Medical-Surgical, Ethics, Health Policy Leadership,
Oncology and Cardiovascular Nursing, Nursing Research, and Nursing Education

Kelley Strout, Ph.D., R.N., M.S.N., C.H.W.C.
Assistant Professor of Nursing
Teaching Area: Community and Population Health, Evidence-Based Practice,
Aging.
Areas of Interest: Wellness, Health Promotion, Aging, Cognition

Katherine Trepanier, R.N., M.S.N., C.C.N.S.
Lecturer in Nursing
Teaching Area: Medical-Surgical Nursing
Area of Interest: Acute Adult Care, Gerontology

Susan Wheaton, MSN, RN
Lecturer in Nursing/Director of Learning Resource Center
Teaching Area: Pharmacology, Medical-Surgical Nursing
Area of Interest: Pharmacology, Cardiac Care, On-line Education
EMERITUS FACULTY

Jean M. Symonds, M.S.N., Ed.D., R.N.
Associate Professor of Nursing
Areas of Interest: Medical-Surgical Nursing, Nursing History, Women’s Studies, and Ethical Issues

Jean MacLean, Emerita of Nursing

EMERITUS PROFESSIONAL STAFF

Joan Brissette, Assistant to the Director and Coordinator Emerita of Records and Student Advising

CLASSIFIED STAFF

Pauline Wood, Administrative Specialist CL2
Cindy Therrien, Administrative Specialist CL2
Esther Jipson, Administrative Specialist CL1
A CODE FOR NURSING STUDENTS
From The National Student Nurses’ Association

As students are involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore within these environments we:

1. Advocate for the rights of all clients
3. Take appropriate action to ensure the safety of clients, self, and others.
4. Provide care for the client in a timely, compassionate and professional manner.
5. Communicate client care in a truthful, timely and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for our actions.
7. Promote excellence in nursing by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care.
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
11. Encourage faculty, clinical staff, and peers to mentor nursing students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.
14. Assist the staff nurse or preceptor in ensuring that there is full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.

16. Strive to achieve and maintain an optimal level of personal health.

17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse and mental or physical health issues.

18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.
Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.


1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.
ESSENTIAL FUNCTIONS OF NURSING STUDENTS

Vision: Able to assess patient’s health status using visual inspection and observation to detect changes in physical appearance, contour, and color. Able to accurately read labels on medications, calibration devices such as syringes and manometers, various monitoring devices, and written communication.

Hearing: Must have hearing within normal range to elicit and detect pertinent information while communicating with patients and health team. Must be able to detect changes in patient condition through accurate use of auditory monitoring devices, such as stethoscope and to hear and respond to mechanical alarms.

Speech: Able to verbally communicate using the English language in an understandable manner to assess and impart information concerning patient status, to effectively complete patient/family teaching and to interact with the health care team.

Walking/Standing: Prolonged periods of walking/standing occur while in the clinical area. In addition, stairs must be negotiated.

Sitting: Required to be seated in class, computer lab, and clinical conferences, and while charting in the clinical area.

Lifting/Carrying: Required to lift and carry medical supplies, medications and charts with an average lifting requirement of 10-50 pounds. Required to transfer, move, and lift patients when performing in the demonstration lab and the clinical area. Assistance should be requested when patient lifting or repositioning is undertaken.

Depth Perception: Needed to recognize that objects have depth, height, and width. Must be able to describe observations of wounds, lesions, etc. Effectively assist clients with rehabilitative processes of ambulation, stair climbing, and transferring techniques. Required for fine task performance when using medical supplies for insertion into the body or medication preparation and administration by injection technique.

Fine Motor Skills: Must be able to perform nursing procedures, assist physicians with examinations, handle and control medical equipment, tubing, and specimens. Must be able to write clearly on all required reports and records.

Tactile Sensation: Must be able to have an awareness or feeling of conditions within or without the body by using the fingers and hands to touch. The individual must be able to feel vibrations, pulses, and temperature of skin. Also must be able to grasp and easily manipulate equipment when providing patient care.
Pushing/Pulling: Positioning, pulling, and pushing are required in preparing patients for scheduled procedures and in transferring patients and medical equipment. Pushing is required to perform cardiopulmonary resuscitation which requires sufficient physical function of the upper and lower body to effectively complete CPR technique.

Bending/Reaching/Twisting: Considerable reaching, stooping, bending, kneeling, and crouching is required when bathing patients, making beds, and in setting up and monitoring equipment.

Temperament: The skills essential to being a student nurse include critical thinking abilities and the ability to adapt to varying pressures in time of stress or crises and in unpredictable situations. Must demonstrate self-control and the ability to accept limits and suggestions. Emotional stability is needed to maintain the following: 1.) a positive learning environment within the clinical and classroom settings, 2.) a therapeutic relationship with patients, families, health care team members, 3.) positive relationships with instructors and peers. Therapeutic communication and interaction must be effective to meet the unique needs of various patient population served, i.e. geriatric, middle-aged, young adults, etc. The student may not pose a significant risk to the health, safety, and well-being of those in the school, clinical area, or any significant affiliating agency and must display sensitivity to patient comfort and privacy and express interest in patient progress while interacting in a caring professional manner. The student will be provided with knowledge and skills related to their own protection and the protection of others, as there will be exposure to body fluids, communicable diseases, and unpleasant elements (accidents, injuries, illness and death).
UNIVERSITY OF MAINE MISSION STATEMENT

The University of Maine advances learning and discovery through excellence and innovation in undergraduate and graduate academic programs while addressing the complex challenges and opportunities of the 21st century through research-based knowledge.

Opportunity for all members of the University of Maine community is a cornerstone of our mission. The university welcomes students, research partners and collaborators into an atmosphere that honors the heritage and diversity of our state and nation.

Founded in 1865, the University of Maine is a land and Sea Grant institution and the flagship campus of the University of Maine System. This vibrant and dynamic university serves the residents of Maine, the nation, and the world through our acclaimed programs in teaching, research, and outreach.

Inspiring and dedicated teaching propels students into new fields of learning and promotes interdisciplinary understanding. Our educational goals is to help students develop their creative abilities, communication, and critical thinking skills, and understanding of traditions in ethics and rationality within the arts, sciences, and professions.

Internationally recognized research, scholarship, and creative activity distinguish the University of Maine as the state’s flagship university, where faculty and students contribute knowledge to issues of local, national, and international significance. As the state’s doctoral-granting institution, research and education are inextricably linked.

Comprehensive outreach, including public service, Cooperative Extension, continuing education, and distance learning, engages learners of all ages in improving their lives and communities. Using research-based knowledge, outreach efforts promote sustainable use of Maine’s abundant natural resources and build intellectual, cultural, and economic capacity throughout Maine and beyond.

Through integrated teaching, research, and outreach, the University of Maine improves the quality of life for people in Maine and around the world, and promotes responsible stewardship of human, natural, and financial resources.

Approved by the University of Maine System Board of Trustees
November, 2010
SCHOOL OF NURSING
MISSION, VISION, AND ACCREDITATION

The University of Maine School of Nursing, as a member of the flagship campus of the University of Maine System, provides leadership to improve health care and advance the discipline through education, scholarship and service. The members of the School value participation in a broader academic community that fosters excellence, self-reflection, accountability, respect for diversity and life-long learning.

School of Nursing Mission

The mission of The University of Maine School of Nursing is to prepare caring, innovative, professional nurses who are leaders in addressing the evolving health care needs of all people and in advancing the profession of nursing.

School of Nursing Vision

The vision of The University of Maine School of Nursing is to become a passionately engaged community of highly qualified students, educators, and scholars which:

- prepares professional nurses who personify a culture of care
- creates a learning environment where knowledge is created and shared
- serves the rapidly-changing health care needs of individuals, families, communities, and society-at-large, and
- provides leadership in the advancement of the profession.

School of Nursing Accreditation

The Baccalaureate and Master’s programs in nursing are accredited by the Commission on Collegiate Nursing Education (CCNE). The BSN and MSN programs also are approved by the Maine State Board of Nursing.
SCHOOL OF NURSING ORGANIZATIONAL STRUCTURE AND COMMUNICATION LINES:

There are two distinct reporting or communication lines in the School of Nursing. There is the Educational Communication Line and the more traditional Organizational Chart of the School. The Educational Communication Line’s express purpose is to delineate the line of communication to follow in the case of an academic issue. The Organizational Chart of the School sets the structure for the department. Each is depicted in the following two diagrams.

Educational Communication Line

This model assists students and faculty with communication about academic issues. If a significant issue arises in a classroom or clinical setting, students would discuss this with the designated instructor. If resolution is not reached, the student and/or the instructor will take the matter to the course coordinator, and, if necessary, to the Program Coordinator. The student may also seek guidance from their academic advisor.
The Organizational Chart depicts lines of authority and reporting within the School of Nursing:

![Organizational Chart Image]

Legend:
- Direct relationship
- Advisory relationship
University of Maine  
School of Nursing  
Baccalaureate Program Outcomes

At the completion of the BSN program, the graduate will:

1. Provide patient-centered care which represents the patients’ preferences, values, and needs within the context of their families, communities and the health care delivery system.

2. Demonstrate professional behaviors in the practice of nursing.

3. Demonstrate integration of knowledge, skills and professional attitudes through the use of clinical evidence and reasoning.

4. Identify threats to safety and develop strategies to minimize risk of harm to individuals and populations.

5. Apply organizational, leadership, and management concepts in the provision of high quality nursing care.

6. Provide population focused care incorporating concepts of health promotion, disease and injury prevention.
Program Outcome: The graduate will provide patient-centered care which represents the patients' preferences, values, and needs within the context of their families, communities and the health care delivery system.

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<th>Key Concepts</th>
<th>Freshmen Level</th>
<th>Sophomore Level</th>
<th>Junior Level</th>
<th>Senior Level</th>
</tr>
</thead>
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<tr>
<td>Holistic Care</td>
<td>Explore the concept of holistic care</td>
<td>Describe and incorporate the essential elements of holism in the provision of patient care</td>
<td>Implement holistic, patient-centered care that reflects changes in patient condition, life-span variations in various health settings</td>
<td>Design holistic, patient-centered care that reflects an understanding of the health-illness continuum, life-span variations in all health care settings</td>
</tr>
<tr>
<td>Therapeutic Relationship</td>
<td>Define the elements of a therapeutic relationship</td>
<td>Establish a therapeutic nurse-patient relationship in a clinical setting</td>
<td>Examine the effect of professional role boundaries in the maintenance of a therapeutic relationship</td>
<td>Integrate the concepts of care, compassion, mutual respect and professional role boundaries into all aspects of the therapeutic relationship</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>Examine own cultural beliefs and values in relation to health</td>
<td>Examine cultural beliefs, values and healthcare practices</td>
<td>Integrate the cultural beliefs, values, and healthcare practices of individuals and families into plans of care</td>
<td>Evaluates the influence of culturally-tied health benefits and practices to the healthcare of communities</td>
</tr>
<tr>
<td>Effective Communication</td>
<td>Examine the elements of effective communication</td>
<td>Demonstrate the ability to clearly and accurately convey information to selected members of the health care team</td>
<td>Demonstrate the ability to succinctly and accurately convey comprehensive patient information to members of the health care team</td>
<td>Use effective communication strategies to actively participate as a member of the health care team</td>
</tr>
<tr>
<td>Participatory Decision Making</td>
<td>Describe what it means to be a participant in one's own health care</td>
<td>Examine common barriers in active involvement of patients in their own health care processes</td>
<td>Facilitate active partnership with patients and families in planning, implementing, and evaluating patient-centered care</td>
<td>Integrate patient preferences for the degree of active engagement in the care planning process</td>
</tr>
</tbody>
</table>

Adopted: 3/25/11
### Program Outcome #2, Key Concepts and level Outcomes

**Program Outcome:** The graduate will demonstrate professional behaviors in the practice of nursing.

<table>
<thead>
<tr>
<th>Key Concepts</th>
<th>Freshmen Level</th>
<th>Sophomore Level</th>
<th>Junior Level</th>
<th>Senior Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Values</td>
<td>Explore the values of being a professional</td>
<td>Examine how the values of altruism, autonomy, human dignity, integrity, and social justice provide the basis for professional nursing practice</td>
<td>Promote the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession</td>
<td>Reflect on one's own beliefs and values as they relate to professional practice</td>
</tr>
<tr>
<td>Professional Attitudes</td>
<td>Define attitudes of professionalism</td>
<td>Identify the essential elements of practice excellence and professional development</td>
<td>Describe behaviors that demonstrate practice excellence and professional development</td>
<td>Articulate the value of pursuing practice excellence, lifelong learning and professional development</td>
</tr>
<tr>
<td>Professional Accountability</td>
<td>Adhere to the Standards outlined in the School of Nursing Student Handbook</td>
<td>Identify professional standards of moral, ethical and legal conduct</td>
<td>Adhere to the professional standards of moral, ethical and legal conduct in selected settings</td>
<td>Demonstrate professional standards of moral, ethical and legal conduct in all health care settings</td>
</tr>
<tr>
<td>Ethical and Legal Practice</td>
<td>Examine the ANA Code of Ethics</td>
<td>Identify care practices which are considered unsafe, illegal or unethical</td>
<td>Implement strategies to protect patients and their families from unsafe, illegal, or unethical care practices</td>
<td>Act to protect patients, families and communities from unsafe, illegal, or unethical care practices</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Describe the role of the nurse as a patient advocate</td>
<td>Identify the influence of personal and societal attitudes, values, and expectations of care of patients and their families</td>
<td>Incorporate personal and societal attitudes, values and expectations in the care of patients and families</td>
<td>Advocate for safe and quality health care of patients, families, and communities</td>
</tr>
<tr>
<td>Professional Role</td>
<td>Recognize the relationship between self care and professional role</td>
<td>Explore the relationship between personal health, self-care, and the ability to deliver safe and sustained quality care</td>
<td>Reflect upon the relationship between personal health, self-care, and the ability to deliver safe and sustained quality care</td>
<td>Evaluate the relationship between personal health, self-care and the ability to deliver safe and sustained quality care</td>
</tr>
</tbody>
</table>

*Adopted: 3/25/11*
## Program Outcome #3, Key concepts and Level Outcomes

**Program Outcome:** The graduate will demonstrate integration of knowledge, skills and professional attitudes through the use of clinical evidence and reasoning

<table>
<thead>
<tr>
<th>Key Concepts</th>
<th>Freshmen Level</th>
<th>Sophomore Level</th>
<th>Junior Level</th>
<th>Senior Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liberal Education</td>
<td>Identify the interface of liberal education to nursing knowledge</td>
<td>Demonstrate the interface of liberal education to nursing knowledge</td>
<td>Apply theories and concepts from nursing and liberal education to inform professional nursing practice</td>
<td>Synthesize knowledge from nursing and liberal education to provide rationale for professional nursing practice with diverse populations</td>
</tr>
<tr>
<td>Clinical Reasoning</td>
<td>Identify and use valid sources of information that inform nursing practice</td>
<td>Evaluate the credibility of sources of information, including, but not limited to, databases and internet resources</td>
<td>Use current evidence to provide rationale for nursing interventions and to manage the care of patients across the life-span in selected settings</td>
<td>Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in the provision and evaluation of care</td>
</tr>
<tr>
<td>Empirical Evidence</td>
<td>Identify the importance of research to clinical practice</td>
<td>Describe how empirical evidence is derived from the research process</td>
<td>Critique published research for applicability to clinical practice</td>
<td>Evaluate clinical practice based on available evidence</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>Identify elements that comprise evidence-based practice</td>
<td>Describe nursing practice based on evidence to include the components of research evidence, clinical expertise and patient/family values</td>
<td>Integrate evidence from clinical practice and current research into patient care</td>
<td>Independently identify clinical problems, evaluate best evidence and develop appropriate nursing interventions to achieve good patient outcomes</td>
</tr>
<tr>
<td>Clinical Competence</td>
<td>Define the essential components of clinical competence</td>
<td>Apply the essential components of clinical competence in the provision of basic patient-centered care</td>
<td>Apply the essential components of clinical competence in the provision of complex patient-centered care</td>
<td>Assume responsibility for maintaining clinical competence in all patient care settings</td>
</tr>
</tbody>
</table>

Adopted: 3/25/11
## Program Outcome #4, Key Concepts and Level Outcomes

**Program Outcome:** The graduate will identify threats to safety and develop strategies to minimize risk of harm to individuals and populations

<table>
<thead>
<tr>
<th>Key Concepts</th>
<th>Freshmen Level</th>
<th>Sophomore Level</th>
<th>Junior Level</th>
<th>Senior Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Describe the essential elements of safety in health care settings</td>
<td>Identify strategies that create a culture of safety when providing care to patients</td>
<td>Apply concepts of safety when providing care to patients across the life-span in selected settings</td>
<td>Promote factors that create a culture of safety within the context of the health care team</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>Recognize potential harm to patients, staff &amp; visitors</td>
<td>Develop strategies to reduce harm to patients, staff &amp; visitors</td>
<td>Implement appropriate steps to reduce harm in health care settings</td>
<td>Evaluate the effectiveness of harm reduction strategies</td>
</tr>
<tr>
<td>Information Technologies</td>
<td>Explore the relationship between information technologies and safe practice</td>
<td>Identify patient care technologies and information systems that support safe practice</td>
<td>Apply resource tools embedded in patient care technologies and information systems to support safe practice</td>
<td>Demonstrate proficiency in the application of patient care technologies and information systems to support safe practice</td>
</tr>
</tbody>
</table>

*Adopted: 3/25/11*
Program Outcome #5, Key Concepts and Level Outcomes

Program Outcome: The graduate will apply organizational, leadership, and management concepts in the provision of high quality nursing care

<table>
<thead>
<tr>
<th>Key Concepts</th>
<th>Freshmen Level</th>
<th>Sophomore Level</th>
<th>Junior Level</th>
<th>Senior Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordinator</td>
<td>Describe the role of the nurse as care coordinator</td>
<td>Identify the phases of the care planning process</td>
<td>Implement the plan of care to maximize health, independence, and quality of life for individual patients</td>
<td>Manage care to maximize health, independence and quality of life for diverse populations</td>
</tr>
<tr>
<td>Quality Care</td>
<td>Describe how nursing practice is based on standards of care</td>
<td>Demonstrate a basic understanding of standards of care for selected patient conditions</td>
<td>Incorporate standards of care to all patient situations</td>
<td>Evaluate the effectiveness of standards of care in achieving positive patient outcomes</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Define the concept of quality improvement</td>
<td>Describe the process of quality improvement</td>
<td>Identify quality improvement programs in selected clinical settings</td>
<td>Participate in quality improvement programs as a member of the health care team</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Describe the roles of the interprofessional health care team members</td>
<td>Participate as a member of the interprofessional health care team</td>
<td>Demonstrate active collaboration with members of the interprofessional team</td>
<td>Identify system barriers and examine strategies to facilitate interprofessional team functioning</td>
</tr>
<tr>
<td>Delegation</td>
<td>Define delegation in the context of nursing practice</td>
<td>Discuss delegation as an essential function of the professional registered nurse role</td>
<td>Implement strategies for appropriately delegating care to other members of the health care team</td>
<td>Demonstrate clinical judgment and accountability for patient outcomes when delegating to and supervising other members of the health care team</td>
</tr>
<tr>
<td>Fiscal Responsibility</td>
<td>Describe the relationship between fiscal resources and patient care</td>
<td>Explore the impact of economic factors and available resources that influence health care delivery</td>
<td>Discuss the impact of economic factors and available resources in the care of individuals and families</td>
<td>Evaluate the impact of human, fiscal, and material resources on healthcare delivery</td>
</tr>
<tr>
<td>Organizational Systems</td>
<td>Identify the organizational system impact to patient-centered care</td>
<td>Demonstrate a basic understanding of organizational structure and cultures</td>
<td>Apply knowledge of organizational systems in planning patient-centered care</td>
<td>Evaluate the impact of complex organizational systems in the provision of patient-centered care</td>
</tr>
</tbody>
</table>

Adopted: 3/25/11
## Program Outcome #6, Key Concepts and Level Outcomes

**Program Outcome:** The graduate will provide population focused care incorporating concepts of health promotion, disease and injury prevention

<table>
<thead>
<tr>
<th>Key Concepts</th>
<th>Freshmen Level</th>
<th>Sophomore Level</th>
<th>Junior Level</th>
<th>Senior Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Health</td>
<td>Define the concept of global health</td>
<td>Discuss global health issues and national objectives from Healthy People 2020</td>
<td>Incorporate national objectives from Healthy People 2020 and global health initiatives in the provision of nursing care</td>
<td>Examine the role of the registered professional nurse within the global health care community</td>
</tr>
<tr>
<td>Health Promotion/Disease Prevention</td>
<td>Define the concepts of health promotion &amp; disease prevention</td>
<td>Describe the role of the nurse in health promotion and disease prevention</td>
<td>Apply appropriate nursing strategies to promote health and prevent disease and injury of selected populations</td>
<td>Evaluate the effectiveness of nursing strategies to promote health and prevent disease and injury across the life-span and in all settings</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Demonstrate the fundamental principles which reduce risk for disease and injury</td>
<td>Identify protective and predictive factors including environmental exposure and family history of genetic risk that affect health</td>
<td>Implement care strategies to reduce risks to the health of individuals and families</td>
<td>Use current evidence to guide health teaching, health screening and program planning for individuals, families and communities</td>
</tr>
<tr>
<td>Health Policy</td>
<td>Explore the relationship between current health policies and population health</td>
<td>Discuss nursing’s role in shaping healthcare policies and how these policies influence nursing practice</td>
<td>Identify strategies that may be used by professional nurses to influence healthcare policies at the state, national and international level</td>
<td>Examine the effectiveness of nurses’ involvement in setting state, national, and international healthcare policy</td>
</tr>
</tbody>
</table>

*Adopted: 3/25/11*
### University of Maine School of Nursing
### BSN Program of Study

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>BMB 207 Fundamentals of Chemistry</td>
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</tr>
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<td>BMB 241 Microbiology Lab</td>
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<tr>
<td>BIO 100 Basic Biology (GESCI)</td>
<td>4 cr</td>
<td>BIO 208 Anatomy &amp; Physiology (GESCI)</td>
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<tr>
<td>FSN 101 Intro to Nutrition</td>
<td>3 cr</td>
<td>PSY 100 General Psychology (GESI)</td>
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<tr>
<td>ENG 101 English Composition (GEWR)</td>
<td>3 cr</td>
<td>Math (if needed) or Gen Ed</td>
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<tr>
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<td>1 cr</td>
<td>NUR 102 Foundations of Nsg Practice I</td>
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<td>**NUR 303 Pathophysiology</td>
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<td>NUR 301 Care of Adults II (GEWA)</td>
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<td>NUR 302 App Theory to Nsg Pract II</td>
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<td>NUR 335 Care of Adults III Clinical</td>
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<td>NUR 340 Psych/Mental Hlth Nsg.</td>
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<td>NUR 444 Management &amp; Ldrsp in Nsg</td>
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<td>NUR 455 Sr Clinical Practicum</td>
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<td>3 cr</td>
<td>NUR 447 Clinical Reflections Seminar</td>
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<tr>
<td>NUR 453 Clinical Care of Communities</td>
<td>2 cr</td>
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<tr>
<td>*NUR 435 End-of-Life Care</td>
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| TOTAL | 14 cr | TOTAL | 15 cr |

Total Credits: 121 cr
Nsg Mjr: 71 cr
Pre-reqs/Gen eds: 50 cr

PROGRESSION TO THE 200 LEVEL NURSING COURSES IS CONTINGENT UPON SUCCESSFUL COMPLETION OF 47 HOURS, WHICH INCLUDES ALL SCIENCES, MATH AND SOCIAL SCIENCE PREREQUISITE COURSES FOR THE NURSING MAJOR, WITH "C" OR BETTER, A SCIENCE GRADE POINT AVERAGE OF 3.00, AND A CUMULATIVE GRADE POINT AVERAGE OF 3.00.

*-denotes online NUR course
**-denotes NUR course with classroom and online sections

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Approved 1/16/13
## University of Maine School of Nursing
### BSN Pre-Nursing Program of Study

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course</th>
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<th>Course</th>
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</tr>
</thead>
<tbody>
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<td><strong>FALL SEMESTER</strong></td>
<td>BIO 100 Basic Biology (GESCI)</td>
<td>4 cr</td>
<td>BIO 208 Anatomy &amp; Physiology (GESCI)</td>
<td>4 cr</td>
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<td>Math (if needed) or gen ed</td>
<td>3 cr</td>
<td>PSY 100 General Psychology (GESI)</td>
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<tr>
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<td>FSN 101 Intro to Nutrition</td>
<td>3 cr</td>
<td>General Education (GEWRI)</td>
<td>3 cr</td>
</tr>
<tr>
<td></td>
<td>ENG 101 English Composition (GEWR)</td>
<td>3 cr</td>
<td>Growth &amp; Development</td>
<td>3 cr</td>
</tr>
<tr>
<td></td>
<td>NUR 101 Iss &amp; Opp in Nsg</td>
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<td></td>
<td></td>
</tr>
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<td><strong>TOTAL</strong></td>
<td>14 cr</td>
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<table>
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<tr>
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<th>Course</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td><strong>FALL SEMESTER</strong></td>
<td>BMB 207 Fund. of Chemistry</td>
<td>3 cr</td>
<td>BMB 240 Microbiology</td>
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</tr>
<tr>
<td></td>
<td>BMB 209 Fund. of Chemistry Lab</td>
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<td>BMB 241 Micro. Lab</td>
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<td>3 cr</td>
<td>SOC 101 Intro. to Sociology</td>
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<td>**NUR 303 Pathophysiology</td>
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<table>
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<th>Credits</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>NUR 202 App. Theory to Nsg Pract I</td>
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<td>NUR 201 Care of Adults I Clinical (HEMA)</td>
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### FALL SEMESTER

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<tr>
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<td>NUR 340 Psych/Mental Hlth</td>
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**TOTAL:** 13 cr

### SPRING SEMESTER

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<td>NUR 414 OB Clinical</td>
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<td>NUR 416 Family Cnt Care Peds</td>
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<td>NUR 417 Peds Clinical</td>
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<tr>
<td>NUR 452 Comm &amp; Pop Hlth (GEPOP)</td>
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<tr>
<td>NUR 453 Clinical Care of Communities</td>
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**TOTAL:** 13 cr

### FALL SEMESTER

<table>
<thead>
<tr>
<th>Course</th>
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<tbody>
<tr>
<td>NUR 4XX Care Synthesis-Lifespan</td>
<td>3 cr</td>
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<tr>
<td>NUR 4XX Clinical Simulation Lab</td>
<td>1 cr</td>
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<tr>
<td>NUR 444 Leadership &amp; Management</td>
<td>3 cr</td>
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<tr>
<td>NUR 447 Clinical Reflections Sem.</td>
<td>1 cr</td>
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<td>*NUR 435 End-of-Life-Care</td>
<td>1 cr</td>
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**TOTAL:** 13 cr

**Total Credits:** 121 cr

**Nurs Mjr:** 71 cr

**Pre-reqs/Gen eds:** 50 cr

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Approved 1/16/13
# University of Maine School of Nursing
## Honors College & BSN Program of Study

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<tr>
<td>BMB 207 Fundamentals of Chemistry</td>
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<tbody>
<tr>
<td>NUR 301 Care of Adults II (GEMA)</td>
<td></td>
<td>NUR 334 Care of Adults III</td>
<td></td>
</tr>
<tr>
<td>NUR 302 App Theory to Nsg Pract II</td>
<td>1 cr</td>
<td>NUR 335 Care of Adults III Clinical</td>
<td>2 cr</td>
</tr>
<tr>
<td>NUR 306 Care of Adults II Clinical</td>
<td>2 cr</td>
<td>NUR 340 Psych/Mental Hlth Nsg.</td>
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<tr>
<td>*NUR 316 Pharmacology</td>
<td>3 cr</td>
<td>NUR 341 Psych/Mental Hlth Clinical</td>
<td>2 cr</td>
</tr>
<tr>
<td>*NUR 415 Sociocultural Issues</td>
<td>3 cr</td>
<td>NUR 310 Hlth Related Research</td>
<td>3 cr</td>
</tr>
<tr>
<td>HON 308 Honors tutorial</td>
<td>3 cr</td>
<td>*NUR 365 Health Care Informatics</td>
<td>1 cr</td>
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<tr>
<td></td>
<td></td>
<td>HON 180 A Cultural Odyssey</td>
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<td><strong>TOTAL</strong></td>
<td>15 cr</td>
<td><strong>TOTAL</strong></td>
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<td>FALL SEMESTER</td>
<td>FOURTH YEAR</td>
<td>SPRING SEMESTER</td>
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<tr>
<td>NUR 413 Family Centered Care OB</td>
<td>3 cr</td>
<td>NUR 4XX Care Synthesis -- Lifespan</td>
<td>3 cr</td>
</tr>
<tr>
<td>NUR 416 Family Centered Care Peds</td>
<td>3 cr</td>
<td>NUR 4XX Clinical Simulation Lab</td>
<td>1 cr</td>
</tr>
<tr>
<td>NUR 414 OB Clinical</td>
<td>1 cr</td>
<td>NUR 444 Management &amp; Ldrsp in Nsg</td>
<td>3 cr</td>
</tr>
<tr>
<td>NUR 417 Peds Clinical</td>
<td>1 cr</td>
<td>NUR 455 Sr Clinical Practicum</td>
<td>4 cr</td>
</tr>
<tr>
<td>NUR 452 Comm &amp; Pop Health (GEPOP)</td>
<td>3 cr</td>
<td>NUR 447 Clinical Reflections Seminar</td>
<td>1 cr</td>
</tr>
<tr>
<td>NUR 453 Clinical Care of Communities</td>
<td>2 cr</td>
<td>*NUR 435 End-of-Life-Care</td>
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<tr>
<td>NUR 498 Honors Directed Study</td>
<td>3 cr</td>
<td>HON 499 Honors Thesis</td>
<td>3 cr</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>16 cr</strong></td>
<td><strong>TOTAL</strong></td>
<td><strong>16 cr</strong></td>
</tr>
</tbody>
</table>

Total Credits: 129 cr  
Nsg Mjr: 71 cr  
Pre-reqs/Gen eds: 58 cr  

PROGRESSION TO THE 200 LEVEL NURSING COURSES IS CONTINGENT UPON SUCCESSFUL COMPLETION OF 47 HOURS, WHICH INCLUDES ALL SCIENCES, MATH AND SOCIAL SCIENCE PREREQUISITE COURSES FOR THE NURSING MAJOR, WITH “C” OR BETTER, A SCIENCE GRADE POINT AVERAGE OF 3.00, AND A CUMULATIVE GRADE POINT AVERAGE OF 3.00.

*-denotes online NUR course  
**-denotes NUR course with classroom and online sections

Non-Discrimination Notice:

The University of Maine does not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status and gender expression, national origin, citizenship status, age, disability, genetic information or veteran’s status in employment, education, and all other programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Director, Office of Equal Opportunity, 101 North Stevens Hall, 581-1226.

Approved 1/16/13
General Education

Every University of Maine academic program is based upon a strong foundation in the liberal arts and sciences. The University’s goal is to ensure that all of its graduates, regardless of the academic major they pursued, are broadly educated persons who can appreciate the achievements of civilization, understand the tensions within it, and contribute to resolving them. This component of every program is called general education, and it amounts to about one third of every program. The design of general education at the University of Maine is meant to be flexible within the broad goals it seeks to achieve. It affords each student many ways of meeting its requirements, which fall under the six broad categories outlined below.

Science:
Each program must include two courses in the physical or biological sciences. This may be accomplished in two ways:
1. By completing two courses with laboratories in the basic or applied sciences
2. By completing one course in the applications of scientific knowledge, plus one course with a laboratory in the basic or applied sciences.

Human Values and Social Context:
Each program must include 18 credits in this broad area, selected from lists of approved courses to satisfy each of five sub-categories. (Courses that satisfy requirements in more than one sub-category may be counted in each appropriate sub-category, but credits may be counted only once.)
1. Western cultural tradition
2. Social context and institutions
3. Cultural diversity and international perspectives
4. Population and the environment
5. Artistic and creative expression

Mathematics:
Each program must include at least six credit hours in mathematics, including statistics and certain courses in computer science. No more than three of the six credit hours may be in computer science.

Writing Competency:
The ability to write well is one of the most important attributes of an educated person. To help ensure this outcome the University requires its students to write throughout their academic careers, focusing both on general-purpose writing and professional writing within their majors. Each program must include:
1. ENG 101, College Composition. All students must complete this course with a grade of C or better, or be excused from this course on the basis of a placement exam or completion of HON 111 and HON 112 with a grade of C or better in each.
2. At least two courses designated as writing-intensive, at least one of which must be within the academic major.

Ethics:
Each program must include at least one approved course or series of courses placing substantial emphasis on the discussion of ethical issues.

Capstone Experience:
Every program must include an approved capstone experience. The goal is to draw together the various threads of the undergraduate program that bear directly upon the academic major in an experience that typifies the work of professionals within the discipline. Normally, the Capstone would conclude at the end of the student’s senior year. Students should consult closely with their academic advisor to explore the range of options available for meeting this requirement.

Course descriptions reflect specific general education categories. You may also go to http://studentrecords.umaine.edu/ for currently offered courses. Click on Schedule of Classes. Enter a term and a General Education category. A complete list of courses meeting the specified General Education category will be displayed.

A student (completing more than one academic major or baccalaureate degree) need complete only one set of UMaine General Education Requirements. For example, a student completing a double major need complete the “writing intensive course in the major” and the capstone experience only for the designated primary major. Exception: some departments may specifically require their writing intensive and capstone courses as part of the major, aside from their role in general education. In this case the double-major student must complete them, not because of general education policy, but because the major program requires them. Students who have previously earned a baccalaureate degree from a regionally accredited institution do not have to meet General Education requirements to earn a degree from UMaine. A student must meet the requirements of the major (assuming sufficient credits are accepted by transfer to total 120 credits or more, depending on the major, with at least 30 credits of 300 / 400-level courses from UMaine).

Note: Courses must be taken for letter grade only to satisfy a general education requirement.
# GENERAL EDUCATION REQUIREMENTS WORKSHEET

<table>
<thead>
<tr>
<th>Name</th>
<th>ID#</th>
</tr>
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<tbody>
<tr>
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</table>

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**ETHICS** (1 course or a series of courses placing substantial emphasis on ethical issues; effective for students who entered UM Fall 1996 or after).  

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Grade</th>
<th>Credits</th>
<th>COMPLETED:</th>
</tr>
</thead>
<tbody>
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**HUMAN VALUES AND SOCIAL CONTEXT** (18 credits required, including at least 3 credits from each of the five sub-categories. A 3 credit course that satisfies two sub-categories will constitute completion of both; however, credits may be counted only once)

<table>
<thead>
<tr>
<th>Sub-Category</th>
<th>Course</th>
<th>Semester</th>
<th>Grade</th>
<th>Credits</th>
<th>COMPLETED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western Cultural Tradition</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Social Context &amp; Institutions</td>
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<tr>
<td>Cultural Diversity &amp; International Per.</td>
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<tr>
<td>Population &amp; Environment</td>
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<tr>
<td>Artistic &amp; Creative Express.</td>
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<tr>
<td>(18th Credit)</td>
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</table>

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**MATHEMATICS** (6 credits required; only 3 credits may be in computer science)

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Grade</th>
<th>Credits</th>
<th>COMPLETED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Math/Stat)</td>
<td></td>
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<td></td>
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<tr>
<td>(Math/Stat or Comp. Sci.)</td>
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**SCIENCES** (2 course required)

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Grade</th>
<th>Credits</th>
<th>COMPLETED:</th>
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</thead>
<tbody>
<tr>
<td>(Lab-Basic)</td>
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<tr>
<td>(Lab-Basic/or Applications)</td>
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**WRITING COMPETENCY**

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Grade</th>
<th>Credits</th>
<th>COMPLETED:</th>
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</thead>
<tbody>
<tr>
<td>*ENG 101 (Composition)</td>
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<tr>
<td>Writing Intensive:</td>
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<tr>
<td>WI in the major:</td>
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<tr>
<td>*Minimum grade = C (not C-)</td>
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**CAPSTONE EXPERIENCE**

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester</th>
<th>Grade</th>
<th>Credits</th>
<th>COMPLETED:</th>
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</thead>
</table>

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*This is a summary of progress toward completion of General Education Requirements only. Requirements for the major must be checked with the major department.*
### Progression Summary

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>COURSE</th>
<th>DATE</th>
<th>CR</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSTRN CULT TRAD SUB CATEGORY I</td>
<td>PHI</td>
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<tr>
<td>SOC CONXT &amp; INS SUB CATEGORY II</td>
<td>PSY 100</td>
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<tr>
<td>CUL DIV &amp; INT PER SUB CATEGORY III</td>
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<tr>
<td>POPUL &amp; ENVIRON SUB CATEGORY IV</td>
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<tr>
<td>ARTIS &amp; CREAT EXP SUB CATEGORY V</td>
<td></td>
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<tr>
<td>FROM ANY AREA ADD REQUIREMENT</td>
<td>SOC 101</td>
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<tr>
<td>WRITING INTENSIVE</td>
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**School of Nursing Requirements (45 Credits)**

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>COURSE</th>
<th>DATE</th>
<th>CR</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO100 W/LAB BASIC BIO</td>
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<tr>
<td>BIO208 W/LAB ANATOMY &amp; PHYS</td>
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<tr>
<td>BMB207 W/LAB BIO CHEM</td>
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<tr>
<td>BMB240 MICROBIOLOGY</td>
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<tr>
<td>BMB241 MICRO LAB</td>
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<tr>
<td>FSN101 INTRO TO NUTRITION &amp; STATISTICS</td>
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<tr>
<td>MATH</td>
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<tr>
<td>FRESHMAN COMPOSITION</td>
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<tr>
<td>PSY100 GENERAL PSYCHOLOGY</td>
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<td>SOC101 INTRO TO SOCIOLOGY</td>
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<td>GROWTH &amp; DEVELOPMENT</td>
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<td>PHILOSOPHY</td>
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**Nursing Courses**

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<tr>
<td>NUR101 ISS &amp; OPP IN NSG</td>
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<tr>
<td>NUR 102 FOUND OF NSG PRACTICE I</td>
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<td>NUR103 FOUND OF NSG PRACTICE II</td>
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<tr>
<td>NUR165 CARE OF OLDER ADULTS</td>
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<tr>
<td>NUR 200 CARE OF ADULTS I</td>
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<td>NUR 202 APP THEORY OF NSG PRACTICE I</td>
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<td>NUR201 CARE OF ADULTS I CLINICAL</td>
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<tr>
<td>NUR265 GENETIC GENOMICS</td>
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**SCI GPA**

**CUM GPA**

**CURRENT CREDITS**

**MATH PLACE**

**GENERAL ELECTIVE**

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34
HEALTH & IMMUNIZATIONS

Each student is required to undergo a physical exam prior to entering the first clinical course in the program, NUR 201. Health examination forms are available in the School of Nursing Office. The purpose of this examination, by a (physician, nurse-practitioner, physician’s assistant), is to verify that the student is in a state of mental and physical health compatible with the responsibilities of nursing practice. This physical exam will also serve to verify student needs for a reasonable accommodation for a disability. Any student with disability is encouraged to make early contact with the Department of Student Academic Services (http://www.umaine.edu/disability/), to discuss the possibilities for reasonable accommodation.

A health history, lab work, immunizations and a physical examination are required before progression to NUR 201. The School of Nursing form, showing proof of completion of the health history, lab work, immunizations and a physical exam must be on file in the School of Nursing Office.

Each UMaine student must comply with the State of Maine and the University requirements for immunizations in order to be admitted to the University of Maine. In addition, the School of Nursing requires evidence of immunity to rubella, rubeola, mumps, and varicella prior to progression to NUR 201, which is the first direct patient care experience. If you do not have appropriate documentation of prior immunizations, you will need to have titers (a blood test) to demonstrate your immunity. In addition, you must provide evidence of immunization for hepatitis B. Students are required to have 2 PPD tests prior to starting nursing classes and then one PPD every year while in the nursing program. A PPD is required once a year once you begin clinical courses. Hepatitis B is a series of three immunizations and is quite costly for students. Students need to plan this expense into their financial planning for their sophomore year.

Students must register with the American DataBank for immunization tracking. There is a one time $25.00 fee for this service. All Immunization records are kept at the School of Nursing, with the American DataBank, and a copy of the records are submitted to the health agencies when students are assigned for clinical placements.
Prior to starting a clinical rotation with a contracted/affiliated hospital or healthcare facility, students are required to undergo a **criminal background check (CBC)** to enhance patient safety. This is in compliance with a recent mandate from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) that healthcare students who are in the clinical setting for an educational experience must complete the same background check as hospital employees.

The student is responsible for initiating the CBC procedure at the time of finger printing in NUR 101. Internal or external transfer students are responsible for initiating the CBC procedure during their first semester as a nursing major. Information will be provided to transfer students at time of admission. The student assumes all costs ($33.00 as of September, 2014).

The UMaine School of Nursing has contracted with an independent company, American DataBank, which is approved by the American Association of Colleges of Nursing, for this purpose (www.americandatabank.org). American DataBank background checks include a search of records from the Federal Bureau of Investigation (FBI), the Nationwide Sex Offender database, and State court records. The results of the background check are sent to the School of Nursing. If a student is found to have a criminal record, the School of Nursing instructs American DataBank to forward the results to the health care agency where the student was to be placed for clinical experience. The health care agency makes a determination regarding acceptance or denial of the student for clinical placement. A student whose CBC reveals convictions from the list below may be denied clinical placement at the assigned, or any, healthcare facility.

- All felonies
- Crimes against an individual(s):
  - Assault
  - Battery
  - Sexual Assault
  - Other related crimes
- Crimes involving theft
- Crimes involving drugs
- Misdemeanors that could compromise the care and safety of patients.
CARDIO-PULMONARY RESUSCITATION (CPR) CERTIFICATION

All students must be certified in cardiopulmonary resuscitation (CPR) prior to enrolling in NUR 201 and you must maintain certification throughout the BSN program. Certification typically expires every two years. Certification must be at the health care provider level and must provide hands-on training related to adult, child and infant CPR. Online training programs without a hands-on demonstration and examination of correct technique are not acceptable. Appropriate courses include the American Heart Association “Basic Life Support (BLS) for Health Care Providers” or the American Red Cross “CPR for Professional Rescuers and Health Care Providers.”

A copy of the CPR completion card must be on file in the School of Nursing Office prior to beginning NUR 201.

All students must demonstrate proficiency and understanding of universal infection control procedures and blood borne pathogen policies prior to clinical placement in a health care setting. This training is provided by the School of Nursing.
BSN PROGRAM POLICIES

Academic and Progression Policies

1. Upon matriculation to the University of Maine BSN program, students are expected to take all course work at the University of Maine. The BSN curriculum is designed to meet the expected learning outcomes at each level of the program sequence as well as the overall program goals. These goals are consistent with The Essentials of Baccalaureate Education in Professional Nursing Practice by the American Association of Colleges of Nursing (2008) and the School of Nursing mission. If the nursing student wishes to take a prerequisite course from another University of Maine System campus or from another institution, the student must work closely with their academic advisor to ensure course equivalency and transferability of credits prior to taking the course.

2. Nursing students must meet or exceed the following academic requirements in order to progress to nursing (NUR) courses.

   - To progress to NUR 102, NUR 103, and NUR 165:
     - Achieve a minimum cumulative Grade Point Average (GPA) of 2.5
     - Achieve a minimum Science GPA of 2.5
     - Earn no less than a grade of “C” in any required coursework.

   - To progress to NUR 200 and higher level nursing courses:
     - Achieve a minimum cumulative GPA of 3.0
     - Achieve a minimum Science GPA of 3.0
     - Earn no less than a grade of “C” in any required coursework.
     - Successful completion of 47 credit hours which include all sciences, math and social science prerequisite courses for the nursing major.

These grade point averages are calculated on courses completed at The University of Maine and do not include courses transferred in from other colleges and universities.

The science GPA is calculated by the course grade received in BMB 207/209, BIO 100, BMB 240/241, and BIO 208

3. Students who have insufficient grade point averages or who are repeating failed prerequisite courses will not be able to pre-register for nursing classes. These students may be allowed to register for nursing courses later, upon presentation of a satisfactory record.

4. **Academic Contracts**: Students who are unable to achieve a 2.5 GPA after the first semester of prerequisite course work (with no transfer credit) are placed on a 3.0 contract for the following semester. Students who are unable to meet this contract are placed on a 3.25 contract for the following semester. Any student who fails to meet a 3.25 contract will be dismissed from the major. Only serious mitigating circumstances will allow for exceptions to this policy.
Any student who transfers to the nursing major with 12 or more credits must achieve a 3.0 GPA for all semesters thereafter. A transfer student who fails to achieve a 3.0 GPA will be placed on a 3.25 contract for the following semester. Failure to meet this contract will result in dismissal from the nursing major.

5. Nursing students will be evaluated using the current University of Maine policies on **Probation - Suspension - Dismissal** related to academic performance as listed in the University of Maine Student Handbook. General appeal rights for students are outlined in the University of Maine Student Handbook.

6. Nursing students may only take general **elective** courses on a pass/fail basis. Courses completed as part of the nursing degree are taken for a letter grade with the following exceptions: The School of Nursing adheres to the University policy for accepting College Level Examination Program (CLEP) exam scores (a minimum of 50 or higher) and for accepting Advanced Placement (AP) exam scores (a minimum of 3, 4, or 5) as meeting requirements for pre-requisite course work. Examples of these include Biology, College Algebra, U.S. History, etc.

7. An incomplete grade in any course is granted only as a result of extenuating circumstances and by special arrangement with the individual instructor. A student who earns an incomplete grade in a nursing course must meet all requirements to change that incomplete grade to a letter grade before the beginning of the next semester.

8. Nursing students are required to achieve a minimum grade of C in all prerequisite courses. Students may repeat no more than two prerequisite courses, one time only, to improve their grade.

9. Students may repeat only one nursing course and may repeat that course one time only. Any student who fails to achieve a passing grade of “C” on first attempt in another nursing course will be dismissed from the nursing major.

10. A student who needs to repeat a University of Maine course because they have failed to receive the minimum passing grade of C must repeat the course at the University of Maine. Equivalent courses taken at other colleges or universities will not be accepted in transfer.

11. Nursing courses are sequential; that is, mastery of the content in one course is required before progressing to the next course in the curriculum plan. For example: NUR 316 must be passed before progression into 2nd semester third-year courses. Progression to the next semester is contingent on satisfactorily fulfilling all prerequisite courses. Course prerequisites are indicated in the University of Maine Undergraduate Catalog.

12. Course grades will be determined by course evaluation criteria outlined in individual course syllabi. Nursing students are required to achieve a minimum grade of 75% in each component of all NUR courses to progress in their program of study. Pay attention to NUR course syllabi for clinical grading criteria and for policies regarding examination grades. For example, in some courses, a 75% average is required on examinations in order to pass the course with a C.
13. The School of Nursing participates in the +/- grading system. Individual faculty may choose to award a plus (+) or a minus (-) grade in nursing courses. The following criteria have been adopted for plus and minus grades:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
</tr>
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<tr>
<td>C-</td>
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</tbody>
</table>

14. Students who need course adaptations or accommodations because of a disability are directed to The University of Maine Disability Support Services, # 581-2319, for guidance.

15. Nursing students who find it necessary to request withdrawal from a course due to serious illness or injury, or to take a leave of absence or to withdraw from the University, must contact the College of Natural Sciences, Forestry, and Agriculture Associate Dean’s office (telephone 581-3225) for guidance in this process. In addition, they must contact their School of Nursing academic advisor. A Leave of Absence beyond 2 years may require repeating of courses.

16. A member of any religious group may, without penalty, absent themselves from class, clinical or lab as required in compliance with their religious obligations. Given the diverse religious faiths represented at the University of Maine School of Nursing and acknowledging the nonsectarian nature of the School of Nursing, this policy is intended to apply equitably to all religious groups and to provide opportunities for individuals to meet their religious obligations.

   A. The student who anticipates the need to be absent to accommodate his or her religious practice must notify faculty in advance of such anticipated absence. This notice should be provided at least one week in advance.
   B. Exams and assignments must be completed prior to the class/clinical/lab date. Clinical and lab make up shall be in compliance with the expectations as stated in each Clinical and Lab syllabi.
   C. No adverse or prejudicial effect shall result to any student who avails him/herself of the above policy.
   D. If a faculty member has any questions about the request to be absent for a religious accommodation, questions may be directed to the University’s Office of Equal Opportunity at 581-1226.
17. **Appealing assignment and/or course grades**: A student who wishes to appeal a course grade, an assignment grade, or other course outcome must follow The University of Maine procedures as described in the UMaine Student Handbook section on “Appealing Grades and Assignments” [http://www.umaine.edu/handbook/Acad/academic_guidelines_and_informat.htm](http://www.umaine.edu/handbook/Acad/academic_guidelines_and_informat.htm)

18. **Appealing School of Nursing academic action**: A student who wishes to appeal School of Nursing programmatic academic action (for example: dismissal from the program, delay in progression due to low grade point average) must adhere to the following School of Nursing procedure:

   - Communicate with their academic advisor as soon as possible for guidance regarding the academic appeal process and timeframe.
   - Submit a formal letter of appeal to the Director of the School of Nursing. The letter should include the extenuating circumstances that precluded the student from meeting the School progression standard **AND** a plan for remediation of the problem. The Director and the faculty members of the School’s Policy Advisory Committee will review the appeal letter and the student’s academic record; the committee will make the decision about the appeal. The student will be notified of the Committee’s decision in writing as soon as possible.

19. A student who has been **suspended** from the University but wishes to return to the School of Nursing must file an application for re-admission. Students who have been suspended from the University are guaranteed re-admission to the University; however, an interview with a nursing faculty advisor is required prior to re-admission to the Nursing major.

20. A student who has been **dismissed** from the University and/or the School of Nursing but who wishes to return to the School of Nursing must send a letter of appeal for re-admission to the School of Nursing Director. The student's appeal for re-admission will be reviewed by the Director and the School of Nursing Policy Advisory Committee for a decision on re-entry. A student who has been dismissed from the University is **not** guaranteed readmission. A student dismissed from the nursing major is highly unlikely to be readmitted.
General Guidelines for Written Assignments and Class Conduct:

Grading criteria for course assignments are described in each course syllabus. All assignments in nursing courses are due on the date designated in each course syllabus. Assignments received after the designated date/time may be subject to late penalty as specified in the course syllabus. Exceptions to the due date will be made only under extraordinary circumstances and should be negotiated with faculty in advance if possible. Papers are to be computer generated using a high-quality printer in accordance with the most recent edition of the *Publication Manual of the American Psychological Association*.

Students may use video and/or audio-recording devices during nursing courses only with the express permission of the instructor. In the case of guest lecturers, students must obtain permission from the guest.

Cell phones are to be turned off or muted during class, laboratory, and clinical sessions.

**Academic Integrity**

The School of Nursing adheres to The University of Maine policy on Academic Integrity ([http://umaine.edu/handbook/academics/academic-integrity](http://umaine.edu/handbook/academics/academic-integrity)). Violations of academic integrity such as cheating or plagiarism may result in a failing grade for an assignment or an entire course, and may be subject to action under The University of Maine System Student Conduct Code ([http://www.maine.edu/system/policy_manual/policy_section501.php](http://www.maine.edu/system/policy_manual/policy_section501.php)).

**Types of Academic Dishonesty**

- **Cheating** – Cheating is an act of deception by which a student misrepresents that he/she has mastered information on an academic exercise that he/she has not mastered.

- **Academic Misconduct** - Academic misconduct is the intentional violation of University policies by tampering with grades or involvement in obtaining or distributing any part of an unadministered test.

- **Fabrication** – Fabrication is the intentional use of invented information or the falsification of research or other findings with the intent to deceive.

- **Plagiarism** – Plagiarism is the presentation of someone else’s words, ideas, or data as one’s own work. Proper citation and/or acknowledgment must be given to other’s work.  
  *This information comes from the pamphlet, “Academic Honesty and Dishonesty,” a publication of Student Affairs Office.*

UMaine faculty are welcome to use SafeAssign in courses which use Blackboard for course materials. SafeAssign is a program for detection of plagiarism in any written assignment.
**Academic Advising**

Students accepted into the School of Nursing are assigned an academic advisor from the School of Nursing faculty. The academic advisor will meet with students for course registration and regarding matters of academic progression. Advisors will provide information about University services and policies and they may also offer advice pertaining to careers and graduate education. Students are expected to keep their advisors informed about their academic progress and to seek assistance with problems in a timely way.

**Clinical Placements**

Every effort is made to register students at their preferred times for clinical experiences. However, because of the complexity involved in scheduling, the School of Nursing reserves the right to adjust clinical schedules as necessary.

In the semester before the NUR 455 Senior Clinical Practicum, students will be asked to state their preferred clinical site and/or nursing specialty for this 192 hour learning experience. Faculty will make every effort to accommodate your preferences but we cannot guarantee that your specific preferences can be fulfilled. The availability of a specific setting and the availability of a qualified clinical nurse partner are determined by the clinical agencies. Please be aware that some clinical agencies require a personal interview with the prospective senior nursing student before making their decision about NUR 455 placement.

Students are responsible for providing their own transportation to and from all assigned clinical sites. Students are not allowed to transport patients/clients in personal vehicles under any circumstance.

**Course-related Expenses and Scholarships**

A $50.00 per credit fee is added to courses which consist of practice labs or clinical placements.

There are costs associated with purchase of uniforms, shoes, name tags, and medical equipment which are required in the clinical setting. These additional costs are considered by the Financial Aid Office when estimating the costs for the nursing major. In addition to course textbooks and other learning materials, students are required to purchase kits for certain skills labs (available at the UMaine Bookstore).

There are several scholarship funds available from the College of Natural Sciences, Forestry and Agriculture (NSFA) and from the School of Nursing. Funds may carry stipulations such as academic merit and/or financial need. Application information will be provided to all nursing students during the academic year.
**Liability Insurance**

The University of Maine carries liability insurance of $1,000,000.00 per occurrence for incidents involving nursing students in clinical settings.

**School of Nursing Pinning Ceremony**

The School of Nursing hosts a Pinning Ceremony for graduating seniors each May and December. A faculty member/staff will provide guidance in planning the event with the graduating class. The cost of the event is assumed by the graduating senior class (currently $40.00 per student). All students are urged to attend, and bring family and friends, to this celebratory event. Although the UMaine School of Nursing pin is available for purchase, this is not required for the “pinning” ceremony.

**Borrowing of University equipment**

The student is responsible for safeguarding any borrowed University equipment. All such equipment used by the student is expected to be returned in good condition. Students may be charged for damaged or missing equipment.
POLICY OF THE SCHOOL OF NURSING WITH REGARD TO PROFESSIONAL CONDUCT OF STUDENTS

Students are expected to adhere to standards of professional conduct. Below are listed specific expectations for such conduct, derived in part from the American Nurses Association Code for Nurses, the National Student Nursing Association student conduct code, the International Council of Nurses Code for Nurses, and the Law Regulating the Practice of Nursing for the State of Maine.

The nursing student:

1. Provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes or the nature of health problems.

2. Safeguards the client's right to privacy, assumes responsibility and accountability for individual nursing judgments and actions.

3. Demonstrates competence and acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical or illegal practices of any person.

4. Exercises informed judgment based on the level of education and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities and delegating nursing activities to others.

5. Demonstrates caring and concern for patients/clients.

6. Participates in the profession's efforts to educate the client about self-care and the public about the role of nursing.

7. Interacts with others in a respectful manner.

8. Collaborates with members of the health professions and other citizens in promoting efforts to meet the health needs of the public.

9. Demonstrates honesty and integrity in all aspects of conduct.
Unprofessional conduct shall include failure to adhere to the applicable standard of nursing care and a pattern of practice or other behaviors which demonstrate incapacity or incompetence to practice as a nursing student. This policy will apply in relation to conduct demonstrated at any point within the course of study as a University of Maine nursing major. Such conduct includes but is not limited to the following:

1. Performing acts beyond the authorized scope of the level of nursing education.
2. Assuming responsibilities without adequate preparation.
3. Failing to take appropriate action or failure to follow policies and procedures of clinical agencies and the School of Nursing.
4. Inaccurately recording, falsifying or altering a client's or agency's record.
5. Physical or verbal abuse, harassment or threatening behavior.
6. Violation of confidentiality.
7. Diversion of drugs, supplies or property of clients or agencies.
8. Commission of a felony, past or present, which could reasonably prevent placement in clinical agencies used for learning experiences.
9. Substance abuse that has resulted, or is likely to result, in the student performing services in a manner that endangers the health or safety of clients.
10. Inability to communicate effectively and establish appropriate professional relationships with clients, professionals, other employees of health care agencies, peers and School of Nursing faculty/staff.
11. Violation of the School of Nursing or agency policies or professional standards.
12. Leaving a clinical site without authorization.
13. Failure to demonstrate capacity to engage in professional nursing roles.
14. Exhibiting a pattern of inability to complete work in a timely manner.
15. Cheating, plagiarism or any form of dishonesty.
The procedure that will be followed for students who have been demonstrating problematic behaviors will be as follows:

1. Student problem behaviors may be identified by any University of Maine faculty/staff member, agency personnel, clients or peers. If action is taken, this will be based on facts and/or surmise from evidence and not simply hearsay.

2. If the behavior is limited to one course, the student will be asked to meet with a School of Nursing faculty member associated with the course in which the behavior took place. If the behavior took place in more than one course or outside of nursing courses, the student will meet with the Director of the School of Nursing or his/her designee. The Director may choose to include the individual(s) bringing the complaint at this meeting. A faculty member may also be invited to serve as a witness.

3. A written statement describing the problem behavior and, if appropriate, a plan of action for improvement (contract) will be given to the student, with a copy of all written materials placed in the student’s permanent file. If the behavior is not remediated within the stated time frame, there are several possible outcomes. These include a lowered clinical/course grade, failure in a course, conditional status (requires specific contract), suspension and/or dismissal.

4. The student will be removed from the clinical at the point when failure is determined if a student’s performance in a clinical course results in failure to meet the course objectives.

5. There are times when a clinical agency requests that a student be removed from a clinical experience. If the faculty member concurs that the behavior warrants such action, no attempt will be made to secure another clinical placement. This will result in a failing grade for the clinical experience.

6. In cases where the behavior poses risk of harm to others, the student may be removed from a clinical placement, the classroom, suspended or dismissed from the major with out the opportunity for counseling and improvement plan. This type of decision will be made by the Director and at least two members of the faculty. Examples of behaviors which may lead to immediate removal are dishonesty, aggression, serious violation of the professional code of conduct including professional boundaries, and the commission of felonies including the diversion of drugs. The Director of the School of Nursing will notify the student in writing if such a decision is made.

7. The student has the right to utilize the formal appeal processes of the University of Maine if he/she disagrees with the decision made. The School of Nursing reserves the right to remove from clinical any student who, according to the judgment of faculty, poses risk of harm to clients or others until the matter is formally resolved.
Academic/Clinical Incident Report

Student Name:  

Faculty Member:  

Course:  

Date:  

This form is intended to track problematic incidents and behaviors of students enrolled in the University of Maine School of Nursing baccalaureate nursing program.

When an incident occurs, a copy of this form is placed in the student’s academic file. When there is a pattern emerging due to repeated incidents, the student may be asked to meet with his or her academic advisor or the Director of the School of Nursing. Further action may also be indicated (ie. Academic Action, Judicial Affairs).

Faculty:  Please check the appropriate box and provide an explanation in the designated section below.

<table>
<thead>
<tr>
<th>Clinical Incidents</th>
<th>Classroom Incidents</th>
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<td>Lack of attendance</td>
</tr>
<tr>
<td>No call for absence</td>
<td>Pattern of late arrival to class</td>
</tr>
<tr>
<td>Gross lack of preparation for clinical assignment</td>
<td>Rude interaction toward faculty or other students</td>
</tr>
<tr>
<td>Interpersonal communication incident</td>
<td>Pattern of handing in late work</td>
</tr>
<tr>
<td>Unprofessional appearance or behavior on the clinical day</td>
<td>Failing grade on written assignments</td>
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<tr>
<td>Unprofessional appearance or behavior on the clinical unit at another time</td>
<td>Suspected plagiarism</td>
</tr>
<tr>
<td>Pattern of late arrival to clinical site</td>
<td>Suspected cheating</td>
</tr>
<tr>
<td>Other see explanation below</td>
<td>Pattern of special requests for deadline extensions, taking exams late etc.</td>
</tr>
<tr>
<td></td>
<td>Other see explanation below</td>
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</tbody>
</table>

Explanation Notes -  Attach separate page if necessary

Faculty Signature:  

Student Signature:  

Student Commentary/Student’s Plan for Actions:

Users/Nursing Forms
1. Program Philosophy

The University of Maine Substance Abuse Services has specific policies to guide the conduct of their students. The school of nursing upholds these policies and has additional policies and procedures that are reflective of the professional code of conduct and nursing.

Nursing is a caring profession that places many demands on its members. Before nurses can care for others, they must learn to care for themselves. Nursing students encounter many stressors in their education or personal lives; however, it is necessary for students to maintain professional behaviors and safe practice at all times. Early detection of possible substance abuse will allow the faculty to refer the student to the appropriate resources or to the Office of the Dean of Students, Student Advocate Service.

2. Statement of Purpose

The presence or use of drugs or alcohol, lawful or otherwise, which interferes with the judgment or motor coordination of nursing students in a health care setting poses an unacceptable risk for patients, colleagues, the University, and affiliating clinical agencies. Early detection of substance use/abuse among students will allow us to help them receive the treatment they need in order to safeguard patient care. The intent of the Substance Abuse Policy and Procedure is to identify students who are chemically impaired and help them to return to a competent and safe level of practice.

3. Statement of Student Responsibility

Nursing students have the obligation to uphold the trust which society has placed in the profession. The practice of nursing demands mental alertness, psychomotor skill, and interpersonal sensitivity. There is no place for impairment due to substances within nursing practice.

4. Definitions

**Substances:** Substance-related disorders are listed in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, (DSM-IV). Substances of abuse are grouped into eleven classes: alcohol, amphetamines or similarly acting sympathomimetics, caffeine, cocaine, cannabis, hallucinogens, inhalants, nicotine, opioids, phencycline (PCP) or similarly acting arycyclohexylamines and sedatives, hypnotics, or anxiolytics.

**Impaired** means that a person’s mental or physical capabilities are reduced below their normal levels. An impaired student manifests deterioration in the level of function as compared to that previously observed.
Substance abuse means the manufacture, use, sale, purchase, distribution, transfer, or possession of an illegal drug and or the consumption, possession, or distribution of alcohol by any nursing student while on University of Maine campus or an affiliated clinical site. Abuse includes a nursing student’s use of alcohol or any drug in such a way that the student’s performance in any nursing course or clinical educational activities at any clinical site, is impaired.

5. Procedure (refer to Algorithm A & B)

(A) Actual or Potential Impairment

Impairment is identified through the recognition of signs of deteriorating performance. Examples of physical and behavioral indicators of substance abuse are as follows:

1. Odor of alcohol.
2. Unsteady gait.
3. Rapid or slurred speech.
5. Fine motor tremors.
6. Dilated or pinpoint pupils.
7. Difficulty with calculations.
8. Inability to follow directions.
9. Nausea, vomiting or sweating without known cause.
10. Persistent rhinorrhea.
11. Flushed face.
12. Sleepiness or dozes off.

Some of the above may be due to or explained by another cause. If this is found to be true, the physical or behavioral changes should still be documented in a memorandum of record and observed over time.

(B) Physical and Behavioral Patterns of Concern

Look for a pattern and document clearly, accurately and objectively. The following all indicate possible substance abuse and should be addressed if not related to a known cause and a pattern of these exist:

1. Shuns interaction, long lunches alone.
2. Avoids eye contact.
3. Errors in judgment in patient care.
4. Frequent disappearance from clinical site without explanation.
5. Tardiness, leaves early, short-term absences.
6. Odor of mouth wash or breath mints.
7. Lapses in memory, incongruent responses, and difficulty in recalling instructions.
8. Improbable, elaborate excuses and apologies for behavior.
9. Reports of one family crisis or another.
10. Prefers to work alone, seeks less supervision or avoids / withdraws from other students.
11. Inconsistent performance, sudden changes in usual behavior.
12. Direct blame onto others.
13. Defensive and irritable.
15. Decreased clinical and academic productivity.
16. Fluctuating clinical and academic performance.
17. Change in dress or appearance.
18. Dishonesty.
19. Observed or reported interpersonal conflict.
20. Peers and others appear to compensate for the imbalance of care and learning by over looking impaired performance, lateness, and absenteeism.

(C) Self Identification and Report

If a student independently identifies and acknowledges a problem with alcohol or other drug abuse to any member of the faculty, staff, or student body, every effort will be made to support the student’s recovery on reentry by affording them the opportunity to continue their education. The process to be followed includes:

1. Conference will be arranged with the Director of the School of Nursing to decide the appropriate actions to include possible restrictions on attendance in program of study, progress reports and plan for relapse prevention (student responsibility).

2. The student will be referred for professional evaluation and treatment if this is not in process.

(D) Student Impairment in Class, Lab or Clinical

1. Faculty observe, assess and document performance and objective data.

2. Student faculty conference is held at which time student is informed of the reasons she/he must leave clinical (symptoms of illness, impairment and lack of required safe, professional behaviors).

3. Arrange for someone to drive home and setup appointment to discuss the incident. Be sure student leaves the academic or clinical setting.

4. Inform the undergraduate curriculum coordinator and Director of the School of Nursing.
5. Any student who is impaired in class, lab or clinical will be required to have an evaluation by an appropriate clinician prior to being allowed to return to their program of study. All recommendations from the clinician must be followed and reports sent to the Director at least on a quarterly basis.
Appendix A
Nursing Students Suspected of Substance Abuse

Early intervention/prevention information for School of Nursing Faculty and students regarding alcohol and drug use/impaired practice.

Identification of possible abuse of alcohol and other drugs (5A)
Seek consultation with Director of School of Nursing

Assessment of performance suggestive of substance abuse (5B)

Determination of likely substance abuse or other problems

If data support alcohol/drug abuse

Dismiss from lab/class/clinical with follow-up appointment with faculty. Faculty documents incident.

Agrees to evaluation

Refuses evaluation. Faculty documents incident

If insufficient data

Document and continue data collection

If insufficient data

Initiate disciplinary proceedings.

Evaluation is positive (need treatment)

Treatment complete

Return to school with contract.

Evaluation is negative for substance abuses but positive for other health problems.

Treatment refused

Consider disciplinary proceedings

Meets with Director, School of Nursing.

Treatment refused

Evaluation is negative (no need for treatment)

Student returns to school

u/shared/committee/substance abuse/Appendix A
Updated 9/14/04
Appendix B

Student Approaches
Faculty with Concern Regarding Peer

Student documents concern and submits to faculty.

Student unwilling to document concerns.

Faculty meets with student to review documentation.

Faculty documents

Identified student is asked for clarification.

Student admits

Student denies abuse; continue to observe student behavior.

Student denies abuse of substances. Continue to observe student behavior.

Wants Help

Refuses Help

Refer student for assessment & treatment.

Provide information on resources. Remind student of UM & SON policies on substance abuse. Meet Director, School of Nursing.

Remind student of School of Nursing Policies, meet with Director, School of Nursing and initiate contract.
GRADUATION REQUIREMENTS

In order to graduate from the School of Nursing, students must be in good academic standing. In addition, the following must be satisfied before the student can be certified as having completed all requirements and, therefore, eligible to be granted a Bachelor of Science with a major in Nursing:

1. Completion of a minimum of 121 degree hours, with the required grade point average of 3.0 in the major and overall.

2. Satisfactory completion of University and School of Nursing requirements.

University of Maine Academic Standing, Academic Recognition and Degree/Graduation Requirements

Please refer to the University of Maine Undergraduate Student Handbook online for information regarding calculation of academic standing (GPA) and academic recognition (Dean’s List) ([http://catalog.umaine.edu/content.php?catoid=62&navoid=1806](http://catalog.umaine.edu/content.php?catoid=62&navoid=1806))

Refer to the section on Degree/Graduation Requirements for details about graduation requirements ([http://catalog.umaine.edu/preview_program.php?catoid=62&poid=7622](http://catalog.umaine.edu/preview_program.php?catoid=62&poid=7622))

RN-Studies Students:

1. RN-Studies students use the UMaine/USM Consortium arrangement to meet residency requirements.

2. RN-Studies students must complete a minimum of 121 degree hours with the required grade point average of 3.0 in the major and overall to receive the baccalaureate degree in nursing.
RN LICENSING APPLICATION

After verification of successful completion of all requirements and the granting of a BSN, each student is eligible to apply to the Maine State Board of Nursing (MSBON) to take the NCLEX-RN examination for licensure as a registered nurse. The MSBON application packet will be e-mailed to all eligible students prior to graduation. Accurate completion of the NCLEX applications by designated dates is the responsibility of the student. If graduates wish to take the NCLEX-RN in a state other than Maine, application information is available in the School of Nursing office.

The Maine State Board of Nursing may refuse to grant a license on the basis of violation of academic or professional integrity or on the basis of criminal history record information relating to convictions denominated in Title 5, Chapter 341, Subsection 5301 of the Maine Revised Statutes Annotated. Other state boards of nursing are likely to have a similar rule. It is the responsibility of the student to declare criminal history information on the application for licensure.

SCHOOL OF NURSING
LEARNING RESOURCE CENTER

Mission

The mission of the Learning Resource Center (LRC) is to provide a collection of learning resources to support the curriculum of the School of Nursing and to serve the University of Maine community. It also provides a learning environment conducive to the socialization of students into nursing.

The resources, including computers, AV aides, clinical models, and simulation manikins are available to all students in the School of Nursing and to others in the University community by arrangement with LRC Director. Professional conduct is expected at all times in accordance with the student conduct code. Faculty always welcome student input and suggestions.
**Hours of Operation**

The hours of operation for the LRC will be published each semester. Every effort will be made to have the LRC open from 8:00 a.m. to 8:00 p.m. Monday through Thursday, 8:00 a.m. to 5:00 p.m. on Friday.

**Staffing**

The LRC is staffed by work-study students who are supervised by the Director of the LRC. They are there to assist the users of the LRC and to see that the LRC operates in an orderly way. The work study students have the authority to carry out these instructions per instructions of the LRC Director for all policies and procedures.

**Resource Use**

All resources of the LRC are available during posted hours of operation. The user should become familiar with the operation of all resources prior to use. Staff will gladly help students learn how to operate any and all of the equipment. Abuse and/or misuse will result in the user assuming responsibility for the damage. The School of Nursing reserves the right to deny access to the resources to any person who has abused, damaged or misused equipment.

**Clinical Simulation Lab and Supplies**

All LRC equipment and supplies are restricted to the use of nursing students and faculty. Nursing students must have permission of the course instructor if they wish to sign out clinical equipment for additional practice.

**Needles, Syringes and IV Equipment**

These supplies must be used under the direct supervision of a member of the faculty. Any puncture wound must be reported immediately to the School of Nursing and an Incident Report for injuries must be completed.
CLINICAL & LABORATORY POLICIES FOR NURSING COURSES

Attendance

Attendance is required for all scheduled clinical and laboratory experiences. Absences will be individually addressed for each missed clinical and laboratory experience. Excused absences will be granted in extraordinary circumstances and do not automatically release the student from the experience and requirements. Students who must miss a clinical and/or laboratory experience are expected to notify the instructor and clinical agency prior to the clinical/laboratory time. Missing a clinical or laboratory experience may result in failure to meet the course objectives and failure in the course. Any decision to cancel clinical experiences due to inclement weather will be determined by University guidelines and announced by University administration. Call 581-SNOW for updates.

Preparation

Students are expected to be prepared for their clinical experience. Students who present as unprepared and/or demonstrate unsafe behavior will not be allowed to remain on the unit. Clinical assignments may be posted on the day before the clinical experience. Students are responsible for individual preparation, including any extra assignments as determined by their instructor. Appearance must be professional at all times. Students must wear lab coats with name tag and school emblem when researching their patient assignment prior to the clinical day/evening. Jeans, sweat pants, shorts, bare feet, sandals, or sneakers are not acceptable attire. Students will be asked to leave the unit by health personnel on duty if not dressed professionally.
Confidential Information

Any information regarding a client is confidential and will be confined to clinical and classroom discussions. Faculty and students uphold the ANA's Code for Nurses which states "the nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature". In addition, the National Student Nurses’ Association states that students “must maintain client confidentiality and actively promote the highest level of moral and ethical principles.” Students will be oriented to the American Health Insurance Portability and Accountability Act (HIPAA) guidelines and are expected to adhere to these guidelines at all times.

Evaluation of Clinical/Lab Performance

Students will be individually evaluated by each clinical/lab instructor. Criteria for evaluation are available for each course. Evaluations will be completed by the instructor and student and discussed at intervals to assist students with successful completion of the learning experience. Students are to receive a minimum grade of 75 in order to pass the course, clinical and/or lab. A student who does not meet this requirement will not pass. Detailed information about clinical/lab evaluation and grading is available in individual course syllabi.

Students may be placed on probation at any time during their clinical rotation. The instructor and student will discuss the problem area(s) and will establish a mechanism to meet the clinical objectives. Progress to the next clinical course is determined by successful completion of all clinical course objectives.
PROFESSIONAL APPEARANCE AND CONDUCT

University of Maine nursing students are expected to adhere to the highest standard of professional behavior and professional appearance when they are in clinical and other professional settings. UMaine nursing students must be mindful that they represent the University of Maine and the nursing profession in all interactions in public arenas.

Professional Appearance

In all clinical settings, UMaine nursing students must attend to their hygiene, grooming, and attire to convey a professional appearance. In addition, students must be easily identifiable as University of Maine nursing students by wearing proper name tags, and, when required, by wearing the School of Nursing uniform and/or lab jacket with UM emblem on the Left shoulder (sleeve)

1. Required items include:
   - White Shoes
   - Watch
   - 3/4 or full length lab coat
   - Name Pin
   - School Emblem
   - White top and Ceil Blue scrub pants

2. Name Tags:

   Student name tags, identifying them as a University of Maine student, will be worn at all times and in all clinical settings. Name tags will include:

   First & Last Name
   Nursing Student
   University of Maine School of Nursing
3. **Professional Attire:**

Professional attire or the School uniform is to be worn in clinical settings and the student must be identifiable as a UMaine nursing student. For example, when the student is in the clinical setting to do preparatory research on their assigned patient, they must wear professional attire under their lab coat which has the School emblem on the sleeve and they must wear a name tag. When the student is in the clinical setting for direct-patient care learning experiences, they must wear the School uniform and name tag unless not appropriate for the setting (see detailed list for specific clinical settings below).

Under no circumstances are the following types of attire allowed in the Lab & Clinical areas:

- Revealing clothing such as clothing that reveals cleavage in women or reveals the abdomen or back when the arms are raised.
- Jeans, athletic or jean shorts.
- Hats, caps, bandanas, hoods or head scarves (unless this is considered to be required by one’s religion or culture).
- Sweatpants, sweatshirts, pajamas, leggings, spandex or exercise attire.
- T-shirts: tank, mesh, halter, or tube tops; spaghetti straps; tops that reveal cleavage or the midriff.
- Shirts with inappropriate or offensive lettering or messages.

Attire that is required for specific clinical settings:

A. **Community Health Nursing**

   Dark blue/navy (not denim) dresses, skirts not more than 2" above the knee, blue slacks/pants, white blouses/shirts or sweaters, socks or stockings. Shoes must be closed toe (clogs must have a strap in the back). Students are to follow the clinical agency’s policy as well as the School of Nursing policies.

B. **Mental Health Nursing**

   The dress for the psychiatric nursing rotation consists of professional looking street clothes. Dark blue/navy (not denim) dresses, skirts not more than 2" above the knee, blue slacks/pants, white blouses/shirts or sweaters, socks or stockings. Shoes must be closed toe (clogs must have a strap in the back). A hospital ID badge must be worn at all times. UMaine name tag may not be appropriate in the mental health setting; check with your instructor. Students are to follow the hospital policy as well as the School of Nursing policies.
C. Medical/Surgical Nursing

Students must wear clean and pressed nurse’s uniform (white top and ceil blue bottoms), socks or hose with clean white shoes to hospitals and community agencies. The photo ID must be worn above the waist and at all times. Scrubs, when required, such as the OR and PACU, are available at individual hospitals. Students are to follow the clinical agencies policy as well as the School of Nursing policies.

D. Maternal-Newborn Nursing

Students must wear clean and pressed nurse’s uniform (white top and ceil blue bottoms), socks or hose with clean white shoes to hospitals and community agencies. The photo ID must be worn above the waist and at all times. Casual professional attire is allowed for out-patient settings. Students are to follow the clinical agency’s policy as well as the School of Nursing policies.

E. Pediatric Nursing

Students must wear clean and pressed nurse’s uniform (white top and ceil blue bottoms), socks or hose with clean white shoes to hospitals and community agencies. The photo ID must be worn above the waist and at all times. Casual professional attire is required for out-patient settings. Students are to follow the hospital policy as well as the School of Nursing policies.

F. Senior Partnerships Attire

A white scrub top with ceil blue bottoms uniform (dress, skirt and top or pants and top) will be worn for selected experience. Dress may differ for the specialty units at individual hospitals. Students must still wear their University patch on the left shoulder and name tag. Scrubs, when required, such as in the OR and PACU, are available at individual hospitals. A hospital ID badge must be worn at all times and positioned above the waist. Students are to follow the hospital policy as well as the School of Nursing policies.

Tattoos:

4. All tattoos must be covered.

Hair:

5. Hair must be neat. If it is long, it must be arranged off the face and collar, so as not to interfere with patient care. In some settings, beards or hair must be covered and/or removed as indicated in infection control policies.
Nails:

6. Nails must be clean and trimmed short for infection control and free of all nail polish including clear polish.

Jewelry:

7. Students may only wear minimal jewelry for reasons of personal safety and infection control. For example, a wedding band is allowed, but rings with stones and numerous settings create areas of contamination. Body piercing jewelry cannot be worn except for a single stud earring in each earlobe. The stud earring must be conservative in appearance. Only crystal clear gauges may be worn in the earlobes. Jewelry in pierced noses, lips, tongues and other exposed body areas, other than the ears, is not permitted. Bracelets, necklaces, and pins are not permitted unless for religious or medical reasons. A wristwatch with a second hand is required.

Hygiene, Scented Products and Cosmetics:

8. Perfume, colognes and scented products are prohibited because the scents may cause respiratory distress and other allergic reactions in people who are sensitive to the fumes. Nursing students must take personal hygiene measures to avoid giving off odors of cigarette smoke, halitosis (bad breath), or body odor.

Other:

9. Students must refrain from chewing gum while at the clinical site.
Professional Conduct

The University of Maine School of Nursing faculty endorse recent policies by the National Council of State Boards of Nursing and the National Student Nurses’ Association regarding professional conduct. Two important areas of concern for nursing students and nurses are the concepts of: (a) professional boundaries in the nurse-patient therapeutic relationship, and (b) potential harm (privacy and confidentiality violations) that can result from use-misuse of social media and other electronic communications. UMaine nursing students are expected to be aware of these important concepts and to conduct themselves in ways that reduce the risk of violating professional boundaries and the risk of violating patient and/or clinical agency confidentiality through inappropriate electronic communications.

Professional Boundaries

The following is an excerpt from the National Council of State Boards of Nursing: A Nurse’s Guide to Professional Boundaries (2014)
See full document: https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf

Year after year, nursing tops national polls of the most widely respected and trusted professions. The results of these polls reflect the special relationship and bond between nurses and those under their care. Patients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from attaining personal gain at the patient’s expense and refrains from jeopardizing the therapeutic nurse–patient relationship. In order to maintain that trust and practice in a manner consistent with professional standards, nurses should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries.

A therapeutic relationship is one that allows nurses to apply their professional knowledge, skills, abilities and experiences towards meeting the health needs of the patient. This relationship is dynamic, goal-oriented and patient-centered because it is designed to meet the needs of the patient. Regardless of the context or length of interaction, the therapeutic nurse–patient relationship protects the patient’s dignity, autonomy and privacy and allows for the development of trust and respect.

Professional boundaries are the spaces between the nurse’s power and the patient’s vulnerability. The power of the nurse comes from the nurse’s professional position and access to sensitive personal information. The difference in personal information the nurse knows about the patient versus personal information the patient knows about the nurse creates an imbalance in the nurse–patient relationship. Nurses should make every effort to respect the power imbalance and ensure a patient-centered relationship.

Boundary crossings are brief excursions across professional lines of behavior that may be inadvertent, thoughtless or even purposeful, while attempting to meet a special therapeutic need of the patient. Boundary crossings can result in a return to established boundaries, but should be evaluated by the nurse for potential adverse patient consequences and implications. Repeated boundary crossings should be avoided.

Boundary violations can result when there is confusion between the needs of the nurse and those of the patient. Such violations are characterized by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. Boundary violations can cause distress for the patient, which may not be recognized or felt by the patient until harmful consequences occur.

A nurse’s use of social media is another way that nurses can unintentionally blur the lines between their professional and personal lives. Making a comment via social media, even if done on a nurse’s own time and in their own home, regarding an incident or person in the scope of their employment, may be a breach of patient confidentiality or privacy, as well as a boundary violation.

Professional sexual misconduct is an extreme form of boundary violation and includes any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the patient. Professional sexual misconduct is an extremely serious, and criminal, violation.
August 2011

Introduction

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit healthcare in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and healthcare professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. The Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Healthcare organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Healthcare organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer’s policies, however, typically do not address the nurse’s use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.

Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the healthcare context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by the nurse. Such information may only be disclosed to other members of the healthcare team for healthcare purposes. Confidential information should be shared only with the patient’s informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse’s obligation to safeguard such confidential information is universal.

Privacy relates to the patient’s expectation and right to be treated with dignity and respect. Effective nurse-patient relationships are built on trust. The patient needs to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate “need to know.” Any breach of this trust, even inadvertent, damages the particular nurse-patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy by defining individually identifiable information and establishing how this information may be used, by whom, and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social
networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

**Possible Consequences**
Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse’s conduct.

**BON Implications**
Instances of inappropriate use of social and electronic media may be reported to the BON. The laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

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

A 2010 survey of BONs conducted by NCSBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of nurses who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the nurse, issuing a letter of concern, placing conditions on the nurse’s license or suspension of the nurse’s license.

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

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

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as “cyber bullying.” Such activity is cause for concern for current and future employers and regulators because of the patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

**Common Myths and Misunderstandings of Social Media**
While instances of intentional or malicious misuse of social media have occurred, in most cases, the inappropriate disclosure or posting is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media. These may include:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content.\(^1\) The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.

\(^1\) One such waiver states, “By posting user content to any part of the site, you automatically grant the company an irrevocable, perpetual, nonexclusive transferable, fully paid, worldwide license to use, copy, publicly perform, publicly display, reformat, translate, excerpt (in whole or in part), distribute such user content for any purpose.” Privacy Commission of Canada. (2007, November 7). Privacy and social networks [video file]. Retrieved from http://www.youtube.com/watch?v=K7gWEginKoA
A mistaken belief that content that has been deleted from a site is no longer accessible.

A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.

A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.

Confusion between a patient’s right to disclose personal information about himself/herself (or a health care organization’s right to disclose otherwise protected information with a patient’s consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one’s personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

How to Avoid Problems

It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.

Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.

Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.

Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.

Do not refer to patients in a disparaging manner, even if the patient is not identified.

Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.

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

Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.

Promptly report any identified breach of confidentiality or privacy.

Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.

Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.

Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.
Conclusion
Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

Illustrative Cases
The following cases, based on events reported to BONs, depict inappropriate uses of social and electronic media. The outcomes will vary from jurisdiction to jurisdiction.

SCENARIO 1
Bob, a licensed practical/vocational (LPN/VN) nurse with 20 years of experience used his personal cell phone to take photos of a resident in the group home where he worked. Prior to taking the photo, Bob asked the resident's brother if it was okay for him to take the photo. The brother agreed. The resident was unable to give consent due to her mental and physical condition. That evening, Bob saw a former employee of the group home at a local bar and showed him the photo. Bob also discussed the resident's condition with the former coworker. The administrator of the group home learned of Bob's actions and terminated his employment. The matter was also reported to the BON. Bob told the BON he thought it was acceptable for him to take the resident's photo because he had the consent of a family member. He also thought it was acceptable for him to discuss the resident's condition because the former employee was now employed at another facility within the company and had worked with the resident. The nurse acknowledged he had no legitimate purpose for taking or showing the photo or discussing the resident's condition. The BON imposed disciplinary action on Bob's license requiring him to complete continuing education on patient privacy and confidentiality, ethics and professional boundaries.

This case demonstrates the need to obtain valid consent before taking photographs of patients; the impropriety of using a personal device to take a patient's photo; and that confidential information should not be disclosed to persons no longer involved in the care of a patient.

SCENARIO 2
Sally, a nurse employed at a large long-term care facility arrived at work one morning and found a strange email on her laptop. She could not tell the source of the email, only that it was sent during the previous night shift. Attached to the email was a photo of what appeared to be an elderly female wearing a gown with an exposed backside bending over near her bed. Sally asked the other day shift staff about the email/photo and some confirmed they had received the same photo on their office computers. Nobody knew anything about the source of the email or the identity of the woman, although the background appeared to be a resident's room at the facility. In an effort to find out whether any of the staff knew anything about the email, Sally forwarded it to the computers and cell phones of several staff members who said they had not received it. Some staff discussed the photo with an air of concern, but others were laughing about it as they found it amusing. Someone on staff started an office betting pool to guess the identity of the resident. At least one staff member posted the photo on her blog.

Although no staff member had bothered to bring it to the attention of a supervisor, by midday, the director of nursing and facility management had become aware of the photo and began an investigation as they were very concerned about the patient's rights. The local media also became aware of the matter and law enforcement was called to investigate whether any crimes involving sexual exploitation had been committed.

While the county prosecutor, after reviewing the police report, declined to prosecute, the story was heavily covered by local media and even made the national news. The facility's management placed several staff members on administrative leave while they looked into violations of facility rules that emphasize patient rights, dignity and protection. Management reported the matter to the BON, which opened investigations to determine whether state or federal regulations against "exploitation of vulnerable adults" were violated. Although the originator of the photo was never discovered, nursing staff also faced potential liability for their willingness to electronically share the photo within and outside the facility, thus exacerbating the patient privacy violations, while at the same time, failing to bring it to management's attention in accordance with facility policies and procedures. The patient in the photo was ultimately identified and her family threatened to sue the facility and all the staff involved. The BON's complaint is pending and this matter was referred to the agency that oversees long-term care agencies.

This scenario shows how important it is for nurses to carefully consider their actions. The nurses had a duty to immediately report the incident to their supervisor to protect patient privacy and maintain professionalism. Instead, the situation escalated to involving the BON, the county prosecutor and even the national media. Since the patient was ultimately identified, the family was embarrassed and the organization faced possible legal consequences. The organization was also embarrassed because of the national media focus.

www.ncsbn.org
SCENARIO 3

A 20-year-old junior nursing student, Emily, was excited to be in her pediatrics rotation. She had always wanted to be a pediatric nurse. Emily was caring for Tommy, a three-year-old patient in a major academic medical center’s pediatric unit. Tommy was receiving chemotherapy for leukemia. He was a happy little guy who was doing quite well and Emily enjoyed caring for him. Emily knew he would likely be going home soon, so when his mom went to the cafeteria for a cup of coffee, Emily asked him if he minded if she took his picture. Tommy, a little “ham,” consented immediately. Emily took his picture with her cell phone as she wheeled him into his room because she wanted to remember his room number.

When Emily got home that day she excitedly posted Tommy’s photo on her Facebook page so her fellow nursing students could see how lucky she was to be caring for such a cute little patient. Along with the photo, she commented, “This is my 3-year-old leukemia patient who is bravely receiving chemotherapy. I watched the nurse administer his chemotherapy today and it made me so proud to be a nurse.” In the photo, Room 324 of the pediatric unit was easily visible.

Three days later, the dean of the nursing program called Emily into her office. A nurse from the hospital was browsing Facebook and found the photo Emily posted of Tommy. She reported it to hospital officials who promptly called the nursing program. While Emily never intended to breach the patient’s confidentiality, it didn’t matter. Not only was the patient’s privacy compromised, but the hospital faced a HIPAA violation. People were able to identify Tommy as a “cancer patient,” and the hospital was identified as well. The nursing program had a policy about breaching patient confidentiality and HIPAA violations. Following a hearing with the student, school officials and the student’s professor, Emily was expelled from the program. The nursing program was barred from using the pediatric unit for their students, which was very problematic because clinical sites for acute pediatrics are difficult to find. The hospital contacted federal officials about the HIPAA violation and began to institute more strict policies about use of cell phones at the hospital.

This scenario highlights several points. First of all, even if the student had deleted the photo, it is still available. Therefore, it would still be discoverable in a court of law. Anything that exists on a server is there forever and could be resurrected later, even after deletion. Further, someone can access Facebook, take a screen shot and post it on a public website.

Secondly, this scenario elucidates confidentiality and privacy breaches, which not only violate HIPAA and the nurse practice act in that state, but also could put the student, hospital and nursing program at risk for a lawsuit. It is clear in this situation that the student was well-intended, and yet the post was still inappropriate. While the patient was not identified by name, he and the hospital were still readily identifiable.

SCENARIO 4

A BON received a complaint that a nurse had blogged on a local newspaper’s online chat room. The complaint noted that the nurse bragged about taking care of her “little handicapper.” Because they lived in a small town, the complainant could identify the nurse and the patient. The complainant stated that the nurse was violating “privacy laws” of the child and her family. It was also discovered that there appeared to be debate between the complainant and the nurse on the blog over local issues. These debates and disagreements resulted in the other blogger filing a complaint about the nurse.

A check of the newspaper website confirmed that the nurse appeared to write affectionately about the handicapped child for whom she provided care. In addition to making notes about her “little handicapper,” there were comments about a wheelchair and the child’s age. The comments were not meant to be offensive, but did provide personal information about the patient. There was no specific identifying information found on the blog about the patient, but if you knew the nurse, the patient or the patient’s family, it would be possible to identify who was being discussed.

The board investigator contacted the nurse about the issue. The nurse admitted she is a frequent blogger on the local newspaper site; she explained that she does not have a television and blogging is what she does for entertainment. The investigator discussed that as a nurse, she must be careful not to provide any information about her home care patients in a public forum.

The BON could have taken disciplinary action for the nurse failing to maintain the confidentiality of patient information. The BON decided a warning was sufficient and sent the nurse a letter advising her that further evidence of the release of personal information about patients will result in disciplinary action.

This scenario illustrates that nurses need to be careful not to mention work issues in their private use of websites, including posting on blogs, discussion boards, etc. The site used by the nurse was not specifically associated with her like a personal blog is; nonetheless the nurse posted sufficient information to identify herself and the patient.
SCENARIO 5
Nursing students at a local college had organized a group on Facebook that allowed the student nurses’ association to post announcements and where students could frequently blog, sharing day-to-day study tips and arranging study groups. A student-related clinical error occurred in a local facility and the student was dismissed from clinical for the day pending an evaluation of the error. That evening, the students blogged about the error, perceived fairness and unfairness of the discipline, and projected the student’s future. The clinical error was described, and since the college only utilized two facilities for clinical experiences, it was easy to discern where the error took place. The page and blog could be accessed by friends of the students, as well as the general public.

The students in this scenario could face possible expulsion and discipline. These blogs can be accessed by the public and the patient could be identified because this is a small community. It is a myth that it can only be accessed by that small group, and as in Scenario 3, once posted, the information is available forever. Additionally, information can be quickly spread to a wide audience, so someone could have taken a screen shot of the situation and posted it on a public site. This is a violation of employee/university policies.

SCENARIO 6
Chris Smith, the brother of nursing home resident Edward Smith, submitted a complaint to the BON. Chris was at a party when his friend, John, picked up his wife’s phone to read her a text message. The message noted that she was to “get a drug screen for resident Edward Smith.” The people at the party who heard the orders were immediately aware that Edward Smith was the quadriplegic brother of Chris. Chris did not want to get the nurse in trouble, but was angered that personal information about his brother’s medical information was released in front of others.

The BON opened an investigation and learned that the physician had been texting orders to the personal phone number of nurses at the nursing home. This saved time because the nurses would get the orders directly and the physician would not have to dictate orders by phone. The use of cell phones also provided the ability for nurses to get orders while they worked with other residents. The practice was widely known within the facility, but was not the approved method of communicating orders.

The BON learned that on the night of the party, the nurse had left the facility early. A couple hours prior to leaving her shift she had called the physician for new orders for Edward Smith. She passed this information onto the nurse who relieved her. She explained that the physician must not have gotten a text from her co-worker before he texted her the orders.

The BON contacted the nursing home and spoke to the director of nursing. The BON indicated that if the physician wanted to use cell phones to text orders, he or the facility would need to provide a dedicated cell phone to staff. The cell phone could remain in a secured, private area at the nursing home or with the nurse during her shift.

The BON issued a warning to the nurse. In addition, the case information was passed along to the health board and medical board to follow up with the facility and physician.

This scenario illustrates the need for nurses to question practices that may result in violations of confidentiality and privacy. Nurse managers should be aware of these situations and take steps to minimize such risks.

SCENARIO 7
Jamie has been a nurse for 12 years, working in hospice for the last six years. One of Jamie’s current patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. Jamie periodically read Maria’s postings, but had never left any online comments. One day, Maria posted about her depression and difficulty finding an effective combination of medications to relieve her pain without unbearable side effects. Jamie knew Maria had been struggling and wanted to provide support, so she wrote a comment in response to the post, stating, “I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday.” The site automatically listed the user’s name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her and said, “I didn’t know you were taking care of Maria. I saw your message to her on the communication page. I can tell you really care about her and I am glad she has you. She’s an old family friend, you know. We’ve been praying for her but it doesn’t look like a miracle is going to happen. How long do you think she has left?” Jamie was instantly horrified to realize her expression of concern on the webpage had been an inappropriate disclosure. She thanked her friend for being concerned, but said she couldn’t discuss Maria’s condition. She immediately went home and attempted to remove her comments, but that wasn’t possible. Further, others could have copied and pasted the comments elsewhere.

At her next visit with Maria, Jamie explained what had happened and apologized for her actions. Maria accepted the apology, but asked Jamie not to post any further comments. Jamie self-reported to the BON and is awaiting the BON’s decision.
This scenario emphasizes the importance for nurses to carefully consider the implications of posting any information about patients on any type of website. While this website was hospital sponsored, it was available to friends and family. In some contexts it is appropriate for a nurse to communicate empathy and support for patients, but they should be cautious not to disclose private information, such as types of medications the patient is taking.

References

©2011 The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also nine associate members.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.
ORONO STUDENT NURSING ASSOCIATION (OSNA)

The Orono Student Nurses Association (OSNA) is a pre-professional student nursing organization at the University of Maine. Through leadership and teamwork, OSNA members participate in enriching local, state, and national projects which foster pride and excitement in joining the nursing profession, including philanthropic activities and representation at the National Student Nurses Association annual convention. OSNA members work to promote an awareness of professional nursing with other nursing students, the University of Maine campus, community, and the national student nurses association.

OSNA officers are elected annually and consist of a President, Vice President, Treasurer and Secretary and one representative from the second, third, and fourth year classes. The School of Nursing pays the OSNA membership dues for first-year nursing students.

STUDENT REPRESENTATIVES ON SCHOOL COMMITTEES

Two students in the School of Nursing shall be selected as representatives to the regular faculty meeting of the School of Nursing.
NON-DISCRIMINATION NOTICE

The University of Maine does not discriminate on the grounds of race, color, religion, sex, sexual orientation, including transgender status and gender expression, national origin, citizenship status, age, disability, genetic information or veteran status in employment, education, and all other programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Director, Office of Equal Opportunity, 101 North Stevens Hall, 581-1226.

THE CLERY ACT

Please note: A recent change in a federal law, The Clery Act, requires universities to disclose to prospective students our three-year statistics regarding campus crime, including public property within, or immediately adjacent to and accessible from the campus. This report includes our policies for campus security, such as those concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report by accessing the following web site, http://www.umaine.edu/security, or by contacting the Director of Public Safety, University of Maine, 5794 Public Safety Building, Orono, ME 04473 (207) 581-4053.