



CHAPTER ONE: PHILOSOPHY, GOALS AND OBJECTIVES

ST. ALEXIUS HOSPITAL MISSION STATEMENT:

Our mission is to promote and serve the health care needs of the community.

ST. ALEXIUS HOSPITAL VALUES:

The following values are fundamental to us:

- ◆ Patients come first. We exist to serve those who need our services. Our patients and their families deserve our best work delivered in ways respectful of community diversity.
- ◆ People are our strength. Our work defines our success and determines our reputation. As each of us is perceived, so is St. Alexius Hospital.
- ◆ We support our communities. We advocate improved community health by getting involved. We volunteer our time, expertise, and facilities as a responsible corporate citizen and a good neighbor.
- ◆ We strive to continuously improve. We are each responsible for maintaining an environment that encourages learning and innovation.
- ◆ We are all in this together. We embrace the dignity of our diverse work force as one of our greatest human assets. We treat each other as we would like to be treated and serve all with compassion.

Lutheran School of Nursing is a department of St. Alexius Hospital Corporation #1 which is owned by Envision Hospital Corporation.

2007 – 2008 St. Alexius Hospital Governing Board:

Glen Appelbaum

Gregory Becker, M.D.

Jonathan Dehner, M.D.

Rick DeStefane

Devon Golding, M.D.

Sam Hawatmeh, M.D.

Jay Mahadevan, M.D.

Venkata Pante, M.D.

Robert Adcock, CEO

Johnny Watkins, CFO/COO

John Danner, CNO

LUTHERAN SCHOOL OF NURSING PHILOSOPHY:

The philosophy and competency goals of Lutheran School of Nursing are consistent with the mission of St. Alexius Hospital.

We, the faculty of Lutheran School of Nursing, believe:

Human beings are unique, rational individuals possessing self-worth and dignity, deserving recognition of essential qualities: intellectual, psychological, physical, spiritual and social. Human beings can utilize their potential for self-development and self-improvement. People are capable of modifying their environment and their responses to it.

Environment influences the individual's internal responses, beliefs, values and experiences. Environment includes influences of culture, family, religion and community. Diversity of



environment and the individual is respected at all times. Health care professionals recognize the growing diversity of society and the need to provide culturally sensitive care. Health care professionals must also recognize their role to assess and analyze a community in order to relate a variety of contexts ranging from individual patient encounters to the management of complex systems. Community health involves the ability to work with others to integrate a range of services and activities that promote, protect, and improve health.

Health is a dynamic state of wellness. Health practices prevention and wellness with an emphasis on primary and secondary preventive strategies. Promoting healthy lifestyles enhances health. Promotion and prevention involves patients, families, and communities in participation of decisions regarding their personal health, and in evaluating its quality and accessibility. Health care professionals have a responsibility to participate as “community partners” and advocate public policy for promotion and protection of the health of society.

Nursing is a complex, interactive profession that is an art and a science. Nursing provides specific scientific, evidence based support and assistance to individuals and/or families, managing information and technology, while also assuming a personal code of ethics and social responsibility. Nurses must have up-to-date clinical skills and abilities as critical thinkers and problem solvers. As primary care givers, nurses must be prepared to function in new health care settings and with multiple interdisciplinary team members designed to provide optimally coordinated care. Today’s nurse strives to insure cost-effective care balanced with appropriate care and quality of services and health outcomes.

Education is a process resulting in the learner’s cumulative, progressive acquisition of knowledge, skills, competencies, values, attitudes and outcomes. It requires an environment of active, creative, and innovative participation between teacher and learner. Education seeks to be proactive in anticipating changes in health care and responding appropriately for preparation of the graduate nurse. Learning is a self-directed, life-long learning process, maintaining and demonstrating competencies throughout one’s practice life.

The faculty of the school is responsible for integrating the philosophy into the academic program. Responsibility to the student focuses on facilitating effective adult learning by providing an appropriate learning environment that promotes the acquisition of knowledge, skills, competencies, values, attitudes, and outcomes essential to the development of the professional entry-level nurse.

Faculty has an obligation to perpetuate effective adult learning through scholarship. The diploma program of nursing recognizes that there are diverse ways of achieving scholarship through the collective abilities, creativity, and expertise of its faculty. The forms of scholarship are recognized and achieved through the shared philosophy and definition based in part from Boyer’s *Scholarship Reconsidered: Priorities of the Professorate* (1990). These forms of scholarship include discovery, integration, application, and teaching.

Discovery is purely investigative, in search of new information. Faculty believes that discovery scholarship in a diploma program can be fulfilled through formal research, publication, faculty studies and/or projects, continuing education, and professional memberships.

Integration occurs when scholars put isolated facts into perspective. Faculty in the diploma program believes that interdisciplinary collaboration of professionals offers the unique opportunity



to explore the meaning of findings in a larger and more comprehensive manner. Collaboration can be accomplished in creative formats of teaching, service, and clinical practice.

Application seeks ways in which knowledge can solve problems, as well as serve the community and the campus. Faculty in the diploma program embraces application scholarship through relevant and varied clinical and community experiences.

Teaching as scholarship encompasses both the mastery of knowledge as well as the presentation of information so that others might understand it. Faculty in the diploma program is encouraged to utilize skills in teaching to explore and demonstrate creativity and innovation in adult learning.

ESSENTIAL COMPETENCIES FOR THE GRADUATE NURSE

The student will attain the following outcomes in aptitude, skill, attitude, and values upon completion of the nursing program, and following successful entry as a professional nurse:

1. Possess the knowledge, skills, competencies, values, and attitudes essential for entry-level nursing practice in order to provide comprehensive care in a diverse community and a variety of health care settings.
2. Integrate critical thinking, effective communication, health teaching, and therapeutic nursing interventions, while implementing the nursing process.
3. Apply knowledge and professional skills for successful licensure as a registered nurse.
4. Secure employment practicing professional nursing within the legal definition of the Nursing Practice Act and according to the ANA Code of Ethics.
5. Demonstrate leadership and ability to collaborate with consumers and health care providers in a cost effective manner while providing care.
6. Acknowledge responsibility for personal and professional development through continuing education, life long learning and active community service.



ESSENTIAL FUNCTIONS OF THE STUDENT NURSE

Satisfactory completion of the Lutheran School of Nursing Diploma Program is contingent upon the student being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions necessary in the role of the student nurse. These functions are outlined below:

Following appropriate instruction and supervision, the student will:

1. Use their senses to observe and assess clients' needs and conditions.
2. Participate in the planning and evaluation of the nursing of the client's nursing care, including reading all written medical information pertaining to the client and analyzing all measurements and functions of technical equipment pertaining to client care.
3. Implement nursing measures to give safe and effective care to clients, including:
 - a. Administering physical care that often requires moving/lifting both adult and child clients as well as equipment.
 - b. Performing nursing procedures that may require standing for extended periods and ability to stoop or bend.
4. Communicate effectively with clients, families, and other members of the health care team including both written and verbal communication.
5. Maintain a safe and appropriate environment for clients.
6. Attend class session that may involve sitting for extended periods with short breaks periodically.
7. Be capable of administering emergency care including performing CPR.
8. Take written scheduled examinations related to course/clinical curriculum.

CURRICULUM OBJECTIVES

At the completion of the program, the graduate will demonstrate the following behaviors:

1. Evaluate effectiveness of the nursing process to meet complex needs of clients, groups of clients, and/or families.
2. Adapt the self-care deficit theory of nursing to provide care for clients, groups of clients, and/or families.
3. Demonstrate proficiency in the performance of nursing skills.
4. Collaborate with members of the health care team in the delivery of client care.
5. Communicate therapeutically and effectively with clients, families, and members of the health care team.
6. Evaluate the effectiveness of teaching in meeting the needs of clients, families, and/or members of the health care team.
7. Coordinate the use of community resources appropriate for clients and/or families.
8. Attain professional accountability in the management and delivery of health care.
9. Analyze ethical/legal issues in professional nursing.



DEFINITIONS OF CURRICULUM TERMINOLOGY

PURPOSE: To define terms necessary for faculty to develop, organize, and implement the curriculum.

DEFINITIONS:

SCHOOL PHILOSOPHY	Represents the beliefs of the faculty relative to the school's purpose for being and defines concepts such as person, nursing education, and faculty responsibilities.
CONCEPTUAL FRAMEWORK	Conceptualization of concepts, facts, theories, and variables relevant to a specific nursing education system.
MAJOR CONCEPTS	Major curriculum components that appear regularly throughout the curriculum. These major concepts support the school philosophy and eclectic conceptual framework.
SUBCONCEPTS	Define and interrelate major concepts and provide sequence, continuity, and coherence to the curriculum. VERTICAL SUBCONCEPTS (THREADS): Appear in each level and progress from simple to complex with new information introduced at progressive levels. HORIZONTAL SUBCONCEPTS (THREADS): Appear in each level and allow students to apply what they have learned in other contexts and situations. Basic content is taught one time and adapted to new situations.
ESSENTIAL COMPETENCIES	Aptitude, skill, attitude and values attained upon completion of the nursing program, essential for entry-level professional nursing, and instilled for perpetual learning and education.
ORGANIZATIONAL FRAMEWORK	Integrity of the curriculum, evidenced through congruency among philosophy, program objectives, curriculum design, course progression, and outcome measures, which flow in a logical progression over the length of the program.
CURRICULUM	"... a series of courses that makes up a program of study." (NLN #16-1945).
CURRICULUM OBJECTIVES	State the behaviors an individual is expected to demonstrate at completion of the program of study. Goals and purposes are translated into definite measurable behaviors and are stated as standards of performance and achievement expected.



CURRICULUM DESIGN	Planned sequence of courses set up to accomplish the purpose of the education program.
CURRICULUM PLAN	A schematic representation of the curriculum design.
LEVEL	<p>Refers to predetermined intervals at which points a student demonstrates changes in knowledge and behaviors as a result of related learning experiences. In our school, the two levels are identified as follows:</p> <p>LEVEL I: Prepares the student to provide basic nursing care to clients based on biopsychosocial principles; prepares the student to individualize nursing care to meet altered health needs of adult medical-surgical clients.</p> <p>LEVEL II: Prepares the student to provide nursing care to clients, groups of clients and families with psychiatric, obstetric, pediatric and advanced medical surgical disorders. The final role transition course gives the student opportunities for making the transition to graduate nurse.</p>
COURSE	A course provides organized subject matter and related activities and experiences planned to achieve objectives. A course is offered within a major division of time in the curriculum plan.
COURSE OBJECTIVES	Indicate the behaviors the student should demonstrate at the completion of the course. They give direction to course content, learning activities and course evaluation.
COURSE OUTLINE	Lists the unit objectives, content and major learning experiences (laboratory and theory) of a particular course.
UNIT	A unit is a division of a course focusing on a major body of knowledge and skills that contributes to the course as a whole.
UNIT OBJECTIVES	Indicate behaviors based on theory instructions that are expected of the student at the completion of the unit.
THEORY	Refers to a body of material presenting a concise, systematic view of subject matter. Theory content is subject to written examination.
CLINICAL LABORATORY	Planned learning experiences in which the student can apply knowledge to the care of clients in a clinical setting.
CLASSROOM LABORATORY	Planned learning experiences in which the student can practice and/or apply nursing concepts, theories, skills,



and technologies in a simulated setting. Attendance is required and counted as clinical laboratory time.

OUTCOME ASSESSMENT

A systematic collection and use of information about student learning with the goal of improving student learning and contributing to continuous improvement of the program.

EDUCATIONAL
EFFECTIVENESS

Student academic achievement in the program that is assessed, measured, and evaluated: employment rates, performance on NCLEX, program satisfaction, and graduation rates.

- ◆ *Job Placement Rates:* measures the percentage of graduates employed in a professional nursing position, six months after program graduation.
- ◆ *Performance on NCLEX-RN:* reflects the pass/fail results of the first time writers for the NCLEX-RN examination.
- ◆ *Program Satisfaction:* annual surveys reflect the currently enrolled student's evaluation of the curriculum, environment, learning resources, support services, and policies; the graduate's evaluation of attainment of program outcomes is measured after six months following entry into professional nursing.
- ◆ *Graduation Rates:* reflects the percentage of students who complete all academic requirements of the program within the time frame defined by the educational unit.

**TERMS RELATED TO THEORY AND LABORATORY COMPONENTS OF CURRICULUM**

(Terms necessary for students to use during the program.)

ACTIVITIES OF DAILY LIVING	Activities performed by the client each day to care for his/her own needs, e.g. eating, bathing.
ANALYZE	To examine critically, pulling together constituent parts of a problem/situation.
CLASSROOM LABORATORY	Planned simulated learning experiences in which a student can practice nursing skills.
CLINICAL COMPETENCY	Specific behaviors necessary for the practice of a particular area of nursing. The ability to demonstrate these behaviors has been determined by the faculty to be essential for safe practice of the completion of the clinical objectives.
CLINICAL LABORATORY	Planned learning experiences in which the student can apply knowledge to the care of clients in a hospital or community setting.
COMMUNICATION ABILITIES	Process which measures the development and progressive use of basic communication, therapeutic communication and effective communication. This includes abilities in written, verbal and nonverbal communications, group process, information technology and/or media production.
COMMUNITY	A group of individuals and/or families who share a common geographic area or environment and have an interest in the institutions that governs and regulate their way of life.
COMPARE	To determine similarity/resemblance of information.
CORRELATE	To show a relationship.
CREATE	To formulate from collected data.
CRITICAL THINKING	A process that challenges an individual/student to interpret and evaluate information, apply knowledge and experience, make inferences, form conclusions, apply reason, logic and standards in making sound nursing judgments and decisions.
DEMONSTRATE	To show by action.
DESCRIBE	To give an account of information.
DEVELOP	To bring to a more advanced and/or individualized state.
DEVELOPMENTAL SELF CARE REQUISITES	Factors associated with self-care which are related to physical or social development, e.g., pregnancy, childhood, aging, education.



DIFFERENTIATE	To show a difference in.
DISCUSS	To present the information in detail.
EVALUATE	To examine and judge the value of information.
EXAMINE	To look over, inspect visually or by use of other senses; in written work, to determine accuracy or quality.
EXPLAIN	To give a cause or reason for the information.
FAMILY	A unit of interacting persons whose central objective is to create and/or maintain a common culture and promote the physical mental and social development of its members.
HEALTH TEACHING	Transmission of information to the client to foster and/or maintain the activities of daily living.
IDENTIFY	To list or state the information.
IMPLEMENT	To carry out the task.
INTEGRATE	To incorporate small segments of knowledge into a larger unit.
INTERACT	To exchange information between individuals.
NORTH AMERICAN NURSING DIAGNOSIS ASSOCIATION (NANDA)	An organization responsible for developing taxonomy of conditions from which the RN chooses actual or potential alterations in health status as the basis for planning and evaluating nursing interventions.
NURSING CARE	The art and skills necessary to assist or encourage the client to accomplish the activities of daily living.
NURSING DIAGNOSIS	Statement of an actual or potential altered health status of a client which is derived from nursing assessment and which requires interventions from the domain of nursing.
NURSING PROCESS	Five step process to establish a data base, identify the client's health care needs, determine priorities of care, goals, and expected outcomes, establish a care plan, in order to provide nursing interventions to meet client needs and determine the effectiveness of nursing care in achieving client goals.
PERFORM	To carry out patterns and procedures based on established principles.
PRACTICUM	First clinical laboratory experience focused on meeting specific care needs of clients.



PRIORITIZE	To arrange in descending order of importance.
SELF-CARE AGENCY	Abilities and limitations of the individual (self-care agent) to carry out therapeutic self-care demands to meet universal self-care requisites.
SELF-CARE DEFICIT THEORY	People can benefit from nursing because they are subject to health-related or health-derived limitations that render them incapable of continuous self-care. This theory constitutes the core of Orem's general comprehensive theory of nursing.
SYNTHESIS	To propose, plan, produce, design, modify, synthesize, formulate, develop; take previously learned information and form new patterns or wholes.
UNIVERSAL SELF-CARE REQUISITES	Factors common to all human beings throughout the life span; e.g., air, water, food, elimination, rest and activity, solitude and social, protection from hazards, normalcy.

NON-DISCRIMINATION STATEMENT

Lutheran School of Nursing does not discriminate on the basis of race, color, religion, age, sex, marital status, national or ethnic origin, or disability in the administration of its educational policies, scholarship and loan program, athletic, or other school administered programs.

If individuals believe that they have been subjected to such discrimination, they should contact the Director of Human Resources, who is the Title IX and Section 504 Coordinator for St. Alexius Hospital.

EDUCATIONAL POLICY

When an applicant is admitted to the Lutheran School of Nursing, he/she is subject to all policies and procedures of the school. Admission to the school carries no assurance of promotion, graduation, or awarding of a diploma. Continuation as a student, promotion, and eventual graduation are dependent on the fulfillment of all academic requirements and compliance with all policies and procedures of the school. Failure to comply with these requirements may result adverse consequences, up to and including dismissal. If the student is dismissed, no assurance is given that he/she will be readmitted. Due process is afforded to any student who feels that a policy or procedure has been unfairly administered, as explained in Chapter 7 of the Student Handbook.

CHANGES TO POLICIES AND PROCEDURES

All policies, procedures, requirements, and costs shown in this handbook are subject to change without prior notification. Students should check both their individual mailboxes and the official bulletin boards regularly (see CHAPTER 3 on **COMMUNICATIONS**) for the most accurate and up to date information. All reasonable actions will be taken to inform students of changes to policies, procedures, and costs prior to the actual effective change.