Program Description

Bachelor of Science and Master of Science Degree Programs in Nursing

Messiah College Department of Nursing

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### Table of Contents

- Mission of the Department of Nursing .......................................................... 4
- Philosophy of the Department of Nursing ................................................... 4
  - Foundational Belief 1 - Unity of Faith Learning and Life ......................... 4
  - Foundational Belief 2 - Importance of Person ......................................... 4
  - Foundational Belief 3 - Significance of Community ................................ 5
  - Foundational Belief 4 – Disciplined and Creative Living ....................... 5
  - Foundational Belief 5 - Service and Reconciliation ................................ 5
  - Foundational Belief 6 – Importance of Diversity .................................. 5
  - Foundational Belief 7 – Importance of Integration of Faith and Learning .... 6
- Professional Values ....................................................................................... 6
- Educational Process ....................................................................................... 6
- Bachelor of Science Degree in Nursing (BSN) Program Goals .................... 7
- Master of Science Degree in Nursing (MSN) Program Goals ...................... 7
- DON Faculty Outcomes ............................................................................. 8
- Concepts Central to the Curriculum ............................................................ 8
  - Client System ............................................................................................. 8
    - Person ..................................................................................................... 8
    - Family .................................................................................................. 9
    - Community ......................................................................................... 9
  - Environment ............................................................................................ 9
  - Health .................................................................................................... 10
  - Nursing .................................................................................................. 10

Revision – 11-3-15
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Curriculum Components</td>
<td>10</td>
</tr>
<tr>
<td>Bachelor of Science Degree in Nursing Program</td>
<td>10</td>
</tr>
<tr>
<td>Curriculum Level Description</td>
<td>11</td>
</tr>
<tr>
<td>Master of Science Degree in Nursing Program</td>
<td>13</td>
</tr>
<tr>
<td>Curriculum Level Description</td>
<td>13</td>
</tr>
<tr>
<td>References</td>
<td>15</td>
</tr>
<tr>
<td>Appendix A - Essentials of Baccalaureate Nursing Education for Professional Nursing Practice</td>
<td>16</td>
</tr>
<tr>
<td>Appendix B - Baccalaureate Nursing Program Curricular Competencies</td>
<td>18</td>
</tr>
<tr>
<td>Appendix C - Roles of the Beginning Professional Nurse</td>
<td>19</td>
</tr>
<tr>
<td>Appendix D - Essentials of Master’s Education in Nursing</td>
<td>21</td>
</tr>
<tr>
<td>Appendix E - Master of Science in Nursing (MSN) Curricular Competencies</td>
<td>23</td>
</tr>
</tbody>
</table>
Mission of the Department of Nursing

The Mission of the Department of Nursing at Messiah College is to prepare baccalaureate and graduate professional nurses within the context of liberal arts and sciences from a Christian worldview for beginning and advanced professional nursing roles. The educational process facilitates the knowledge, skills, and perspectives needed to promote professional nursing excellence and lifelong learning. The distinctives of a Messiah College nurse include commitment to academic excellence, service to others with insight and creativity, compassion through cultural humility, caring leadership, and reconciliation from a Christian worldview.

Philosophy of the Department of Nursing

The philosophy of the department of nursing is consistent with the Mission, Foundational Values, and College-Wide Educational Objectives (CWEOs), and College-Wide Graduate Educational Objectives (CWGEOs) of Messiah College. Herein are stated the Foundational Beliefs of the faculty of the Department of Nursing.

Foundational Belief 1 - Unity of Faith Learning and Life

Central to and informing both the nursing program and the curriculum is the Christian worldview with its affirmations about God, humanity, and culture as understood from Scripture and throughout history. Consistent with the Messiah College philosophy, the nursing faculty and students seek to integrate the practice of nursing with the belief that God is the source of all truth and the One who created persons to glorify God within their environment and society.

Foundational Belief 2 - Importance of Person

A person is a unique being, an integration of physiological, psychological, sociocultural, developmental, and spiritual variables (Neuman, 1995). Each person is created in God's image
and therefore has inherent value and significance. The person is created to live in harmonious relationship with God, self, and others.

**Foundational Belief 3 - Significance of Community**

A person is an open system who lives in relationships in interface with the environment. The family is the basic unit of society. Its bonds are defined biologically, legally, culturally, and personally. The family exists for the transmission of values, growth and development of its members, and enhancement of its community.

**Foundational Belief 4 – Disciplined and Creative Living**

The environment is composed of all internal and external influences that surround the person. A healthy human environment reflects the glory of God the Creator, is disciplined, supports human well-being with its resources, is ecologically balanced and free of pollution, is actively engaged in an ever-changing world, and is characterized by shalom and freedom from violence. Shifts in society require new creative approaches to nursing that encompass informed, responsible, and ethical choices for promotion of disciplined and creative living.

**Foundational Belief 5 - Service and Reconciliation**

Nursing as divine service is participation in God's redemptive activity in the world. It flows from a sense of calling and personal worth and is sustained by God-given resources, and is characterized by attitudes and actions of service and reconciliation directed toward the well-being of persons, families, and communities. Christian attitudes of accountability, which include ongoing personal and professional development, as well as attitudes of reconciliation are essential for effective interactions among health team members and with persons, families, and communities.
Foundational Belief 6 – Importance of Diversity

Nursing is practiced within a local, national, and international context. Nursing caregivers must have knowledge of human diversity and be able to apply knowledge of the effects of human diversity on health status and responses to primary, secondary, and tertiary preventions. The context of practice influences the delivery but not the essence of care.

Foundational Belief 7 – Importance of Integration of Faith and Learning

The integration of faith and learning for service, leadership, and reconciliation in both theoretical and clinical educational environments provide the foundation of the nursing program. The nursing faculty view nursing as a call to service through which health concerns of persons, families, and communities are holistically addressed. Commitment to ongoing personal, spiritual, and professional development and service are foundational in fulfilling the roles of the beginning and advanced professional nurse.

Professional Values

Students are at the center of the educational program, and are supported in their personal development as they integrate faith and learning. The nursing program seeks to link students' motivation for service to God and humanity with the development of professional nursing values. Christian ideals provide the basis and meaning for professional nursing values of altruism, autonomy or freedom, human dignity, and integrity and social justice fundamental to the discipline of nursing (AACN, 2008). Students are given opportunities to link professional values and the Christian worldview and to practice ethical caring that incorporates them both.

Educational Process

The process of nursing education is the mutual responsibility of both students and faculty. Faculty are expected to demonstrate accomplishments in teaching, scholarship, practice, and
service. Faculty serve as socializing agents for the professional role through both formal and informal educational experiences with students. Through participation in the educational process, students identify with nursing as they internalize values, knowledge, skills, and behaviors of the profession.

**Bachelor of Science in Nursing (BSN) Program Goals**

1. Prepare beginning professional nurses to provide holistic nursing care to persons and families.
2. Provide an environment in which students are encouraged to develop and integrate a dynamic Christian worldview into their personal and professional lives.
3. Provide an educational foundation for graduate study for students.
4. Provide student-centered, evidence-based teaching and learning for nursing practice, leadership, service, and reconciliation.

**Master of Science in Nursing (MSN) Program Goals**

1. Prepare master’s level professional nurses to provide ethical leadership and service by integrating knowledge into practice and applying quality principles for safe, holistic nursing care in advanced nursing roles.
2. Provide a learning environment in which a Christian worldview of service, leadership, and reconciliation emphasizes the use of scientific knowledge, critical thinking, effective communication, and interprofessional collaboration to enhance nursing care and education directed at population health across diverse settings.
3. Promote evidence-based knowledge for integration and dissemination across learning environments and the healthcare system.
4. Provide an educational foundation for doctoral study and life long learning.
5. Provide student-centered, evidence-based teaching and learning for nursing practice, leadership, service, and reconciliation.

**DON Faculty Outcomes**

1. Integrate faith and learning in areas of teaching, scholarship, service, and practice.
2. Demonstrate a personal and professional lifestyle of service in the nursing faculty role.
3. Demonstrate effective clinical and classroom teaching.
4. Maintain theoretical and clinical competencies in areas of nursing expertise.
5. Engage in scholarship activities that promote evidence-based nursing practice and education.

**Concepts Central to the Curriculum**

The following concepts are central to the curriculum of the Messiah College Department of Nursing program. Each concept is defined based on the faculty's understanding of its meaning and use within the curriculum. It is understood that no concept can be defined in isolation; however, for clarity, each is individually defined in relation to the others.

**Client System**

**Person.** A person is a unique being, an integration of physiological, psychological, sociocultural, developmental and spiritual variables. Each person is created in God's image and therefore has inherent value. The person is created to live in a harmonious relationship with God, self, and others. A person is an open system who lives in relationship with families and communities in interface with the environment. Healthy persons manifest wholeness by acting purposefully and morally, thinking rationally, and exercising creative and responsible stewardship of the environment.
Family. The family is, by God's design, the basic unit of society. Its bonds are defined biologically, legally, culturally, and personally. The department of nursing defines family as a relationship of people in heterosexual marriage, adoption, lineage, and other relationships that function as family. The family exists for the transmission of values, the growth and development of its members, and the enhancement of the community. The healthy family can manifest wholeness by love, commitment, intimacy, open communication, and shared goals. The family interacts with and is influenced by the larger community as it nurtures its members.

Community. The community is an open social system characterized by a group of people with a common identity or perspective in a given place or time. A community has shared purposes, commitments, relationships, and responsibilities. A healthy community has environmental, social, and economic conditions in which people can thrive. The role of the community is to support and encourage its subsystems (individual, family, or client system) to optimal physiological, psychological, sociological, developmental, and spiritual health. Therefore, social justice is an inherent concept of community health. A community may also be geopolitical or phenomenological, local, national, international, global, ethnic, inter-ethnic, academic, professional, or faith-based (Maurer & Smith, 2013). In understanding the interconnectedness of the local and global community, social justice and sharing of resources is also a part of community.

Environment

The client system environment can be internal, external, or a created environment. The internal (intrapersonal) environment includes factors within the boundaries of the client system. The external environment factors can be interpersonal or extrapersonal in nature and occur outside the boundaries of the client system. A created environment occurs with attempts to
shape a safe setting for functioning through being a responsible steward of resources. A healthy human environment reflects the glory of God the Creator, supports harmonious social relationships and human well-being with its resources, is ecologically balanced and free of pollution, and is characterized by shalom and freedom from violence.

**Health**

Health is a dynamic state of varying system stability on a continuum of wellness and illness. God's intention for persons, families, and communities is optimal wellness or stability which means living creatively within their limitations, finding meaning in suffering, or experiencing a peaceful death. Variations from health or wellness or varying degrees of system instability are caused by stressor invasion of the normal line of defense that is inherent in this imperfect world.

**Nursing**

Nursing is a unique profession that uses nursing knowledge and actions in partnership with persons, families, and communities to retain, attain, and maintain their optimal health or wellness. Nursing, motivated by compassion, is guided by theory, ethical principles, and professional standards. Nursing is realized through the roles of provider of care, designer/manager/coordinator of care, and member of a profession using critical thinking, communication, assessment, and technical skills. Nursing is influenced by the socioeconomic, political, and cultural contexts in which it is practiced.

**Essential Curriculum Components**

**Bachelor of Science Degree in Nursing Program**

The American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) are fundamental to the curriculum
for the baccalaureate (BSN) nursing program and thereby essential for the practice of professional nursing (Appendix A). This education provides the basis for professional knowledge development which includes skills in critical thinking, communication, ethical decision making, leadership, safe and quality care implementation, inter and intraprofessional collaboration, evidence-based care, culturally humble care, and life-long learning pursuits, all for promotion of quality population health across the lifespan. Furthermore, the curriculum competencies for the baccalaureate nursing program are derived from the AACN Essentials of Baccalaureate Education for Professional Nursing Practice (Appendix B).

For the baccalaureate nurse, professional nursing is realized through the roles of provider of care, designer/manager/coordinator of care, and member of a profession. Each role requires, in differing degrees, critical thinking, communication, assessment, and technical skills. The three roles are carried out in a variety of organizational structures and health care settings. Each role requires ongoing practice and experience to develop expertise. As providers of care, students implement the nursing process and learn to manage the care of persons, families, and communities within the environment. As designers/managers/coordinators of care, they learn to match the needs of persons with resources; collaborate with persons, families, and members of the health care delivery system; and coordinate the delivery of health care services. As members of a profession, students learn to be accountable for their own nursing practice, to function within the organizational structure of various health care settings, to serve as health care advocates, to challenge and suggest change for ineffective delivery systems, and to promote nursing as a profession (Appendix C).

**Curriculum level description.** In the curriculum, nursing students develop increasing ability to make clinical judgments in a variety of settings while learning the roles of the
beginning professional nurse. Accomplishment of the curriculum competencies will enable the baccalaureate prepared generalist nurse to practice within complex healthcare systems and assume/perform the roles of the professional nurse: provider of care; designer/manager/coordinator of care; and member of a profession.

Students progress through the curriculum in three levels. During level one of the curriculum (sophomore year) students learn to care for persons, families, and communities within a Christian Worldview. The use of primary prevention for nursing interventions is the focus of nursing care for persons, families, and communities. The roles of provider of care, designer/manager/coordinator of care, and member of the profession are introduced. Specifically, students learn to use skills as they focus on the beginning provider of care role.

During the second level (junior year) of the curriculum students learn to care for persons, families, and communities throughout the lifespan. The use of both primary and secondary prevention interventions is the focus of nursing care for persons, families, and communities throughout the lifespan. The provider of care role is expanded, the designer/manager/coordinator of care role is explored, and the member of the profession role is identified.

During the third level of the curriculum (senior year) students learn to care for persons, families, and communities in a variety of diverse and complex healthcare delivery environments. The use of primary, secondary, and tertiary prevention for nursing interventions is the focus of nursing care for persons, families, and communities in a variety of healthcare delivery environments. The provider of care role, designer/manager/coordinator of care role, and member of the profession role continue to be expanded for completion of knowledge about these roles.
Master of Science Degree in Nursing Program

Students of the Master of Science in Nursing program (MSN) build upon baccalaureate foundational professional knowledge and expand their knowledge and expertise for higher level understanding and implementation of advanced nursing roles. The AACN Essentials of Master’s Education in Nursing (AACN, 2011) along with the NLN Core Competencies of Nurse Educators (NLN, 2012) guide the curriculum of the MSN program (Appendices D & F). The preparation of MSN nurses requires increased depth of understanding and a higher level of practice in nursing practice specialties as well as in areas of leadership, learning and education theory, pedagogical skills, evidence-based inquiry and practice, and graduate level knowledge of health assessment across the lifespan, pathophysiology, and pharmacology. The MSN curriculum competencies are derived from the AACN Essentials of Master’s Education in Nursing (Appendix E), and relate to the NLN Core Competencies of Nurse Educators (Appendix F). The MSN curriculum provides a core foundation for doctoral education.

Curriculum level description. There are two levels in the MSN curriculum. Level one provides students with graduate nursing core content areas focused on nursing informatics, statistics for evidence-based practice, nursing research for evidence-based practice, advanced pharmacology, advanced pathophysiology, advanced physical assessment across the lifespan, and Christian ethical and philosophical foundations for advanced nursing. Accomplishment of level one core courses is required before students may progress to the second level of the MSN curriculum. Level two courses are focused on multiple facets of the master’s prepared nurse. Within the nurse educator specialty, specific content areas include learning theories and educational philosophies, curriculum design and development, evaluation methods and measurement, multiple teaching methodologies, educational needs assessment, scholarship and
service in the academic role, clinical nursing practice for direct and indirect nursing practice and educator roles, and evidence-based inquiry for evidence-synthesis, evidence-implementation, and evidence-generation in areas of nursing education for quality learner outcomes. Completion of the MSN curriculum provides graduates with a strong foundation for life-long learning and education at the doctoral level.
References


Appendix A

Essentials of Baccalaureate Nursing Education for Professional Nursing Practice

(AACN, 2008, pp. 3 - 4)

I. Liberal Education for Baccalaureate Generalist Nursing Practice

- A solid base in liberal education provides the cornerstone for the practice and education of nurses.

II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety

- Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.

III. Scholarship for Evidence Based Practice

- Professional nursing practice is grounded in the translation of current evidence into one’s practice.

IV. Information Management and Application of Patient Care Technology

- Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.

V. Health Care Policy, Finance, and Regulatory Environments

- Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.

VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

- Communication and collaboration among healthcare professionals are critical to
delivering high quality and safe patient care.

VII. Clinical Prevention and Population Health

- Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.

VIII. Professionalism and Professional Values

- Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.

IX. Baccalaureate Generalist Nursing Practice

- The baccalaureate graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.

- The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.
Appendix B

Baccalaureate Nursing Program Curricular Competencies

Graduates from the baccalaureate program at Messiah College practice nursing from a Christian worldview and demonstrate the following competencies in their professional nursing roles of provider of care, designer/manager/coordinator of care, and member of the profession.

1. Critical thinking through the integration of theoretical and empirical knowledge derived from general education courses.

2. Application of knowledge and skills for leadership, quality improvement and patient safety in all aspects of health care delivery.

3. Application of research for evidence-based nursing practice.

4. Use of knowledge and skills of information management and patient care technology for delivery of quality patient care.

5. Adherence to healthcare policies, including financial, regulatory, and legal parameters in all aspects of nursing practice.

6. Effective communication and collaboration with patients, families, communities, and other health care professionals for the delivery of high quality and safe patient care including health promotion, risk reduction, disease prevention, and delivery of comprehensive health care services at the individual and population level.

7. Knowledge of local, national, and global health care issues.

8. Ethical behavior for adherence to the professional values of altruism, autonomy, human dignity, integrity, and social justice.

9. Skill in providing comprehensive holistic, culturally humble care for persons, families and communities across the lifespan.
Appendix C

Roles of the Beginning Professional Nurse

Provider of Care Role

In the role of Provider of care, the nurse implements the nursing process to deliver nursing care. Care is structured toward persons, families, and communities who need a safe and effective care environment; physiological, psychological, sociocultural, developmental, and spiritual wholeness; and health promotion and maintenance. The provider of care role also involves the use of critical thinking, communication, assessment, and technical skills as the nurse makes clinical judgments in meeting the needs of persons, families, and communities and communities.

Designer/Manager/Coordinator of Care Role

In the role of designer/manager/coordinator of care the nurse is involved in planning, coordinating, and facilitating the delivery of nursing and other health services. The nurse identifies the comprehensive health needs of persons, families, and communities. Coordination is based on knowledge of and collaboration with other health care disciplines, knowledge of principles of leadership and management, and awareness of human and material resources. Various communication skills are essential for referral and other collaborative endeavors. In this role, the nurse also uses critical thinking skills for continuous evaluation of the comprehensiveness, efficiency, and appropriateness of nursing and other health services.

Member of the Profession Role

In the role of member of the profession the nurse aspires to improve the discipline of nursing and the quality of nursing care provided to persons, families, and communities.
Critical thinking skills are used to apply knowledge and research findings to nursing practice and to raise questions for further research about nursing and healthcare in a rapidly changing health care environment. Communication skills are used while participating in professional organizations and the political process, and while interacting with other health care providers. The nurse acts as an advocate for health care recipients in a variety of organizational structures and health care settings. Knowledge of legislative, regulatory, ethical, and professional standards that define the scope of nursing practice is essential. In this role, the beginning professional nurse is committed to collegiality and the need for life-long learning and continuing growth toward expert nursing practice.
Appendix D

Essentials of Master’s Education in Nursing (AACN, 2011, pp. 4 - 5)

I: Background for Practice from Sciences and Humanities

- Recognizes that the master’s-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.

II: Organizational and Systems Leadership

- Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.

III: Quality Improvement and Safety

- Recognizes that a master’s-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

IV: Translating and Integrating Scholarship into Practice

- Recognizes that the master’s-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.

V: Informatics and Healthcare Technologies

- Recognizes that the master’s-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.
VI: Health Policy and Advocacy

- Recognizes that the master’s-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.

VII: Interprofessional Collaboration for Improving Patient and Population Health

Outcomes

- Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.

VIII: Clinical Prevention and Population Health for Improving Health

- Recognizes that the master’s-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.

IX: Master's-Level Nursing Practice

- Recognizes that nursing practice, at the master’s level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.
Appendix E

Master of Science in Nursing (MSN) Curricular Competencies

Graduates from the Master of Science in Nursing (MSN) program at Messiah College practice nursing from a Christian worldview and demonstrate the following competencies in their advanced professional nursing roles.

The MSN graduate

1. Integrates knowledge from the science of nursing with the knowledge of other disciplines for the development of quality nursing care across diverse settings

2. Applies leadership skills that emphasize ethical and critical decision making for the promotion of high quality and safe nursing care

3. Applies quality principles to all areas of nursing practice

4. Uses translational research skills for the integration of evidence-based findings into nursing practice

5. Uses technology for the enhancement of communication and delivery of quality patient care

6. Uses knowledge of healthcare policy to promote advocacy strategies for the promotion of health and healthcare

7. Uses inter-professional communication and collaboration for leadership in the management and coordination of care

8. Applies culturally humble care concepts in the planning, delivery, management, and evaluation of care across healthcare populations

9. Applies an advanced level of understanding of nursing concepts to nursing practice in both direct and indirect care settings

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Appendix F

Core Competencies of Nurse Educators (NLN, 2012, pp. 14-22)

Competency I – Facilitate Learning

Competency II - Facilitate Learner Development and Socialization

Competency III - Use Assessment and Evaluation Strategies

Competency IV - Participate in Curriculum Design and Evaluation of Program Outcomes

Competency V - Function as a Change Agent and Leader

Competency VI - Pursue Continuous Quality Improvement in the Nurse Educator Role

Competency VII - Engage in Scholarship

Competency VIII - Function within the Educational Environment