SOUTH CAROLINA

Commission on Higher Education

Rayburn Barton
Executive Director

November 1, 2001

MEMORANDUM

To: Mr. Dalton B. Floyd, Jr., Chairman, and Members, Commission on Higher Education

From: Ms. Dianne Chinnes, Chairman, Committee on Academic Affairs and Licensing

Consideration of Statewide Expanded Nursing Articulation Agreement: SC Articulation Model/SC Colleagues in Caring Report

Summary

On May 3, 1996, the Commission on Higher Education adopted a Statewide Transfer and Articulation Agreement, the chief purpose of which was to make a transfer from public two-year institutions to public four-year institutions less cumbersome for students; less expensive for them, their families, and the state; and more efficient in the production of degreed persons who were ready to enter the job market with their skills. The agreement contained several parts, one of which was a statewide agreement on articulation and transfer for Nursing education programs.

Since it has been implemented, the statewide agreement on articulation and transfer for Nursing education programs has worked well by common agreement of nursing educators and as manifested by the dearth of concerns about the acceptance of transfer credits from persons holding an associate degree in nursing and a valid Registered Nurse license in South Carolina. Over time, however, three areas were identified as needing additional work to render the agreement even more effective on behalf of graduates from Associate Degree programs in Nursing. These identified areas were as follows:

- The incorporation into the transfer articulation agreement of Registered Nurses who graduate from out-of-state associate degree programs which are accredited by the National League for Nursing.

- The incorporation of Registered Nurses who graduate from academic programs prior to the ten-year limit specified in the original articulation and transfer agreement on Nursing.
- A new part of the agreement for the incorporation of transfer from Licensed Practical Nurses (LPN) programs to associate degree programs in Nursing leading to the RN.

Since July 1996, the state of South Carolina has had a statewide study group on issues of Nursing and Nursing Education known as the "Colleagues in Caring project." The project has been funded principally through the Robert Wood Johnson Foundation with considerable additional funding from individual college and departments of nursing, the State Board of Nursing, the State Technical College System, the Commission on Higher Education, the South Carolina Hospital Association, the Division of Nursing of the Department of Health and Environmental Control, and a variety of healthcare providing institutions such as hospitals.

In December 1999 South Carolina's Colleagues in Caring project was successful in receiving a Helene Fuld Foundation grant to re-examine the existing statewide agreement on transfer and articulation regarding Nursing education programs. The result of the work of the Colleagues in Caring group during the past two years has been to recommend the revision of the existing nursing transfer and articulation agreement so that the three points listed above in this memo might be incorporated into it. This decision by the Colleagues in Caring group has now been unanimously accepted by the Chief Instructional Officers of the State Technical College System and by the Advisory Committee on Academic Programs of the Commission on Higher Education. As a result of these unanimous recommendations, the staff of the Commission presents the report from the Colleagues in Caring Project to the Committee for endorsement.

The Colleagues in Caring group has discussed with and gained the assent of both the Deans and Directors of Nursing Education programs and the Chief Instructional Officers of the Technical Colleges on two points: 1) that future modifications of this expanded agreement be undertaken only when directors of Licensed Practical Nursing programs have been included in the discussions; 2) and that auditing for compliance with this expanded agreement be made a part of the State Board of Nursing's reviews of nursing education programs. These are reasonable requests which should be supported.

Recommendation

The Committee recommends that the Commission approve the following:

A) the incorporation of the three substantive changes in the statewide agreement on nursing as found in the Colleagues in Caring report (the three bullets above), and

B) the two procedural recommendations (Items 1 and 2 in preceding paragraph) for auditing compliance with and for future revisions to this approved Statewide Articulation Model.

/kj

cc: SC Statewide Articulation Model

South Carolina Colleagues in Caring Project

South Carolina Statewide Articulation Model

Final Report

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Executive Summary

The South Carolina Statewide Articulation Model is one response to the crisis of a projected diminishing supply of RNs, particularly RNs prepared at the baccalaureate and higher degree levels. Nursing leaders in the state met in an Educational Visioning Retreat in February 1998 to forge a collaborative, coordinated nursing education system that clearly defines educational outcomes for each level of nursing education and reflects the value added at each level of nursing education. The document derived from the work of this Visioning retreat is *A Model for Differentiated Entry Level Nursing Practice by Educational Program Type ©*.

The model has been distributed to all nursing education programs in the state with the charge to review educational program objectives in relationship to the expectations defined at each level of practice. Nursing employers were also provided with the model as a tool to evaluate job descriptions and design differentiated practice models within their institutions that would create incentives to motivate nurses to advance their education. The model has been the foundation for the development of the South Carolina Statewide Articulation Model described in this document.

Articulation of nursing education programs is important to producing a nursing workforce with the requisite knowledge, skills, and abilities needed to practice in an increasingly complex and changing healthcare delivery system. The model recognizes that knowledge is valid regardless of where it is obtained and that each level of nursing education can build on the knowledge base of the previous level. Articulation of programs is student-focused in that it allows students to continue their nursing education without undue barriers and repetition of coursework, thus saving valuable time and money.

The SC Statewide Articulation Model has the following features:
- Provides for direct articulation for LPN and ADN graduates of South Carolina NLNAC accredited credit-bearing programs regardless of time of graduation.
- Provides for direct articulation for out-of-state LPN and ADN graduates of NLNAC accredited credit-bearing programs.
- Designates a minimum number of nursing credits that will be awarded at each level if admission requirements are met.
- Establishes requirements for direct transfer of nursing credits.
- Establishes maximum semester credit hours for each program level.
- Recommends core content for a LPN-ADN transition course.

It is expected that the model will continue to be reviewed periodically and updated as necessary by the South Carolina Council of Deans and Directors of Nursing Education Programs and the South Carolina Practical Nurse Educators.

Introduction

Background
In 1995 the Statewide Task Force on Nursing Transfer and Articulation presented a report to the South Carolina Commission on Higher Education that established guidelines to facilitate the progression of students in good standing who needed to transfer from one South Carolina public Associate Degree in Nursing (ADN) or Bachelor of Science Degree in Nursing (BSN) program to another. The guidelines established the criteria for eligibility and the mechanism for transfer of both nursing and general education courses.

In addition, guidelines were developed to facilitate progression of Registered Nurses who graduated from a South Carolina public NLN accredited ADN program to a public BSN program. Eligibility criteria and a transfer mechanism was defined that provided a minimum of 60 semester hours of credit (nursing and general education combined) to be awarded by the receiving institution if all criteria were met.

The agreement also recommended that by 2000 a public ADN program would adopt a maximum of 68 semester credit hours, and a public BSN program would adopt a maximum of 128 semester credit hours. The SC Commission on Higher Education approved the model and required implementation by Fall 1997 for all public ADN and BSN programs. The Commission charged the SC Council of Deans and Directors of Nursing Education Programs with the responsibility for the reviewing and monitoring the outcomes of the Transfer Model and to report to the Commission at five-year intervals.

In 1996, the South Carolina Colleagues in Caring Project (SCCIC) began a comprehensive assessment of the nursing workforce in the state. Data collected revealed that a long-term nursing shortage was evident and that nurses prepared at the Master's and Doctoral levels would be retiring from the workforce in record numbers within 10-15 years. A task force of the SCCIC project recommended that a comprehensive statewide articulation model be developed to facilitate upward mobility for nurses desiring to advance their nursing education.

In cooperation with the SC Council of Deans and Directors, the SCCIC sought an Educational Mobility grant from the Helene Fuld Health Trust, HSBC, Trustees for the purpose of developing a comprehensive statewide articulation model. The grant was funded in January 2000.

Process
Dr. Mary F. Rapson, RN, Project Director, Colleagues in Caring Project, was obtained as an expert consultant to the project. An Educational Mobility Steering Committee was appointed to guide the work of the project.

Nurse educators representing every approved nursing education program in the state and Nurse administrators from a variety of clinical practice settings were invited to participate in three statewide conferences over the course of one year. Task Forces were convened between conferences to work on specific issues. Feedback was obtained from conference participants between conferences through survey instruments, meetings with the SC Council of Deans and Directors and the SC Practical Nurse Educators, and by e-mail through a listserve. These communications facilitated achieving consensus on issues and allowed the group to make the best use of time during the conferences.

The Steering Committee reviewed articulation models from across the country as well as the existing state transfer and articulation guide. A decision was made to build on the existing statewide model. Features that were added to this model include:
1. LPN-ADN articulation criteria;
2. A direct articulation option and a second individual validation option for applicants who do not meet the criteria for direct articulation;
3. Individual validation options to be determined by the receiving institution and may include completion of validation testing, completion of a validation course, or escrow of credit until specified requirements are met;
4. Elimination of the timeframe from graduation for both articulation options;
5. Graduates from out-of-state NLNAC accredited credit-bearing programs included in the direct articulation option;
6. Establishment of a maximum of 48 semester credit hours for practical nursing programs in the state's technical college system with a maximum of 31 semester hours of nursing credits;
7. A minimum of 15 nursing credits to be accepted for LPN-ADN articulation.
8. A recommendation that the state's PN programs located in technical college settings adopt general education courses that are transferrable;
9. Recommended core content and learning activities for a LPN-ADN transition course to be offered by ADN programs in the state.

While the major work of the participants in developing the statewide articulation model centered around the step-wise progression of students from one educational level to another (LPN-ADN-BSN-MSN), data was collected and disseminated on accelerated models of articulation that either blended educational levels or provided opportunities to students to accelerate achieving advanced degrees. Such programs reflected LPN-BSN options, RN-MSN, RN-ND, and RN-BSN-MSN combined programs. Nursing education programs are encouraged to continue to develop innovative and creative curricula in the state to expedite the progression of the nursing workforce toward graduate education given the predicted shortage of nurses with graduate education in the future.

Assumptions Underlying the South Carolina Statewide Articulation Model

An effective articulation model must protect the quality and integrity of both sending and accepting institutions as well as provide fair, equitable access to undergraduate nursing education for Registered Nurses and Licensed Practical Nurses. The following assumptions for the South Carolina Statewide Articulation Model were synthesized from several sources, including discussions during statewide conferences, the nursing literature, and previously designed articulation models in other states.

1. All nursing education programs have worth and are valuable.

2. Each type of nursing education program has a core of nursing knowledge, skill, abilities and values on which to build. *The South Carolina Model for Differentiated Nursing Practice by Educational Program Type©* is the conceptual framework on which the South Carolina Statewide Articulation Model is designed.

3. The South Carolina Statewide Articulation Model builds upon the SC Articulation and Transfer Agreement established in 1995 and approved by the SC Commission on Higher Education.

4. Articulation in nursing education is intended to minimize duplication of efforts and to reduce the time and costs to students advancing their nursing education.

5. All South Carolina public nursing education programs will comply with the statewide articulation model.

6. All educational institutions have the right to establish their own unique mission, goals, and standards for admission, progression, and graduation.

7. The demand for nurses with increased educational preparation is growing and forcing a change in nursing education to a system that facilitates upward mobility and life-long learning in nursing education.

8. The progression in to the next level of nursing is self-determined and based upon the nurse's desire and abilities.

South Carolina RN-BSN Articulation Model

The following requirements of the 1995 Statewide Nursing Transfer and Articulation Guide remain in effect:

1. ADN programs in South Carolina public institutions shall adopt a maximum of 68 semester credit hour ADN degree.
2. BSN programs in South Carolina public institutions shall adopt a maximum of 128 semester credit hour BSN degree.
3. A minimum of 60 credits of college transfer general education and nursing course credit taken at any in-state NLNAC accredited ADN-granting institution will transfer and apply toward a BSN degree at any in-state public institution offering the BSN degree.
4. Recommendations on ADN to ADN and BSN to BSN transfer should be continued and updated to reflect current courses.
5. Private in-state institutions may adopt these requirements as desired.

RN to BSN Articulation Option 1 Direct Transfer	RN to BSN Articulation Option 2 Individual Validation
A minimum of 25 semester hours of nursing credits will be awarded by the receiving institution without educational mobility testing or validation if the applicant meets the following criteria: • Graduate from an NLNAC accredited, credit-bearing program • Has a current, active SC license • Meets admission requirements of receiving institution • Meets residency requirements of receiving institution	Individual validation of credit awarded will be determined by the receiving institution if the applicant is a: • Graduate from a non-NLNAC accredited program, or • Graduate from a non-credit bearing program A minimum of 25 semester hours of nursing credits will be awarded upon completion of validation if the applicant meets the following criteria: • Has a current, active SC license • Meets admission requirements of receiving institution • Meets residency requirements of receiving institution
Non-nursing transfer credit: • General education courses listed in the Statewide Articulation Agreement as transferrable from state technical colleges to public senior institutions will be transferred directly. • General education courses completed from out-of-state institutions may transfer subject to individual school policies.	Non-nursing transfer credit: • General education courses listed in the Statewide Articulation Agreement as transferrable from state technical colleges to public senior institutions will be transferred directly. • General education courses completed from out-of-state institutions may transfer subject to individual school policies.

South Carolina LPN to ADN Articulation Model

The following recommendations are endorsed for South Carolina public Practical Nursing Programs:

1. LPN programs located in the state's technical colleges shall adopt a maximum of 48 semester hours credit for a diploma in practical nursing by fall 2003.
2. LPN programs located in the state's technical colleges shall adopt a maximum of 31 semester hours of nursing credit by fall 2003.
3. LPN programs located in the state's technical colleges are strongly encouraged to adopt general education courses that are listed in the Statewide Articulation Agreement.
4. LPN programs in the state's career and technology centers shall review their curricula and reach consensus on an acceptable range of maximum clock hours for a practical nursing diploma.
5. LPN programs in the state's career and technology centers are strongly encouraged to collaborate with technical colleges to offer general education courses that are transferable to the technical college system.
6. LPN-ADN applicants must meet the admission and progression requirements of the receiving institution to include a 3 semester hour credit LPN-ADN transition course that reflects the recommended core content and learning activities as follows:
   - Core Content:
     A. Communication
     B. Roles: Provider of Care, Manager of Care, Member of the Discipline, Patient Educator
     C. Ethical/Legal principles
     D. Critical thinking concepts
     E. Nursing Process: Assessment, Analysis, Planning, Implementation, Evaluation

   - Core Learning Activities to Promote Student Success:
     A. Written Assignments
     B. Multiple Choice tests
     C. Case Study with plan of care

   - Skills validation for the LPN-ADN student may be accomplished through the transition course or through successful completion of the first clinical nursing course in the ADN program.

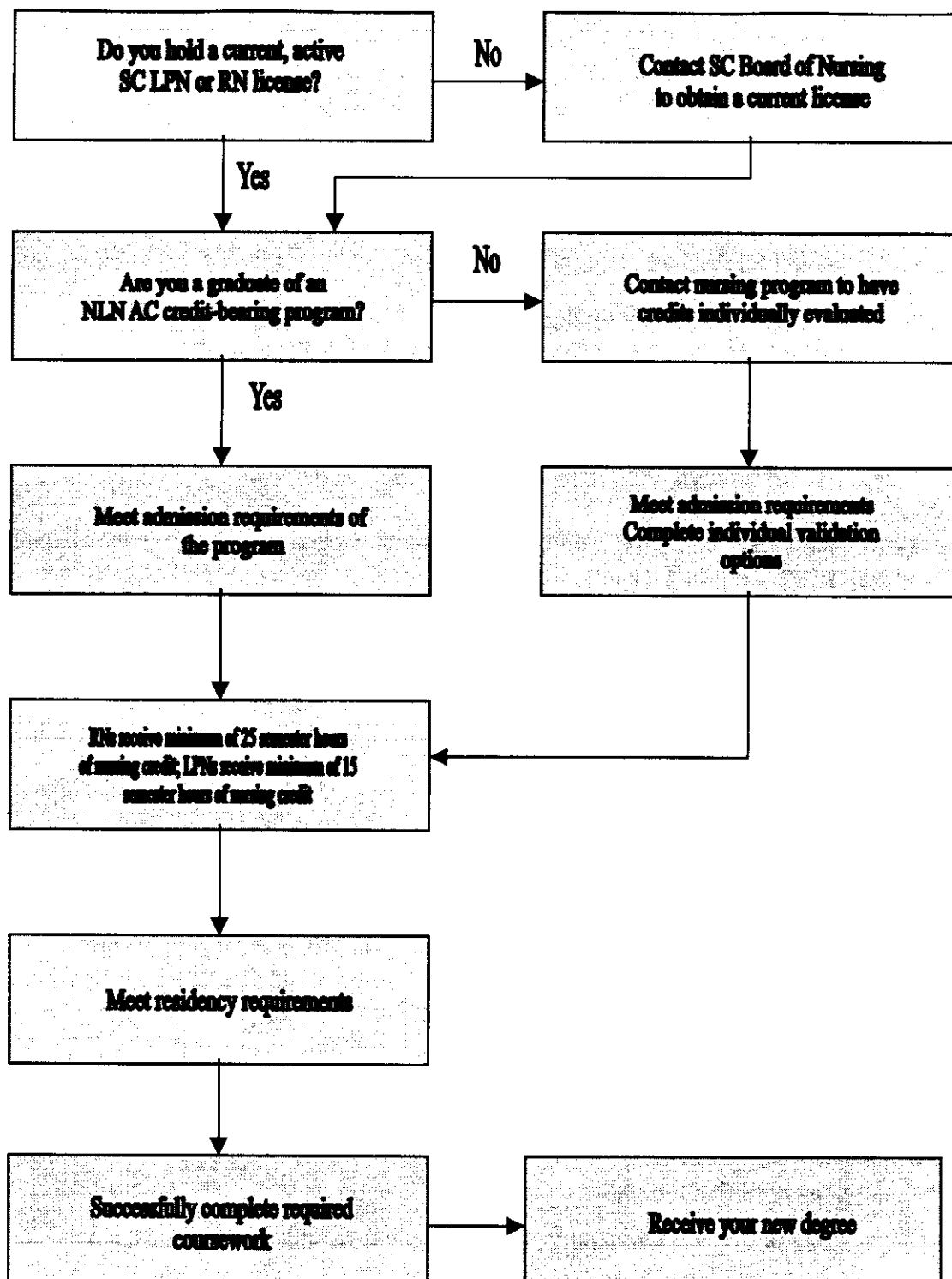| LPN to ADN Articulation Option 1 Direct Transfer	LPN to ADN Articulation Option 2 Individual Validation
A minimum of 15 semester hours of nursing credit will be awarded without educational mobility testing or validation if the applicant meets the following criteria: • Graduate from an NLNAC accredited, credit-bearing program • Has a current, active SC LPN license • Meets admission and progression requirements of receiving institution • Meets residency requirements of receiving institution	Individual validation of credit awarded will be determined by the receiving institution if the applicant is a: • Graduate from a non-NLNAC accredited program, or • Graduate from a non-credit bearing program A minimum of 15 semester hours of nursing credits will be awarded upon completion of validation if the applicant meets the following criteria: • Has a current, active SC license • Meet admission requirements of receiving institution • Meet residency requirements of receiving institution
Non-nursing transfer credit: • General education courses listed in the Statewide Articulation Agreement as transferrable from state technical colleges to public senior institutions will be transferred directly. • General education courses completed from out-of-state institutions may transfer subject to individual school policies.	Non-nursing transfer credit: • General education courses listed in the Statewide Articulation Agreement as transferrable from state technical colleges to public senior institutions will be transferred directly. • General education courses completed from out-of-state institutions may transfer subject to individual school policies.

South Carolina Nursing Articulation Pathway

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┌─────────────────────────────┐      No      ┌─────────────────────────────┐
│  Do you hold a current,      │ ───────────▶ │  Contact SC Board of Nursing │
│  active SC LPN or RN license?│              │  to obtain a current license │
└─────────────────────────────┘              └─────────────────────────────┘
              │ Yes                                         │
              ▼                                             │
┌─────────────────────────────┐      No      ┌─────────────────────────────┐
│  Are you a graduate of an    │ ───────────▶ │  Contact nursing program to  │
│  NLN AC credit-bearing       │              │  have credits individually   │
│  program?                    │              │  evaluated                   │
└─────────────────────────────┘              └─────────────────────────────┘
              │ Yes                                         │
              ▼                                             ▼
┌─────────────────────────────┐              ┌─────────────────────────────┐
│  Meet admission requirements │              │  Meet admission requirements │
│  of the program              │              │  Complete individual         │
│                              │              │  validation options          │
└─────────────────────────────┘              └─────────────────────────────┘
              │                                             │
              ▼                                             │
┌─────────────────────────────┐              │
│  RNs receive minimum of 25   │ ◀────────────┘
│  semester hours of nursing   │
│  credit; LPNs receive        │
│  minimum of 15 semester      │
│  hours of nursing credit     │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐
│  Meet residency requirements │
└─────────────────────────────┘
              │
              ▼
┌─────────────────────────────┐              ┌─────────────────────────────┐
│  Successfully complete       │ ───────────▶ │  Receive your new degree     │
│  required coursework         │              │                              │
└─────────────────────────────┘              └─────────────────────────────┘
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Appendix

1. Definitions of Terms

2. Educational Mobility Steering Committee Members

3. Participants in statewide Educational Mobility Conferences

4. *South Carolina Model for Differentiated Nursing Practice by Educational Program Type©*

5. South Carolina Registered Nurse Education Programs

6. South Carolina Practical Nurse Education Programs

Definition of Terms

1. **Articulation:** A process that connects contiguous educational units together to avoid unnecessary duplication of coursework.

2. **Direct Transfer:** A mechanism whereby a student who meets established criteria receives academic credit for a block of nursing courses without taking any educational mobility exams or other forms of validation. This assumes a process of institutional validation based on NLNAC accreditation.

3. **Escrow of Credit:** A block of credit granted for previous learning after the student has successfully completed a specified number of credits in the receiving institution.

4. **Receiving Institution:** The nursing program to which the applicant is applying to advance their nursing education.

5. **Sending Institution:** The nursing program from which the applicant has previously graduated.

6. **Transfer credit:** Credit for courses that have been taken at a sending institution that have been deemed to be equivalent to those required at the receiving institution. General education courses that are considered eligible for transfer from a state technical college to a senior institution are those listed in the South Carolina Articulation Agreement approved by the SC Commission on Higher Education.

7. **Transition course:** A bridge course to ensure equivalency and completeness of content and skills for students advancing from one level of education to another. The course updates and enhances student knowledge, begins role transition and prepares the student for the next level of education (adapted from the Northeast Mobility Action Group of Ohio). Concepts identified as key issues of differentiated practice are included.

8. **Validation:** A mechanism established by the receiving institution for verifying the depth and breadth of an applicant's knowledge and skills for the purpose of granting credit for learning. Validation mechanisms may include testing, a validation course, or escrow of credit.

Educational Mobility Steering Committee Members

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2. Sharon Clyburn, MN, RN, Coordinator, Applied Technology Education Center Practical Nursing Program

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South Carolina Model for Differentiated Nursing Practice by Educational Program Type©

The South Carolina Model for Differentiated Nursing Practice by Educational Program Type© is the conceptual framework on which the statewide nursing articulation model is developed. The full report on the development of the model is available upon request from the SC Colleagues in Caring project office.

Dimensions of Practice	Educational/Licensure Level			
	PN (LPN)	ADN (RN)	BSN (RN)	MSN/MN (RN)
Average Length of Program	12 months; 50 semester hours	2 years; 68 semester hours	4 years; 128 semester hours	1-2 years; 36-51 semester hours
Mission or Purpose	To prepare a nurse who provides direct care for an individual, in the context of the family, who is generally stable with acute & chronic common, well-defined health problems with predictable outcomes in a structured setting with supervision; participates in health promotion/ maintenance activities for the individual.	To prepare a nurse who provides direct care for individuals, in the context of a family & community, who have acute & chronic well-defined health problems with predictable & unpredictable outcomes in structured settings; participates in health promotion/ maintenance activities for individuals in the context of a family & community.	To prepare a nurse who provides & coordinates care for individuals, families, groups, & the community across the health/illness continuum (health promotion/ maintenance to complex health problems), with predictable & unpredictable outcomes in structured & unstructured settings; manages continuity of care across settings.	To prepare a nurse at the advanced level for practice as an expert clinician who provides care to individuals, families, groups, communities, & populations in comprehensive delivery systems; or for practice as a nurse administrator or nurse educator; who uses theory & research to create & modify systems & models of care.
Focus	Generalist	Generalist	Generalist	Specialist
Client	Individuals in the context of the family and other units within the community	Individuals in the context of the family & community	Individuals Families Groups Communities	Individuals Families Groups Communities Populations
Time Frame	Time Limited	Time Limited	Across time	Timeless
Setting / Space	Structured with supervision; Unit-based by setting: -acute -long term care -ambulatory	Structured; Unit-based by setting: -acute -long term care -ambulatory	Structured or unstructured; across units & settings: -acute -long term care -ambulatory -community -entrepreneurial	Structured or unstructured; across units, settings, & systems: -acute -long term care -ambulatory -community -entrepreneurial -non-traditional
Complexity/ Motion (capacity to integrate)	Common, well-defined health problems; predictable outcomes	Common, well-defined health problems; predictable & unpredictable outcomes; assist in complex care	A variety of complex health problems; predictable & unpredictable outcomes; multiple health problems & factors	A variety of complex health problems; predictable & unpredictable outcomes; multiple health problems; differential diagnosis and RX

*Note: South Carolina does not have any diploma nursing education programs, therefore, this educational level is not reflected in this document.

Selected Demonstrated Skills	Educational/Licensure Level			
	PN (LPN)	ADN (RN)	BSN (RN)	MSN/MN (RN)
Nursing Process Skills	Collects patient data; health history & observation using a standard protocol or tool; implements plan of care; reports/records findings; assists in planning and evaluating care	Performs health assessment (history, physical appraisal) using a standard protocol or tool; formulates nursing diagnosis; plans, implements, & evaluates care	Performs comprehensive health & social assessment; history & physical exam; family & community assessment using a standard protocol or tool; formulates nursing diagnoses; coordinates & manages care; evaluates & modifies care	Performs comprehensive health & social assessment, & differential diagnosis; family, community & population
Technical Skills	Performs fundamental therapeutic & preventive nursing measures & administers treatments & medications as authorized by law & determined by the State Board of Nsg	Performs therapeutic & preventive nursing measures & administers treatments & medications as authorized by law & determined by the State Board of Nsg	Performs & modifies therapeutic & preventive nursing measures & administers treatments & medications as authorized by law & determined by the State Board of Nsg	Performs & modifies therapeutic & preventive nursing measures & prescribes & modifies treatment & medication plan as authorized by law & determined by the State Board of Nsg
Communication Skills	Establishes fundamental interpersonal & therapeutic communication; recognizes individual differences in communication	Maintains therapeutic & psychotherapeutic communication; modifies communication in response to cultural/language differences	Manages therapeutic & psychotherapeutic communication; group process; integrates cultural & language differences in nurse/patient interaction	Advanced practice therapeutic & psychotherapeutic communication; group process; community integration; overcomes system barriers to cross-cultural communication
Management, Leadership and Administrative Skills	Utilizes basic organizational skills; organizes care for patient assignment; delegates to & supervises UAPs; serves as a nursing team member; understands & safeguards the rights of individual patients	Utilizes basic management & leadership skills; acts as a team leader; supervises & delegates care; serves as a nursing team member; promotes & assures patients' rights in a defined health care setting	Utilizes management, leadership & administrative skills; manages groups of pts. & staff; applies concepts of resource utilization & basic systems integration; participates as an interdisciplinary team member & case manager; serves as a client & consumer advocate to promote & protect health; advocates for progressive & humanizing change in health care in a defined health care setting	Utilizes advanced mgmt., leadership & administrative skills; manages pop.; applies concepts of research-based resource utilization, systems integration & design, case mgmt. & disease mgmt.; participates as an interdisciplinary team member/leader & key stakeholder; advocates for public policy to improve health & health care; promotes nursing to consumers, providers, & policymakers
Health Promotion/ Maintenance Patient Education	Collects basic screening info. using standardized tool; teaches basic health promotion/ maintenance & self-care to an individual from a designated teaching plan	Performs basic health promotion/ maintenance & screening; develops teaching plan for individuals to promote health & manage illness of acute & chronic health problems	Performs health screening & case-finding; develops teaching plan for complex health problems; adapts teaching plan; teaches individuals & groups; participates in healthy communities initiatives	Assesses population health; develops teaching plan for complex & multifunctionally impaired pts.; teaches staff & pts., adapts teaching plans based on research findings; establishes community partnerships for health improvement

Glossary of Definitions

The following terms are defined in the context in which they are used in the accompanying document.

Advocacy - The act of promoting, protecting, supporting, or defending.

Assessment - Process of collecting subjective and objective data from sources such as records, interviews, physical, psychosocial measurement: organizing and synthesizing the data collected to identify a nursing diagnosis.

Basic Systems Integration - Understanding of ways in which systems work together and influence each other (input-throughput-output); working across system boundaries to achieve integration of health care services (for example, seamless continuity of care from hospital to home).

Client - The recipient of care who is the focus of nursing care actions (assessment, care provision, etc.); may be one individual, more than one individual, a family (as a whole unit), a group (as an aggregate), a community (as an aggregate), or a population (as an aggregate). The key is the particular "unit" of care, i.e., individual, individuals, family, etc. Caring for a family or group as the focus of nursing care is different from caring for the different individuals in the family or group.

Community - An aggregate of individuals, families, or groups who share a defined geographic area (e.g., neighborhood, small town, county) and/or share interests, institutions, values, and significant social interaction (e.g., a parish or congregation, a neighborhood association, a Healthy Communities organization, a large company).

Community Integration - Communication skills the nurse uses when working with communities (rather than individuals). These would include skills of facilitation, negotiation, conflict resolution, and bringing together diverse individuals and groups to work effectively toward common goals/aims.

Complexity/motion - The capacity of the nurse to integrate information; the focus and scope of care delivery.

Predictable outcomes - Health care problems and situations in which the course of illness or health care and its results can be predicted with relative certainty on the basis of observation, experience, and/or scientific knowledge; defined by protocols, clinical pathways, or established standards.
Unpredictable outcomes - Health care problems and situations with multiple variables, which fall outside current knowledge and/or experience, are not defined by protocols, clinical pathways, or established standards, and whose results cannot be predicted with relative certainty; require the nurse to be able to adapt current knowledge or create new solutions.

Comprehensive - The full scope - either including all parameters in the assessment OR having the clinical

judgment and experience to select those that are appropriate for a given client from the full scope of possibilities (as opposed to following a more limited, pre-defined scope of categories for the assessment).

Data Collection - Process of collecting subjective and objective patient information from a variety of sources.

Direct Care - The provision of holistic patient care using the steps of the nursing process to achieve optimal outcomes.

Disease Management - Providing high-quality coordination of care and resources across the entire spectrum of health care delivery for individuals or populations with a particular medical diagnosis.

Family - Two or more individuals who share kinship bonds (genetic and/or emotional), share responsibility for the kinship unit, and generally reside together.

Focus of preparation - Emphasis of educational preparation and scope of practice.

Generalist - A nurse whose educational preparation focuses on the development of a broad knowledge and experience base that can be applied across the lifespan and in a variety of health care settings.
Specialist - A nurse whose educational preparation focuses on the development of in-depth knowledge and experience in a specified field of practice that is applied to a defined population or group of individuals in a specified setting (primary care clinic, neonatal intensive care unit) or across a range of health care settings (enterostomal therapist in hospital, clinic and home settings).

Group - Two or more individuals with a common purpose of unifying characteristics (e.g., Girl Scout troop, a panel of patients who have diabetes who are being managed in a collaborative practice, a Lamaze class of expectant parents.

Group Process - Communication and facilitation skills the nurse uses when working with groups (three or more individuals); major components are attention to content (information, knowledge, experience, opinions, myths, attitudes and expectations that group members bring to the group), interaction (how participants work together while processing the group's content, which includes feelings, attitudes, expectations, cooperation, listening, participation, trust, openness), and structure (organizing information and participants to achieve the group's purposes).

Health Promotion/Maintenance - Activities that assist an individual, family or group toward obtaining or maintaining optimal mental and physical well-being.

Individual - One person at any stage of the lifespan, from infancy through old age; a single recipient of care.

Individuals - More than one person; multiple recipients of individual care.

Interdisciplinary Team - A group of health professionals who have shared expertise and responsibility for care outcomes, and work together across traditional disciplinary boundaries to provide comprehensive, cost-effective, and coordinated care for individuals, families, or defined groups or populations.

Nursing Process - A systematic approach to nursing care which includes data collection/health assessment, analysis and interpretation of the data (nursing diagnosis, clinical judgment), nursing care planning (goals and objectives - what the client and nurse plan for the client to achieve, setting priorities, identifying needed resources), implementation (carrying out the plan of care, supervision and delegation), and evaluation of care and patient outcomes (including necessary revisions or modifications to the plan of care as a result of the evaluation).

Nursing Team - A group of licensed (RN, LPN) and unlicensed personnel who work together, within their respective scopes of practice, to provide coordinated and cost-effective care to a designated group of individual patients.

Population - The total number of people who have a quality or characteristic in common (e.g., all members of an HMO, all persons over 65 in a particular geographic locale).

Psychotherapeutic Communication Skills - Therapeutically assisting, supporting, or guiding clients in coping with actual or potential health or life problems. May include teaching and counseling, as well as reflective feedback.

Setting/space - Physical locations in which the nurse delivers care, e.g., hospital, ambulatory clinic, long-term care facility, homes, schools, and even cyberspace.

> **Structured settings** - Health care delivery settings that have a defined organizational structure/pattern, with sufficient and accessible human and material resources (personnel, family members, social support, supplies, equipment, community resources), e.g., a hospital, skilled nursing facility, equipped home environment, school, community health center, or telephone/Internet triage.
> **Unstructured settings** - Settings with an undefined or chaotic organizational structure/pattern that also may lack adequate human and material resources (personnel, family members, social support, supplies, equipment, community resources), e.g., neighborhood streets (homeless population, runaways), domestic or community violence scene, unequipped or chaotic home environment, natural disasters, and crisis hotline.

Acute care settings - Hospitals - inpatient general and specialty units, outpatient surgery units, emergency/urgent care departments.
Long-term care settings - Skilled nursing facilities and nursing homes, rehabilitation centers, assisted living facilities and retirement homes, home health care.
Ambulatory care settings - Settings where health care services that do not require overnight or longer stays are provided to individuals (e.g., outpatient surgery and diagnostic center, primary care centers, physician offices, rural health clinics, mental health clinics).
Community-based settings - Settings located in the community close to where people live and work in which health care is provided to individuals, groups, and/or communities (e.g., homes, schools, worksites, churches, health fairs, neighborhoods, shopping malls, community nursing centers, correctional facilities).
Entrepreneurial settings - Settings in which the nurse as an individual or member of a group creates and assumes the business management and risk of a health care enterprise (e.g., nurse-managed clinics, community nursing centers, elder care services, consulting services).
Non-traditional settings - Public/government agencies, politics, elected office, professional associations, accrediting or regulatory agencies, health plans and insurance companies, medical supply companies, publishing companies, nursing education, legal consultation.

Supervision - Direction, oversight and guidance for aspects of care as provided for by legal scopes of practice, either in person or by telecommunications.

Time frame - Period of time for which the nurse is accountable for care delivery and outcomes.

> **Time limited** - Period of time with defined boundaries, e.g., an assigned workshift or episode of care (hospitalization, clinic visit), in which the nurse's responsibility and accountability for care is limited to the workshift or episode during which direct care is given.
> **Across time** - Period of time that transcends defined boundaries, e.g., preadmission to post-discharge, school year, defined period of home care, or case management of a defined group, in which the nurse's responsibility and accountability for care extends throughout the period of care.
> **Timeless** - Period of time with no pre-defined boundaries, e.g., public health services for a Medicaid population, primary health care of a defined population, or administrator of patient care services or community health agency in which the nurse's responsibility and accountability is continuous.

UAP - Unlicensed Assistive Personnel (may be certified nursing assistants, nursing aides and orderlies, patient care technicians, patient care associates, etc.)

July 17, 1998

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Bob Jones University
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Greenville, SC 29614
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Central Carolina Technical College
506 N. Guignard Drive
Sumter, SC 29150
(803) 778-7804

Charleston Southern University
9200 University Blvd.
PO Box 118087
Charleston, SC 29423-8087
(843) 863-7075

Clemson University
Room 510, Edwards Hall
Clemson, SC 29634-1703
(864) 656-0383

Florence-Darlington Technical College
PO Box 100548
Florence, SC 29501
(803) 661-8147

Greenville Technical College
Box 5616, Station B
Greenville, SC 29606
(864) 250-8288

Horry Georgetown Technical College
PO Box 1966
Conway, SC 29526
(843) 347-3186

Lander University
School of Nursing
Greenwood, SC 29649
(864) 388-8337

Medical University of South Carolina
99 Jonathan Lucas
Charleston, SC 29425
(843) 792-3941

MUSC at Francis Marion University
Florence, SC 29501
(843) 661-1693

Midlands Technical College
PO Box 2408
Columbia, SC 29202
(803) 822-3321

Orangeburg-Calhoun Technical College
PO Box 1767
Orangeburg, SC 29115
(803) 535-1354

Piedmont Technical College
Drawer 1467
Greenwood, SC 29648
(864) 941-8536

South Carolina State University
PO Box 7158
Orangeburg, SC 29117-0001
(803) 536-8605

Technical College of the Lowcountry
921 Ribaut Road
Beaufort, SC 29901
(803) 525-8276

Tri-County Technical College
PO Box 587
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Trident Technical College
P.O. Box 118067
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University of South Carolina - Aiken
171 University Parkway
Aiken, SC 29801
(803) 648-6851

University of South Carolina - Columbia
1601 Greene Street
Columbia, SC 29208
(803) 777-3119

University of South Carolina - Spartanburg
800 University Way
Spartanburg, SC 29303
(864) 503-5442

York Technical College
452 S. Anderson Road
Rock Hill, SC 29730
(803) 327-8059

South Carolina Licensed Practical Nursing Programs

Aiken Technical College
PO Drawer 696
Aiken, SC 29802
(803) 493-9231

Applied Technology Education Campus
874 Vocational Lane
Camden, SC 29020
(803) 425-8982

Roper Hospital Sch of PN
4 Carriage Lane, Suite 404
Charleston, SC 29407
(843) 763-2699

Central Carolina Technical College
506 N Guignard Drive
Sumter, SC 29150
(803) 778-7825

Cherokee School of Practical Nsg
3206 Cherokee Avenue
Gaffney, SC 29340
(864) 489-3191

Chester County Dept of Education
& Chester School of Practical Nursing
109 Hinton Street
Chester, SC 29706
(864) 377-1991

Conway School of Practical Nursing
A Division of Aynor-Conway Career Ctr
335 Four Mile Road
Conway, SC 29526
(843) 365-5534

Florence-Darlington Technical College
PO Box 100548
Florence, SC 29501
(803) 661-8147

Greenville Technical College
PO Box 5616
Greenville, SC 29606
(864) 250-8294

Hartsville Practical Nursing Program
701 Lewellyn Avenue
Hartsville, SC 29550
(843) 383-3168

Horry-Georgetown Technical College
4003 S. Fraser Street
Georgetown, SC 29440
(843) 546-8406

Lancaster School of Practical Nursing
625 Normandy Road
Lancaster, SC 29720
(803) 285-7404

Marion County School of Practical Nursing
PO Box 890
Marion, SC 29571
(843) 423-1941

Midlands Technical College
PO Box 2408
Columbia, SC 29202
(803) 822-3320

Newberry County Career Center
Route 219, Box 799
Newberry, SC 29108
(803) 321-2674

Northwestern Technical College
PO Drawer 1007
Cheraw, SC 29520
(843) 921-6900

Oconee School of Practical Nursing
100 Vocational Drive
Seneca, SC 29672
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3250 St. Matthews Road
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