



SHORTER
UNIVERSITY™

School of Nursing

Student Handbook
2011-2013

PREFACE

Welcome to Shorter University School of Nursing

We are pleased that you have chosen Shorter University for your education in nursing. You are embarking on an exciting program of study and future in the nursing profession. The nursing program is arduous and will demand your commitment. However, be encouraged that you will not be alone on your journey, both faculty and staff are committed to working with you in a teaching-learning environment dedicated to assisting you to meet your academic goals.

Your responsibilities as a student are to know and meet your degree requirements, enroll for the appropriate courses and follow the guidelines provided in the Student Handbook. A program of study in nursing requires involvement from both the academic community and the health care community, resulting within a multitude of expectations and deadlines that you, as a nursing student, must meet. You are expected to become familiar with and comply with the various policies and guidelines of the University and the School of Nursing. This handbook has been prepared to highlight information that will be useful to you during your matriculation in the School of Nursing. The intent is to supplement other official University documents. In addition to this Student Handbook, you are expected to become acquainted with and abide by the contents of:

The Pinnacle: Student Handbook and Agenda of Shorter University and Shorter University Catalog

My door is always open to you.



Dr. Vanice W. Roberts RN, DSN
Dean and Professor of Nursing

Acknowledgement Form – MUST BE SIGNED BY STUDENT

I acknowledge access to a complete copy of the Nursing Student Handbook. I accept that I am responsible for all information provided in the handbook as it relates to the policies and procedures of the Shorter University School of Nursing. The Nursing Student Handbook is available for personal download on Shorter’s web site.

Print Name _____

Scholar ID _____

Signature _____

Date _____

***Please print a copy of this page, sign it, and return to the School of Nursing.**

Consent Form for Use of Student Materials – MUST BE SIGNED BY STUDENT

Shorter University - School of Nursing

I, _____ give consent the School of Nursing at
(Print Name)

Shorter University to collect, archive, and showcase my graded course work for such purposes as accreditation site visits, student recruitment, and as examples of work for new students and to use these materials otherwise as the faculty deem appropriate. The faculty may also examine for scholarly purposes selected course work and report the results in the aggregate thereby maintaining my anonymity.

This consent is valid until I withdraw it in writing through the Dean of the School of Nursing.

Signature of the Student

Date

***Please print a copy of this page, sign it, and return it to the School of Nursing.**

Confidentiality Policy – MUST BE SIGNED BY STUDENT

Nursing students and faculty are frequently privileged to confidential information during clinical and classroom experiences. Students and faculty have access to medical records, obtain personal information from patients and families, and participate in formational assessments, personnel issues, continuous quality improvement and financial or strategic planning. Faculty are often privileged to personal information about students during advisement and during clinical conferences. Because confidentiality is a legal and ethical expectation of students and faculty, the Shorter University School of Nursing has developed the following policy to clarify the scope and significance of maintaining confidentiality.

All nursing students and faculty in the School of Nursing at Shorter University are expected to abide by the following guidelines:

1. All written, verbal electronic information regarding a patient or institution is to be kept in strict confidence.
2. Verbal or written disclosure of information about patients or agencies to any unauthorized person is prohibited.
3. Any written information about a patient must only contain the patient's initials and should be secured and shared only with students and faculty participating in the care of the patient.
4. The reporting of information specific to agencies may include the department or individual titles; however, it may not include the names of agencies or persons involved. Data must be summarized and reported collectively to ensure confidentiality for the participants.
5. Any written communication (proposal or report) between the student and preceptor/agency must be approved by the faculty before it is presented to the preceptor.
6. Any verbal or written communication whether in the classroom, seminar, lab, or clinical settings is for the sole purpose of learning and is also considered under this confidentiality policy.
7. Students and faculty participating in teaching/learning activities are expected to maintain confidentiality regarding personal information shared. Relevant academic information regarding a student may be shared on an "as needed" basis within the School of Nursing in order to provide the support and assistance to enhance the student's potential for success in the program.
8. Students and faculty should continue to keep all privileged information obtained during enrollment or employment at Shorter University confidential, even after graduation or termination.
9. Students in violation of this policy will be reviewed by the faculty and the Dean and may receive a failing course grade. Faculty in violation of the policy will be reviewed by other faculty and the School Dean and a plan of action will be decided at that time.
10. Students will renew this contract annually after review of the policy by faculty.

Student signature

Date

Printed name

Witness signature

Date

Printed name

**Accepted 3/10, Reviewed 3/11*

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SHORTER UNIVERSITY SCHOOL OF NURSING FOUNDATIONS

Shorter University Mission Statement

The Mission of Shorter University is to provide quality higher education, enabling and encouraging student commitment to active life-long learning, personal spiritual values, responsible citizenship, and community and societal leadership in a global context. The University seeks to accomplish this Mission through quality undergraduate liberal arts programs, specialized professional programs, and select graduate programs. Geographically distant locations provide educational opportunities to individuals who are unable to attend classes in a traditional setting. The University affirms a commitment to the Christian faith and strives to integrate Christian values within a nurturing community in its whole process of education.

Educational Principles for Shorter University Undergraduate Programs

Shorter University provides a curriculum and educational environment that:

- Effectively immerses students in the historical, scientific, and cultural bases for contemporary civilization by combining intellectual discovery with critical thinking.
- Engages students in a discussion of the values that bind together our society in general and the Christian community in particular.
- Ensures that students reach the levels of skill in written and oral communication, mathematics, technology, and information literacy necessary to take full advantage of university coursework and they continue to exercise and enlarge these skills.
- Persuades students of the value of integrating knowledge and forming relationships among courses and between acquired knowledge and new ideas.
- Promotes in students the habit of acting on their responsibilities as members of our society and of the world community.
- Promotes in students the habit of enriching their lives through art and religion.
- Promotes in students the habit of maintaining physical, spiritual, and emotional health and well-being.
- Prepares students for careers or further education.

School of Nursing Mission Statement

The Mission of the School of Nursing is in accordance with the Mission of Shorter University. The Mission of the School of Nursing is to offer an exemplary undergraduate nursing program that:

1. Integrates a strong curricular foundation infused with liberal arts and science studies.
2. Prepares professional registered nurses who:
 - a. Assume the roles of a nurse generalist who provides patient-centered care that is safe, compassionate, and affirms Christian values.
 - b. Deliver patient-centered care with an emphasis on evidenced-based practice, quality outcomes of care, and resource management.
 - c. Practice nursing safely and compassionately in a variety of settings, with diverse populations, both locally and globally.

- d. Serve as a community leader, collaborative participant, and leader among disciplines providing care to consumers of health care.
 - e. Participate in life-long learning.
3. Creates and sustains an exemplary learner-centered caring community that:
 - a. Affirms academic and Christian integrity, values, and service.
 - b. Promotes personal accountability in students by maintaining physical, spiritual, and emotional health and well-being.
 - c. Promotes personal accountability for actions and decisions.
 - d. Utilizes integrative strategies for learning.

School of Nursing Faculty Goals

The faculty and administration of the School of Nursing will:

1. Maintain an exemplary undergraduate nursing program.
2. Maintain a faculty who will demonstrate an innovative learner-centered caring community built on academic Christian integrity, values, service, and global citizenship.
3. Encourage collaborative scholarly and creative work, both with students and colleagues that will enhance instructional effectiveness and the academic experience.
4. Facilitate the translation of knowledge from a liberal education base into the practice of nursing.
5. Introduce nursing science and theories, and guide the student in developing an understanding of the discipline of nursing's distinctive perspective.

Program Philosophy and Belief

The School of Nursing faculty believes and supports the mission and educational principles of Shorter University and affirms a commitment to the Christian faith, striving to integrate Christian values within a caring community in which students grow in professional competence, acquire knowledge, skills, and attitudes to assume professional roles. The commitment to this belief provides the foundation for teaching and learning. Christian values at Shorter University are predicated on the rigorous pursuit of liberal learning and the teachings of the Christian faith. Shorter University is dedicated to integrity in the pursuit of truth and honor in building a community of learners. It is the goal of Shorter University to preserve and enhance honor and integrity and provide avenues to demonstrate and teach those values to those within the student's sphere of influence. The five fundamental values of academic integrity are honesty, trust, fairness, respect, and responsibility.

The professional practice of nursing is an art and a science, grounded in knowledge obtained through liberal education and based in scientific research. This education is the foundation of critical thinking and clinical reasoning. Competent nursing practice requires possessing the technical skills, knowledge, and attitude to provide safe and effective care to patients, including individuals, families, groups, communities, and populations. Aptitude in communicating via inter- and intrapersonal means, expressing empathy and compassion for patients, thinking critically, collaborating with members of the health care team, and possessing clinical judgment are also required to deliver competent care. Patient-centered care necessitates awareness of the diversity in the patient population as well as an appreciation and awareness of one's "place in the world" and living in an increasingly

complex, global society. Being aware of and sensitive to these differences, allows the nurse to provide appropriate care to the patient regardless of age, gender, race, culture, sexual orientation, or health care beliefs.

Nurses assume the roles of provider of care, manager of care, member of a profession, and member/leader of an interdisciplinary team. These roles, though different, are complexly interrelated. Nurses providing direct care are responsible for coordinating, managing nursing care (assuming the role of manager, coordinator of care) as well as collaborating with other health team members (assuming role of interdisciplinary member) and being aware of socio-political-economic factors affecting health care delivery and the health care system (assuming the role of member of a profession). In order to assume these roles, students must acquire knowledge, skills, and attitudes in six areas of basic competencies. These competencies are patient-centered care, teamwork and collaboration/communication, safety, quality improvement, inclusion of evidence-based practices, and using technology and informatics to manage data. These competencies are also inherently interconnected. Patient-centered care is characterized by compassion, respect for patient preferences, values and needs, and recognizes the patient as the source of control and full partner in health care decision-making.

The faculty believes that individuals are unique and have inherent worth and dignity. Compassionate nursing care is provided regardless of age, gender, lifestyle, race, cultural/spiritual beliefs and/or health care problems. Compassionate nursing care also includes a no-blame approach to patients, families, groups, and communities. This no-blame approach is included in providing care as well as identifying, implementing, and evaluating goals and outcomes. The individual's right to autonomous decision-making is an integral part of patient-centered care. Nurses committed to providing patient-centered care consider and examine a variety of political, social, economic, cultural, religious/spiritual, technological, and historical issues affecting health care. Competent patient-centered care also includes the affirmation of Christian values which include, but are not limited to compassion, respect for others, altruism, social justice, freewill, veracity, and protection from harm.

While providing patient-centered care, the nurse participates with nursing colleagues as well as other members of the health care team, utilizing open communication, mutual respect, and skills of collaboration, negotiation, and conflict resolution to provide safe, quality care. Safe, quality care minimizes harm, mitigates error, and utilizes models to continuously monitor and improve the quality of care. Nurses integrate critical thinking, clinical reasoning skills, and evidence-based practice with clinical expertise and patient preferences to deliver optimal health care. Professional nurses must become increasingly comfortable and proficient in the use of technology, informatics, and genetic information to advance the profession of nursing and improve the quality of health care locally, nationally, and globally.

The faculty assumes the responsibility for designing, implementing, and evaluating a curriculum and learning environment that assists the students in acquiring the knowledge, skills, and attitudes necessary to assume the role of the professional registered nurse. The faculty believes that nursing is best taught in an environment that is learner-centered just as health care is patient-centered. The faculty believes that students are full partners in teaching and learning and that the faculty's role is to facilitate learning, encourage student control, and value their needs. The faculty embraces their responsibility to the utilization of evidence-based practice by exploring and utilizing evidence-based teaching learning strategies to enhance learning, meet established educational outcomes, and maximize quality education. The faculty agrees that nursing education demands equal attention to face to face classroom activities, virtual and simulated activities, and clinical learning

opportunities. The Faculty has a responsibility to utilize technology and informatics to enhance teaching and learning, monitor quality, and manage data.

The faculty recognizes the restraints of time and resources in preparing students for the role of professional nursing. Therefore, considerable effort must be expended to identify essential content and context of the nursing curriculum. To enable students to acquire knowledge, skills, and attitudes of professional nursing, faculty must consult and incorporate best practices, nationally published standards of essential skills, national areas of health care priority, and the reality of a health care delivery system that is, at best, constantly changing, and at times chaotic, uncertain, and ambiguous. Faculty must also be committed to improving the quality of education and participate in identifying educational outcomes that meet the needs of the health care system, as well as collecting and analyzing data related to outcomes and participating in activities to improve the quality of health professions education.

The faculty values the opportunity to participate as the member of many interdisciplinary teams. They accept the responsibility of working with local, national, and global health care providers when selecting and evaluating clinical learning experiences occurring in a variety of agencies – public, private, faith-based, and community initiated – serving diverse populations and age groups. The faculty believes that institutions/agencies utilized for clinical learning should be selected based on specific criteria related to quality of care as well as quality and safety assurance measurement and monitoring.

The faculty affirms the work of nurse scholars and nursing faculty colleagues in identifying and supporting state and national standards for nursing education and the exploration of evidence-based teaching/learning practices. They value working with core faculty members of Shorter University who assist students in obtaining a liberal education in the sciences, arts, and humanities and share the responsibility of creating and entering into a learning environment that embraces service as an end result of learning.

Program Learning Outcomes

At the completion of the program, the graduate of Shorter University School of Nursing will be able to:

1. Integrate knowledge from the sciences, arts, humanities, nursing science, and the understanding of human experience from birth to death, while providing patient- centered care.
2. Critically examine and advocate for improved safety and quality outcomes of patient- centered care.
3. Implement evidence-based nursing interventions, utilize critical thinking and clinical reasoning to manage acute and chronic care of patients and promote health across the life span.
4. Manage data, informatics, and technology to communicate effectively and provide safe and effective care, while maintaining confidentiality and right to privacy.
5. Participate in the analysis, critique and reform of the political, social, cultural, economic, technologic, genetic, and ecologic issues that influence nursing and healthcare environments at the regional, national and international levels.
6. Communicate effectively with patients, families, groups, population areas and collaborate with interdisciplinary health team members to improve quality, resolve conflict, negotiate change, and maximize positive outcomes of health care.

7. Participate in clinical preventions and population-focused interventions to promote health, prevent disease and injury, taking into account available resources, with attention to effectiveness, efficiency, cost effectiveness, and social justice.
8. Practice nursing within legal and ethical boundaries and accepts personal responsibility and accountability and incorporating altruism, autonomy, human dignity, social justice, patient advocacy and service.
9. Provide patient-centered care that is safe, compassionate, affirms Christian values, and respects the diversity and uniqueness of the individual's values, cultural, spiritual, and social differences.

Description of the Curriculum

In the process of organizing a future-oriented curriculum that prepares nurses to work in an increasingly complex and ambiguous world, many references and reports were consulted. Among these were AACN Essentials of Baccalaureate Nursing Education, AACN Impact of Education on Nursing Practice, IOM Reports, Teaching IOM: Implications of the Institute of Medicine Reports for Nursing Education, sources on the Quality and Safety Education for Nurses (QSEN) web site and reports, Georgia Board of Nursing Rules and Regulations, and standards of care reports. The Quality and Safety Education for Nurses (QSEN) project was funded by the Robert Wood Johnson Foundation to conduct an innovative and far-reaching project aimed at preparing future nurses to improve the quality and safety of health care systems. QSEN is promoting a futuristic aim for nursing education, with a particular focus on developing six quality and safety competencies. The Shorter University nursing curriculum is framed around the QSEN six competencies: patient-centered care, teamwork and collaboration/communication, inclusion of evidenced-based practice, quality improvement, safe practices, and use of informatics. The roles of the BSN prepared nurse generalist, as described by AACN, added additional guidance to the curriculum content. The roles of direct caregiver, manager/designer/coordinator of care, member of a profession, and member of an interdisciplinary team are weaved through each nursing course.

Patient-centered care is introduced in Nursing Practice I and is included in each of the nursing practice courses as students are expected to create a safe, compassionate, environment for patients, their families, groups, and populations areas. Students will gain competence in communication with patients, families, and others in identifying expected outcomes and measuring progress toward obtaining desired goals.

Evidence-based practice (EBP) is included in every nursing course as students consider best practices related to the clinical experiences for each practice course. In Nursing Practice I, students are introduced to EBP and best practices in discussion of pain management, infection control, and patient teaching. In Care of Vulnerable Populations, students will consider risk identification scales such as the Braden Scale in determining best practices related to prevention of pressure ulcers in the frail elderly. In Research and Evidence-Based Practice, students will learn to critique research, complete an EBP project, and explore a variety of databases, integrative studies, and technological support systems for managing data and nursing care.

Communicating and collaborating as a member of an interdisciplinary team is introduced in Nursing Practice I. Responsibilities of the roles of the health care team members are introduced in Nursing Practice I. Students will communicate and collaborate with health team members when providing care in clinical agencies.

The process of quality improvement is introduced in Nursing Practice I as a major responsibility of the registered nurse. The major processes of quality improvement, the quality improvement process, and Nurse Sensitive Quality Indicators will be included in each nursing course.

Safety, as a quintessential part of competent nursing practice, is introduced in all first semester nursing courses. Quality of Care-Capstone Course provides an opportunity for students to complete a senior thesis project focusing on safety and quality improvement.

Informatics, data management, and use of technology is introduced during the liberal arts sequence for all Shorter University students. The particular use of informatics and technology in nursing is introduced in Nursing Practice I and will use a variety of data management programs throughout the program including EMR-Electronic Medical Records, CPOE-Computerized Physician Order Entry, POES-Physician Order Enter System, and computerized medication distribution programs.

The role of member/leader of an interdisciplinary team and the competencies of teamwork and collaboration is introduced in Nursing Practice I, as students work with nurses, physicians, and other staff to provide and manage the care of one patient. In each nursing practice course, students will provide and manage care for parents and children, vulnerable populations, and adult health patients. Involvement in community/global interdisciplinary teams is emphasized in Community Global Health, Community Global Health Practicum, and the integrated study course, Cross Cultural Ministry and Global Awareness. The professional nurse's role as member/leader of an interdisciplinary team is emphasized in Leadership and Professional Issues.

The roles of the generalist baccalaureate prepared nurses are introduced in Nursing Practice I. This course will focus on providing a broad base for the role of caregiver, as well as beginning knowledge about managing the care of one patient and collaboration with other health team members. The role of member of profession, legal and ethical principles, and professional responsibilities related to accountability, professional dress, and behavior is introduced in Nursing Practice I and reinforced in each following nursing course.

As students focus on the role of caregiver, they will be providing and managing care, and in Health Care Assessment conducting assessment of health care problems. Pharmacology provides students with necessary knowledge of basic classifications of drugs, administration of drugs, and other information necessary to assume the role of provider of care. The nurse's role as a member of the health care team and member of an interdisciplinary team is explored, as well as concepts related to safe, effective care and the measurement of quality of care and patient outcomes.

The role of care giver and manager of care is emphasized in each Nursing Practice course, In each of these courses, students focus on the provider and manager of care roles for parents and new babies, children, geriatric patients, and those with severe and persistent mental health problems. The summer study abroad experience, Community/Global Health Practicum, provides the opportunity to provide care for patients in global settings and promotes a sense of how nurses "fit" in the global perspective of providing health care. The senior courses focus on providing care to more than one patient and providing care for a group of patients in the senior practicum experience. All nursing practice courses focus on management of commonly occurring adult health problems. Each nursing practice course will include a service learning project engaging students to the local community, solving community problems, and enhancing the common good.

The role as member of a profession is emphasized in the summer semester in Community/Global Health and Health Care Delivery. In these courses, students will explore health care problems related to population areas and health care problems associated with poverty, lack of resources, and welfare. Students begin to identify their role as a member of a global community and explore the concept of “one’s place in the world.” Students explore the concepts of respect, human dignity, and social justice for all humans as well as volunteerism and service. Professional obligations are explored in Leadership and Professional Issues in Nursing, as students examine a variety of political, socio-economic, technological, ethical, legal, and professional issues. Legal and ethical issues of care are included in appropriate areas of the curriculum. For example, issues related to end-of-life decision making and care giving is discussed in Vulnerable Populations as well as ethical and socioeconomic issues related to homelessness and poverty. Family Centered Care, ethical and legal issues related to conception, family violence, and community violence are included in case studies.

**Accepted 2009, Revised 3/11*

New CORE Effective Beginning 2011-2012

BSN Curriculum Course Sequence

SCHOOL OF NURSING

Fall Semester, Year One		Hrs.	Spring Semester, Year One		Hrs.
English (ENG 1010 or 1030)		3	English (ENG 1020 or 1040)		3
College Algebra (MAT 1110)		3	Statistics (PSY 3500 or MAT 3180)		3
Psychology (PSY 1010)		3	Sociology (SOC 1010)		3
Biology 1 (BIO 1010, 1011)		4	Oral Communication (Com 1010)		3
Learning Community (LC)		1	Chemistry (CHE 1020, 1021)		4
Health and Fitness (HPE 1010)		1	Learning community (LC)		1
HPE Activity (HPE)		½			
Total		15.5	Total		17.0
Fall Semester, Year Two		Hrs.	Spring Semester, Year Two		Hrs.
Growth & Development (PSY 3210)		3	Growth & Development (PSY 3220)		3
Anatomy & Physiology I (BIO 3010, 3011)		4	Anatomy & Physiology II (BIO 3020, 3021)		4
English Lit (ENG 2xxx)		3	Microbiology (BIO 3030, 3031)		4
Fine Art Elective (ART MUS THE*)		3	History (HIS 1020 or 2060)		3
Religion* (REL 1xxx)		3	HPE Activity (HPE)		½
Total		16	Total		14.5
Fall Semester, Year Three		Hrs.	Spring Semester, Year Three		Hrs.
Nursing Practice I-Foundations (NUR 3110)		6	Nursing Practice II-Family (NUR 3210)		6
Health Assessments (NUR 3120)		3	Nursing Practice III-Vulnerable (NUR 3220)		6
Pharmacology (NUR 3130)		3	Community/Global Health (NUR 3230)		3
Total		12	Total		15
May or June – Study Abroad		Hrs.	Summer Semester-July		Hrs.
Health Care Delivery (NUR 3140)		3			
Community/Global Health Mission Practicum (NUR 3310)		6			
Cross Cultural Ministry and Global Awareness (REL 4350)		3			
Total		12			
Fall Semester, Year Four		Hrs.	Spring Semester, Year Four		Hrs.
Nursing Practice IV-Adult I (NUR 4110)		8	Nursing Practice V-Adult Health II (NUR 4210)		4
Research/EBP (NUR 4120)		3	Senior Practicum (NUR 4220)		6
Leadership Professional Issues (NUR 4130)		3	Quality of Care-Capstone Course (NUR 4230)		2
Total		14	Total		12

*Fine Arts = ART 1500, 2010, 3010, 3020, 3060, 3090 or MUS 2030, 3430 or THE 2250

*Religion= REL 1xxx Intro to Christianity

Admission Criteria: www.shorter.edu/academics/nursing/nursing.htm

Admission Application: Accepted from Sept. 1st thru Feb. 1st for Fall Admission. (available on web site)

Notification of admission to the School of Nursing: March 1st

All health records, immunizations, criminal background checks/drug screening, and CPR certification must be on file in the nursing school by June 1st, prior to Fall admission.

**Accepted 2009, Revised 3/11*

American Nurses Association Code of Ethics for Nurses

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality healthcare and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

**Accepted 9/09, Reviewed 3/11*

Glossary of Terms

Altruism: A concern for the welfare and well being of others. In professional practice, altruism is reflected by the nurse's concern and advocacy for the welfare of patients, other nurses, and other healthcare providers.

Autonomy: The right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about their health care.

Caring: Caring is a total way of being, of relating, of acting; a quality of investment and engagement in the other-person, idea, project, thing as "other" – in which one expresses the self fully and through which one touches most intimately and authentically what it means to be human. (Roach, 2002, pg 39). To care for another person is to help them to grow and through caring for others meaning is given to one's own life (Mayeroff, 1971).

Christian values: Are the values included in the teachings of Christ and include but are not limited to compassion, respect for others, altruism, service, social justice, freewill, veracity, and protection from harm.

Collaboration: Functioning effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient-centered care. (Cronenwett et al, 2007)

Compassion: The awareness of and sympathy for suffering of another coupled with a desire to offer help.

Competence: The ability to do something well and includes having necessary knowledge (cognitive ability), skills (psychomotor abilities), and attitudes (commitment to or valuing of something). Competence is usually judged by identified or understood standards.

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

Clinical Judgment: The outcomes of critical thinking in nursing practice. Clinical judgments begin with an end in mind. Judgments are about evidence, meaning, and outcomes achieved (Pesut, 2001).

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

Cultural Sensitivity: Cultural sensitivity is experienced when neutral language, both verbal and non verbal, is used in a way that reflects sensitivity and appreciation for the diversity of another. Cultural sensitivity may be conveyed through words, phrases, and categorizations that are intentionally avoided and which may be interpreted as impolite or offensive (American Academy of Nursing Expert Panel on Cultural Competence, 2007).

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

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

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

Human Dignity: The respect for the inherent worth and uniqueness of individuals and populations. In professional practice, concern for human dignity is reflected when the nurse values and respects all patients and colleagues.

Integrity: Acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession.

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

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

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

Intra-professional: Working with healthcare team members within the profession to ensure that care is continuous and reliable.

No-blame environment: Refers to belief that identifying root causes for a practice variance (e.g., medical mistake, medication error, re-admission to the hospital, or student's failure of an exam) is more effective than assigning blame.

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

Outcome: Broad performance indicator, related to the knowledge, skills, and attitudes, needed by a baccalaureate graduate.

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

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

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

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

Quality Improvement: Refers to the use of data to monitor outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems (Cronenwett et al, 2007)

Respect: To show consideration or thoughtfulness in relation to somebody or something, to refrain from violating something or someone.

Safety: The decrease of risk to patients and providers through system effectiveness and individual performance. (Cronenwett et al, 2007)

Simulation: An activity that mimics the reality of a clinical environment and is designed to demonstrate procedures, decision-making, and critical thinking through techniques such as role-playing and the use of devices (e.g., interactive videos, mannequins)(National Council of State Boards of Nursing, 2005).

Social Justice: Acting in accordance with fair treatment regardless of economic status, ethnicity, age, citizenship, disability, or sexual orientation.

Spirituality: Speaks to what gives ultimate meaning and purpose to one's life. It is that part of people that seeks healing and reconciliation with self or others (Puchalski, 2006).

Unique nature of individuals: Refers to the belief that all human beings are different and are greater than the sum of the parts. Although human beings have mutual experiences, i.e., pain, happiness, love, loneliness, each individual responds to these experiences in a distinctive way.

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

PROGRAM INFORMATION

Shorter University offers a traditional professional baccalaureate degree in nursing (BSN), preparing graduates to take the NCLEX licensing examination for registered nurses (RNs). After acceptance to the University and completion of at least one year of nursing program pre-requisites on the Shorter University campus, the student may apply to the nursing major. Prior to acceptance to the nursing major, a series of academic and physical assessments are required.

Admission to the BSN program is competitive and selective. Space is limited and not all who apply and meet the minimum admission criteria may be accommodated. Application will be accepted beginning October 1 of every year. Review of the applications will begin February 1 in the year prior to fall admission and continue until the class is full. The most qualified students will be accepted based on overall GPA, grades earned in the required math and science courses, and the number of hours earned at Shorter University.

Global Study and Health Care Mission Abroad. A four week study abroad will be required of all nursing students during the summer between their junior and senior year. The equivalent of a regular semester's tuition will cover the majority of the expenses. Students will earn twelve (12) semester hours of credit while advancing their understanding of world cultures, uniqueness, and similarities.

Accepted students will incur fees for assessment evaluation, background screening, and drug screening. Fees will also be assessed each semester for supplies, computer learning programs, standardized exams, and random drug screening.

Admission Criteria

1. **ADMITTED** and **CURRENTLY ENROLLED** in classes at Shorter University.
2. Minimum overall university grade point average (GPA) of 2.8 on a 4.0 scale.
3. Completed application must be received by the School of Nursing (SON) no later than February 1st to guarantee consideration for admission into the nursing courses the following August.
4. Completion of 40 semester hours of the BSN core requirements at the time of application and 55 hours at the time of enrollment in the first clinical nursing course. All Science, Math, and English courses must have a "C" or better and be completed prior to beginning the nursing sequence.
5. Admission to the BSN program is competitive and space is limited. Applicants for admission will be ranked according to number of hours earned at Shorter University, overall GPA, and an adjusted GPA calculated from the Math, Science, and English courses required in the BSN core. (*Math 1110, Biology 1010, 3010, 3020, 3030, Chemistry 1020 and English 1010, 1020*) * **All Science classes must be current within 6 years of application date.**
6. Clinical institutions may deny access to the clinical practice area based on the results of background check/drug screening/physical examination. Clinical experience is a required component of the majority of nursing courses. A course cannot be completed without a passing grade in the clinical component of the course. Placement in healthcare facilities will require a background check and a drug screening for admission. Failure to be honest in the completion of the application question (below) regarding prior convictions may result in an honor code violation and could result in dismissal from the program. Results are reported to the clinical agency and the dean's office at Shorter University School of Nursing. If the

clinical agency finds the results of the drug screening or criminal background check to be unacceptable, Shorter University School of Nursing may not be able to provide further educational experiences, which could impede the student's progression and completion of the nursing degree.

7. Admission and graduation from Shorter University SON does not guarantee eligibility for licensure **(See Georgia Board of Nursing Rules and Regulation 410-6-.02 <http://sos.georgia.gov/plb/rn/> and Shorter University School of Nursing graduation policies).**
8. Satisfactory physical exams completed by a health care provider within 3 months of entering the nursing program. **NOTE:** The following health documentation must be on file in the School of Nursing by June 1st to remain eligible to progress into the nursing courses:
 - 1) physical exam
 - 2) TDAP
 - 3) proof of polio series,
 - 4) two doses of MMR vaccine or proof of positive immune titers,
 - 5) Hepatitis B vaccine (series of three), and immunity
 - 6) Hepatitis A vaccine
 - 7) Tuberculosis (Mantoux) skin test (annually)***
 - 8) American Heart Association CPR certification for the health care provider (annually)***
 - 9) current health insurance
 - 10) demonstrate the ability to comply with the Core Performance Standards. ****

** must be valid from August 1st to June 30th and renewed every year*

**** Core Performance Standards for Admission and Progression**

Issue	Standard	Examples of necessary activities (not all-inclusive)
Critical thinking	Critical-thinking ability sufficient for clinical judgment	Identify cause/effect relationships in clinical situations, develop nursing care plans, and calculate medication dosages and IV solution rates.
Interpersonal	Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds	Establish rapport with patients/clients and colleagues
Communication	Communication abilities sufficient for verbal and written interaction with others	Explain treatment procedures, initiate health teaching, and document and interpret nursing actions and patient/client responses
Mobility	Physical abilities sufficient for movement from room to room and in small spaces	Move independently in and around patient care areas, work spaces and treatment areas, stand for prolonged hours, administer cardiopulmonary procedures
Motor skills	Gross and fine motor abilities sufficient for providing safe, effective nursing care	Calibrate and use equipment; position patients/clients, open and close containers, manipulate small objects
Hearing	Auditory ability sufficient for accurately monitoring and assessing health needs	Hear monitor alarms, emergency signals, auscultatory sounds and cries for help, respond to patient with or without view of patient's face
Visual	Visual ability sufficient for observation and assessment necessary in nursing care	Observe patient/client responses, identify changes in skin color, see patient care records
Tactile	Tactile ability sufficient for physical assessment	Perform palpation, functions of physical examination and/or those related to therapeutic intervention (such as insertion of a catheter)

Adapted from SREB Council on Collegiate Education for Nursing Task Force Publication (Reapproved 2004) source:

<http://www.sreb.org/programs/nursing/publications/adareport.asp>

Students admitted to the nursing program must be able to meet the Southern Regional Education Board's (SREB) Council on Collegiate Education for Nursing's (2004) core performance standards for admission and progression. A student applying to the nursing program with an identified or perceived disability should contact Student Support Services for evaluation.

Taking into consideration the University's policies related to students with disabilities, as well as the SREB's (2004) current guidelines, the following guidelines regarding students with disabilities are suggested. Students admitted to the nursing program must demonstrate, with "reasonable accommodations", the following functional abilities and performance standards:

1. Ability to see, hear and touch, smell, and distinguish colors

Vision (with or without corrective lenses):

- Visual acuity that enables students to assess changes in patient's skin tone for cyanosis and alterations in respiratory status
- Ability to read physicians orders, small print on medication containers, and monitoring equipment

Hearing (with or without aids):

- Ability to hear normal speaking voice, monitors alarms, assessment equipment, and telephone conversations

Touch:

- Ability to assess skin temperature, pulses, respiratory patterns via sensation in fingertip

Smell:

- Ability to distinguish odors during assessment such as wound odors, abnormal breath odors

Colors:

- Ability to distinguish changes in skin color, wound appearance

2. Oral and writing ability with accuracy, clarity, and efficiency

- Ability to communicate effectively orally through clear verbal speech during communications with patients and members of the healthcare team

3. Manual dexterity, gross, and fine movements

- Use of fine motor movements necessary for performing procedures such as insertion of intravenous catheter and gross motor movements required for physical assessment

4. Ability to learn, think critically, analyze, assess, solve problems, and reach judgment

- Ability to assess patients using five senses, analyzes data, identify problems, plan and implement appropriate interventions and evaluate results

5. Emotional stability and ability to accept responsibility and accountability

- Ability to provide safe and competent patient care and respond to rapidly changing conditions.

Students who are not able to demonstrate ability to meet the above functional abilities and performance standards may not be able to meet learning objectives related to the clinical component of nursing courses and may be denied progression in the program. In addition, graduates of the BSN program unable to meet the required functional abilities and performance standards may be denied licensure by a state board of nursing.

Dismissal

Failure to achieve any of these standards shall constitute reason for the student to be dismissed from the program. The faculty and administration of the School of Nursing reserve the right to dismiss any student enrolled in the program for unethical, dishonest, unprofessional, or illegal conduct that is inconsistent with the ANA Code for Nurses.

Re-Admission

The School of Nursing acknowledges the responsibility of readmitting those students who, in the judgment of the faculty, satisfy the requirements of scholarship, health, and professional suitability for nursing. Students requesting readmission must apply in writing to the school Admissions and Progression Committee. Each student's situation is reviewed on an individual basis. Requests for readmission for fall must be submitted by February 1 of the year in which readmission would occur in the fall, or by October 1 for readmission that would occur the following spring. Readmission is not guaranteed to any student. Students following the curriculum plan without interruption have priority for course enrollment.

Specific guidelines for readmission include the following:

1. Course repetition policies:
 - a. Only one (1) nursing course may be repeated.
 - b. The course must be repeated successfully with a "B" or better (3.0) prior to taking other nursing courses.
 - c. The course must be repeated within the next academic year.
 - d. Students may appeal decisions based on course repetition policies in writing to the School of Nursing Admission and Progression Committee with the concurrence or recommendation of the academic advisor or course instructor. Decisions on appeal requests are the responsibility of the Admission and Progression Committee and may be approved or denied based on individual circumstances and an evaluation of the request.
2. Any student readmitted to the program will be required to:
 - a. Meet university readmission criteria.
 - b. Demonstrate a satisfactory level of knowledge from pre-requisite nursing courses.
 - c. Successfully validate prior medication calculation competency and clinical skills.
3. A readmitted student must meet graduation requirements in effect at the time of readmission and follow the baccalaureate degree nursing policies in effect for that academic year.
4. A student must have a cumulative grade point average of 2.80 for readmission consideration.
5. Students must complete all program admission requirements prior to readmission.

Sequential Progression Policies

1. Enrollment in entry level nursing courses will be permitted only if the student:
 - a. completes all pre-requisite courses (BIO 1010,1011, CHEM 1020,BIO 3010,3020,3030(including labs) ENG 1010, 1020, ENG 2xxx, CST 1xxx, MAT 1110, MAT 3180 or PSY 3500, PSY 1010, 3210, 3220, Sociology 1010, Communication 1010, His 1020 or 2060);
 - b. earns a grade of C (2.0) or above in all required natural Science, English, and Mathematics courses; and
 - c. maintains a minimum cumulative grade point average of 2.8.

2. Students may continue to progress according to the curriculum plan if they:
 - a. complete all pre-requisite courses prior to enrollment in any nursing course; (55 hours)
 - b. earn a grade of C (2.0) or above in all nursing major courses;
 - c. report a cumulative grade point average of 2.80 prior to enrolling 4000 level nursing courses;
 - d. demonstrate satisfactory performance of designated nursing skills;
 - e. earn a satisfactory grade in both the theory and clinical components of the nursing courses; In the event that the earned clinical grade is unsatisfactory, the course grade assigned will not be higher than the letter grade of “D”;
 - f. pass the medication calculation competency test at 90% accuracy each semester;
 - g. demonstrate full compliance with all standards of the nursing profession as defined by the ANA standards of practice, the ANA Code for Nurses, and Georgia Nursing Practice Act; and
 - h. maintain current health requirements/CPR.
3. If a student fails or withdraws from any nursing course, they must petition the Admission and Progression Committee of the School of Nursing to be re-admitted.
4. Students having withdrawn from or earned less than a C (2.0) in a nursing course may be re-admitted to the program one time only.
5. Students are accountable to follow all policies in the current handbook.
6. All program requirements must be completed within five (5) years of first enrollment of the program. Due to curriculum changes, a student not progressing in the program in a continuous manner may be required to complete additional courses.

Baccalaureate program policies that describe standards for progression are listed in detail in the School of Nursing Student Handbook. The handbook is distributed at the beginning of each academic year. It is the students' responsibility to obtain a copy of the policies and to be familiar with the policies. The policies are a guide as the student progresses through the program.

Graduation

Shorter University grants a Bachelor of Science with a major in nursing to those candidates who have completed the credit requirements as described in the nursing curriculum course plan and who have met all degree requirements of Shorter University. A cumulative GPA of 2.80 is required to graduate from Shorter University Nursing Program.

Students intending to graduate should file an application with the Registrar the semester before they expect to graduate. The student is responsible for assuring that their academic record is in order.

Admission to and graduation from the Shorter University School of Nursing does not guarantee eligibility for licensure (see Board of Nursing Policies). Prior to School of Nursing approval for the candidate's licensure (NCLEX) application, an exit interview with the School of Nursing is required. Additionally, all student financial accounts must have a zero balance.

The University subscribes to the Family Educational Rights and Privacy Act of 1974 and is committed to a policy of nondiscrimination based on age, color, handicap, race, sex and national origin in all of its programs and offerings. The University does not discriminate against any person or persons based on creed or religion in admissions policies or university-administered programs.

Board of Nursing Policies

After completion of the program and graduation, students are eligible to apply for licensure by examination (National Council Licensure Examination for Registered Nurses - NCLEX-RN). Licensure to practice as a Registered Nurse is granted by the Board of Nursing in the state of intended practice (See Georgia Board of Nursing Rules & Regulations 410-6-.02 <http://sos.georgia.gov/plb/rn/>). Beginning April 15, 2009, all new graduates must submit to a background check process as required by Georgia Law §46-26-7-4-(4) when applying for licensure in Georgia. An applicant who passes the licensing examination and is under investigation for possible violation of the Nurse Practice Act (arrested or convicted of a crime other than a minor traffic violation) may not be issued a license until the matter is resolved to the satisfaction of the Board. If the charges are substantiated, the license may be denied or sanctioned despite the applicant meeting all other criteria for licensure.

The Georgia Board of Nursing has the right to refuse to grant a registered nurse license to any individual regardless of his/her educational credentials under circumstances of:

- a. Falsification of application for licensure.
- b. Conviction of a felony or crime of moral turpitude.
- c. Other moral and legal violations specified in Georgia Law.

**Accepted 9/09, Reviewed 3/11*

Estimated Expenses

The following list of estimated costs has been devised so that students will be made aware of them and thereby be able to anticipate and plan for them in a timely manner. We hope this information will be helpful.

1. Travel to clinical activities - Students are individually responsible for obtaining transportation to and from clinical activities. At times this may require travel to cities other than Rome. Students are reminded that this is an additional expense, and they must arrange their own transportation to these distant facilities. Please keep in mind that carpooling is a cost effective option.
2. Books - The cost of textbooks varies from semester to semester and is difficult to forecast. Because nursing textbooks tend to be fairly expensive, efforts have been made to keep the number of required books at a minimum. In general, the first clinical semester will require the purchase of the greatest number of texts and therefore the greatest cost for a semester (approximately \$1200). Keep in mind that several texts required for the first clinical semester will be utilized in some, if not all, of the subsequent nursing courses, and may be needed during the time the student studies for the registered nurse licensing exam (NCLEX). It is recommended that students keep nursing textbooks until after graduation.
3. A study abroad is required of every nursing student. Tuition equal to fall semester will cover 90% of the expenses incurred during the four week trip. (Includes transportation, hotels, and two meals per day) Students will earn twelve credit hours required in the nursing program while completing the study abroad.
4. Syllabi - Syllabi are available on the Scholar Moodle website. In the course Moodle supported courses, syllabi, and handouts will be posted. Students will be expected to print copies for class.
5. Uniforms, stethoscope, scissors, shoes etc. - Approximately \$250.

6. Nursing Skill Supply Tote (required) - available in school bookstore pre-made. - \$60.
7. Nursing Sprague kit (optional) – includes stethoscope, pen light, and scissors. Also available in school bookstore - \$32.
8. Course fee - \$140 per semester except summer. Fee includes: liability insurance, testing, and lab supplies.
9. NSNA membership (optional) - \$30/year for new members and \$40/year for renewals
10. Graduation pictures (optional) - Varies per individual order.
11. Nursing pin (optional) - Ranges from \$40 - >\$200 (due at graduation).
12. Licensure expenses - Application fee to Georgia Board of Nursing and NCLEX registration fee (due at graduation) \$300.

**Accepted 4/10, Revised 3/11*

Criminal Background Check/Drug Screen

All students are required to complete a criminal background check and drug screen prior to beginning the first clinical course in the program. This requirement is based on recommendations from the Georgia Hospital Association and the clinical agencies regarding the safety of patients and the liability risk if a student harms a patient in a clinical setting. All students are responsible for ordering and paying for the criminal background check and drug screen. The student will be required to give access to the results of the background check and drug screen to clinical facilities in order to gain clinical placement. In the event that a student is denied clinical placement for any reason relating to the facility’s review of the background check and drug screen, the School of Nursing faculty member will make an attempt to place the student in another facility. If the student is denied placement by the second facility, the student cannot progress in the nursing program.



Online Background Check Process Overview for students of...



To initiate a background investigation for your school through Professional Screening & Information (“PSI”), it’s as simple as 1...2...3...4, and you are done!

STEP 1:

Create an account and enter personal information or login

- Access our website at www.psibackgroundcheck.com.
- Select the *Individual* “Enter” button.
- New users should create an account and then enter required personal information.
- Returning users should login using the information used when their account was established.
- If a user forgets their password, select the “Forgot Password” button and after answering your security questions, the user’s password will be emailed to the address on record.

STEP 2:

Selecting background type and completing required information

- After creating an account or to initiate another background investigation, on the next screen select the background type tab (if not already displayed).
- Then, select the “Applicant” type of background. Shorter University students should not choose the “Individual” type.
- Enter the package code for the background composition the school has selected, which is **PP1**.
- Enter the school’s organization code, which is **CUST_174**.
- Select the location or campus attending.
- Select the program for which the background investigation is requested.
- Select the clients or clinical site that will need access to the background investigation (This is not necessary for initial check). To select multiple, press and hold control while selecting.
- You may leave this blank on your initial background check application. You will be able to edit this later when you receive your clinical assignments.
- After completing the background type, complete all required information. Some key points to remember:
- All fields are required to be completed.
- After an entry is complete, re-read responses to ensure spelling and format are correct.
- Save each set of responses for an entry prior to selecting done.
- There are suggested requirements for the amount of information to be supplied (i.e. years of residency history), be as complete as possible when answering these questions.

STEP 3:

Acknowledgment and Payment

After completing all required information, read the acknowledgment page, check the appropriate boxes and enter the date for your electronic signature.

The cost of the background investigation is \$87.00. PSI accepts Mastercard and Visa credit cards or money orders for payment. Please follow the instructions on the “Check Out” page and you will receive a confirmation that your payment has been accepted.

STEP 4:

Drug Testing

After completing your background request you will receive an email with instructions for completing your drug test. This email will instruct you where you should go for your drug test and what to do to obtain your drug test.

You're done!!

- After PSI receives your payment, the background investigation will be completed within three to five days. During this period, feel free to login and check the status of your background investigation. Once complete, each user has fourteen days to download and/or print a copy for retention. Additionally, maintaining continuous enrollment at this school, provides each user the ability to change an unlimited number of times the client/clinical site which can view a background investigation. This can be done from the "Your Background Check Information" screen, when returning users login.

**Questions or comments?
Call PSI at (706) 235-7574
Professional Screening & Information, Inc.
Post Office Box 644
Rome, Georgia 30162
www.psibackgroundcheck.com**

**Accepted 2/10, Reviewed 3/11*

Health & Professional Requirements Form

Documentation/Evidence of all the health and professional requirements listed must be on file, in the Shorter University School of Nursing prior to participation in any clinical/practicum activity by JUNE 1st. These records are required by clinical agencies. YOU WILL NOT BE ALLOWED INTO THE CLINICAL SITES WITHOUT THIS DOCUMENTATION. The School of Nursing will not make copies of any record for students. Please make a file copy as you will need this in the future.

Documentation Deadline: June 1st

Student Name: _____

After initial clinical file is verified for all documents, files will be checked each month for upcoming expiring documents and students will only be notified by email. Failure to provide this documentation by the expiration/deadline dates will result in the student being dropped from all clinical and co-requisite courses. Also, a registration hold will be placed on the student's record. If completed documents are then received by the first day of classes, the hold will be removed and the student may then register for classes.

1. **PHYSICAL EXAM REQUIREMENTS FORM** - This verifies the student's physical ability to perform clinical activities. This physical form must be renewed EVERY YEAR while enrolled in clinical courses and must not expire during the clinical experience. A Physical Ability Form can be printed from the School of Nursing's website at <http://www.shorter.edu/academics/nursing/nursing.htm>. This document must be signed by a nurse practitioner, physician assistant, or a medical doctor.
2. **TUBERCULOSIS TEST (PPD)** - Proof of a negative TB skin test must be obtained EVERY YEAR and must not expire during the clinical experience. Form can be found on the SON website or the Student Handbook. Students with positive TB skin tests must receive follow-up assessment and treatment as recommended by the Centers for Disease Control and Prevention (CDC). **Initial documentation for students with a positive PPD must include:** Most recent positive PPD, most recent chest x-ray summary, current and/or past treatment record, as well as a letter from a nurse practitioner, physician assistant, or medical doctor stating that the student is able to participate in clinical activities. A doctor's note must be obtained each year for students with a positive PPD record.
3. **TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)** - If your Tetanus booster is older than two years, the tetanus/diphtheria/pertussis (**Tdap**) is required one time only. A two-year time period is suggested but not required between tetanus/diphtheria (**Td**) and tetanus/diphtheria/pertussis (**Tdap**). (**Please allow your physician to decide.**) If you have had the (**Tdap**) and it has been more than two years ago, you will need to get your (**Td**) booster dose now.
4. **VARICELLA (CHICKEN POX)** - If you have a history of varicella, your physician may choose not to vaccinate, therefore you must have a titer drawn showing immunity to the disease. Students may provide ONE of the following:
 1. Documentation of two doses of varicella vaccine, four (4) weeks apart.
 - a. Dose 1 - Need date of immunization
 - b. Dose 2 - Need date of immunization
 2. Date of positive titer (blood test) and results stating "immune," signed by a nurse practitioner, physician assistant, medical doctor or health department.

5. **MMR (MEASLES, MUMPS, & RUBELLA) - Recommend copy of immunization record;**
- For students born "before" 1957, proof of a positive Rubella Titer is required, as in #4 below.
 - For all other students born 1957 or "after", proof of two MMR's is required as in #1, or provide evidence of measles, mumps, and rubella immunity (titer) as in #2, #3 and #4 below.
1. MMR (Measles, Mumps, Rubella) **Note: Date must be after 1970**
 - a. Dose 1 - immunized at 12 months of age or later, and
 - b. Dose 2 - immunized at least 30 days after Dose 1
 2. MEASLES **Note: Date must be after March 4, 1963**
 - a. Had disease, confirmed by nurse practitioner, physician assistant or a medical doctor diagnosis in office record.
 - b. Born before 1957 and therefore considered immune.
 - c. Has laboratory proof of immune titer (documentation must specify date of titer)
 - d. Immunized with live measles vaccine at 12 months of age or later.
 - e. Immunized with second dose of live measles vaccine at least 30 days after first dose
 3. MUMPS **Note: Date must be after April 22, 1971**
 - a. Had disease, confirmed by nurse practitioner, physician assistant or a medical doctor diagnosis in office record.
 - b. Born before 1957 and therefore considered immune.
 - c. Has laboratory proof of immune titer (documentation must specify date of titer)
 4. RUBELLA **Note: Date must be after June 9, 1969**
 - a. Has laboratory proof of immune titer (documentation must specify date of titer)
 - b. Immunized with vaccine at 12 months of age or later.
6. **POLIO SERIES** - Dates of immunization required.
7. **HEPATITIS B & POSITIVE TITER** - Hepatitis B three shot series and titer. The School of Nursing's contracted clinical agencies are requiring all students receive the Hepatitis B (three shot) Series **AND** show immunity from a positive titer (blood test) which must be signed by a nurse practitioner, physician assistant, medical doctor, or health department.

The series of three shots should be received in this order: 1st shot prior to beginning nursing course work, 2nd shot should be received one month after 1st shot, and 3rd shot should be received 5 months after 2nd shot. The series must be completed 6 months after the first shot in order to continue in clinical activities. **You must also obtain a titer 1-2 months after dose #3 to show immunity to Hepatitis B.**

If you have completed the series prior to receiving your clinical requirements checklist, and you have not had a titer for Hepatitis B, **you must have a titer drawn. NO EXCEPTIONS!** If you test negative for immunity, it is the decision of your physician to proceed accordingly. Please turn in all supporting documentation to the School of Nursing regarding this immunization.

8. **HEPATITIS A** is required for study abroad/healthcare mission locations.
9. **HEALTH INSURANCE** - Proof of personal medical health insurance coverage. A copy (front and back) of a current medical health insurance card is acceptable. If the student cannot provide proof of health insurance, the student must sign a waiver agreeing to pay for all incurred health cost related to clinical practice. This waiver can be found on the Department of Nursing's web site in Scholar.
10. **CPR (CARDIOPULMONARY RESUSCITATION)** - Proof of current certification in "Basic Life Support (BLS) for healthcare providers" by the **American Heart Association**. No other CPR course or certification association will be accepted. A copy of your signed CPR card, front and back is required. You must attain CPR certification from a certified American Heart Association trainer. (www.americanheart.org)

11. **CRIMINAL BACKGROUND CHECK & DRUG SCREENS** - Health care facilities are requiring nursing students to have a certified criminal background check and drug screen. Students enrolled at the School of Nursing must complete the background check and drug screen through Professional Screening & Information (PSI). The instructions for this process can be found in the School of Nursing Student Handbook, listed as "Background Check & Drug Screen Instructions." **PLEASE DO NOT TURN IN ANY DOCUMENTATION REGARDING YOUR BACKGROUND CHECK OR DRUG SCREEN RESULTS.** Students will be instructed to 'share' their report with healthcare facilities on an as-needed basis.
12. **LICENSURE** - Any student who is currently licensed by any board in the State of Georgia must provide the official name under which he/she is licensed and area of licensure. (For example: LPN, Respiratory Therapy, etc.)
- Name: _____ Licensure type: _____
13. **CONFIDENTIALITY POLICY FORM** - This form can be found in your Student Handbook. Please read the confidentiality policy in its entirety, then sign and turn it in along with other forms listed on this checklist. Please be aware that your signature indicates that you understand all confidentiality rules and policies of the School of Nursing.
14. **HANDBOOK STATEMENT FORM and STUDENT MATERIALS RELEASE** - These forms can be found in your Student Handbook. Please read this form, sign and turn it in along with other forms listed on this checklist. Please be aware that your signature indicates that you understand the policies and procedures contained in your Student Handbook. The Handbook is available on the School of Nursing Scholar web site or for purchase in the bookstore.

Individual contracting clinical agencies may impose additional health and professional requirements that the student must meet before participating in clinical activities in that clinical agency. The Administrative Assistant/Dean will inform the student if additional requirements are needed and will provide instructions on how to complete requirements. The absence of any required document may prevent the student from progressing in the nursing program and may result in student losing his/her placement in the program.

BY SIGNING YOUR NAME, YOU ARE STATING THAT YOU HAVE ALL OF THE DOCUMENTATION THAT IS REQUIRED ON THIS CHECKLIST IN ITS ENTIRETY.

Student Signature

Date

**Accepted 3/10, Revised 3/11*

IMMUNIZATION HISTORY - Please list all dates

PLEASE RETURN ALL FORMS TO: April Allen at the School of Nursing

- **PPD** date _____ Measurement of Induration in Millimeters _____
- Chest X-ray date _____
- Current treatment for latent TB, please indicate medication dose, frequency, and duration _____

- **Td** Date of Immunization (**booster required if Tdap is older than 2 years**) _____
- **Tdap** Date of Immunization (**one time dose required if Td is older than 2 years**) _____
- **Varicella** Date of Disease _____
or
Date of Immunization #1 _____ #2 _____
and
Date of Positive Titer _____
- **MMR** Date of Immunization #1 _____ #2 _____
or
Positive Rubella Titer date _____

Positive Measles Titer Date _____

Positive Mumps Titer Date _____
or
MMR Medical Exemption (**students born before 1957**) _____
- **Polio** Date of Immunization #1 _____ #2 _____ #3 _____ #4 _____
- **Hepatitis B** Date of Immunization #1 _____ #2 _____ #3 _____

Positive Titer date (**REQUIRED**) _____
- **Hepatitis A** Date of Immunization _____

FOR TITERS - Please attach values report

Healthcare Provider's signature: _____ Date: _____

Healthcare Provider's name (**Print**): _____

Address: _____ Phone number: _____

**Accepted 1/10, Revised 3/11*

Shorter University - School of Nursing

***PLEASE RETURN ALL FORMS TO: April Allen at the School of Nursing ***

*Students: Prior to your visit to your provider, fill in **all** blanks on this form. Do not write, "See attached". Even though Shorter University School of Nursing requires documentation, you need to complete the form in its entirety and sign it.*

ADULT HEALTH HISTORY INFORMATION

Student Name: _____ Date of birth: _____

Allergic to: _____

Describe reaction to allergy: _____

Please list current medication(s): _____

Are your immunizations up-to-date? Yes No

Have you had/have any of the following? If yes, please explain.	Yes	No	Date/Explain:
Anemia			
Gallbladder disease			
Thyroid disease			
High blood pressure			
Severe headaches			
Diabetes			
Blood clots in lungs or legs			
Stroke			
Heart disease or murmur			
Depression or nervous disease			
Tuberculosis			
Hepatitis or liver disease			
Ulcers			
Blood in urine or stool			
Seizures			
Cancer			
Trouble with vision or hearing			
Asthma			
Autoimmune disorders			

Any other disorder/disease not mentioned? _____

Have you ever been hospitalized or had surgery? Yes No

Date:	Explanation:
Date:	Explanation:
Date:	Explanation:
Date:	Explanation:

I attest that the information I have provided is true and correct to the best of my knowledge. I understand that these records are required by the clinical agencies prior to Shorter nursing students attending clinical and that I will **NOT** be allowed into the clinical site without this documentation. I am aware that clinical agencies may request a copy of any or all of my student health records in certain situations. In addition, I am aware that Shorter University Health Care Providers will review all information provided to the Shorter School of Nursing.

Student signature: _____ Date: _____

PHYSICAL EXAM REQUIREMENTS – To be completed by healthcare professional

Student Name _____ Date of Birth _____

Height _____ Weight _____ Body mass index _____ Blood pressure _____

Examined	Normal	Abnormal – Please include explanation of abnormality
HEENT		
Thyroid		
Lungs/Chest		
Heart		
Abdomen		
Extremities		

Healthcare Provider’s signature: _____ Date: _____

Healthcare Provider’s name (**Print**): _____

Address: _____ Phone number: _____

**Accepted 10/09, Revised 3/11*

Attire - Professional Uniforms

The nursing student's attire influences the public's image of nursing Shorter University, and the School of Nursing. The public's image of nursing may influence the effectiveness of nursing practice and should be considered as the nurse provides care. Likewise, the student's image of nursing is positively influenced when the student takes pride in her/his appearance. The responsibility for establishing guidelines for the nursing student's professional attire rests with the faculty of the School of Nursing with suggestions from the clinical agencies. A student name pin should be worn any time a student is participating in a clinical activity. Nursing faculty will provide information regarding the name pin.

1. The following guidelines apply to professional attire when the student is in the clinical setting to obtain clinical assignments or participating in clinical or other activities outside the hospital setting.
 - a. Students must wear either an approved student uniform as discussed below or a white lab coat with a Shorter patch over appropriate street clothes. The Shorter nursing student name pin must be visible.
 - b. Students must wear clothing that is neat, clean and professional in appearance. Inappropriate attire includes, but is not limited to: jogging suits, sweatshirts, jeans, shorts, capri pants or clothing that exposes any portion of the breasts or midriff. Shoes must enclose both the toes and heel. Heels must be no greater than 2" and no platform shoes may be worn. Skirts must be no shorter than 4" above the middle of the knee.
 - c. Students inappropriately attired will not be allowed access to patients or medical records. Staff members at clinical facilities may ask students to leave the clinical area if, in their judgment, the student is dressed inappropriately.
2. The following guidelines apply to the student uniform that is worn during clinical activities in the Community, hospital setting, or campus simulation:
 - a. Standardized white dress or pants/shirt style uniform, properly fitted, freshly laundered and ironed. Information regarding ordering uniforms will be provided during the first semester of the program. The Shorter nursing student name pin and patch must be visible.
 - b. White, non-designed hosiery is required for uniforms; white socks (without logo). Support hose is recommended for comfort. Professional white shoes must enclose the toes and heel and may include all-white athletic shoes. Shoes and laces must be clean.
 - c. Undergarments, including bra, panties, briefs or shorts must be solid white or skin-toned and without logos.
 - d. A white lab coat with a Shorter School of Nursing patch may be worn with the uniform in the clinical area. A white lab coat **must** be worn when leaving the clinical area.
 - e. Patches are located on left sleeve 1" below the shoulder seam.
3. General Dress Code:
 - b. Students should not wear any perfumes, colognes, or fragrances.
 - c. Long hair must be worn off the neck and collar. Hair must be of natural coloring. Facial hair must be clean and conservatively trimmed. Jewelry may include a watch with a second hand, a wedding ring and/or engagement ring and small conservative stud earrings. Makeup should be conservative. Nails should be trimmed no longer than the ends of the fingers and nail polish

should not be worn. No artificial nails are permitted. No chewing gum, oral tobacco, or smoking is permitted while in the clinical setting or on the clinical campus.

- d. No visible body piercing with ornamentation is permitted except one pair of stud earrings.
- e. Students will be asked to cover visible tattoos.

4. Standard Equipment

- a. Stethoscope, pen light, and bandage scissors.
- b. Pens and note pad.
- c. PDA's or resource materials.
- d. Cell phones may not be used for sending or receiving personal calls or texts.

Ordering Uniforms

Meridy's would like to be among the first to welcome you to the **BSN Program at Shorter University**. The professionals of your school designed and selected your uniforms and we are very proud to be your uniform supplier. We wish you well and hope your experience is a pleasant one.

Important Dates:

Order/Payment Deadline:	July 1, 2011
Approximate Order Ship Date:	August 1, 2011
In Uniform Date:	August 15, 2011

Place your order by the deadline to insure on-time delivery.

Please note: Meridy's CANNOT process Pell Grant or Financial Aid Programs that pay students directly.

Placing Your Order: To place your order, please go to the following web address:

www.meridys.com

Students Start Here

Pass code: SHORTER (*pass code is not case sensitive*)

Select: **GO**

You will receive an email from QuantumViewNotify@ups.com upon shipment of your package.

PAYMENT OPTIONS: Mail in Payment (Money Order), E-Check, Credit Card, or Debit Card. This pass code will log you into the student ordering system. From here, you will be able to select the items you need and complete your purchase transaction on-line. **Student Orders will not ship unless paid for in advance. Please review Payment Options on the website during final submission of order.**

If you experience any difficulties, need third party payment information (i.e. students who already have scholarships, WIA, JPTA, etc. that will pay our company directly), or need assistance with sizing due to maternity issues please call Customer Service at 1-800-237-9164 and one of our representatives will be more than happy to assist you. Also, reference our FAQ section on the web page for additional information.

**Accepted 2/10, Revised 3/11*

Open Door Communication

At Shorter University School of Nursing open communication between students, faculty, and staff is a valued and an important aspect of the teaching learning process. An “open door policy” is maintained so that students feel comfortable coming to faculty and discuss concerns, both personal and academic. It is the best strategies to set up appointments with the faculty members in order avoid conflicts with meeting times. Faculty members will have office hours during which they generally are available to meet with students.

Students are expected to communicate with faculty using Moodle and @hawks.shorter.edu. Faculty e-mails and the office phone number are published in the syllabi and available on the Shorter.edu web site. Communication outside the classroom and clinical is best accomplished by e-mail. Students and faculty are expected to check and respond to e-mails on a regular basis. Students can expect a response within 48 hours unless the e-mail is sent late Friday or during holidays.

Employment Recommendation Policy

Students pursuing a degree in nursing will find the program demanding and time consuming. The faculty of the School of Nursing neither encourages nor discourages students from seeking employment either in the health care setting or elsewhere. Some students find this beneficial; others do not. The amount of time spent at work is the prerogative of the student. Full-time employment is discouraged. Opportunities for clinical placements frequently occur at non-traditional times of the day and week requiring the nursing student to be very flexible. This flexible non-predictable schedule makes employment difficult. Class and clinical schedules will not be arranged to "fit" student needs because of employment. Students who decide to work do so at their own risk and are encouraged to limit outside employment to no more than 20 hours per week.

In addition the Georgia Board of Nursing has very specific rules regarding student nurse employment. “Students, who are not otherwise licensed or certified, shall be employed only as unlicensed nursing personnel. They shall not represent themselves as nursing students nor assume responsibilities within the scope of practice of a registered nurse.”(GBON Rules and Regulations 410-3-.08)

Students should never wear the student uniform or name pin while working as an employee. Likewise, the student should never administer any kind of medications, take physician's orders, be "in charge", or do any other activity usually assumed by a licensed person. The student should chart only if other unlicensed personnel chart or if the job description explicitly states this is expected. When charting, the student should never sign the chart as "SN". The faculty assumes NO RESPONSIBILITY for students working as a paid employee of any institution.

**Accepted 3/10, Reviewed 3/11*

Computer/Learning Lab

1. Student will:
 - a. Not bring food or drink, other than water, into the computer learning lab. Water bottles are allowed on the floor only, never on the desktop.
 - b. Make appointments for taking tests in the computer learning lab unless the test is done as a class.
 - c. Maintain an atmosphere conducive to learning and testing.
 - f. Place book bags and other belongings on the shelves provided to keep aisles clear and safe.
 - g. Recognize that the LRC may be closed to all except those testing during test administration.
 - h. Not change the desktop or adjust computer features.
 - i. Log off and leave area neat and clean when through with computer or video player usage.
 - j. Display honesty and integrity during testing, assignments, and equipment usage.
 - k. Avoid use of all electronics (i.e., cell phones, pagers, or PDAs) during testing.
 - l. Not bring children into the computer learning lab.

Visitors and guests are allowed, but may be asked to leave if they become disruptive or mishandle equipment. Because of the nature of the course material in the nursing curriculum, students may be viewing videotapes or computer software in an open area containing full/partial nudity and/or depicting graphic medical procedures. Please be mindful of this before bringing visitors into the LRC.

Electronic access to course materials

The syllabus and other materials or notifications pertinent to the course will be placed on <http://moodle.shorter.edu> under the course number/name. Hard copies of materials will not be handed out in class.

Learning Resources



NetLibrary: Shorter's Collection of Electronic Books

NetLibrary is Shorter University's collection of over 46,000 electronic books (e-books). These are complete electronic reprints of books previously published in paper that may be browsed and read online. E-books are listed in Shorter's library catalog just like any other book. They have the words "**computer file**" or "**electronic resource**" in brackets after the main title to distinguish them from their print counterparts. The book record for these items has an extra field, labeled "**Electronic location and access**," which contains a **link** to the full text of the book.

Title Statement	The 2nd language of leadership [electronic resource] / Michael P. Quirk, Patricia M. Fandt.
Main Entry - Personal Name	Quirk, Michael P.
Publication, Distribution, Etc (Imprint)	Mahwah, N.J. : Lawrence Erlbaum Associates, c2000.
Physical Description	xiv, 126 p. ; 23 cm.
Bibliography, Etc. Note	Includes bibliographical references (p. 120-123) and index.
Subject - Topical Term	Leadership.
Subject - Topical Term	Management.
Personal Name - Added Entry	Fandt, Patricia M.
Corporate Name - Added Entry	NetLibrary, Inc.
Electronic Location and Access	Electronic resource: http://www.netlibrary.com/urlapi.asp?action=summary&v=1&bookid=44920 -- Materials specified: Bibliographic record display -- Note: An electronic book accessible through the World Wide Web; click for information

When you follow the electronic resource link, you should see a screen like the one below.

Click "**View this eBook**" to see the full text.

The screenshot shows the NetLibrary website interface. At the top, there are navigation links for Home, Log In, Favorites and Notes, Create a Free Account, and Help. The main header features the NetLibrary logo and a welcome message: "Welcome to the Shorter College eContent Collection".

The central section is titled "eBook Details" and displays the title "The 2nd Language of Leadership" by Quirk, Michael P., Fandt, Patricia M. To the left of the title is a small image of the book cover. Below the title, there is a prominent blue button labeled "View this eBook". Other options include "Add to Favorites" and "Email this Information".

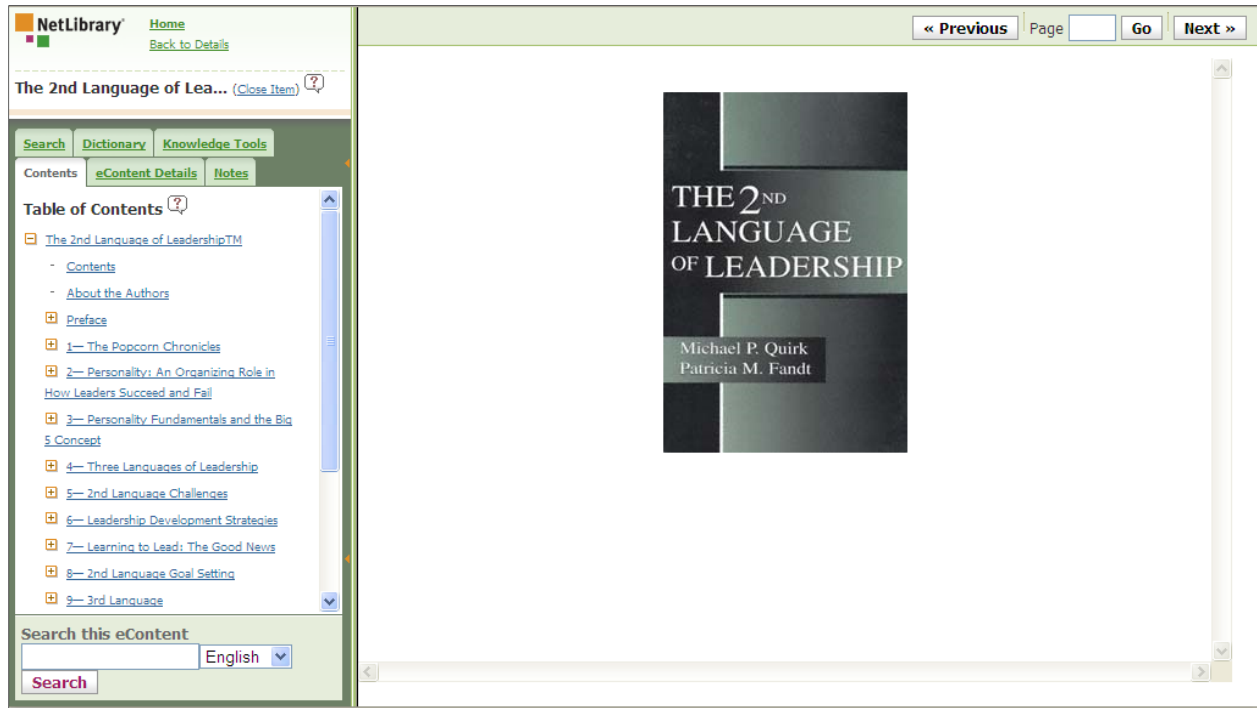
Publication information is listed: "Publication: Mahwah, N.J. Lawrence Erlbaum Associates, Inc., 2000." The subject is "Leadership, Management" and the language is "English". A "Full Metadata" link is also present.

On the right side, there is a "Basic Search" box with a search bar and a "Search" button. Below it is a "Similar Items" section with a link to "Search for All Similar Items".

At the bottom left, there is a section titled "From Inside the eBook" with a question mark icon. It contains a snippet of text from the book's synopsis: "1— The Popcorn Chronicles Synopsis The Popcorn Chronicles is a case study of leadership challenges during a transition time in an organization. We could have reviewed the literature and called out the limitations of other personality and behavioral approaches. Success in this effort is not simply something that can be predicted based on how bright a person is. He also has enough flexibility (and humility) in his style to know that the Regional Vice President role may not be an optimal match-up with his natural strengths. That is, the "making sense of a situation." It is obviously a very individualized process as evidenced in Joe's and Dianne's styles."

At the bottom right, there is a promotional banner for "eBook of the MONTH" featuring the book "MOVE YOURSELF" by Todd Mitchell, Tim Church, and Martin Zucker.

The book's **table of contents** will appear in the left viewing pane. To navigate to a particular chapter, simply click on its blue-highlighted title. A particular page may be reached by entering its number in the "Page" box near the upper right-hand corner of the screen. Pages may be "turned" back and forth by using the "**Previous**" and "**Next**" buttons at the top right. The full-text of the e-book may be **searched** using the search function at the bottom left of the screen.



Off-Campus Access

To access the NetLibrary collection off-campus, you will need to create a free account. Follow the steps below to establish your account from an off-campus location. If you are using a campus computer, go to <http://www.netlibrary.com> and begin at step 4.

1. Go to the Galileo homepage at www.galileo.usg.edu. You will need to sign on with your Galileo password if you are not on campus.
2. Click on the tab near the top of the page.
3. Click the letter “N” on the navigation bar, then scroll down to the NetLibrary link and click on it.
4. At the NetLibrary home page, choose the “Create a Free Account” link at the upper right-hand corner of the page.
5. Enter a user name and password of your choice (each must be at least 6 characters in length) on the sign-up form. Fill out the rest of the information.
6. Select the Submit button.

For help with NetLibrary, follow the **Help** Link located at the top right-hand corner of the page. For additional assistance, contact Michael Wilson at 678-260-3563 or mwilson@shorter.edu.

**Accepted 2/10, Reviewed 3/11*

Nursing Resources – Livingston Library

Databases for Finding Journals:

CINAHL Plus with Full Text (Galileo)	Medlineplus (at National Institutes of Health)
Nursing @ Ovid (Shorter Resources)	Proquest Pharmaceutical News Index (Galileo)
MEDLINE (Galileo)	Wilson General Science Full Text (Galileo)
JSTOR (Shorter Resources)	PsycINFO (Galileo)
Alt-Health Watch (Galileo)	PsycARTICLES (Galileo)
Consumer Health Complete (Galileo)	Research Library at ProQuest (Galileo)
Health Source: Nursing/Academic Edition (Galileo)	

These can be accessed from off-campus locations. For directions on how to access them remotely from off-campus, login to your SCHOLAR page then click the “Libraries” tab. User names and passwords to these databases (including Galileo) may be found here.

Sources for Finding Books:

- Shorter University Online Catalog
- NetLibrary
- Ovid e-Book Collection

Sources for Finding Reference Material:

- Credo Reference (Shorter Resources)
- Oxford Premium Reference (Shorter Resources)
- Merck Manual (Galileo)

Websites:

- American Association for the History of Nursing (AAHN) www.aahn.org
- National League for Nursing (NLN) www.nln.org
- National Institute of Nursing Research www.ninr.nih.gov
- National Network of Libraries of Medicine www.nlm.gov
- Medline Plus www.nlm.gov/medlineplus
- PubMed Central www.ncbi.nlm.nih.gov/pmc/
- Free Medical Journals www.freemedicaljournals.com

Sources for Finding Audiovisual Materials:

- Shorter University Online Catalog
- Films on Demand (Shorter Resources)

Dishonesty - Academic

Academic dishonesty, which includes but is not limited to cheating, fabrication and plagiarism, and failure to enforce the honor code, will not be tolerated (see the current University Catalog or current Student Handbook).

The Shorter University Honor Code

All academic work at Shorter University falls under the Honor System. The Shorter University Honor Code states:

I will seek to maintain a high standard of honesty and truthfulness for myself and for the University. I will neither give, receive, nor use any unauthorized aid in my academic work nor will I permit such action by any member of this community. I will respect the persons and property of the community, and I will not condone discourteous or dishonest treatment of these by my peers.

Each exam and written assignment in this course will be accompanied by the following statement: "On my honor, I pledge that I have neither given received, nor used any unauthorized aid on this assignment." The student's signature, acknowledging adherence to this pledge, will be required before the work will be accepted.

Examples of Academic Dishonesty include, but is not limited to:

Cheating on Exams

1. Copying from others.
2. Having or using notes, formulas or other information in a programmable calculator or other electronic device without explicit teacher review and permission.
3. Having or using a communication device such as a cell phone, pager, PDA or electronic translator to send or obtain unauthorized information.
4. Taking an exam for another student, or permitting someone else to take a test for you.
5. Asking another to give you improper assistance, including offering money or other benefits.
6. Asking for or accepting money or any other benefit in return for giving another improper assistance.
7. Providing or receiving information about all or part of an exam, including answers (e.g., telling someone in a subsequent period what was on your exam, or being told this information).
8. Having or using a "cheat sheet" (a piece of paper with answers, formulas, information, or notes of any kind) that is not specifically authorized by the teacher.
9. Altering a graded exam and resubmitting it for a better grade.
10. Working together on a take-home exam, unless specifically authorized by the teacher.
11. Gaining or providing unauthorized access to examination materials.

Note: Simply having possession during an exam of any prohibited or unauthorized information or device, whether or not it is actually used, is an act of academic dishonesty and will be dealt with as such.

Plagiarism in Papers and Assignments

1. Giving or getting improper assistance on an assignment meant to be individual work. (When in doubt, ask.)
2. Including in any assignment turned in for credit any materials not based on your own research and writing. This includes:
 - a. Using the services of a commercial term paper company.
 - b. Using the services of another student.
 - c. Copying part or all of another person's paper and submitting it as your own for an assignment.
3. Acting as a provider of paper(s) for a student or students.
4. Submitting substantial portions of the same academic work for credit in more than one course without consulting both teachers (self plagiarism).
5. Failing to use quotation marks where appropriate.
6. Failing to properly acknowledge paraphrased materials via textual attribution, footnotes, endnotes and/or a bibliography.
7. Making up data for an experiment ("fudging data").
8. Citing nonexistent sources (articles, books, etc.).
9. Misrepresenting your academic accomplishments, such as by tampering with computer records.
10. Deceiving a teacher or making up a false reason or excuse to get special consideration on an exam or an extension for an exam or paper.
11. Failing to promptly stop work on an exam when the time allocated has elapsed.
12. Forging a signature.
13. Hoarding or damaging library materials.

Note: Attempted academic dishonesty, even if unsuccessful, will be treated as academic dishonesty.

Sources: Goldey-Beacom University Academic Honor Code, <http://goldey.gbc.edu/advisement/honorcode.html>

University of Pennsylvania Code of Academic Integrity, <http://www.vpul.upenn.edu/osl/acadint.html>

Cornell University Code of Academic Integrity, <http://cuinfo.cornell.edu/Academic/AIC.html>

Grading Policies

Students must satisfactorily complete all clinical learning activities and associated written assignments to pass the course. Students with unsatisfactory clinical performance will receive an "F" or "U" in the course (as appropriate for the particular course), regardless of grades earned on exams. Students may also be required to "make up" clinical absences that compromise their ability to meet learning goals.

Grades on written assignments will be calculated into the final course grade for clinical courses only if the student has an examination average of 75.00% or above. The examination average will be calculated using the course examinations and the final examination. Students must have a course average of 75.00% to earn a "C" in clinical courses. Numerical averages below 75.00% will not be rounded up.

Grading Scale

The following grading scale is standard for all BSN nursing courses:

Grading system:

A = 90-100%

B = 80-89%

C = 75-79%

D = 65-74%

F = Less than 65%

Classroom Attendance

Each course in the School of Nursing contains significant academic content that builds on previous content making attendance at each class meeting essential to the student's success. Students are expected to attend every lecture session, clinical lab orientation, labs, clinical punctually and prepared to discuss the day's assignment. Roll will be taken, however no points will be assigned for attendance alone. It is the student's responsibility to keep current notes from class meetings. Except in the case of death of a family member or illness of the student or of a student's minor child, all absences will be considered unexcused or "unsatisfactory." The consequence of unexcused absences may result in deductions of points from tests or assignments, additional written assignment, and payment for additional clinical faculty time for make-up clinical.

Classroom Conduct

Please do not allow your cell phone or other electronic device to disrupt the class. If these devices are brought into the classroom, they must be turned off and put away for the duration of the class. You will be asked to leave the class if you cannot comply with this policy. You may use a laptop to take notes in class, but this privilege will be revoked if the laptop is used to play games, surf the internet, etc., during class.

Clinical Attendance

Students must satisfactorily complete all assigned clinical laboratory experiences and associated written assignments in order to pass the clinical portion of each clinical course. Failure to satisfactorily meet the objectives of the clinical rotation listed on the Clinical Evaluation Tool will result in failure of the course regardless of the course grade. Specific criteria necessary to obtain a satisfactory rating in clinical are explained on the Clinical Evaluation Tool (CET) Guidelines. Attendance and punctuality are required for clinical and post-clinical conferences. Any unexcused absence will result in clinical failure for the course. A pattern of tardiness will also result in clinical failure. All clinical absences are to be made up at the discretion of the clinical faculty. Excused absences greater than 10% of the total clinical hours for the course will be evaluated by the clinical instructor for the possibility of meeting course objectives and/or making up the clinical activities with alternate assignments. All students must provide appropriate documentation for any clinical absence. This would include, but is not limited to: health care provider excuse, legal documents, or professional documents. Determination of an excused absence is at the discretion of the faculty.

Clinical Conduct

It is imperative that Shorter School of Nursing demonstrate a positive professional appearance to our valued community supporters. This means you must be dressed in professional attire, clean, neat, alert, and interested. If you are not interested in a particular clinical site, you are to be gracious and keep your opinion to yourself. You will have the opportunity to evaluate all of the clinical sites at the end of the semester. We depend on the good will of the community contacts to make this the best program possible. What one student does today will impact on what future Shorter nursing students will be allowed to do tomorrow.

If you have a problem while in clinical in an acute care site or a community clinic site, you are lost, you cannot connect with your assigned nurses, and or any other issue not listed here you are expected to contact your assigned faculty member on their cell phone immediately. The faculty member will help you resolve the issue. If you cannot make direct contact with the assigned faculty the next step is to call the School of Nursing.

DO NOT handle a crisis without help,

DO NOT leave a clinical assignment without permission,

DO NOT leave a community assignment to go to lunch, bring nourishment with you for a short break in your day,

DO NOT arrive late and **DONOT** leave early,

DO NOT send text messages while in clinical unless it is to your instructor,

DO NOT answer personal phone calls while in clinical.

DO NOT smoke or use smokeless tobacco while in clinical.

Confidentiality Policy

Nursing students and faculty are frequently privileged to confidential information during clinical and classroom experiences. Students and faculty have access to medical records, obtain personal information from patients and families, and participate in formational assessments, personnel issues, continuous quality improvement and financial or strategic planning. Faculty are often privileged to personal information about students during advisement and during clinical conferences. Because confidentiality is a legal and ethical expectation of students and faculty, the Shorter University School of Nursing has developed the following policy to clarify the scope and significance of maintaining confidentiality.

All nursing students and faculty in the School of Nursing at Shorter University are expected to abide by the following guidelines:

1. All written, verbal electronic information regarding a patient or institution is to be kept in strict confidence.
2. Verbal or written disclosure of information about patients or agencies to any unauthorized person is prohibited.
3. Any written information about a patient must only contain the patient's initials and should be secured and shared only with students and faculty participating in the care of the patient.

4. The reporting of information specific to agencies may include the department or individual titles; however, it may not include the names of agencies or persons involved. Data must be summarized and reported collectively to ensure confidentiality for the participants.
5. Any written communication (proposal or report) between the student and preceptor/agency must be approved by the faculty before it is presented to the preceptor.
6. Any verbal or written communication whether in the classroom, seminar, lab, or clinical settings is for the sole purpose of learning and is also considered under this confidentiality policy.
7. Students and faculty participating in teaching/learning activities are expected to maintain confidentiality regarding personal information shared. Relevant academic information regarding a student may be shared on an “as needed” basis within the School of Nursing in order to provide the support and assistance to enhance the student’s potential for success in the program.
8. Students and faculty should continue to keep all privileged information obtained during enrollment or employment at Shorter University confidential, even after graduation or termination.
9. Students in violation of this policy will be reviewed by the faculty and the Dean and may receive a failing course grade. Faculty in violation of the policy will be reviewed by other faculty and the School Dean and a plan of action will be decided at that time.
10. Students will renew this contract annually after review of the policy by faculty.

**Accepted 3/10, Reviewed 3/11*

Unsafe Practice

Definition of Unsafe Practice

Nursing students are legally responsible for their own acts, commission or omission, in the clinical area. It is the responsibility of the nursing faculty to evaluate unsafe student behavior and initiate dismissal from the clinical setting when appropriate. Unsafe clinical behavior is any act, practice, or omission that fails to conform to the accepted standards of nursing care which result from a disregard for the health and welfare of the public and of the patient under the student’s care, and includes, but is not limited to, the following offenses:

- I. Violation of safety in patient care;
 - a. Falsification of patient records
 - b. Commission or omission of patient care that endangers a patient’s life or negatively impacts a patient’s recovery and/or well being
- II. Violation of confidentiality
- III. Physical/Verbal abuse of patient, peer, faculty, or clinical staff
- IV. Evidence of substance abuse (possession, use, sale, or delivery)
- V. Theft from patient, clinical sites, or school

A student who is considered to be unsafe in nursing practice by a panel of nursing faculty may be asked to, but is not limited to, the following outcome(s):

- a. Remediation
- b. Academic withdrawal
- c. Counseling
- d. Dismissal from the course, nursing program, or Shorter University

Procedure

When a student's behavior endangers the safety of a patient, peer, staff member, or clinical faculty, the instructor will immediately dismiss the student from the clinical setting. The student will not be allowed to continue in the clinical component of the program until a decision is made by a panel of nursing faculty within **five** working days of dismissal from the clinical setting.

Appeals Process

The student has the right to appeal any ruling according to the procedure outlined in the Shorter University Catalog.

**Accepted 3/11*

Student Illness

Students should not participate in any clinical activities if they are experiencing any of the following: elevated temperature, diarrhea, vomiting, open wound drainage, respiratory infections, or active and visible HERPES SIMPLEX. Clinical instructors should be contacted concerning any of these problems. If an injury should occur in a clinical facility during a clinical activity, the student can be seen in the nearest emergency room. The student is responsible for any expenses incurred for treatment received in a clinical facility.

Transportation

Students provide their own transportation or make arrangements to share this expense with fellow students in the same course/clinical.

1. Tickets and Fines
 - a. Tickets and/or fines received are the driver's responsibility.
 - b. Georgia law requires that seatbelts be worn by drivers and passengers.
2. All students owning/driving autos for clinical experiences must have automobile liability insurance.

**Accepted 2/10, Reviewed 3/11*

Remediation

The remediation process is intended to help the student make up deficiencies in nursing skills, knowledge, or the application of knowledge. This process may be implemented any time a student's weakness is identified. Remediation is especially helpful in ensuring the student's readiness for NCLEX-RN. The process of remediation is as follows.

1. Identification of weak area as indicated by the following:
 - a. Scores on standardized exams.
 - b. Clinical experience.
 - c. Other.
2. Setting up a remediation contract which consists of:

- a. Description of weaknesses or area of difficulty.
 - b. Goals for improvement.
 - c. Prescribed remediation activities.
 - d. Date for completion of remediation activities.
 - e. Appropriate signatures.
3. Failure to fulfill remediation contract in the specified manner and/or time necessitates implementation of the Student Improvement Plan (SIP).

Student Improvement Plan

The Student Improvement Plan (SIP) is intended to help the student identify and correct areas of concern and to promote a higher standard of professionalism. The process is initiated following an infraction of one or more polices contained in the SON Student Handbook. There are three steps in the SIP which may be applied at any time and remain in effect throughout the associate and baccalaureate programs.

- Step I:** Written documentation (SIP form) and includes a conference with faculty
- Step II:** Step I and includes a letter of probation
- Step III:** Dismissal from the School of Nursing

When a faculty member deems it necessary for a student to enter the SIP, the appropriate form (attached) must be completed and signed as indicated. The student will be invited to a conference to review and discuss the SIP.

If a student enters the SIP, documentation shall be retained in the records. A letter describing the SIP may be sent to the parents according to Shorter University policy.

**Accepted 8/09, Reviewed 3/11*

Grade Appeals

Shorter University Catalog provides detailed information to students and faculty regarding all academic procedures and regulations. Students are strongly encouraged to review this resource. Students may access a university catalog via the shorter.edu web site or obtain a bound copy from the school's bookstore.

Appeals Statement for Grades Assigned

A student who feels that he/she has received an unfair or incorrect grade in a course should do the following:

1. Discuss the problem with the professor who awarded the grade.
2. If step one does not resolve the issue, the student should pick up a Grade Appeals Form (sample in Appendix) in the Provost's Office. A student may begin the formal grade appeals process by submitting a written statement of appeal to the Provost within two weeks after the grade is released from the Registrar's Office. Upon receipt of the letter, the Provost forwards the document to the professor who registered the grade. The appeals process has officially begun. Once the appeals process has been initiated, all procedures listed below must be completed within four weeks.
3. The student should return to the professor and have the Grade Appeals Form initialed and dated.
4. The student should discuss the concern with the School Dean/Department Chair.
5. If step four does not satisfy the concern, then the student may discuss the grievance with the Provost.
6. If all of the above steps fail to satisfy the student's concern and the evidence warrants further consideration as determined by the Provost, this office will appoint a panel of three faculty members to hear the concern. All parties in the grievance process are obligated to hear both the student's concern and the professor's answer. The decision of the panel is final and any decision or recommendation of this panel will be reported to the Provost, the professor and the student.

Grievance Policy

Students of Shorter University are guaranteed all the rights, privileges, and freedoms granted to a citizen of the United States. Two documents available to students provide information to assist the students 1) Shorter University and/or 2) Shorter University's The Pinnacle: Student Handbook and Agenda.

Shorter University nursing students have the right and the responsibility to keep open communications with the faculty, staff and administration. A variety of options have been established to facilitate these lines of communication: Student/faculty dialogues, student/advisor meetings, faculty evaluations, course evaluations, electronic communications and student representation on committees.

The Shorter University School of Nursing will follow the guidelines described in The Pinnacle: Student Handbook and Agenda of Shorter University, as it provides guidelines for all student concerns or grievances.

The section on Social Regulations and Policies describes the policies that apply to both individuals and student organizations. Also included in this section are various policies addressing Hazing, Alcohol and other Drugs, Sexual Harassment and Student Concerns/Grievances.

Students are encouraged to seek assistance from their advisor or another member of the faculty or staff in evaluating the nature of their concerns or deciding on an appropriate course of action. Any concern should first be directed to the person or persons whose actions have given rise to the problem and should be initiated within three weeks of the incident. If the concern or problem cannot be resolved please complete a School of Nursing Concern/Grievance form provided and submit it to the Dean's office.

Shorter University - School of Nursing
Concern/Grievance Form

Submitted by: _____ Date: _____

Please describe the concern: _____

What actions have you taken to resolve the concern? _____

What were the results of your actions/intervention? _____

What recommendation do you have to resolve the concern? _____

**Accepted 3/09, Reviewed 3/11*

Pathogens Exposure Policy

This policy is necessary for the education and prevention of the spread of blood borne pathogens to students. These recommendations are based on the most current information from the Center for Disease Control (CDC), the Georgia Department of Human Resources (GDHR), the American Hospital Association (AHA), and the Occupational Health and Safety Administration (OSHA). The Code for Nurses states, "The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems." In accordance with the Code, the School of Nursing believes nursing professionals, including faculty and students, have a fundamental responsibility to provide care to all patients assigned to them and that refusal to care for patients with infectious diseases is contrary to the code of ethics of the nursing profession especially in light that strict adherence to isolation of blood and body fluids is considered sufficient to substantially reduce client/patient nurse and nurse client/patient transmission.

Just as nursing professionals have a moral commitment to care for all patients; faculty members have a special responsibility to exemplify the standards of ethical behavior and compassion as role models for their students. In addition, faculty members have an obligation to stay informed about new developments in infectious disease.

No prospective student, faculty member, or staff member will be refused admission or employment solely because of positive results on diagnostic tests for a blood borne infectious disease. Further, no screening of potential candidates will be required for either admission or employment.

The primary goal of blood borne pathogens education is prevention, therefore, it is expected that upon entry into the School of Nursing that each person will participate in the initial and annual education plan.

In the event of an exposure to a blood borne pathogen, by student, the Blood and Body Fluid Post-exposure Plan will be stringently followed. Situations, which arise, will be handled individually in order to provide maximum support to the affected individual.

There are certain situations that may warrant the relief of student and or faculty responsibility from working with a client with an infectious disease, they are as follows:

1. A student with an infection that can be communicated to a patient with AIDS or any immunosuppressed patient,
2. an immunosuppressed student, and
3. other situations not covered by the above. In such a case, the faculty and student will determine the assignment.

The following guidelines will be adhered to when working in a clinical facility and the University laboratory setting for students. The above policy will be reviewed and/or revised annually.

Blood and Body Fluid Post-Exposure Management

Blood/body fluid exposure is defined as any of the following:

- Percutaneous inoculation (needle stick or sharp injury).
- Non-needle percutaneous exposure (open cuts and/or abrasions).
- Direct mucous membrane contact (accidental splash).
- Direct contact with large amounts of blood and/or body fluids without glove protection (hands frequently have small nicks or cuts, which act as a portal of entry for microorganisms).

In the event of an exposure to blood and/or body fluid, the affected STUDENT will **immediately**:

1. Wash the exposed area.
2. Report the incident to the clinical faculty. In addition, the student will notify the head nurse on the unit to which she/he has been assigned for clinical.
3. Receive a confidential medical exam (can be provided by the facility if feasible or student will use private family MD, at student's own expense). If the student does not have a usual source of medical care she/he may choose a physician from the Shorter University listing of Workers Compensation Physician Panel.
4. Test for HBV immune status and HIV on the day of the needle stick. If the student refuses the blood test or physical examination, the waiver attached to this policy must be signed.
5. Receive counseling from your personal healthcare providers. In addition, the exposed student will be referred to his/her healthcare for ongoing counseling and follow up.
6. Cooperate in an investigation of the incident with the clinical facility and complete an incident report within 24 to 48 hours. The report and all subsequent information will be kept in a confidential file in the Deans' of School of Nursing Dean's Office.
7. Follow through with any additional testing and investigations as directed by healthcare provider.

When a student reports an accidental exposure, the FACULTY will:

1. Verify that the exposed site has been washed.
2. Determine the extent of exposure by asking the student to describe the incident thoroughly.
3. Assist the student in securing immediate medical follow up and blood tests.
4. Immediately, or as soon as feasible, investigate the source's status (usually a patient) related to blood borne pathogens. If this information is NOT available from a previous laboratory study, the faculty will follow the individual agency procedures for obtaining the necessary testing.
5. Inform affiliating agency representatives of the School's policies and procedures related to pathogen exposure.
6. Complete School of Nursing Incident Report and submit within 24-48 hours.
7. Maintain confidentiality regarding the incident.

**Accepted 2/10, Reviewed 3/11*

Guidelines for the Management of Exposures to HBV, HCV, and HIV

The Centers for Disease Control (CDC) has documented only 56 cases of occupationally acquired HIV infection. This is an extraordinary low number in light of 600,000 to 800,000 occupational exposures to potentially infectious body fluids that occur annually in the health care setting. Blood borne pathogens are potentially life threatening and standard precautions should be employed when caring for patients. In the event of an exposure to potentially infectious body fluids, the following procedure will be implemented.

The guidelines for this policy were developed using updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-Exposure Prophylaxis, published in the MMWR, June 29, 2001. "Avoiding occupational blood exposures is the primary way to prevent transmission of hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) in health-care settings. However, hepatitis B immunization and post-exposure management are integral components of a complete program to prevent infection following blood borne pathogen exposure and are important elements of workplace safety" (MMWR, 2001). For this procedure, health-care personnel (HCP) are defined as students, both graduate and undergraduate students, of the School of Nursing.

For this procedure "an exposure that might place HCP at risk for HBV, HCV, or HIV infection is defined as a percutaneous injury (e.g., a needle stick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious" (MMWR, 2001). All body fluids except sweat are considered potentially infectious.

Checklist: (Blood and Body Fluid Post-Exposure Management)

Name: _____

Date of exposure: _____

Student ID number: _____

Telephone: _____

Date/Initials

- _____ 1. Exposed area washed.
- _____ 2. Received immediate medical examination.
- _____ 3. Reported incident to nurse-in-charge of assigned area.
Name of person: _____
Title: _____
Location in Institution: _____
Phone number: _____
- _____ 4. Completed incident report.
- _____ 5. Completed necessary hospital documentation (e.g. Incident Report) and obtained a copy.
- _____ 6. Counseled student regarding the need for medical care.
- _____ 7. Received medical examination, testing for HBV and HIV or obtained declination statements if student/faculty refused medical examination or testing.
- _____ 8. Notified School of Nursing.
- _____ 9. Submitted Incident Report to School of Nursing.

**Accepted 2/10, Reviewed 3/11*

Post-Exposure Prophylaxis

Hepatitis C Virus: HCV (Hepatitis C Virus) is not transmitted efficiently through occupational exposures to blood.

"Data upon which to base a recommendation for therapy of acute infection are insufficient because;

- a. no data exist regarding the effect of treating patients with acute infection who have no evidence of disease,
- b. treatment started early in the course of chronic infection might be just as effective, and would eliminate the need to treat persons who will spontaneously resolve their infection, and
- c. the appropriate regimen is unknown" (MMWR, 2001).

Hepatitis B Virus: All nursing students are required to be immunized against HBV (Hepatitis B Virus). HBV infection is a well-recognized occupational risk for health care providers.

Human Immunodeficiency Virus: Prospective studies of health care workers demonstrate that after percutaneous exposure to HIV infected blood, the transmission rate is less than 1%. After mucus membrane exposure, the transmission rate is less than 0.1%. Students who sustain an exposure to potentially infected body fluids should follow the following steps:

1. Decontaminate the injured area; if skin, with soap and water; if mucous membranes, with copious amounts of water.
2. Immediately report the exposure to the clinical faculty member. Also, immediately report the exposure to the head nurse of the clinical area.
3. The source patient will be identified and asked to submit to a blood test, to test for HIV and HBV.
4. As soon as possible, the student will report to the Urgent Care for testing to identify the student's base line HIV status and HBV status and counseling.
5. If the source patient is found to be HIV negative and HBV negative, no further action is required.
6. If the patient is found to be HbsAg positive or unknown, we will follow the procedure.
7. If the patient is found to be HIV positive, we will follow the procedure.
8. For mucus membrane exposure or non-intact skin, we will follow the procedure in the form below.

*The initial healthcare provider will provide all follow up contacts.

Student name _____

Today's date _____ Date of exposure _____

Explanation of exposure (*please be as specific as possible*) _____

	Student Name	Initial	3-months	6-months	12-months
HIV					
HbsAB					

CRNP Signature _____

Source Patient Initials _____

HIV Antibody _____

HbsAB _____

Post-Exposure Counseling Checklist

Name _____ Student ID _____

Date of exposure _____ Clinical site _____

I have read and understand the information provided by the clinical facility regarding recommendations for evaluation and treatment following clinical exposure to blood or body fluids. The risks and benefits of HBV, HCV, and HIV testing and prophylaxis have been explained to me.

- I want my blood tested for HBV.
- I do not want my blood tested for HBV.
- I want my blood tested for HCV.
- I do not want my blood tested for HCV.
- I want my blood tested for HIV (agency must provide HIV counseling and obtain written consent before blood may be drawn).
- I do not want my blood tested for HIV.
- I want to have a sample of my blood drawn and stored for 90 days, but not tested at this time. I understand that I may request HBV, HCV, and/or HIV testing of this blood sample at any time within 90 days.
- I have been offered and accepted HBV prophylaxis.
- I have been offered and do not want HBV prophylaxis.
- I have been offered and accepted HIV prophylaxis (**women**: To the best of my knowledge, I am not currently pregnant).
- I have been offered and do not want HIV prophylaxis.

To prevent the possible transmission of HBV, HCV, and HIV, I agree to abstain from sexual relations, or if I choose to have sexual relations, to inform my partner of my possible exposure and use barrier precautions (latex condom with spermicide until I know the results of the 6 month follow-up. I will not donate blood, semen, or organs until completion of the follow-up period (**women**: I agree to avoid pregnancy for a minimum of 6 months. If currently breastfeeding I will cease for a minimum of 6 months).

I accept responsibility for all fees associated with post exposure testing and prophylaxis. I understand that extended post exposure testing and prophylaxis may be completed at the Health Center or a personal health care provider of my choice.

I understand that I should report any acute illness causing fever, rash, lymphadenopathy, persistent cough or diarrhea within the next 3 months to my health care provider.

If participating in the HBV and/or HIV prophylaxis, I agree to adhere to the monitoring requirements. I understand that the results of my testing will remain confidential. I will not disclose the name and infectious status of the source patient.

Student signature

Date

Faculty

Date

**Accepted 2/10, Reviewed 3/11*

Disability Policy

The Rehabilitation Act of 1973 and the Americans with Disabilities (ADA) Act of 1990 are federal statutes that guarantee protection to individuals with disabilities. Shorter University provides accommodations for students who qualify under the disability guidelines. See the current University Catalog or Student Handbook for more information, or contact Student Support Services at x 7323, Fitton Student Union room # 219. The School of Nursing supports the University's commitment to supporting students with disabilities, while recognizing the uniqueness of the nursing profession. Nursing as a profession has a responsibility to assist individuals in achieving the highest level of healthy functioning possible. At the same time, the profession also has a responsibility to educate nurses who are able to provide safe and competent care.

**Accepted 3/10, Reviewed 3/11*

Chemically Impaired Student Policy

Policy Statement: Shorter University and the School of Nursing require that students provide safe, effective, and supportive client care. Students who are chemically impaired are less capable of making important judgments and maintaining a safe environment for clients under their care. Students who are chemically impaired in the clinical setting may in fact jeopardize the lives of their clients. In addition, chemical impairment has a negative effect on the personal health of the student.

The School of Nursing defines the chemically impaired student as a person who, while in the classroom, laboratory, or clinical setting, is under the influence of, or has abused, either separately or in combination: alcohol, over-the-counter medication, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs. Abuse of the substances includes episodic use or misuse, or chronic use that has produced psychological and/or physical signs and symptoms. This includes the abuse of impairment by the use of prescription medication. It is the position of the School of Nursing that chemical dependency is a treatable disease. With the proper treatment, monitoring, and support, students can become safe, competent professionals. The American Association of Colleges of Nursing (AACN) has issued a position statement on substance abuse in nursing education (AACN, 1996). Among their assumptions and principles are the statements that:

- Substance abuse compromises both the educational process and patient care and must be addressed by schools of nursing;
- Academic units in nursing have a commitment to and a unique role in the identification of abuse, intervention, referral for treatment, and monitoring of recovering individuals;
- Addicted persons need help to recognize the consequences of their substance use;
- Addiction is a treatable illness, and rehabilitative and therapeutic approaches are effective in facilitating recovery; and
- Individuals with addictive illnesses should receive an opportunity for treatment in lieu of, or before, disciplinary action. (AACN, 1996, p.254)

The American Physical Therapy Association's Position on Substance Abuse (HOD 06-93-25-49) recognizes that alcoholism and other drug addictions adversely affect health and professional roles. The House of Delegates encourages the identification and supportive assistance of professionals who experience substance abuse and recommends treatment so that re-entry into the profession is possible.

It is the policy of the School of Nursing that students must be free of chemical impairment during participation in any part of their program including classroom, laboratory, and clinical activities. School of Nursing faculty members will intervene with a chemically impaired student as outlined in the established procedure of the respective school. Until the problem has been satisfactorily resolved, the student will not participate in any clinical or field activities where they would have patient/client contact. It is the policy of the School of Nursing that students may be required to leave the clinical/fieldwork setting immediately if chemical impairment is suspected. Students may be required to undergo a urine drug screen and evaluation by an outside professional expert to assess for chemical impairment. Treatment as indicated by the substance abuse professional will be required as well as follow-up, aftercare, and ongoing monitoring. Failure to abide by the treatment plan as outlined will result in suspension and/or dismissal from the program. Procedure: If, in a faculty member's professional judgment, a student participating in any classroom, laboratory, or clinical activity is exhibiting signs of chemical impairment, the following procedure will be implemented.

1. The student will be removed to a private area to discuss the behavior(s) observed. The student will be allowed to provide a verbal explanation of the behavior. The faculty member will specifically inquire about the use of any substances and, if used, what, when and how much was used and what route it was taken. The faculty member may require a urine drug screen test to be done immediately. Transportation will be arranged to take the student home if dismissal from the classroom, laboratory, or clinical experience is deemed necessary.
2. The faculty member will prepare a written report carefully documenting the observed student behaviors indicative of chemical impairment and submit it to the Dean of the School of Nursing within one working day or as soon as possible. The Dean will inform other appropriate faculty members also involved with the student during that semester on a "need to know" basis. A copy of this report will be placed in the student's academic file.
3. A meeting will be arranged with the student, the faculty member(s) who identified the problem and the Dean or one additional appropriate faculty member in the Dean's absence. At this meeting, the faculty members will:
 - Review the documentation of the alleged chemical impairment.
 - Provide the student an opportunity to offer an explanation of her or his conduct and to provide any other relevant information.
 - Discuss the procedures that will be followed if the decision is made to carry forward with the policy.
 - Discuss the academic consequences related to the alleged policy violation.
4. The Dean and involved faculty member(s) will then meet separately to make a determination based on the meeting with the student and the faculty member's professional observations as to whether to carry forward with the policy.

- a. If the student's explanation is satisfactory and no further process is deemed appropriate at this time, the student will be notified and all records of the alleged event will be removed from the student's file. The Dean will be responsible addressing students who are confronted more than once.
 - b. If there is evidence of possible chemical impairment, the student will be notified that the policy will be carried forward and the Dean or involved faculty member will secure the student's written agreement to seek a comprehensive substance abuse evaluation. A written, individualized agreement will be drawn up for each student involved in this process (see sample contract attached). The substance abuse evaluation will be at the student's expense and a copy will be provided to the School of Nursing.
5. The student may not participate in any part of the nursing program until the substance abuse evaluation is obtained. If the student refuses to obtain an evaluation, he or she will be administratively dismissed from the School of Nursing.
 6. Possible outcomes from the substance abuse evaluation include:
 - a. The substance abuse evaluation does not substantiate the alleged substance abuse by the student. If this occurs, all documentation related to the alleged incident is removed from the student's file and the student may return to all courses without negative academic consequences.
 - b. The substance abuse evaluation does substantiate the alleged substance abuse by the student, but the student refuses to abide by the policy of enrollment in a treatment program and ongoing monitoring. If this occurs, the student is dismissed from the School of Nursing.
 - c. The substance abuse evaluation does substantiate the alleged substance abuse by the student and the student agrees to abide by the policy. If this occurs, the student signs an agreement to participate in a treatment program and to have his or her progress monitored by the School of Nursing. The student may not participate in any School of Nursing learning activities until the treatment program is successfully completed.
 7. Once the treatment program is successfully completed, the student may return to classes in the subsequent semester while continuing to have his or her progress monitored by the School of Nursing or an appointed affiliate. Monitoring (through blood, urine, or other testing) will continue during the student's enrollment in the School of Nursing.
 8. Following graduation, information about the student's diagnosis and treatment program will be shared with the Professional Assistance Program in the state in which the student seeks licensure.

**Accepted 3/10, Reviewed 3/11*

Reporting Form for Alleged Chemically Impaired Student

Date: _____

Faculty: _____

Student: _____

Observed behaviors: (see attached checklist)

Faculty comments: _____

Student comments: _____

Faculty recommendations: _____

Conference date and time with student and faculty member filing report _____

Faculty signature: _____

Student signature: _____

(Adapted from Clark, C. Boise State University, Boise, Idaho University of health Sciences, Department of Nursing Policy Statement Regarding the chemically Impaired Nursing Student)

Specific Observations to Support Reporting Form for Alleged Chemically Impaired Student Nurse

Review the following list of overall behaviors of chemically impaired student nurse and make a check mark next to each situation that applies to the student about whom you are concerned.

Appearance

- Decreasing attention to personal appearance and hygiene
- Odor of alcohol on breath
- Glassy, red eyes
- Altered pupil dilation or constriction
- Tremors
- Flushed complexion
- Slurred or rapid speech
- Diaphoresis
- Unsteady/staggering gait
- Persistent rhino rhea
- Altered mental status
- Other (please describe): _____

Absenteeism

- Instances of leaving without permission
- Excessive sick days
- Frequent Monday and/or Friday absences
- Repeated absences, particularly if they follow a pattern
- Lateness to clinical/class, especially on Monday morning; and/or returning from lunch/break
- Leaving clinical/class early
- Peculiar and increasingly unbelievable excuses for absences or lateness
- Absent more often than other students for colds, flu, gastritis, etc
- Frequent unscheduled short-term absences (with or without medical explanation)

Clinical Absenteeism

- Continued absences from the clinical area more than job requires
- Long coffee breaks, lunch breaks
- Repeated physical illness while in the clinical area
- Frequent trips to the restroom
- Unexplained absences during clinical shift

High Accident Rate

- Accidents while on the clinical unit
- Accidents off the clinical unit (but affecting job performance)
- Horseplay, which causes unsafe conditions

Difficulty in Concentration

- Work requires greater effort
- Jobs take more time
- Repeated mistakes due to inattention
- Making bad decisions or poor judgment
- Errors in charting
- Forgetfulness
- Blackouts
- Inappropriate responses

Confusion

- Difficulty following instructions
- Increasing difficulty handling complex assignments
- Altered mental status or cognition

Problems with Memory

- Difficulty in recalling instructions, details, conversations, etc
- Difficulty recalling one's own mistakes

Poor Relationships in the Clinical/Class Area

- Failure to keep promises and unreasonable excuses for failing to keep promises
- Over-reaction to real or imagined criticism
- Borrowing money from fellow students/staff/faculty
- Unreasonable resentments
- Avoidance of associates
- Lying and exaggerating
- Complaints from students, staff, patients, others
- Blames other for problems
- Isolation/withdrawal from the group

Reporting to Clinical/Class

- Coming to/returning to the clinical area/class in an obviously altered condition

General Lowered Job Efficiency

- Missed deadlines, unreliable
- Complaints from patients, family members, other students, faculty
- Improbable excuses for poor job performance
- Cannot be depended on to be where he/she said or do what he/she said he/she would do
- Shuns job assignments, incomplete assignments
- Is found on units where he/she does not belong
- Frequent medication errors or errors in documentation
- Excessive use of PRN medications
- Frequent un-witnessed medication wasting or loss
- Frequent complaints from patients of inadequate pain relief

Uneven Work Pattern

- Alternate periods of high and low productivity

Other Behaviors

- Sleeping in the clinical area or class
- Withdraws from others isolates self
- Mood swings
- Increasing irritability
- Relates problems at home, with relationships, with finances, etc

The Student Who May Be Diverting Drugs

- Always volunteers to give medications
- Patient complaints of no relief—discrepancies on records
- Always give IM (PRN) and maximum dose when other nurses do not
- Has frequent wastage, such as spilling drugs or breaking vials, etc
- Unobserved wastage or no co-signature
- Is working on a unit where drugs are missing or have been tampered with
- Frequently volunteers for additional shifts and on unit where not assigned

Others

Review the items checked. The student’s work performance and behaviors may be affected by the use of alcohol/other drugs or a personal/emotional problem. Document each occurrence in an anecdotal note, and when appropriate, conduct a conference. When the performance deficit or adverse situation cannot be attributed to a management problem, follow the WSON of Nursing Policy for the Chemically Impaired Student. Interventions need to include discussion and referral to an experienced professional who can assist the nurse to obtain the appropriate help.

(Adapted from Catanzarite, A. (1989) and Dunn, D. (2005)

**Accepted 2/10, Reviewed 3/11*

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