

**DEPARTMENT OF NURSING
STUDENT HANDBOOK**

Dear Student:

Your enrollment in the nursing program at Wheeling Jesuit University Department of Nursing affirms your choice to participate in the program and privileges it offers.

The policies contained herein are specific to you, the nursing student. They in no way negate, but are an addition to, the policies of the Wheeling Jesuit University Catalog and Student Handbook. Every nursing student is held responsible for knowing the regulations, expectations and information contained in this handbook.

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SECTION I

POLICY

GRADING SCALE POLICY

The nursing faculty members agree to adhere to the following scale for grading. The scale is consistent with the University requirements.

A = 93-100	C+ = 82-84
A- = 91-92	C = 79-81
B+ = 89-90	C- = 77-78
B = 87-88	D+ = 74-76
B- = 85-86	D = 70-73
F = Below 70	

TESTING AVERAGE OF 79%

In all nursing courses except NUR 327/426, students must achieve a minimum of 79% as an overall average on all testing. This average will be calculated by adding the percentage grades on:

1. Midterm
2. Final
3. Average of other tests/quizzes

This total will be divided by three, and the result will equal the overall average on all testing. If a 79% average is not attained, then the student will receive the overall average on testing as the final grade for the course. Therefore, an overall average on testing below 79% will result in the student not having the minimum grade of "C" necessary to progress in the nursing sequence. If a 79% or better overall average on all testing is achieved, the final grade for the course will include other projects as listed on the course syllabus.

PERFORMANCE QUALIFICATIONS FOR PROFESSIONAL PRACTICE

Certain physical requirements are necessary to meet minimum qualifications in order to participate in clinical courses and professional practice. Some areas of physical requirements include sensory, communication, mobility and motor abilities. A few specific examples are: the ability to perform CPR, respond to emergencies; transfer patients; hear monitor alarms, auscultatory sounds, and cries for help; observe patients; use equipment; explain procedures; work in small enclosed areas; perform for 8 to 12 hours mostly in a standing position with frequent walking; and meet the specific requirements of clinical agencies.

Individuals should assess their ability to meet these qualifications. Any requests for accommodation will be individually evaluated.

GRADING OF CLINICAL COMPONENT OF NURSING COURSES

Students will receive a superior ("S+"), satisfactory ("S"), or unsatisfactory ("U") for clinical components of nursing courses based on achievement of the stated objectives of the course. Practice must be deemed safe to receive a satisfactory grade.

"Safe" nursing practice will be defined according to the objectives of the specific nursing course. In all cases, it will include adequate preparation for client assessments, obtaining faculty assistance in doing any new procedures, and environmental safety precautions which a reasonably prudent person would recognize.

Students who receive an unsatisfactory for clinical performance will receive an "F" for both the C and D portion of that nursing course regardless of their current level of classroom achievement. They may also be required to meet special eligibility requirements to be readmitted to any nursing courses.

Any basic student who achieves an overall superior clinical evaluation in a clinical nursing course at the completion of that course may have the final grade for that course raised to the next higher grade. This means a didactic grade of B+ with a superior clinical component would receive an A- as the final course grade. % . (Note: If grade has been elevated due to ATI testing, this does not apply. Grade elevation can only occur for one reason)

PROGRAM DISMISSAL FOR UNSAFE CLINICAL PRACTICE

A student may be dismissed from the program for unsafe clinical practice at any time during the semester after due process. In

such cases an “F” will be given for the course or courses in which the unsafe practice occurred.

Practice may be unsafe for academic or disciplinary reasons. Academic reasons include failure to attain the required level of cognitive or motor skills. A few examples of unsafe practice due to academic reasons are: inadequate preparation, inaccurate documentation, inability to perform motor skills safely, and practice beyond the scope of preparation.

Unsafe practice for disciplinary reasons includes violation of institutional or professional codes of conduct, and unethical behavior. In addition, this includes failure to be safe because of attitudinal or physical problems. A few examples are poor hygiene, inability to establish rapport with clients, a lack of integrity, initiative, interest, or dependability and violation of dress code.

Students will be afforded due process in cases of dismissal for unsafe practice. The student will be given verbal or written notice concerning the unsafe practice from the clinical instructor. The clinical instructor may ask for an evaluation from another clinical instructor or request a departmental hearing. If a second instructor is consulted, a departmental hearing will occur after the second instructor completes the evaluation. The student will be given the opportunity to be present during the departmental hearing in order for rebuttal. The department will then make a decision about whether or not dismissal is warranted. The Chairperson of the Nursing Department will determine who will be present for the hearing and who will make the decision.

In cases where there is a time lag between when a clinical instructor deems a student unsafe and when the departmental hearing occurs, the clinical instructor may keep the student out of the clinical area. If, however, the departmental hearing results in the student remaining in the course, the student should be given the opportunity to make up the clinical time if necessary.

Students who are dismissed from the program for unsafe practice may request readmission into the program to repeat the course at a later time. If the student is readmitted into the program, remedial work may be required depending upon the nature of the deficiency.

Students who feel they are treated unfairly may appeal further to the appropriate Dean as discussed in the Academic Catalog.

PROGRESSION IN REQUIRED NURSING COURSES

The Admissions and Progressions Committee reviews the records of all nursing students to make recommendations to the nurse faculty group for admission, progression, and graduation. Any student having concerns and requests in any of the following areas should send a letter to the Chairperson of the Admissions and Progressions Committee for consideration and recommendation of the committee.

- A. The student must complete each required nursing course with a minimum of a “C” to be eligible to enroll in a sequential nursing course or progress to higher level of nursing courses.
- B. Each science course, CHE 105, BIO 128-129, and CLS 215 must be completed with a “C” or better grade in order to progress into the courses for which they are prerequisites.
- C. In addition, progress is dependent upon satisfactory mastery of Dosages and Solutions.
(SEE DOSAGES AND SOLUTIONS).
- D. Progression may be denied for non-academic reasons when the cause is incompatible with professional development of practice, for example, as with unsafe practices, unethical professional practices or attitudes incompatible with professional performance.
- E. Students must have a GPA of 2.75 or higher in order to enter the second semester sophomore year courses, NUR 230 and NUR 203. An overall GPA of 2.5 or higher must be attained before progression from sophomore to junior level courses and from junior to senior level courses. This GPA will be assessed by the Admissions and Progressions Committee of the Nursing Department.
- F. Students may be required to complete remedial work in nursing courses based on their past performance on standardized tests, courses grades, or clinical performance.

- G. Only students with a 3.5 or higher overall GPA may enroll in any courses that would be an addition to those required nursing courses in the second semester of junior year or in either semester of the senior year. All core courses are expected to be completed by fall of junior year or can be completed in summer school.

FORMAL COMPLAINTS

Students who believe that they have been treated unfairly may utilize the formal complaint process. A formal complaint must be placed in writing. The formal complaint must go through the process described as The Appeal Process in the *WJU Undergraduate Catalog*.

DOSAGES AND SOLUTIONS

Students are presumed to enter the Nursing Program with adequate foundation in basic mathematics. To aid in mathematics review and specific application to the dosages and solutions, self-study texts are available.

Proficiency in the calculation of dosages and solutions is required at 90% mastery level before the student can administer medications in the sophomore year.

In subsequent nursing courses with clinical components, students may be required to demonstrate proficiency by achieving a 90% or above on a dosage and solutions test before being permitted to give medications in the clinical area.

Problems requiring calculation of dosages and solutions will be included in course tests and quizzes throughout nursing courses.

The faculty adopted the above policy to facilitate safety in clinical practice.

ATTENDANCE POLICY

Classes, Clinical Lab, Tests

- A. Anticipated absences from theory classes, clinical labs and/or tests which are related to and because of, extracurricular University activities are to be discussed with the level coordinator prior to course registration. This is to facilitate the making of appropriate advance arrangements to ensure that a minimal amount of course work will be missed. Early discussion may also clarify whether or not the extracurricular activity date(s) and time(s) are incompatible with the course schedule.
- B. Unavoidable absences should be discussed with the teacher presenting the materials, preferably in advance.

The student will be held responsible for obtaining the information presented in all classes missed due to absence.

- C. Clinical Attendance - Attendance in clinical settings is required. Accurate clinical evaluation is dependent upon adequate observation time, and each individual instructor must assess each student's performance to determine the student's standing. A student missing any clinical experience in a course is at risk for failing the course. If there is a question regarding a student's competency and skill resulting from absences, the final conclusion for determining progression will be a level discussion based on the instructors' compiled data. Alternative or make-up experiences will be required of any missed clinical. The type of alternative or make-up experience will be at the discretion of the faculty member. However, alternative experiences may not provide the opportunity to satisfy clinical objectives, and the student may still be at risk for failing the course.

It is the responsibility of the student to inform the faculty and clinical unit of his/her absence. The clinical unit must be called. Email to faculty members for clinical absence will not be accepted.

Punctual arrival on the clinical unit is expected. Tardiness, without notification of the faculty, may result in an unsatisfactory grade for that clinical day.

Students are individually responsible for transportation to and from all clinical agencies.

School Closing - Normally school closing policies are not announced early enough to impact morning clinical times. In addition, WJU may be cancelled for a particular reason that would not preclude students from going to the clinical

facility later in the day to prepare for clinical. Clinical faculty will, however, determine if clinical will be cancelled and will attempt to notify students. However, if the student is unsure that clinical will be held, the student must call the appropriate faculty member. If a student, who does not live on campus, thinks that attendance during such times would be a serious risk, that student should contact the clinical faculty member and the clinical unit. (See Clinical Attendance in "C" above.)

- D. Examinations - All students are expected to be present for examinations. If a student must be absent for an exam period due to extraordinary circumstances, he/she must notify the course faculty member before the exam to make arrangements to take the test. Examination schedules will be determined by the department and will not be altered.

Quizzes - Quizzes will be periodically given in any nursing course. They may consist of either objective or essay type questions and may be given in class or for take-home completion. If through prior arrangements, the faculty member permits a make-up quiz, the quiz will not be the exact same quiz as the original quiz, will contain some essay/short answer type questions, and will be given at a time decided by the faculty member.

Missed quizzes will be recorded as zero (0) unless prior arrangement has been made. There will be no provision for making up missed quizzes without prior arrangement.

Quizzes and Test Procedures

1. All book bags and other belongings should be placed in the front of the room during quizzes and tests.
2. Cell phones and other electronic devices should be stored in book bags during all quizzes and tests. Use of such devices during a quiz or test will constitute failure on the quiz or test.
3. For quizzes, the maximum length of time allotted will be equal to the number of questions plus five minutes. An example of this would be that the maximum time for a quiz with fifteen questions would be twenty minutes.

Classroom Etiquette

1. All cell phones and other electronic devices must be turned off during class. Students using such devices will be asked to leave the classroom.
2. The student must obtain permission from the faculty member before tape recording any class.
3. Students may be dismissed from the room for talking when the instructor is talking. Students are expected to show respect for the entire class.

AUDITING COURSES

Only theory portions of nursing classes can be audited.

TRANSFER STUDENT GUIDELINES

Students must meet prerequisites for specific courses as listed in Academic Catalog.

LEAVE OF ABSENCE

- A. From a portion of a course:

Personal and/or health reasons which require a student to be absent from a portion of a course will be considered on an individual basis.

- B. For a semester or longer:

1. A leave of absence for one or two semesters (at most) will be considered on an individual basis.
2. A leave requiring more than two semesters may require reevaluation of the student's course of study.

READMISSION TO THE NURSING MAJOR

A student will need to seek readmission to the nursing major if the student is not enrolled in a nursing course during any semester following the sophomore year or if the student earns a grade of C- or lower in any nursing course. Any student who has voluntarily or involuntarily left the Nursing major will be considered for readmission upon request to the Admissions and Progressions Committee.. Criteria for readmission will include:

- A. Any special eligibility requirements.
- B. Student's plans/actions to correct deficiencies.
- C. Student's prior academic performance.
- D. Length of absence.
- E. Current admission policies.
- F. Changes in the program that may have occurred during the period of absence.

The request shall be filed prior to enrollment in any required nursing courses and shall include appropriate documentation of rationale for readmission. Readmission is not automatic and is determined by the nursing faculty. A student, who has been dismissed from the program, will not be considered for readmission

FAILURE OF NURSING COURSES

- A. Failure of a nursing course is when a grade of C- or lower is earned.
- B. If a student fails a course with a clinical component and is granted readmission into the nursing program, the student must repeat both the didactic and clinical work regardless of the area in which the student failed.
- C. Students with a failure in any nursing course may have to meet special eligibility requirements at the discretion of the nursing faculty to be readmitted to the nursing major. Such eligibility requirements shall include a minimum of a letter demonstrating:
 - 1. Evidence of understanding of reason for failure.
 - 2. Development of goals to correct the deficiency.

Program Dismissal Due to Course Failure

- A. A second failure of the same nursing course will make the student ineligible to continue in the nursing major.
- B. Failure of a second clinical course (any course with a clinical correlate) results in dismissal from the program. This means, for example, if a student earns a grade of C- or lower in NUR 230 and subsequently earns a grade of C- or lower in NUR 320, the student will be dismissed from the program.
- C. Failure of any three nursing courses will result in dismissal from the program. An example of this would be a student earning a grade of C- or lower in NUR 227, 329, and 326.

APPLYING FOR ADMISSION TO THE REGISTERED NURSE LICENSING EXAMINATION

Senior students are responsible for applying to the Board of Examiners for Registered Nurses in the state in which they wish to be licensed. Students should obtain information and an application from their state board months prior to graduation. Individual states may have differing requirements. Many require background checks that should be undertaken nine months in advance of taking the exam.

Most state boards require the applicant to be a high school graduate or equivalent, to be of good moral character, and to be a graduate of a nursing program accredited by a state board.

A student with a police record indicating a felony, a history of substance abuse, or similar concerns about eligibility to take the licensing examination should contact the State Board of Examiners prior to entering the nursing program. The following questions

are just some that appear on the application for licensure in West Virginia. Have you every committed an act of academic dishonesty? Have you ever or are you currently using illegal drugs? Have you ever or are you currently abusing prescription or over-the-counter medication? Have you ever been convicted of a felony or a misdemeanor or pled nolo contendere to any crime (include all traffic violations within the last five years except parking tickets). Graduation from this program allows the student to apply to the State Board of Examiners to take the licensing examination. The student's actual eligibility is determined by the State Board of Examiners for Registered Nurses.

STANDARDS OF DRESS

The student must maintain a professional appearance when in uniform. Infractions of the dress code may result in dismissal from the clinical unit and an unsatisfactory for the day.

1. When visiting the agency for clinical assignments, students may wear dress slacks or a skirt with a lab coat and name pin. No shorts, leggings, denim jeans, hats, caps or tennis shoes are permitted. The body from shoulders to knees should be covered. Lab coat on and buttoned.
2. The student uniform will be worn in designated clinical areas. It must fit properly, be clean and wrinkle free. The style of the uniform must be departmentally approved.
3. Hair must be arranged so that it is off the collar, neat, clean, and contained. No ornamental hair accessories are allowed. No headbands.
4. Male students are to be clean shaven, or have established short mustaches and beards.
5. No chains, bracelets, or necklaces are to be in sight. Only small button type earrings may be worn, one earring per ear. No other pierced jewelry is permitted.
6. Shoes must be clean, polished, leather and all white with white socks. Ankles must be covered. No clogs, opened toed or open heeled shoes.
7. No chewing gum is permitted.
8. Rings may not be worn except for plain wedding bands.
9. Fingernails must be cut or filed so that the nail does not extend beyond the fingertip. No polish, artificial nails or tips.
10. Female students shall wear a neutral colored bra and panties (no thongs) under the uniform. Male students must wear plain white crew neck undershirts and underwear with uniform.
11. Identification is to be worn while in the clinical area.
12. Sweaters and long sleeved shirts may not be worn with the uniform. Only approved lab coats may be worn.
13. Hair must be a naturally occurring hair color and conservatively groomed.
14. No visible tattoos are allowed. They may be covered with a band aide.

NOTE: Dress requirements in some clinical settings may vary. Please check with the faculty of the area prior to client contact.

INJURY DURING CLINICAL EXPERIENCES

If a student is injured in any way during a clinical experience, the student must report the injury to the clinical instructor and then follow the procedure required by the clinical agency. If such procedures involve emergency room services or other treatment, the student is responsible for any expenses incurred.

CPR CERTIFICATION

All students involved in clinical courses must have current CPR certification.

HEALTH INSURANCE

Health insurance is a requirement for all clinical courses.

STUDENT LIABILITY INSURANCE

All nursing students involved in clinical care settings must give evidence of current liability coverage prior to onset of providing nursing care to the clients. Basic students will be billed through the University and will be covered under a blanket liability policy.

COMMUNICABLE DISEASE STATEMENT

When in the clinical setting, the student is responsible for being free of communicable diseases. If the student has been exposed to a communicable disease (e.g., chicken pox, etc.), the student must inform the nursing faculty immediately and before going into any clinical area.

IMMUNIZATION POLICIES

In addition to the requirements specified by the University, nursing students, prior to beginning the first clinical experience, are required to meet the following requirements.

1. Hepatitis B Vaccine: The nursing department strongly recommends that nursing students receive the Hepatitis B vaccine. A release form must be signed.
2. Rubella: Have received the Rubella booster or have immunity as evidenced by a Rubella titer.
3. Tuberculosis testing: Have received PPD. This test must be done yearly (every 12 months). Additional testing may be deemed necessary if the student has been directly exposed to the disease. All students must be cleared by WJU Health Services regarding TB testing and/or treatment before beginning clinical experiences each year.

POLICIES RELATED TO BLOODBORNE PATHOGENS

1. Universal Precautions: Because the control of infection is an integral part of every action the nurse performs, all students will be required to consistently apply learned principles of Infection Control. Students are to observe universal blood and body fluid precautions for all patients/clients as identified in institutional policies.
2. Safety precautions: Students are responsible for utilizing safety precautions to minimize exposure to bloodborne pathogens. These precautions include the proper use and disposal of personal protective equipment, decontamination of areas and disposal of sharps according to agency policies, and compliance with policies in the agency's exposure control plan.
3. Annual Training: All students in the clinical courses must attend annual training on occupational exposure to bloodborne pathogens.
4. Exposure Incidents: Students must report any exposure incident that occurs during a clinical experience to their instructor and then follow the exposure procedure of the clinical agency.

HIPAA POLICIES

Students must comply with regulations resulting from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regarding protected health information. Students must attend annual updates on this issue. Students should be aware that inappropriate release of patient information could result in fines or jail time. Confidentiality and privacy must be maintained.

STANDARDS OF PROFESSIONAL CONDUCT

Students are expected to adhere to the standards found in title 19, Legislative Rules West Virginia Board of Examiners for Registered Professional Nurses, Series 10 Standards for Professional Nursing Practice (see pp. 14-19). Students are subject to disciplinary action by the Board as stated in series 9 (see pp. 26-34). In addition, students should adhere to all policies and regulations of clinical agencies, including HIPAA. Confidentiality should always be maintained.

STUDENT NURSES ASSOCIATION

The Wheeling Jesuit University Student Nurses Association (WJU SNA) is a recognized student organization within the university and a chapter of the National Student Nurses Association (NSNA). Membership to the WJU SNA and the NSNA is open to any student who has declared nursing as his/her major. The purposes of the WJU SNA are to sponsor health related activities, increase awareness of nursing and health related issues, enhance communication between students and faculty, and promote active participation of students in professional organization activities on the state and national level. WJU SNA members may have the opportunity to attend state and national meetings of the West Virginia Student Nurses Association and the National Student Nurses Association. Students must obtain the permission of the faculty if missing class and/or clinical time is anticipated.

SECTION II
INFORMATION

SUGGESTED CURRICULUM PLAN OF THE BSN PROGRAM

<u>Fall</u>		<u>Spring</u>		<u>Freshman</u>	
FYE 101	1	CHE 105	3		
ENG 105/110	3	LIT 120	3		

PHI 105	3	RST 200,300	3
HIS 110	3	HIS 120	3
RST 106/107	3	SPA 106	3
INS 111/SSC110	3		
	(16)		(15)

Sophomore

PSY 110	3	PSY 212	3
MAT 105	3	BIO 129	3
BIO 128	3	CLS 215	2
PHI 205	3	LIT 250	3
FAS 105	3	NUR 230C	2
NUR 227	1	NUR 230D	3
		NUR 203	1
	(16)		(17)

Junior

RST/PHI 305	3	NUR 323	2
NUR 329	2	NUR 326	2
NUR 335	1	NUR 320C	3
NUR 309C	6	NUR 320D	3
NUR 309D	4	NUR 319C	3
NUR 327	2	NUR 319D	4
	(18)		(17)

Senior

NUR 421	2	NUR 426	2
NUR 405C	5	NUR 422C	5
NUR 405D	3	NUR 422D	3
NUR 406C	3	NUR 481	1
NUR 406D	3	NUR 424	1
NUR 480	1	NUR 412	1
NUR 430	1	NUR 423C	3
		NUR 423D	2
	(18)		(18)

MISSION

The Department of Nursing, an integral part of Wheeling Jesuit University, seeks to fulfill the Jesuit tradition of educational excellence and service to others. The mission of the Department of Nursing is to provide baccalaureate and graduate nursing education and service to the community. Through an integrated program of classroom and clinical practice, the graduate is prepared as a professional nurse to promote health/wellness in a variety of settings.

GOALS

The goals of the Department of Nursing are:

1. To provide the following educational programs based on professional nursing standards and guidelines.*
 - A. A baccalaureate program that prepares graduates to enter professional nursing and function competently at the entry level.
 - B. A baccalaureate program that is accessible to registered nurses in the community and builds upon their knowledge.
 - C. A graduate program that prepares registered nurses for professional leadership and advanced practice roles and to contribute to the development of nursing and health care knowledge.
2. To fulfill the Jesuit ideals of contributing to the campus community, the local community, and the nursing community.

*The baccalaureate program reflects the AACN Essentials of Baccalaureate Education and the standards of the West Virginia Nurse Practice Act. These standards were developed from those of the American Nurses Association. The graduate programs reflect the AACN Essentials of Master's Education. The Family Nurse Practitioner Program also follows the National Organization of Nurse Practitioner guidelines and the American Academy of Nurse Practitioner's Standards of Practice.

THE PHILOSOPHY OF THE DEPARTMENT OF NURSING

The philosophy of the Department of Nursing is consistent with the Wheeling Jesuit University mission statement and guides the implementation of the department's goals.

The faculty believe that:

Each person is a uniquely created living system with inherent worth and dignity. Each individual is an integral member of many systems, including the family and community. Each of these systems interfaces with other complex, changing systems creating the unique fabric of each individual's environment.

The environment includes all those persons, objects, and phenomena that can potentially permeate the boundary of the individual. A variety of stimuli interact with the individual and arise from the environment's components, such as its physical and social dimensions. Cultural values, norms and beliefs arise within the environment and give meaning to the human life experience. Communities reflect their cultural diversity and serve members' needs including their entry and progression through the health care system.

Health/wellness is a dynamic state involving balance among each person's integrated dimensions—body, mind, and spirit. The person always possesses health/wellness in some form, from the time of conception through the experience of death. Health/wellness is fostered through the collaboration of the person with health care professionals.

Nursing is a part of a health care system influenced by political, cultural, economic, legal, historical, ethical, and other environmental variables. The professional nurse influences healthcare by incorporating research, theory, and technology into practice, by being politically active, and by utilizing leadership attributes. The nurse is accountable for professional development and practice consistent with professional standards and ethical codes.

Education is a dynamic life-long process which takes place in a variety of settings. Organized and planned experiences are directed toward assisting the learner. Learning is nurtured in an environment which fosters critical thinking, creativity, accountability, and compassion. Both teacher and learner should be involved in the planning, implementation, and evaluation of the educational program. This relationship fosters the capacity to learn and to develop both personally and professionally throughout life.

THE ORGANIZING FRAMEWORK OF THE BACCALAUREATE CURRICULUM

The faculty accepts a general system framework within which concepts from selected theories are utilized to organize the baccalaureate curriculum.

CURRICULAR THREADS

The faculty identifies four threads which form the basis of the organizing framework and run through each level of the program. The four threads are person as a living system, state of health/wellness, nursing process, and professional role development.

Person as a Living System (Client)

People may become clients of nursing care when they need assistance in achieving balance (health/wellness). Clients may include individuals, families, groups, and communities throughout the life span.

State of Health/Wellness

The person always possesses health/wellness in some dimension. Health/wellness is a dynamic state involving balance among each person's integrated dimensions-body, mind, and spirit. The health state is affected by one's ability to adapt to environments. Change in health state results from internal or external factors which exceed the system's ability to maintain balance.

Nursing Process

The nursing process is the framework for facilitating health/wellness. This process requires critical thinking and is a systematic method of assessment, analysis, planning, intervention, and evaluation. Assessment identifies client behaviors reflecting strengths and limitations in relation to system balance. Analysis culminates in the formulation of nursing diagnoses. Assessment and analysis are utilized to formulate expected outcomes. A plan is developed in collaboration with clients and other health care providers for the achievement of health/wellness. Implementation of the plan may involve the client, nurse, and interdisciplinary team to achieve the expected outcomes. Evaluation involves measurement of client outcomes and may indicate the need for further care.

Professional Role Development

The professional nurse brings knowledge, skills, beliefs, and values to the relationship with clients. The nurse functions in many roles, including practitioner, manager, advocate, health educator, leader, researcher, resource person, and facilitator of change in various environments. Roles are dynamic in nature. Socialization to roles develops in response to expectations of self and others.

CONCEPT EMPHASIS WITHIN THE CURRICULUM

Systems Interaction

Different aspects of systems interaction are developed at each level within the curriculum. The sophomore year emphasizes the person maintaining subsystem balance. This involves promoting health/wellness. Emphasis during the junior year is on the client subsystem interaction in physical or emotional crisis. The focus is on early recognition of health deviations and prompt intervention to restore health/wellness. The senior year focuses on interactions with, and modification of, multiple complex systems and/or long term dysfunction. The senior year, then, concentrates on activities which limit deficits and promote balance within the client and the client's environment.

RELATIONSHIP WITH COOPERATING AGENCIES

If information is needed from a particular agency representative, an advance appointment should be made with that person. Agency personnel should not be used in lieu of normal reference sources.

Students who need additional information from a patient record are expected to return to the agency to get it. It is not acceptable to call a clinical unit and request information. Agency policies regarding records must be followed.

Students are expected to abide by agency regulations and to extend basic courtesies to patients and agency personnel. These courtesies include modulation of noise levels, leaving units and conference rooms in orderly condition and maintaining confidentiality of information. Students are reminded that taking agency property is illegal; doing so may not only render them liable for prosecution but will result in permanent expulsion from the agency. The latter action may result in dismissal from the program.

Students are expected to keep all clinical information confidential. Failure to do so may result in dismissal from the program.

NURSE EXTERNSHIP PROGRAM

Nurse Externship program is available for variable credit in the summer between junior and senior year. Please consult student advisor. Students are encouraged to seek information from seniors who participated in an externship.

STANDARDS FOR FORMAL PAPERS

1. Typewritten
2. Text of paper is to be double spaced
3. Right and left hand margins must be at least 1 inch wide (left hand margins must be at least 1 ½ inches if side binding is used).
4. Proofread before submission.
5. The most current edition of the *Publication Manual of the American Psychological Association* must be used as writing and format guide
6. Deadlines will be strictly enforced. Points may be deducted for each day beyond date due according to course syllabi

PLAGIARISM

Please consult any writing guide for a complete definition of plagiarism.

Using the words and/or ideas of another person without crediting the source is without excuse in terms of academic work; further, it is evidence of dishonesty which cannot be tolerated in persons who carry the responsibility for the lives and welfare of others.

Plagiarism is the use not only of the published works of others but also the work of previous or fellow students. "Selling" of a paper is considered by the nursing department as serious an offense as is "buying" one. The same academic sanctions may be applied to either student.

Turnitin may be required in nursing courses.

NURSING LAB ASSISTANTS - STUDENT EMPLOYMENT

The Department of Nursing employs students as assistants for the nursing lab. To qualify for application for these positions, students should have a minimum of a 3.0 average in nursing courses and a recommendation from a faculty member who supervised them in clinical in the semester preceding their application.

STUDENT REPRESENTATION ON DEPARTMENT OF NURSING COMMITTEES

Sophomore, junior, and senior students will select a student representative to participate in nursing meetings.

Student representatives have the privilege to participate in the committees to which they are representatives. They have the privilege to speak in debate on an issue; however, they do not have the privilege to make motions nor are they entitled to a vote.

The Wheeling Jesuit University Catalog provides further information on academic policy.

TITLE 19
LEGISLATIVE RULES
WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES

SERIES 10
STANDARDS FOR PROFESSIONAL NURSING PRACTICE

19-10-1. General

- 1.1. Scope - This rule establishes standards of safe practice for the registered professional nurse, and serves as a guide for the board in evaluating nursing care to determine if it is safe and effective.
- 1.2. Authority - W. Va. Code 30-7-4.
- 1.3. Filing Date - March 31, 1994.
- 1.4. Effective Date - April 1, 1994.

19-10-2. Standards Related to the Registered Professional Nurse's Responsibility to Implement the Nursing Process

- 2.1 The registered professional nurse shall conduct and document nursing assessments of the health status of individuals and groups by:
 - 2.1.1. Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner. The data includes but is not limited to:
 - 2.1.1.a. The client's knowledge and perception about health status and potential, or maintaining health status;
 - 2.1.1.b. Consideration of the client's health goals;
 - 2.1.1.c. The client's biophysical and emotional status;
 - 2.1.1.d. The client's cultural religious and socio-economic background;
 - 2.1.1.e. The client's ability to perform activities of daily living;
 - 2.1.1.f. The client's patterns of coping and interacting;
 - 2.1.1.g. Environmental factors (e.g., physical, social, emotional and ecological);
 - 2.1.1.h. Available and accessible human and material resources;
 - 2.1.1.i. The client's family health history; and
 - 2.1.1.j. Information collected by other health team members;
 - 2.1.2. Sorting, selecting, reporting and recording the data; and
 - 2.1.3. Continuously validating, refining and modifying the data by utilizing all available resources, including interaction with the client, the client's family and significant others, and health team members
- 2.2. The registered professional nurse shall establish and document nursing diagnoses and/or client care needs which serve as the basis for the plan of care
- 2.3. The registered professional nurse shall identify expected outcomes individualized to the client and set realistic and measurable goals to implement the plan of care
- 2.4. The registered professional nurse shall develop and modify the plan of care based on assessment and nursing diagnosis and/or patient care needs. This includes:
 - 2.4.1. Identifying priorities in the plan of care;
 - 2.4.2. Prescribing nursing intervention(s) based upon the nursing diagnosis and/or patient care needs;
 - 2.4.3. Identifying measures to maintain comfort, to support human functions and responses, to maintain an environment conducive to well being, and to provide health teaching and counseling
- 2.5. The registered professional nurse shall implement the plan of care by:
 - 2.5.1. Initiating nursing interventions through:
 - 2.5.1.a. Writing nursing orders and or directives;
 - 2.5.1.b. Providing direct care;
 - 2.5.1.c. Assisting with care; and
 - 2.5.1.d. Delegating and supervising nursing care activities;
 - 2.5.2. Providing an environment conducive to safety and health;
 - 2.5.3. Documenting nursing interventions and responses to care; and
 - 2.5.4. Communicating nursing interventions and responses to care to other members of the health care team

- 2.6. The registered professional nurse shall evaluate patient outcomes and the responses of individuals or groups to nursing interventions. Evaluations shall involve the client, the client's family and significant others, and health team members
- 2.6.1. Evaluation data shall be documented and communicated to other members of the health care team
- 2.6.2. Evaluation data shall be used as a basis for reassessing the client's health status, modifying nursing diagnoses and/or patient care needs, revising plans of care, and prescribing changes in nursing interventions

19-10-3. Standards Related to the Registered Professional Nurse's Responsibility as a Member of the Nursing Profession

- 3.1. The registered professional nurse shall know the status and rules governing nursing and function within the legal boundaries of nursing practice
- 3.2. The registered professional nurse shall obtain instruction and supervision as necessary when implementing nursing techniques or practices
- 3.3. The registered professional nurse shall function as a member of the health team
- 3.4. The registered professional nurse shall collaborate with other members of the health team to provide optimum patient care
- 3.5. The registered professional shall consult with nurses and other health team members and make referrals as necessary
- 3.6. The registered professional nurse shall contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to nursing practice within the employment setting
- 3.7. The registered professional nurse shall participate in the systematic evaluation of the quality and effectiveness of nursing practice.
- 3.8. The registered professional nurse shall report unsafe nursing practice to the Board and unsafe practice conditions to recognized legal authorities
- 3.9. The registered professional nurse shall delegate to another only those nursing measures which that person is prepared or qualified to perform
- 3.10. The registered professional nurse shall supervise others to whom nursing interventions are delegate
- 3.11. The registered professional nurse shall retain professional accountability for nursing care when delegating nursing interventions
- 3.12. The registered professional nurse shall conduct practice without discrimination on the basis of age, race, religion, gender, sexual preference, socio-economic status, national origin, handicap, or disease
- 3.13. The registered professional nurse shall respect the dignity and rights of clients regardless of social or economic status, personal attributes, or nature of the client's health problems
- 3.14. The registered professional nurse shall respect the client's right to privacy by protecting confidential information unless obligated by law to disclose the information
- 3.15. The registered professional nurse shall respect the property of client, family, significant others, and the employer
- 3.16. The registered professional nurse assuming advanced practice shall be qualified to do so through education and experience as set forth in W.Va. Code 30-7-1 et seq. and the rule governing Announcement of Advanced Practice, 19 WV CSR 7

**TITLE 19
LEGISLATIVE RULES
WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES**

**SERIES 9
DISCIPLINARY ACTION**

19-9-1. General

- 1.1. Scope - This rule defines the role and authority of the board in investigation and resolution of disciplinary matters.
- 1.2. Authority - W.Va. Code 30-1-4
- 1.3. Filing Date - March 31, 1994.
- 1.4. Effective Date - April 1, 1994.

19-9-2. Definitions

The following words and phrases as used in this rule have the following meanings, unless the context otherwise requires:

- 2.1. "Board" means the West Virginia Board of Examiners for Registered Professional Nurses
- 2.2. "Complaint" refers to any written, verbal, or other communication with the board or its representatives which indicates or tends to indicate that a licensee is acting or has acted in violation of W.Va. Code 30-7-1 et seq. or 30-15-1 et seq., or rules governing the practice of registered professional nursing
- 2.3. "Impaired" refers to the condition of a licensee whose performance or behavior is altered through the use of alcohol, drugs, or other means
- 2.4. "Proof" refers to all types of evidence except testimony, including but not limited to records, documents, exhibits, concrete objects, laboratory or other tests
- 2.5. "Structured treatment program" refers to a program for physical, psychological, social and/or spiritual rehabilitation, if the program has been expressly approved by the board
- 2.6. "Testimony" refers to evidence given by a witness under oath or affirmation, including but not limited to oral statements, affidavits, or depositions

19-9-3. Investigation

- 3.1. Upon complaint or on its own initiative, the board or its employees or designees may investigate conduct which is occurring or has occurred which would violate W.Va. 30-7-1 et seq., 30-15-1 et seq/, or rules governing the practice of registered professional nursing
- 3.2. For the purposes of an investigation by the board:
 - 3.2.1. The executive secretary or assistant executive secretary may subpoena witnesses and documents and administer oaths;
 - 3.2.2. The board or its authorized agents may depose witnesses, take sworn statements and collect other evidence;
 - 3.2.3. The board may institute proceedings in the courts of this state to enforce its subpoenas for the production of witnesses and documents and its orders and to restrain and enjoin violations of W.Va. Code 30-7-1 et seq., 30-15-1 et seq., or rules governing the practice of registered professional nursing;
 - 3.2.4. The board shall review pertinent medical records during the course of its investigation, and shall remove patient identifying information from records which are introduced as evidence at any disciplinary hearing;
 - 3.2.5. The board, or its employees or designees within the limits of authority granted by the board, may employ investigators, consultants and other employees as may be necessary to assist in an investigation;
 - 3.2.6. All powers of the board and its employees or designees may be exercised to investigate a matter, even if a hearing or disciplinary action does not result from the investigative findings;
 - 3.2.7. Upon a finding of probable cause that a basis for disciplinary action exists, the board may require a registered professional nurse or a person applying for licensure to practice as a registered professional nurse in this state to submit to a physical or psychological examination by a practitioner approved by the board. Any individual who applies for or accepts the privilege of practicing as a registered professional nurse in this state is considered to have given consent to submit to all such examinations when requested to do so in writing by the board and to have waived all objections to the admissibility of the testimony or examination report of any examining practitioner on the ground that the testimony or

report is privileged communication. If an applicant or licensee fails or refuses to submit to any examination under circumstances which the board finds are not beyond his or her control, such failure is prima facie evidence of his or her inability to practice as a registered professional nurse competently and in accordance with accepted standards for professional practice. A registered professional nurse or person applying for licensure as a registered professional nurse who is adversely affected by this provision may request a hearing within thirty days of any action taken by the board

19-9-4 Disciplinary Action

- 4.1. The board has the authority to deny, revoke, suspend, or otherwise discipline a licensee or applicant for licensure upon proof that the licensee or applicant for licensure has violated the provisions of W.Va. Code 30-7-1 et seq.
- 4.1.1. The board shall afford every person subject to disciplinary proceedings an opportunity for a hearing, as set forth in the board's rule regarding Contested Case Hearing Procedure, 19 CSR5;
- 4.1.2. If an applicant for licensure or a licensee fails to appear at a scheduled hearing or fails to reply to the notification of hearing, the charges specified may be taken as true and the board may proceed with the disciplinary action;
- 4.1.3. Following a hearing before the board or its hearing examiner, the board will issue its decision on any disciplinary matter;
- 4.1.4. The board may establish a committee that has the authority to resolve disciplinary matters through a formal consent agreement with a licensee, permitting the licensee to voluntarily agree to disciplinary action in lieu of a formal evidentiary hearing
- 4.1.5. The board or its authorized committee may take disciplinary action which includes, but is not limited to, the denial, suspension, or revocation of a license is due at the time the licensee requests reinstatement of the license. A fee imposed in conjunction with penalties other than the suspension of the license is due and payable within six (6) months of the date of the order assessing the fee. A licensee who fails to pay a fee assessed by the board as a part of a disciplinary proceeding within the time period contained in this rule or as otherwise agreed upon between the parties is not eligible for renewal of the license until the fee is paid
- 4.1.6. If the board finds that public health, safety and welfare requires emergency action and incorporates a finding to that effect into its order, the board shall order summary suspension of a license pending proceedings for revocation or other action. The board shall promptly institute and determine further disciplinary action

19-9-5 Professional Misconduct

- 5.1. Pursuant to W.Va. Code 30-7-11 (f), the board is authorized to take disciplinary action against an applicant or licensee upon proof that the individual "[I]s guilty of conduct derogatory to the morals or standing of the profession of registered nursing." The board determines that the following conduct, if proven by a preponderance of evidence, constitutes professional misconduct subject to disciplinary action pursuant to W.Va. Code 30-7-11(f):
 - 5.1.1. Failing to adhere to common and current standards for professional nursing practice, including but not limited to standards established by a national professional nursing organization, nursing research, nursing education, or the board;
 - 5.1.2. Failing to adhere to established standards in the practice setting to safeguard patient care;
 - 5.1.3. Committing knowingly an act which could adversely affect the physical or psychological welfare of a patient;
 - 5.1.4. Abandoning patients by terminating responsibility for nursing care, intervention, or observation without properly notifying appropriate personnel and ensuring the safety of patients;
 - 5.1.5. Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities that the nurse knows or has reason to know that he or she is not licensed, qualified, or competent to perform;
 - 5.1.6. Impersonating another licensed practitioner;
 - 5.1.7. Permitting another person to use the licensee's license for any purpose;
 - 5.1.8. Permitting, aiding, or abetting an unlicensed, or unregistered person to perform activities requiring a license, certificate, or registration;
 - 5.1.9. Delegating professional responsibilities to a person when the registered professional nurse delegating such responsibilities knows or has reason to know that person is not qualified by training, experience or licensure to perform them;
 - 5.1.10. Practicing registered professional nursing while the license is suspended, lapsed, or inactive;
 - 5.1.11. Failing to comply with terms and conditions as may be imposed by the board based upon previous disciplinary action of the board;
 - 5.1.12. Practicing professional nursing while the ability to safely and effectively practice is compromised by alcohol or drugs;
 - 5.1.13. Practicing professional nursing while the ability to safely and effectively practice is compromised by physical or mental disability;

- 5.1.14. Refusing or failing to report for a physical or mental examination, including but not limited to laboratory or other tests, requested by the board;
- 5.1.15. Providing false or incorrect information to an employer regarding the status of a license, or failing to inform an employer of a change in the status of a license;
- 5.1.16. Knowingly falsifying an application for employment;
- 5.1.17. Knowingly providing false information regarding completion of educational programs;
- 5.1.18. Falsifying patient records or intentionally charting incorrectly;
- 5.1.19. Improperly, incompletely, or illegibly documenting the delivery of nursing care, including but not limited to treatment or medication;
- 5.1.20. Knowingly making or filing a false report;
- 5.1.21. Knowingly or negligently failing to file a report or record required by state or federal law;
- 5.1.22. Willfully impeding or obstructing the filing of a report or record required by state or federal law;
- 5.1.23. Inducing another person to file a false report, fail to file a report required by state or federal law, or obstruct the filing of a report required by state law, or obstruct the filing of a report required by state or federal law;
- 5.1.24. Failing to report to the board the incompetent, unethical, illegal, or impaired practice of a registered professional nurse;
- 5.1.25. Failing to report through proper channels the incompetent, unethical, illegal, or impaired practice of another person who is providing health care;
- 5.1.26. Impeding or obstructing an investigation by the board by failing to comply or respond to requests for action or information, whether such failure is knowing or negligent;
- 5.1.27. Violating any provision of W.Va. Code 30-7-1 et seq., or rules governing the practice of registered professional nursing, or a rule or order of the board, or failing to comply with a subpoena or subpoena duces tecum issued by the board;
- 5.1.28. Failing to register or notify the board of any changes of name or mailing address;
- 5.1.29. Failing to disclose to the board a criminal conviction in any jurisdiction;
- 5.1.30. Conviction of a misdemeanor with substantial relationship to the practice of registered professional nursing, in a court of competent jurisdiction;
- 5.1.31. Failing to disclose to the board treatment or counseling for substance abuse, or participation in any professional peer assistance program;
- 5.1.32. Providing false information on any application for licensure by examination or endorsement, or an application for renewal, or any other document submitted to the board for the purpose of licensure, advanced practice recognition, or prescriptive authority;
- 5.1.33. Misappropriating medications, supplies, or personal items of a patient or employer;
- 5.1.34. Self-administering or otherwise taking into the body any prescription drug in any way not in accordance with a legal, valid prescription or the use of any illicit drug;
- 5.1.35. Prescribing, dispensing, administering, mixing or otherwise preparing a prescription drug, including any controlled substance under state or federal law, other than in good faith and in a therapeutic manner in accordance with accepted nursing practice standards and in the course of professional nursing practice, or in accordance with the board's rule governing prescriptive authority, 19 CSR 8;
- 5.1.36. Physically or verbally abusing, or failing to provide adequate protection or safety for an incapacitated individual in the context of a nurse-patient/client relationship;
- 5.1.37. Using the nurse-patient/client relationship to exploit a patient or client;
- 5.1.38. Exercising influence or advantage within a nurse-patient/client relationship for the purpose of engaging a patient or client in sexual activity;
- 5.2. A finding of guilt for improper disciplinary agency or licensing or certifying body or board in this or another state or territory, where the conduct upon which the finding was based would, if committed in this state, constitute professional misconduct under the laws of this state, may serve as a basis for disciplinary action by this board.

19-9-6. Impaired Nurse Treatment Program

- 6.1 Pursuant to W.Va. Code 30-7-11, the board has the authority to deny, revoke, suspend, or otherwise discipline an applicant or licensee upon proof of prohibited conduct. Pursuant to that authority, the board may permit the licensee or applicant for licensure to participate in a structured treatment program and meet other terms and conditions for continued licensure, in lieu of disciplinary action.
 - 6.1.1. Participating in an approved treatment program may be monitored by a designee of the board;
 - 6.1.2. The board may allow an applicant or licensee that remains in compliance with the terms of an approved treatment program, to the satisfaction of the board's designee, to not appear before the board or hearing examiner to respond further to charges of misconduct;

- 6.1.3. An applicant or licensee that fails to comply with the terms of an approved treatment program, to the satisfaction of the board's designee, may be subject to further disciplinary action to the fullest extent of the board's authority;
- 6.2. The board may establish or approve impaired nurse treatment programs.