Notice of Non-Discrimination

Alderson Broaddus University is committed to providing and maintaining a learning and working environment that is free from any form of illegal discrimination or harassment in accordance with federal, state and local law, including Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VI and Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, the Americans with Disabilities Amendments Act, the Age Discrimination in Employment Act, the West Virginia Human Rights Act, and their implementing regulations. Specifically, the University does not discriminate on the basis of sex, age, race, color, national origin, disability, religion, veteran status, or any other characteristic protected by federal, state and local law in recruitment, admission, educational programs, University activities or employment. There will be no retaliation against any individual who makes a good faith report of discrimination or harassment or participates in or cooperates with any investigation of alleged discrimination or harassment.

The following person has been designated to handle inquiries regarding the University’s non-discrimination policies:

Matthew Sisk/Title IX Coordinator
101 College Hill Drive
Philippi WV 26416
304-457-6356
siskmr@ab.edu

Additionally, you may contact the United States Department of Education, Office of Civil Rights:
U.S. Department of Education, Office of Civil Rights
Lyndon Baines Johnson Department of Education Building
400 Maryland Avenue, SW
Washington DC 20202-1100
Email: OCR@ed.gov

Notice of Disclaimer

Nothing in this publication or any of Alderson Broaddus University written policies, handbooks, or other documents, and nothing stated orally by a representative of the University should be construed to create any contractual obligations on the part of the University. Furthermore, no one at the University is authorized to contractually obligate the University to any student unless the obligation is in writing and is signed by the President of the University or his designee. Recognizing that changes may be necessary, the University reserves the right to change at any time its policies, guidelines, and procedures, including without limitation, the University’s curricula, course offerings, fees, requirements for graduation, and any other matters set forth in the various catalogs, manuals, written policies, and other documents, at the sole discretion of the University.

Alderson Broaddus University provides support for disabled students. If you are qualified for such support, contact the coordinator of your course.

Each student is responsible for and accountable to the information in the School of Nursing Policy & Procedure Manual found online on http://ab.edu/academics/nursing/
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Welcome to Alderson Broaddus University School of Nursing, and the College of Health, Science, Technology, and Mathematics! We hope that your years here will be exciting and rewarding as you pursue your baccalaureate in nursing degree. The purpose of publishing the Student Policy and Procedure Manual is to ensure that the policies of the School of Nursing are public and accessible.

The School of Nursing policies are nondiscriminatory and are congruent with the mission of the university. The task of educating practitioners, who are prepared to safely practice professional nursing at the generalist level, mandates that certain nursing academic and clinical conduct requirements are more stringently delineated than general university requirements. In the event that a School of Nursing policy differs from the general university policy, communication of that difference occurs via this manual.

The Policy and Procedure Manual is available to all students with the updated version maintained on the website at http://ab.edu/academics/nursing/ The provisions in the Policy and Procedure Manual are NOT to be regarded as an irrevocable contract between the student and the School of Nursing. The School of Nursing reserves the right to make and designate the effective date of curricula policies and other regulations at any time such changes are considered to be desirable or necessary. Policies affecting nursing students and/or nursing faculty are developed and/or revised through the action of various School of Nursing committees and finalized by the Nursing Faculty Organization. Revised or new policies and procedures will be reported to students and faculty with discussion as appropriate with notification of changes occurring electronically, via student, and faculty meetings.

Any questions or concerns not covered in this manual should be directed to the Chair of the School of Nursing, faculty members, or academic advisors.

Updated and Revised: 8/02; 8/03; 5/04; 6/05; 5/06; 7/07; 5/08; 5/09; 8/13; 5/14; 5/18, 4/19
Accreditation

Alderson Broaddus University’s nursing major offers three different programs that lead to a Bachelor of Science degree in Nursing and prepares a nurse generalist with the knowledge, skills, attitudes, behaviors, and values to be safe responsible practitioners of professional nursing. The School of Nursing offers a traditional, a weekend LPN-BSN, and an online RN-BSN track of study. Each course of study includes a liberal arts education and a sequence of professional courses. On graduation from the traditional and LPN-BSN programs, the graduate will have completed the educational requirements to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The programs offered by the School of Nursing is accredited by the Accreditation Commission for Education in Nursing (ACEN), and is approved by the West Virginia Board of Examiners for Registered Professional Nurses (WVBOERN). The School of Nursing is an agency member of the Council of Baccalaureate and Higher Degree Programs of the National League for Nursing.

Accrediting Agency:
Accreditation Commission for Education in Nursing, Inc.
(ACEN)
3343 Peachtree Road NE, Suite 850
Atlanta, Georgia  30326
(404) 975-5000
www.acenursing.org

Approved by:
State of West Virginia Board of Examiners for Registered Professional Nurses
(WVBOERN)
90 MacCorkle Avenue SW
Suite 203
South Charleston, WV  25303
(304) 558-3596
www.wvrnboard.com

Additionally, through the cooperative efforts of the School of Nursing and Department of Education, a School Nurse Certification Option is offered. Graduates who have completed the requirements for this option and who have passed the NCLEX-RN Exam may apply for the certification from the West Virginia Department of Education through the Division of Education.
Alderson Broaddus University School of Nursing Mission

The School of Nursing’s mission is to provide students with the highest quality education preparing them for success as a generalist in the practice of professional nursing with a curriculum built on the standards of contemporary nursing practice educating students to provide quality, safe, evidence-based nursing care to diverse patient populations across the lifespan. The School of Nursing seeks to provide an educational environment encouraging students to regard professional nursing as a service to humanity, respect scholarly endeavor, become responsible citizens, and apply moral and ethical integrity in their lives and decisions. By providing an education grounded in the liberal arts, students are prepared to fulfill their roles in a diverse society as well-rounded and responsible nurses.

School of Nursing Philosophy

The philosophy of the School of Nursing is derived from basic beliefs about education and professional nursing. The faculty believes the patient, whether viewed as an individual or collectively as family, group, community, or society, is unique and holistic, merit[ing] safe quality patient-centered care as exemplified in the nurse-patient relationship operationalized by the nursing process. Furthermore, the faculty views nursing as a caring, therapeutic, interpersonal profession that values diversity, and embodies Christian service to holistically address patient health needs in collaboration with the interprofessional health care system.

The faculty believes a baccalaureate nursing education grounded in the liberal arts provides learners with the opportunity to acquire the knowledge, skills, attitudes, behaviors, and values to become safe, responsible practitioners of professional nursing. The teaching-learning relationship between faculty and learner is central to quality education. Learners are expected to demonstrate integrity and be self-disciplined, self-directed, and accountable for their own
learning. The faculty is responsible for creating a caring environment in which knowledge is shared and role development enhanced.

**School of Nursing Purpose and Outcomes**

The purpose of the curriculum leading to the Bachelor of Science in Nursing is to prepare the student to function as an advanced beginning professional nurse in any health care setting. Graduates of the program will value scholarly endeavors and become lifelong learners. Congruent with the mission and institutional student learning outcomes of the institution, the nursing program prepares graduates who:

1. Create patient-centered, safe, quality evidence-based nursing care with diverse patients across the life span.
2. Design a caring environment for the patient, family and community to promote wellness, prevent disease, and facilitate healing.
3. Generate critical thinking necessary to provide quality patient care.
4. Professionally communicate/collaborate with members of the interprofessional team, the patient, family and community to provide and improve patient care.
5. Exemplify leadership in a variety of healthcare settings for diverse patient populations.
6. Synthesize information technology to communicate, manage knowledge, mitigate error and support decision-making.
7. Assimilate professional, ethical and legal guidelines in practice as a baccalaureate-prepared professional nurse.

Assurance of these outcomes is dependent upon a learning environment built on educational theory grounded in the mission, while addressing the needs of the students. End-of-program student learning outcomes define the individual student outcomes to be achieved by the learner. Program outcomes are the benchmarks for each graduating class which include the yearly NCLEX-RN® pass rate, program completion rate, and job placement rate.

Original: December 15, 2011; edited March 28, 2012; reviewed May 2014; revised January 25, 2017; reviewed June 29, 2017, August 22, 2017; May 7, 2018; Revised May 8, 2019
Alderson Broaddus University School of Nursing Purpose and Goals

As an integral part of Alderson Broaddus University, the School of Nursing shares the overall aim of the University, which is to help students respect scholarly endeavor, gain skills in growth and learning, and develop moral and ethical integrity in every phase of life. Building on a liberal arts foundation, students are encouraged to become responsible citizens who regard their vocation as a service to humanity stemming from a basic commitment to God and offered for the benefit of the client.

The purpose of the curriculum leading to the Bachelor of Science in Nursing is to prepare the student to function as a competent beginning professional nurse in any health care setting. Graduates of the program will value scholarly endeavors and become life-long learners.

Congruent with the mission and vision of the institution, the goals of the nursing program are to prepare graduates who:

1. Possess the knowledge, skills, attitudes, behaviors, and values necessary to assist the client experiencing crisis to meet human needs.
2. Assume professional nursing roles to provide competent professional nursing care to individuals, families, groups, communities, and society within a rapidly changing environment.
3. Are eligible to apply for licensure as registered nurses.
5. Are accountable to the ANA Standards of Practice and the Standards for Professional Nursing Practice of the West Virginia State Board of Nursing.
Rationale for Allocation of Credit

Traditional Program

All nursing and laboratory course credits are consistent with university policy. University credit allocations are determined on semester hours as stated in the Alderson Broaddus University Catalog. Credits are expressed in semester hours. Fifteen regular class sessions of one hour with two hours of preparation per class session or fifteen three- or four-hour laboratory sessions will yield one semester hour of credit. Generally, therefore, a three-credit course will meet in three one-hour sessions per week, with an additional three-hour period for final examinations.

RN-BSN Degree Completion Program

Progression within the program will be based on time of enrollment and students’ program of study decision to proceed as a part-time or full-time student.

Part-time student will be scheduled 3 credit hours per 8-week session.
Full-time student will be scheduled no more 6 credit hours per 8-week session.

Number of electives will depend on students transfer credits received.
Students will proceed with taking required nursing courses first (24 credit hours) and then liberal arts electives until the required 120 credits are acquired for graduation.

Nursing 405 is the first required course followed by Nursing 415, 425, 435, 445, 455, 465. with Nursing 475 as the nursing capstone course.

Adult Learning Credit Formula

The LPN-BSN program is considered a non-traditional program. Credit for courses completed at Alderson Broaddus University will be awarded following the adult learning formula: 3 academic credit is awarded for 20 contact hours in a lecture course. Clinical credits are awarded following the established formula of 1 academic credit awarded for 3 contact hours per week.
Traditional Program Progression Plan

Need ACT Composite of 20 to Enroll in BIOL 270

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit</th>
<th>Subject</th>
<th>Credit</th>
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</thead>
<tbody>
<tr>
<td>MATH - 113 or Higher **</td>
<td>3</td>
<td>HSCI-100 (Medical Terminology)</td>
<td>2</td>
</tr>
<tr>
<td>BIOL-270 (A&amp;P I)</td>
<td>4</td>
<td>CHEM-190 **</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BIOL-271 (A&amp;P II)</td>
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</tbody>
</table>

Level I

Must complete all pre-requisites with “C” or higher; Pass HESI A2 with Composite of 69%; GPA 2.5 to enter Nursing

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit</th>
<th>Subject</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 210 - Intro. To the Art of Prof. Nursing</td>
<td>2</td>
<td>NRSG 260 - Acute Psych Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 220 - Care of the Patient Across the Lifespan</td>
<td>6</td>
<td>NRSG 270 - Pharmacology for Nursing</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 250 - Health Assessment</td>
<td>3</td>
<td>NRSG 280 - Care of the Adult I</td>
<td>5</td>
</tr>
<tr>
<td>HSCI-260 (Nutrition)</td>
<td>3</td>
<td>PHIL-391 (Medical Ethics) **</td>
<td>3</td>
</tr>
<tr>
<td>HSCI-225 (Medical Informatics) **</td>
<td>3</td>
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<td></td>
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</table>

Level II

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit</th>
<th>Subject</th>
<th>Credit</th>
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</thead>
<tbody>
<tr>
<td>NRSG 310 - Nursing Research</td>
<td>3</td>
<td>NRSG 370 - Nursing Care of Children</td>
<td>6</td>
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<tr>
<td>NRSG 330 - Care of the Childbearing Family &amp; Women’s Health</td>
<td>5</td>
<td>NRSG 380 - Care of Adults III</td>
<td>5</td>
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<tr>
<td>NRSG 340 - Care of the Adult II</td>
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Level III

<table>
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<tr>
<th>Subject</th>
<th>Credit</th>
<th>Subject</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 410 - Care of Patient with Complex Health Issues I</td>
<td>5</td>
<td>NRSG 450 - Nurse as Manager</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 420 - Community Mental Health Nursing</td>
<td>4</td>
<td>NRSG 460 - Care of Patient with Complex Health Issues II</td>
<td>5</td>
</tr>
<tr>
<td>NRSG 430 - Improving Critical Thinking through Test Taking Strategies: NCLEX-RN Part I</td>
<td>1</td>
<td>NRSG 470 - Community as Client</td>
<td>4</td>
</tr>
<tr>
<td>NRSG 495 - Educational Foundations &amp; School Law (elective) ***</td>
<td>2</td>
<td>NRSG 480 - Improving Critical Thinking through Test Taking Strategies: NCLEX-RN Part II</td>
<td>1</td>
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<tr>
<td></td>
<td></td>
<td>MATH 251 (Statistics)(elective)</td>
<td>3</td>
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</tbody>
</table>

*Pre /Co-requisites or Required Support Courses  Meets Lib Studies Requirements **

Please refer to Policy and Procedure Manual for more information regarding School Nurse Certification ***

REQUIREMENTS FOR GRADUATION: The student must earn a grade of C or higher in all required support courses, a 2.5 cumulative GPA, and must pass (or meet remediation requirements) for HESI Exit comprehensive examination. Nursing courses require a grade of C in each course to progress in the major.

While nursing courses follow in sequence, Advisors work with each student to individualize their progression plan to facilitate choices among liberal studies and elective courses to total the 120 credit hours needed to graduate.

Initiated: March 7, 2012; Revised: October 2016; December 2016, April 2018
### LPN-BSN Progression Plan

Must pass HESI A2 with Composite of 69%; Unencumbered LPN License

<table>
<thead>
<tr>
<th>Summer Level I</th>
<th>Credits</th>
<th>Fall Level I</th>
<th>Credits</th>
<th>Spring Level I</th>
<th>Credits</th>
<th>Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 205 – Transition to Professional Nursing</td>
<td>4</td>
<td>NRSG 250 – Health Assessment</td>
<td>3</td>
<td>NRSG 260 – Acute Psych Nursing</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>DEVL MATH</td>
<td>3</td>
<td>NRSG 270 - Pharmacology</td>
<td>3</td>
<td>NRSG 280 – Care of the Adult I</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>MATH 113** – College Algebra (Liberal Studies Goal I-B)</td>
<td>3</td>
<td>RELGION (Liberal Studies Goal II-B-1)</td>
<td>3</td>
<td>HSCI 225** – Medical Informatics (Liberal Studies Goal I-C)</td>
<td>3</td>
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<tr>
<td>ENGL190 – Freshman Composition (Liberal Studies Goal I-A-1)</td>
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<td>FINE ART (Liberal Studies Goal II-F)</td>
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<th>Summer Level II</th>
<th>Credits</th>
<th>Fall Level II</th>
<th>Credits</th>
<th>Spring Level II</th>
<th>Credits</th>
<th>Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYC 220** – Human Development (Liberal Studies Goal II-C-1)</td>
<td>3</td>
<td>NRSG 310 – Nursing Research</td>
<td>3</td>
<td>NRSG 330 – Care of Childbearing Fam.</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>ENGL 200 – Advanced Composition (Liberal Studies Goal I-A-2)</td>
<td>3</td>
<td>NRSG 340 – Care of the Adult II</td>
<td>5</td>
<td>NRSG 380 – Care of the Adult II</td>
<td>5</td>
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</tr>
<tr>
<td>COMM 130/140 – Public Speaking/Communications (Liberal Studies Goal I-A-3)</td>
<td>3</td>
<td>NRSG 370 – Nursing Care of Children</td>
<td>6</td>
<td>PHIL 391** – Medical Ethics (Liberal Studies Goal II-B-2)</td>
<td>3</td>
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<td>13</td>
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<table>
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<tr>
<th>Summer Level III</th>
<th>Credits</th>
<th>Fall Level III</th>
<th>Credits</th>
<th>Spring Level III</th>
<th>Credits</th>
<th>Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH Literature (Liberal Studies Goal II.E)</td>
<td>3</td>
<td>NRSG 410 – Care of Patient W/ Complex Health</td>
<td>5</td>
<td>NRSG 450 – Nurse As Manager</td>
<td>3</td>
<td></td>
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<tr>
<td>POLS/ECON – Political Science/ Economics (Liberal Studies Goal II.C-2)</td>
<td>3</td>
<td>NRSG 420 – Community Mental Health Nursing</td>
<td>4</td>
<td>NRSG 460 – Care of Patient w/ Complex Issues. II</td>
<td>5</td>
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</tr>
<tr>
<td>HISTORY (Liberal Studies Goal II.D)</td>
<td>3</td>
<td>NRSG 430 – NCLEX-RN Pt. 1</td>
<td>1</td>
<td>NRSG 470 – Community As Client</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>NRSG 495* – Educ. Found &amp; School Law</td>
<td>2</td>
<td>NRSG 480 – NCLEX-RN Pt. II</td>
<td>1</td>
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<tr>
<td>Escrow (Up To 20 Credits)</td>
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<tr>
<td>Minus DEVL MATH</td>
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<tr>
<td>Total Credits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>123</td>
</tr>
</tbody>
</table>

**REQUIREMENTS FOR GRADUATION:** The student must earn a grade of C or higher in all required support courses, a 2.5 cumulative GPA, and must pass (or meet remediation requirements) for HESI Exit comprehensive examination. Nursing courses require a grade of C in each course to progress in the major. While nursing courses follow in sequence, Advisors work with each student to individualize their progression plan to facilitate choices among liberal studies and elective courses to total the 120 credit hours needed to graduate.

*Elective Course  ** Nursing Requirement that Meets Liberal Studies

Revised 2/21/2019
RN to BSN Online Program

Progression within the program will be based on time of enrollment and students’ program of study decision to proceed as a part-time or full-time student.

Part-time student will be scheduled 3 credit hours per 8-week session.
Full-time student will be scheduled no more 6 credit hours per 8-week session.

Number of electives will depend on students transfer credits received.
Students will proceed with taking required nursing courses first (24 credit hours) and then liberal arts electives until the required 120 credits are acquired for graduation.

Nursing 405 is the first required course followed by Nursing 415, 425, 435, 445, 455, 465 with Nursing 475 as the nursing capstone course.

Sample Schedule for RN-BSN Program Students

<table>
<thead>
<tr>
<th>1st 8 weeks</th>
<th>2nd 8 weeks</th>
<th>3rd weeks</th>
<th>4th 8 weeks</th>
<th>5th 8 weeks</th>
<th>6th 8 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing 405 3 credit hours</td>
<td>Nursing 425 3 credit hours</td>
<td>Nursing 435 3 credit hours</td>
<td>Nursing 445 3 credit hours</td>
<td>Nursing 455 3 credit hours</td>
<td>Nursing 465 3 credit hours</td>
</tr>
<tr>
<td>Nursing 415 3 credit hours</td>
<td>Liberal Studies 3 credit hours</td>
<td>Liberal Studies 3 credit hours</td>
<td>Liberal Studies 3 credit hours</td>
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*See Liberal Studies Check sheet for graduation requirements.
Nursing Course Descriptions

NRSG 205 Transition to Professional Nursing (LPN-BSN)
This course assists the LPN-BSN student through the initial transition from the role of licensed practical nurse to the role of baccalaureate prepared professional registered nurse. The philosophy, goals, program and student learning outcomes are presented within the context of the Nursing curriculum. The student integrates the concepts of professionalism, scientific methods of inquiry, and critical thinking as applied to baccalaureate professional nursing practice. Emphasis on the leveled student learning outcomes pervades this transitions course. Co-Requisites: DEVL 011, MATH 113
4 Semester hours

NRSG 210 Introduction to the Art of Healing (Traditional)
This theory course introduces the student to art of professional baccalaureate nursing practice through story telling. Using professional sources, students read and discuss true stories told by practicing professional nurses. Students then make linkages with Alderson Broaddus University, Department of Nursing Leveled Student Learning Outcomes: The NCLEX-RN Detailed Test Plan; the American Nurses Association Standards; the West Virginia Board of Nurse Examiners-RN Standards and other evidence-based guides for the education of professional baccalaureate nurses. This course is taught concurrently with the first didactic/clinical course of the program. 2 semester hours lecture, 0 semester hours clinical. Pre-Requisites: BIOL 271, CHEM 190. Co-Requisites: NRSG 220 and NRSG 250.

NRSG 220 Care of the Patient Across the Lifespan (Traditional)
Focuses on foundational concepts necessary for safe, quality, patient-centered nursing care to diverse populations across the lifespan, while integrating legal and ethical responsibilities of the professional nurse. Introduces caring, critical thinking, the nursing process and communication techniques used when interacting with patients and members of the interprofessional team and explains evidence-based nursing practice. Includes the acquisition of foundational psychomotor skills and the application of these skills in a laboratory and structured clinical setting. (3 semester hours lecture and 3 semester hours clinical). Pre-Requisites: BIOL 270 and 271; CHEM 190; MATH 113; HSCI 100. Co-Requisite: NRSG 210 and NRSG 250

NRSG 250 Health Assessment (Traditional/LPN-BSN)
This course focuses on the theoretical basis and psychomotor skills used when assessing the health status of individuals while emphasizing cultural diversity, age-related differences, and lifestyle factors. It introduces the role of the professional nurse in identifying and communicating normal findings and common deviations from normal. The skills lab experience provides the opportunity to apply cognitive and psychomotor skills incorporating caring while performing a systematic, patient-centered health assessment. (2 semester hours lecture and 1 semester hour clinical). Traditional Co-Requisites: NRSG 210, and NRSG 220. LPN-BSN Pre Requisites: NRSG 205, MATH 113 or Higher; Co-Requisite: NRSG 270

NRSG 260 Acute Psychosocial Nursing (Traditional/LPN-BSN)
Acute psychosocial nursing focuses on the acquisition and application of the theoretical basis for quality, safe, evidence-based, patient-centered nursing care for patients experiencing acute psychiatric alterations. This course focuses on care that is developmentally and culturally appropriate for patients needing mental health interventions and incorporates critical thinking, quality improvement, collaboration, and information technology as they relate to the care of diverse patients on the mental health unit. Integration of standards of practice and legal and ethical responsibilities occur as the professional nurse practices therapeutic use of self with psychiatric patients. (1.5 semester hours lecture and 1.5 semester hours clinical). Traditional: Pre-Requisites: NRSG 210, NRSG 220 and NRSG 250. Co-Requisites: NRSG 270 and NRSG 280. LPN-BSN: Pre-Requisites: NRSG 250, NRSG 270; Co-Requisites: NRSG 280

NRSG 270 Pharmacology for Nursing (Traditional/LPN-BSN)
Pharmacology for Nursing introduces general principles of pharmacology as they relate to safe, quality, patient-centered, evidence-based nursing care of individuals by focusing on developmentally and culturally appropriate interventions. Includes an introduction to pharmacotherapeutics through an explanation of drug classifications with prototype drugs as well as on medication used to treat stable patients with common health alterations. Includes supplemental instruction on dosage calculations. (3 semester hours lecture). Traditional Pre-Requisites: NRSG 210, NRSG 220 and NRSG 250. Co-Requisites: NRSG 260 and NRSG 280. LPN-BSN Pre Requisites: NRSG 205, MATH 113 or Higher; Co-Requisite: NRSG 250
NRSG 280  Care of the Adult I (Traditional/LPN-BSN)
This course is the first of a series of courses that focuses on the acquisition and application of the theoretical basis for quality, safe, evidence-based, patient-centered nursing care for acutely ill but stable patients experiencing medical/surgical conditions. This course focuses on care that is developmentally and culturally appropriate for patients with non-complex medical/surgical conditions and incorporates critical thinking, quality improvement, collaboration, and information technology as they relate to the care of diverse patients in the medical/surgical setting. Integrates standards of practice and legal and ethical responsibilities of the professional nurse when caring for patients undergoing medical/surgical interventions. Includes the acquisition of foundational psychomotor skills and the application of these skills in laboratory and structured clinical setting. (3 semester hours lecture and 2 semester hours clinical). Traditional Pre-Requsites: NRSG 210, NRSG 220 and NRSG 250. Co-Requisites: NRSG 260 and NRSG 270. LPN-BSN Pre Requisites: NRSG 250, NRSG 270; Co-Requisite: NRSG 260

NRSG 310 Nursing Research (Traditional/LPN-BSN)
Building on the introductory concepts of evidence-based nursing practice from earlier courses, students examine all aspects of the research process as it relates to the baccalaureate nurse’s role in research. Identification of practice issues, appraisal and integration of evidence, evaluation of patient outcomes and sharing best practices occurs with the interprofessional healthcare team as addressed. (3 semester hours lecture and 0 semester hours clinical). Traditional Pre-Requsites: NRSG 260 NRSG 270, and NRSG 280. Co-Requisites: NRSG 330 and NRSG 340. LPN-BSN Pre Requisites: NRSG 260, NRSG 280; Co-Requisite: NRSG 340, NRSG 370

NRSG 330 Care of the Childbearing Family and Women's Health (Traditional/LPN-BSN)
This course focuses on the acquisition and application of the theoretical basis for quality, safe, evidence-based, patient-centered nursing care for patient/family centered nursing care of the childbearing family. Focuses on care that is developmentally and culturally appropriate for the childbearing family with an additional emphasis on women’s health and incorporating critical thinking, quality improvement, collaboration and information technology as they related to the care of diverse patients on the maternal/child unit. Integrates standards of practice and legal and ethical responsibilities of the professional nurse when caring for the childbearing family. (3 semester hours lecture and 2 semester hours clinical). Traditional Pre-Requsites: NRSG 260 NRSG 270, and NRSG 280. Co-Requisites: NRSG 310 and NRSG 340. LPN-BSN Pre Requisites: NRSG 310, NRSG 340, NRSG 370; Co-Requisite: NRSG 340, NRSG 370

NRSG 340 Care of the Adult II (Traditional/LPN-BSN)
Care of Adults II builds on NRSG 280 and focuses on the acquisition and application of the theoretical basis for quality, safe, evidence-based, patient-centered nursing care for patients experiencing acute, stable and unstable, medical/surgical conditions. This course focuses on care that is developmentally and culturally appropriate and incorporates critical thinking, quality improvement, collaboration, and information technology as they relate to the care of diverse patients in the medical/surgical setting. Integrates standards of practice and legal and ethical responsibilities of the professional nurse when caring for patients undergoing medical/surgical interventions. (3 semester hours lecture and 2 semester hours clinical). Traditional Pre-Requsites: NRSG 260 NRSG 270, and NRSG 280. Co-Requisites: NRSG 310 and NRSG 330. LPN-BSN Pre Requisites: NRSG 260, NRSG 280; Co-Requisite: NRSG 310, NRSG 330.

NRSG 370 Nursing Care of Children (Traditional/LPN-BSN)
This course focuses on the acquisition and application of the theoretical basis for quality, safe, evidence-based, patient-centered nursing care for children and their families that is developmentally and culturally appropriate and incorporates critical thinking, quality improvement, collaboration and information technology as they relate to the care of diverse patients on the pediatric acute care setting. Integrates standards of practice and legal and ethical responsibilities of the professional nurse. (4.5 semester hours lecture and 1.5 semester hours clinical). Traditional Pre-Requsites: NRSG 310, NRSG 330 and NRSG 340. Co-Requisites: NRSG 380. LPN-BSN Pre Requisites: NRSG 260, NRSG 280; Co-Requisite: NRSG 310, NRSG 340

NRSG 380 Care of Adults III (Traditional/LPN-BSN)
This course builds on NRSG 280 and NRSG 340 and focuses on the acquisition and application of the theoretical basis for quality, safe, evidence-based, patient-centered nursing care for patients experiencing acute, unstable, complex medical/surgical conditions. This course focuses on care that is developmentally and culturally appropriate and incorporates critical thinking, quality improvement, collaboration, and information technology as they relate to the care of diverse patients in the medical/surgical setting. Integrates standards of practice and legal and ethical responsibilities of the professional nurse when caring
NRSG 405  Transition to Professional Baccalaureate Nursing Practice.  (RN-BSN)
This initial course in the RN-BSN online program introduces the student to the conceptual basis of professional baccalaureate nursing using the knowledge, skills, and behaviors associated with the nursing process as venue for introducing the Program Student’s Learning Outcomes (PSLOs) and the Alderson Broaddus curriculum. The baccalaureate experience portion culminates in portfolio development providing a means to describe one’s current and potential practice. Student learning outcomes provide a framework pertaining to quality evidence-based nursing care, environment, critical thinking, interprofessional communication/collaboration, leadership, informatics and professional ethical and legal practice. The course incorporates therapeutic communication, mental health, family and transcultural considerations. Pre-Requisites: Admission to Nursing Program
3 semester hours

NRSG 410  Care of the Patient with Complex Health Issues I  (Traditional/LPN-BSN)
NRSG 410 is the first of two courses that apply all the content taught in the curriculum to the care of patients experiencing high acuity complex conditions across the lifespan. This synthesis course integrates the information taught throughout the program by focusing on care that is developmentally and culturally appropriate for patients who meet the AACN Synergy Criteria of minimally resilient, highly vulnerable, minimally stable and highly complex. Students will collect and interpret complex patient data; make clinical judgments based on the beginning practitioner’s ability to recognize patterns and trends which may predict the direction of the illness, students will sort out extraneous details; focus on key elements of each case while recognizing their professional limits and seek appropriate assistance. Students will incorporate critical thinking, quality improvement, collaboration, and information technology as they plan and provide evidence-based care for patients experiencing alterations in health which identifies these patients as experiencing highly acute complex conditions in a variety of high acuity health care settings. Integration of the ANA Standards of Practice and the legal and ethical responsibilities of the professional nurse are incorporated when caring for complex patients. Students will evaluate the patient’s ability to participate in care, decision making, predictability and resource availability as they provide culturally appropriate care. Application of knowledge will be through the use of case studies, simulations, clinical experiences and preceptorship. (2 semester hours lecture and 3 semester hours clinical). Pre-Requisites:  NRSG 370, and NRSG 380. Co-Requisites:  NRSG 420, NRSG 430, and NRSG 440.

NRSG 415  Health Assessment.  (RN-BSN)
This course focuses on the theoretical basis and psychomotor skills used when assessing the health status of individuals while emphasizing cultural diversity, age-related differences, and lifestyle factors. It introduces the role of the professional nurse in identifying and communicating normal findings and common deviations from normal. This course provides the opportunity to apply cognitive and psychomotor skills incorporating caring while performing a systematic, patient-centered health assessment. Pre-requisite: NRSG 510
3 semester hours

NRSG 420  Community Mental Health  (Traditional/LPN-BSN)
Community Mental Health focuses on the acquisition and application of the theoretical basis for quality, safe, evidence-based, patient-centered nursing care in the community for patients experiencing mental health problems. This course focuses on care that is developmentally and culturally appropriate for patients needing mental health interventions and incorporates critical thinking, quality improvement, collaboration and information technology as they relate to the care of diverse patients in the community mental health system. Integration of standards of practice and legal and ethical responsibilities occur as the self-aware professional nurse co-leads therapeutic groups in the community. (2.5 semester hours lecture and 1.5 hours clinical). Pre-Requisites: NRSG 370 and NRSG 380. Co-Requisites: NRSG 410, NRSG 430.

NRSG 425  Nursing Research  (RN-BSN)
Building on the introductory concepts of evidence-based nursing practice from earlier courses, students examine all aspects of the research process as it relates to the baccalaureate nurse’s role in research. Identification of practice issues, appraisal and integration of evidence, evaluation, of patient outcomes and sharing best practice occurs with the interprofessional healthcare team as addressed. Pre-requisite: NRSG 510
3 semester hours
NRSG 430 Improving Critical Thinking through Test-Taking Strategies: NCLEX-RN Part 1 (Traditional/LPN-BSN)
This is Part I of a comprehensive review course that provides an integration and synthesis of all concepts, content, and nursing skills taught in the previous nursing courses by looking at more complex patient situations and patient care. This course enables the individual student to recognize areas that need enhancement prior to entering professional practice. Includes a review for NCLEX-RN® and strategies for success. (0.5 semester hours lecture and 0.5 semester hours clinical). NRSG 370 and NRSG 380. Co-Requisites: NRSG 410, NRSG 420.

NRSG 435 Nurse as Manager (RN-BSN)
This theory course provides a basis in evidence-based processes used in the nursing leadership role in a variety of healthcare settings for the purpose of providing and improving patient care that is safe, as well as developmentally and culturally appropriate. It focuses on healthcare systems, organizational designs and governance, quality improvement, cost-effective care, change theory, conflict resolution, delegation and the role of the professional nurse as a leader. Pre-requisite: NRSG 510 3 semester hours

NRSG 445 Nursing Professional Development (RN-BSN)
This course focuses on lifelong learning in which nurses engage to develop and maintain competence, enhance professional nursing practice, and support achievement of career goals. It focuses on current health policy issues, health care ethics, evidence-based practice, communication, informatics, leadership and management strategies with diverse client populations across the lifespan. Pre-requisite: NRSG 510 3 semester hours

NRSG 450 Nurse as Manager (Traditional/LPN-BSN)
This theory course provides a basis in evidence-based processes used in the nursing leadership role in a variety of healthcare settings for the purpose of providing and improving patient care that is safe, as well as developmentally and culturally appropriate. It focuses on healthcare systems, organizational designs and governance, quality improvement, cost-effective care, change theory, conflict resolution, delegation and the role of the professional nurse as leader. (3 semester hours lecture and 0 semester hours clinical). Pre-Requisites: NRSG 410, NRSG 420, and NRSG 430. Co-Requisites: NRSG 460, NRSG 470, and NRSG 480.

NRSG 455 Community Mental Health Nursing (RN-BSN)
Community Mental Health focuses on the acquisition and application of the theoretical basis for quality, safe, evidence-based, patient-centered nursing care in the community for patients experiencing mental health problems. This course focuses on care that is developmentally and culturally appropriate for patients needing mental health interventions an incorporate critical thinking, quality improvement, collaboration and information technology as they relate to the care of diverse patients in the community mental health system. Integration of standards of practice and legal and ethical responsibilities occur as the self-aware professional nurse examines therapeutic groups in the community. Pre-requisite: NRSG 510 3 semester hours

NRSG 460 Care of the Patient with Complex Health Issues II (Traditional/LPN-BSN)
Nursing NRSG 460 is the second part of two courses that apply all the content taught in the curriculum to the care of patients experiencing high acuity complex conditions across the lifespan. This synthesis course integrates the information taught throughout the program by focusing on care that is developmentally and culturally appropriate for patients who meet the AACN Synergy Criteria of minimally resilient, highly vulnerable, minimally stable, and highly complex. Students will collect and interpret complex patient data; make clinical judgments based on the beginning practitioner’s ability to recognize patterns and trends which may predict the direction of the illness, sort out extraneous details; focus on key elements of each case while recognizing their professional limits and seek appropriate assistance. Students will incorporate critical thinking, quality improvement, collaboration and information technology as they plan and provide evidence-based care for patients experiencing alterations in health which identifies these patients as experiencing highly acute complex conditions in a variety of high acuity health care settings. The ANA standards of practice and the legal and ethical responsibilities of the professional nurse are integrated when caring for complex patients. Students will evaluate the patient’s ability to participate in care, decision making, predictability and resource availability as they provide culturally appropriate care. Application of knowledge will be through the use of case studies, simulations, clinical experiences and preceptorship. (2 semester hours lecture and 3 semester hours clinical). Pre-Requisites: NRSG 410, NRSG 420, and NRSG
NP 450 - Community as Client (RN-BSN)

Operationalizing the Program Student Learning Outcomes this course adds the additional focus of strengthening the theory base and continuing to experience community as patient. Through a variety of venues and modalities, students continue to experience the paradigm shift to community as patient and provides baccalaureate nursing care that promotes health and wellness. Pre-requisite: NRSG 510 3 semester hours

NP 470 - Community as Client (Traditional/LPN-BSN)

This specialty course introduces the student to community as client by immersion in community health promotion activities, industries, utilities, charities, church-based organizations, social settings, and local government meetings etc. as venues to operationalize the Leveled Student Learning Outcomes. Gordon’s Functional Patterns for Communities provides a framework for community assessment which is the primary focus of this course. Serendipitous experiences beyond assessment are folded into the course as appropriate. This course adds the additional focus of strengthening the theory base and continuing to experience community as patient. Through a variety of venues and modalities, students continue to experience the paradigm shift to community as patient and provide professional baccalaureate nursing care that promotes health and wellness. (2 semester hours lecture and 2 semester hour clinical). Pre-Requisites: NRSG 410, NRSG 420, and NRSG 430. Co-Requisites: NRSG 450, NRSG 460, and NRSG 480.

NP 475 - Excellence in Nursing (RN-BSN)

This is the capstone course for the RN–BSN program. The student engages in academic endeavors that reflect application, synthesis and evaluation of concepts and nursing issues studied throughout the completion program. Application of educational experience to professional growth and contribution to the nursing profession is emphasized. Pre-requisite: NRSG 405, 415, 425, 435, 445, 455, 465 3 semester hours

NP 480 - Improving Critical Thinking through Test-Taking Strategies: NCLEX-RN Part II

(Traditional/LPN-BSN)

This is Part II of a comprehensive review course differing from Part I through the selection of different NCLEX-RN questions that those previously mastered. An integration and synthesis of all concepts, content, and nursing skills is provided as taught in the previous nursing courses by looking at more complex patient situations and patient care. This course enables the individual student to recognize areas that need enhancement prior to entering professional practice. Includes a review for NCLEX-RN® and strategies for success. (0.5 semester hours lecture and 0.5 semester hours clinical). Pre-Requisites: NRSG 410, NRSG 420, and NRSG 430. Co-Requisites: NRSG 450, NRSG 460, and NRSG 480.

NP 490 - Transitioning International Nursing Partnership Students for Success

This course explores the essential elements of nursing in the healthcare system of the United States as it endeavors to prepare foreign nursing students with the skills necessary to continue and successfully complete their nursing education in the International Nursing Partnership. Designed for the non-native nursing student, this course will focus on socialization to the college and to the professional nursing role within the U.S. healthcare delivery system. Validation of educational, clinical and workplace competencies and clinical experiences occur to bridge practice gaps between the Philippines and the U.S. The primary goal of this course is to foster a supportive environment that provides the necessary education and resources to bridge practice differences between foreign education nursing students and the healthcare system they will encounter in the U.S (3 semester hours lecture and 3 semester hours clinical). Prerequisite: Departmental permission. Enrollment is restricted to Arellano University transfer students. 4 semester hours

NP 495 - Educational Foundations and School Law (Traditional/LPN-BSN)

Concepts related to the legal structure and governance of public education will be investigated. While an elective course, the learner nonetheless incorporates student learning outcomes that reference evidence-based care, caring environment, critical thinking, professional communication/collaboration, information technology and ethical and legal guidelines. Emphasis will be given to school law, legal procedures, -making, rules, regulations and issues pertinent to school nursing. (2 semester hours lecture and 0 semester hours clinical). Pre-Requisites: Department permission.

Revised April 2019
Policy: II.A

Academic Advising and Registration

Each student, identified as a nursing major, will be assigned a full-time nursing faculty person who is responsible for advising the student related to academic registration and planning and problem resolution toward successful program completion. A formal record of academic advising contacts is retained in the student’s folder.

Rationale:

The academic advising process provides the student in nursing with a consistent nursing faculty advisor to analyze and individualize as possible and necessary, the student’s academic schedule. The faculty advisor serves as consultant, mentor, coordinator, and advocate related to scheduling, registration, academic performance, and program completion. Academic advising includes assisting the student to develop his/her four-year plan and to register each semester. The advisor facilitates the student’s understanding of the general and special requirements for academic progression and retention. The advisor may also counsel the student related to personal issues and opt to refer to other campus support services such as the Academic Center for Educational Success (ACES) and/or Counseling Services.

A record of student contacts for academic advising enhances continuity and proper follow-up should the advisor change. This record also delineates the course of events should a student withdraw or fail to be retained, and documents faculty actions pertinent to risk management or potential legal issues.

Procedure:

I. Advisor/advisee assignment
   A. Annually the chairperson of the School of Nursing, in consultation with the Registrar, prepares the nursing faculty advisor/ nursing student advisee assignment. Consistency of assignment occurs when possible to facilitate continuity for the student.
   B. The Chair updates the assignment per semester to accommodate new students, transfer students, faculty sabbatical, etc.
   C. Faculty will avoid signing registration or add/drop forms for students who are not assigned advisees. A student is to seek an appointment with his/her assigned advisor for academic concerns, since the assigned advisor is most knowledgeable of the scope, parameters, and impact of decisions regarding that individual student’s academic plan.

      1. In an urgent situation when the advisor is not available, another nursing faculty person will provide assistance and communicate with the assigned advisor regarding actions taken.
      2. The assigned advisor will review the decision regarding any impact on academic progression and the need for follow up.
      3. In the event of emergency advising, the “temporary” faculty advisor must clearly document resultant changes on the 4-Y card.

II. The four-year plan – The advisor guides the student in the development of a four-year academic plan toward meeting requirements for the baccalaureate degree with a major in nursing.
   A. During the designated advance registration period in the spring of the freshman year, each student meets with the advisor to collaborate and plan which courses will be taken per semester, through program completion.
   B. The course sequence is mapped on a 4-Y card.
C. The 4-Y plan must fulfill the following criteria:
   1. Meet the stipulations of the Liberal Studies program per the official check sheet
   2. Meet the designated credit hour requirements for graduation
   3. Reflect proper pre-requisites for the nursing major
   4. Include all nursing courses in the proper sequence
   5. Allow for choices where indicated, e.g., minor, School Nurse Option, etc.
   6. Assure that the projected course plan does not conflict with nursing clinical labs.

III. Advanced registration/registration process
   A. Students are to register for the upcoming semester during the designated advanced registration period
   B. The advisor meets with the student regarding fulfilling or changing the proposed schedule for the next semester on the 4-Y plan
   C. Grades from the preceding semester are entered onto the 4-Y card
   D. The advisor or the student can register for classes via WebAdvisor.

IV. Record of advising contacts
   A. Advisors will retain a formal record of academic advising contacts in the student’s folder in the locked file room. This record is either handwritten or computer generated as appropriate. It includes a copy of the 4-Y plan, follow up on midterm deficiency reports, referrals to campus support services, and intent to take leave of absence/withdraw, etc.

V. Verification of Ability to Progress
   A. At the beginning of each semester, the faculty advisor will review each student’s eligibility to progress and initial the 4-Y card
   B. Included in this review would be:
      1. Successful completion of all pre-requisite courses (as per Progression Plan)
      2. Achievement of the required cumulative GPA
Policy II.B-1  

School of Nursing Admission Policy

Policy: To be admitted to the School of Nursing, a student must first qualify for admission to the University. The student’s records may be reviewed at the departmental level by one or more of the following: School of Nursing Faculty, Admissions, Missions Committee, Chair of the School of Nursing, Director of the RN-BSN Program, Director of the LPN-BSN Program, and when needed by the committee of the whole.

Traditional Program

Students must be eligible for sophomore standing. Students must successfully complete all prerequisite courses with a grade of C or better, maintain a cumulative GPA of 2.5, and score a minimum of 69% on the HESI A2 Admission Exam. Students will only have two (2) attempts to successfully complete Core Courses.

The School of Nursing Faculty, Admission, Mission Committee will determine which students meet the admission criteria.

Student Name: _______________________________________________________________

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Admission Letter Sent Date: ____/____/________   Copy of Letter to Registrar: ____/____/________

Acceptance Letter Received Date: ____/____/________

Signature of Chair SON: ___________________________ Date: ____/____/________

Students who do not meet the admission criteria will be referred to career counselling services through Alderson Broaddus University.
The HESI Admission Assessment Exam with Critical Thinking (HESI A2)

- The HESI Admission Assessment Exam Review Book is recommended for purchase to begin preparation upon entering the sciences in the freshman year. ISBN-13: 978-1455703333
- All students will purchase and take the HESI A2 in the spring of the year proceeding the nursing courses (usually post mid-term).
- Students who do not attain the minimum score of 69 will have an opportunity to purchase and take the HESI A2 one month after the initial exam with the second test occurring before June 15th. There must be at least one full month between testing dates. A maximum of two attempts is permitted.
- Data from the HESI A2 will be used to assess individual learning needs and assist students throughout the curriculum by utilizing their strengths and assisting with their areas of weakness.

LPN-BSN Program
Admission Criteria – each applicant will be required to provide:

- Current unencumbered license as a licensed practical nurse.
- Transcript from an approved program in licensed practical nursing.
- List of nursing practice since graduation.
- Achievement of at least a 69% cumulative score on the HESI A2 Admission Assessment Exam.
- The top 24 applicants will be offered admission to the LPN-BSN Program.
- The last date for submission of all application materials is February 15th of each year.

RN-BSN Program
Admission Criteria – Each applicant will be required to provide:

- Current unencumbered license as a registered professional nurse.
- Graduate from an approved associate degree or diploma program in nursing
- Transcript from all prior academic work.
- Complete background check and drug screen via castlebranch.com

Transfer Students
Admission Criteria – Each applicant will be required to:

- Meet all admission criteria for the program in which they are applying to.
- Nursing transfer credits will be evaluated individually with no more than 9 credit hours of nursing credits to be accepted for the traditional or LPN-BSN programs. Any nursing credits accepted must be a grade of “B” or higher on the transcript. Transfer credits to meet the nursing course requirements in the RN-BSN program will not be accepted. Applicants are responsible for submitting syllabi, from the transferring program, to the Alderson Broaddus University School of Nursing. Faculty will review transfer courses on a case-by-case basis to determine if the courses meet the ABU SON course objectives.
- All liberal studies courses will be reviewed by the Alderson Broaddus University Registrar to determine transferability.
- Nursing courses from other institutions may also be considered for transfer in as nursing elective credits.
Policy: II.B-2

Progression WITHIN the Nursing Major Policy

Policy:
Starting with all nursing students admitted to the School of Nursing May 2013 and later, progression within that student’s nursing course sequence depends upon the student being able to maintain the following:

1. A cumulative GPA of
   a. 2.5 or higher is required for all nursing students.
   b. Transfer students will have two semesters to attain the required 2.5 GPA.
2. A grade of “C” or better in all courses required within the major (i.e., Biology 270, 271; Chemistry 190; Health Science 225; Health Science 100, 260; any Math that meets the Math Liberal Studies Requirement and Philosophy 391).
3. Earn an absolute progression grade of 78% or higher on testing in all nursing courses and earn an absolute final grade of 78% or higher. (See Policy II.C Grading Policy)
4. Earn a “Pass” grade for clinical performance in each clinical component of a nursing course.

Rationale:
Minimum academic standards are set for progression within the nursing major to prepare beginning practitioners to meet nurse practice standards and to safeguard the public in the practice of nursing. The content in any course within a particular nursing course sequence is foundational to the next thus building the appropriate knowledge base for practice.

Procedure:
I. Recommended progression plans for the various categories of students in the nursing major are demonstrated in the sample academic plans.

II. Individual consideration for the placement within the progression plan will be evaluated by the School of Nursing Faculty, Admissions, and Missions Committee for students transferring course work from another nursing program.

III. A nursing student may only repeat one nursing course limiting the time spent in the nursing major to 4 years. A delay in academic progression may result in failure of a nursing course or voluntary withdrawal from a nursing course due to academic difficulty. In any semester where more than one nursing course is scheduled, failure of one or more nursing courses or voluntary withdrawal for academic reasons that semester will count as one occurrence. Course withdrawal for academic difficulty is defined as withdrawing from a nursing course when the student has a progression grade less than 78%. There cannot be more than one semester gap in nursing courses. Any delay in nursing courses of one year or greater will necessitate in a validation of prior nursing competence that will include, but not be limited to, additional HESI testing, Simulation Lab or any other evaluation that may be determined by the Nursing faculty. As a result of this validation, a student may have to repeat a course or a portion of a course for which the student has prior credit. All attempts will be made to individualize the returning student’s academic progression plan. This is not a test-out option for new students or for transfer students, and only applies to students previously enrolled in the Alderson Broaddus University Nursing Program.

IV. In any semester that the nursing student fails to achieve at least a C in a required nursing course, the student will be permitted to re-take the nursing course the first time it is offered.
even if the overall GPA has fallen below the 2.5 that is required for progression.

The student may opt to take liberal studies courses or nursing courses not tied to the course that was failed during the semester between the failed course and the next offering of that course.

If at the end of the semester in which the student is repeating the failed nursing course the student does not achieve the required 2.5 overall GPA, the student will not be able to continue in the Nursing Program until required 2.5 GPA is achieved.

Students will not be permitted to take a nursing course at another institution and transfer in to replace a failed nursing course.

V. Students may apply for Leave of Absence for non-academic reasons.

VI. Academically at-risk students will be referred to remediation. Examples include but are not limited to: Grades of “D” or “F” in any college course; a grade of <78% on an assignment or test within the nursing major; and/or events that may adversely affect academic performance. The remedial plan may consist of any or all of the following (but is not limited to):
   A. Regularly scheduled contact with the course faculty or academic advisor.
   B. Referral to the Academic Center for Educational Success (ACES) and/or Director of Counseling Services for structured courses or counseling to manage test anxiety, tutoring, etc.
   C. Evaluation of student learning needs to identify appropriate courses to promote academic success (e.g., may consider a logic course to assist with problem solving, etc.)

VII. HESI Standardized Testing is done throughout the program to evaluate student achievement.

   A. In all courses where a HESI Specialty Exam is scheduled the HESI practice exam A will be administered unsecured when a HESI practice test is available. The HESI Specialty Exam Version I will be administered in a secured environment at least one week prior to the scheduled HESI Specialty Exam Version II. Students are to remain in testing area for 1.5 hours for each specialty exam and 3 hours for exit exams to review rationales of questions answered incorrectly.
   B. Shortly after taking the HESI Specialty Exam Version I the student will be granted access to their report of the exam. This report will outline the key terms and concepts that the student missed on the HESI Specialty Version I exam.
   C. At the time of the HESI Specialty Exam Version I the student will provided with the AB School of Nursing Remediation plan. The actual remediation plan is graduated so that the higher the score the less time spent on the remediation process.
   A. For students that score 900 or greater on the HESI Specialty Exam Version I they are strongly encouraged to remediate.
   B. For students that score 899 or less on the HESI Specialty Exam Version I they will be required to remediate prior to taking the scheduled HESI Specialty Exam Version II.
   C. Failure to complete the remediation required by the deadline will result in the student not being able to take the scheduled HESI Specialty Exam Version II. The student will receive a “zero” for that exam.
   D. Students that receive a “zero” on the scheduled HESI Specialty Exam Version II will not have another opportunity to take that HESI Specialty Exam Version II.
   E. The HESI Conversion Score is the test grade for the HESI Specialty Exam Version II.
This score will be used to determine the student’s grade for HESI Exam section on the nursing course grading sheet.

F. In all courses where a HESI Specialty Exam is scheduled a portion of the overall course grade will be allotted to the HESI Specialty Exam Version II. This portion can be 10%-20%. The determination of the allotted amount for the HESI Specialty Exam Version II will be made by the course coordinator.

G. The grade that the student receives on the HESI Specialty Exam Version II will not be part of the progression grade. Students must pass the testing portion of the course with an absolute 78%. See Policy II-C.

VIII. HESI Exit Exam
A. Students that take the HESI Exit Exam are expected to achieve a score of 900 or higher.
B. Students that achieve a score of 899 or less on the HESI Exit Exam are required to re-take the HESI Exit Exam.
C. If a student has to re-take the HESI Exit Exam they cannot do so until they remediate according to the remediation plan.
D. Should the student not achieve a 900 or higher on the second attempt, the student must complete a faculty approved NCLEX Review Course such as, but not limited to, Kaplan. The student must show validation of successful completion to the School of Nursing Chair. The School of Nursing Chair may then clear the student for graduation.
E. In the courses where a HESI Exit Exam is scheduled a portion of the overall course grade will be allotted to the HESI Exit Exam. This portion can be 10%-20%. The determination of the allotted amount for the HESI Exit Exam will be made by the course coordinator.

IX. School Nurse Certification has specific GPA requirements established by the Education Department. Please refer to the Education Department for additional information. School nurse certification requirements have no bearing on graduation or licensure eligibility for students in the School of Nursing and therefore no bearing on progression within the nursing major.

X. Graduation requirements include that the student must earn a grade of C or higher in all required support courses, have a minimum of a 2.5 cumulative GPA, and must pass (or meet remediation requirements) for HESI Exit comprehensive examination.
Policy: II.C

School of Nursing Grading Policy

Policy:

Students enrolled as nursing majors will have their academic performance, with respect to all nursing courses, quantified according to the following scale:

\[
\begin{align*}
A &= 91 - 100 \\
B &= 83 - 90 \\
C &= 78 - 82 \\
D &= 67 - 77 \\
F &= 66 \text{ or below}
\end{align*}
\]

Grades are based on the evaluation of student work compared with established criteria for the course and/or the assignment by the instructor. Multiple grading options are provided for grade determination in all nursing courses.

Rationale:

In order to be prepared for competent professional practice, a sound knowledge base of sufficient depth and scope is required. Mastery of content throughout each nursing course is required in order to achieve this degree of competency. Grades reflect student performance, knowledge and skills representative of academic achievement and success.

Procedure:

I. Summative Evaluation of Student Performance

a. For each nursing course, the student must attain a total composite grade of 78% (minimal competency of a “C” grade as defined by this policy) in order to progress to subsequent courses. Each nursing course will use the following criterion for determining course grades:

1. **Testing**: course grade to be derived from written unit examinations and/or quizzes; minimum of 50% of the grade for the course will be derived from tests and/or quizzes. Note: test scores will be used to determine the “Progression Grade” prior to the calculation of all other remaining grades for the course. After achieving the absolute 78% on testing (progression grade), written assignments and attendance/participation (as defined by the syllabus will be calculated to determine the final course grade.

2. **Course Exams**: Students must be present for unit exams as scheduled. Students who are not present at the time the exam is scheduled will be given an alternate form of the exam. If an alternate exam is given, the maximum grade that can be achieved is 78%. Alternate exams will only be offered within the first 7 days after the scheduled exam. Students who are not present for a scheduled exam because of their involvement in a college related activity will either take the exam earlier than the scheduled date or will receive the grade earned on the alternate form only if it is taken within the first 7 days following the scheduled exam.
3. **Writing Assignments**: course grade to be derived from writing assignments such as (but not limited to) case studies, care plans, professional papers or other written works as deemed by the faculty and/or defined by the course syllabus.

4. **Attendance/participation**: course grade derived from attendance and participation criteria as determined by the faculty and published in the course syllabus.

b. Clinical Performance (minimal competency is defined as “Pass” in a Pass/Fail Evaluation)

c.  
1. Clinical performance competencies are established for each nursing course that includes a clinical component.
2. In order to earn a “pass” for clinical performance in a nursing course containing a clinical component, the student must achieve and demonstrate satisfactory performance in all critical competencies for that course as defined in the course syllabus.
3. Students who do not successfully meet the above criteria will earn a “fail” and will not progress in the major; a grade of “F” will be reported for the course.

II. Formative Evaluation of Student Performance

A. Faculty designates assignments in each nursing course that provide on-going formative evaluation of student progress. These assignments include, but are not limited to, classroom exercises and quizzes; out-of-class and pre-class assignments; and assignments associated with clinical experiences (both pre-clinical and post-clinical work).

B. Faculty reserves the right to not accept late written work (with the student earning a “0”); to impose late penalties on graded assignments; or to record a grade of zero (“0”) on any in-class written work when the student is absent.

III. Grade Reporting and Grade Appeal (see Grading Policies and Procedures in current AB University Catalog)
Dear ______________,

This letter is to notify you that an area of concern has been identified in this course.

□ Exam Grades

Your current grade is a ______%. You will need to score a minimum of ______% on your remaining exams for this course to receive the required 78% summative exam average to pass the course. 

Please refer to Policy IIB-2 Progression in Nursing Policy: A nursing student may only repeat one nursing course limiting the time spent in the nursing major to 4 years. A delay in academic progression may result in failure of a nursing course or voluntary withdrawal from a nursing course due to academic difficulty.

□ Attendance

A total of ______ days or ______ hours have been missed. According to the syllabus for this course: _______________________________________________________.

Please refer to II.E Classroom and Clinical Attendance Policy.

□ Clinical

____________________________________________________

Failure to attend scheduled clinical will result in an unsatisfactory clinical day. Two unsatisfactory clinical days will result in failure of the course. Please refer to your clinical evaluation tool and II.C SON Grading Policy.

□ Other (Please specify) __________________________

Recommendations

□ ACES/Tutoring
□ 1:1 with Nursing Faculty
□ Withdrawal from Course
□ Other (please specify)

____________________________________________________

Instructor Signature                      Student Signature

All SON Students are responsible for understand and abiding by all ABU and ABU SON Policy and Procedures. 
ORIGINAL TO STUDENT AND COPY TO SON STUDENT FILE
Policy: II.E

Classroom, Clinical & Simulation Attendance Policy

Policy:

Students enrolled as nursing majors are expected to be regular in attendance for all academic experiences, including classroom sessions, clinical experiences and simulation labs. Children of nursing students are not permitted to attend classroom sessions, testing sessions, formal meeting of the class, and/or clinical experiences.

Rationale:

The School of Nursing, along with AB University (see current university catalog), operates on the principle that attendance and participation in classroom sessions, clinical experiences and simulation experiences are essential for optimal learning and is reflective of the student’s maturity, responsibility, and motivation. In addition, interaction with instructors and fellow students during classroom and clinical experiences is an essential part of achieving performance competency in an interactive profession such as nursing. Absences impair the student’s ability to complete the required assignments and meet course objectives. The presence of children in the classroom and/or clinical experiences is distracting to all and potentially creates unsafe conditions relative to the health of the child and clients.

Procedure:

Specific attendance policies and procedures, as well as consequences of violation of those policies are outlined in the syllabus of each nursing course. This policy and procedure provide the general expectations and guidelines for the School of Nursing.

I. Classroom, Clinical and Simulation Attendance
   A. Attendance will be monitored for all classroom, clinical and simulation sessions.
   B. Clinical sessions are defined as any scheduled learning opportunity associated with clinical application of knowledge and skills (e.g., on or off-campus clinical experiences, including skills lab and simulation lab or similar learning opportunities).
   C. Students are responsible for all content missed due to absence and are expected to take the initiative to communicate with instructors to plan the best approach to access this content.
   D. Under usual circumstances make-up clinical and/or simulation experiences will not be scheduled.
   E. Any graded classroom assignment missed due to absence will not be made up and a grade of “0” will be recorded.
   F. Students must be present for unit exams as scheduled. Students who are not present at the time the exam is scheduled will be given an alternate form of the exam. If an alternate exam is given the maximum grade that can be achieved by the student is 78%. Alternate exams will only be offered within the first 7 days after the scheduled exam. Students who are not present for a scheduled exam because of their involvement in a college related activity will either take the exam earlier than the scheduled date or will receive the grade earned on the alternate form generated through ExamSoft only if it is taken within the first 7 days following the scheduled exam.
   G. If a student is late for an exam, the student may take that exam if no student has left the testing area. If a student is late for an exam and a class member has left the testing area, the late student forfeits that testing opportunity. (Please see Policy II.C)
II. Report of Absences
   A. Classroom Absence – Pursuant to and consistent with the AB University policy on class attendance (see current AB University Student Handbook) the nursing student is asked to notify the School of Nursing via email of their absence.
   B. Clinical/Simulation Absence – When an illness or emergency interferes with attendance at a clinical experience, the student is required to contact the clinical instructor prior to the experience. If the instructor cannot be reached, the student will notify the agency and leave a message for the instructor, which includes a name and call-back phone number. The student will also proceed with reporting to the School of Nursing as outlined above.

III. Inclement Weather
   A. Class, skills lab or simulation cancellation will be at the discretion of the instructor or the University. Class cancellation will be posted on Moodle
   B. Clinical –

   1. Clinical experiences may be canceled or delayed due to weather conditions in accordance with the actions of the Barbour County School System or the school system in the county where the clinical agency is located. When the public-school system cancels school in Barbour County or the county in which the clinical agency is located, clinical experiences are on an automatic two-hour delay.

   2. When the public-school system reports a delay in Barbour County or the county in which the clinical agency is located, clinical experiences are delayed for the AB School of Nursing. When the delay is due only to cold temperatures, clinical will NOT be delayed.

   3. Students who reside in and therefore must travel through counties other than Barbour or the county in which the clinical agency is located are expected to evaluate road conditions and make a personal decision about safe travel. If the student determines that it is unsafe to travel to clinical from home when clinical has not been canceled, they must follow the appropriate procedures to notify the clinical instructor.

   4. Regarding clinical experiences that begin in the mid-morning or after. Since weather and road conditions may change significantly as the morning progresses, clinical faculty will make the final decision to either cancel, hold or release early any clinical experiences based on road conditions. This decision will be made, and students notified in a timely manner.

   C. If a class, clinical or simulation experience is canceled, the instructor may assign alternative material to meet the learning objectives for the missed material.
Policy: II.F

Selection & Evaluation of Agencies for Clinical Experience

Policy:

A variety of clinical agencies and community venues in both rural and urban settings are selected by the School of Nursing to provide clinical practice in primary, secondary, and tertiary settings. Sites for clinical experiences are chosen according to specific criteria to promote student learning, safety, and professionalism. The relationship between the University and the clinical agency may be formalized through a contract or letter of agreement.

Rationale:

Clinical learning is affected not only by direct clinical instruction, but also by the setting, climate, philosophy, client population, and receptiveness of the agency to accommodate nursing students. To facilitate faculty in maintaining control of the learning experience, the School of Nursing determines suitability of the clinical site by using designated criteria for initial selection and on-going evaluation of the sites.

Procedure:

I. Selection criteria – Potential clinical sites must meet the following criteria:
   A. The agency must be accredited or approved by the appropriate body.
   B. The Philosophy of the agency must be consistent with the philosophy of the nursing program.
   C. The agency must foster an atmosphere for student learning.
   D. The agency has staff that are qualified to serve as role models.
   E. The service offered, and population served, must be adequate to enable the fulfillment of course objectives.
   F. The agency must recognize and accept the fact that the student is in the role of the learner and the faculty is in the role of facilitator of that learning.
   G. There are resources available for adequate and safe utilization of the agency (e.g., a place for essential belongings such as coats and day-to-day reference/teaching materials, a place to park school vehicles, and procedure and policy manuals).
   H. The agency must be accessible in terms of travel, distance, and time.

II. Contracts – Formalization of the university/agency relationship pertinent to the clinical learning experience occurs through written contract or letter of agreement
   A. A contract between the university and the agency is renewed annually. The School of Nursing chairperson oversees this process.
   B. Faculty in each course evaluates each agency for on-going suitability.
   C. If the status of an agency changes regarding suitability for student learning, that site will no longer be used. Faculty will deliberate and choose an alternate site, which meets criteria.

III. On-Going Evaluation – Evaluation of each agency’s continued suitability for clinical experience will be completed each semester
   A. The course coordinator is responsible for implementing the evaluation process of all agencies utilized for the course.
   B. The “Agency Evaluation by Clinical Faculty” form is completed by the faculty
member(s) utilizing the agency at the end of the semester.

C. The “Agency Evaluation by Students” form is completed by the students at the end of the semester in which they are in that agency for clinical experience.

D. Evaluation forms, along with course, team, and student recommendations regarding continued use of the agency, will be submitted to the Evaluation Committee at the end of the spring semester in the following manner:
- students and faculty submit completed forms to the course coordinator who submits them to the Chair of the School of Nursing. Finally the Chair will submit the forms to the Evaluation Committee.

E. If more than one faculty utilizes a given agency, each should submit the evaluation form as it relates to his/her unit and experiences with students.
Policy: II.G  

Evaluation of Nursing Program by Clinical Agencies

Policy:

Clinical agencies utilized by the Alderson Broaddus University School of Nursing evaluate the effectiveness of the clinical experiences and the relationship of the department faculty and students with agency personnel.

Rationale:

In order to gain insight into the effectiveness of the clinical instruction in a given agency, it is necessary to have feedback from the agency personnel who work with and observe the activities of the AB students and faculty.

Procedure:

I. At the end of each semester, clinical faculty for that agency identifies the nursing administrator who is in the best position to provide information relative to the students and faculty utilizing the agency. The clinical faculty will then provide the “Evaluation by Clinical Agency” form to the appropriate administrator.

II. The completed “Evaluation by Clinical Agency” form is returned to the Chair of the School of Nursing who submits it to the Curriculum Committee for consideration and dissemination as necessary.

Initial Date: 4/4/00
Approved: 5/1/00
Reviewed: 2/16/04; 3/19/07; 10/28/09; 10/17/12; 05/07/18; 11/12/18
Policy: II.H

Form and Documentation of School Of Nursing Papers Policy

Policy:

The School of Nursing upholds the University policies regarding academic integrity. The School of Nursing has chosen the *Publication Manual of the American Psychological Association*, current edition as the format by which all papers submitted in partial fulfillment of course requirements will be written. (See also AB University Student Handbook and Faculty Handbook)

Rationale:

The *Publication Manual of the American Psychological Association* is the accepted style and form for the preparation of manuscripts submitted to professional publications. The faculty has selected this style in an effort to assist students to develop proficiency in preparation of professional papers.

Procedures:

I. A copy of the *Publication Manual of the American Psychological Association* can be found in the campus library. Assistance on APA style can be found in the Academic Center for Educational Support. The University Bookstore keeps copies of this manual available for purchase.

II. Academic dishonesty – please refer to ABU Policy on Academic dishonesty.

Initial Date: 5/11/95
Revised: 11/6/00; 4/13/09; 9/22/14
Reviewed: 9/17/07; 1/30/12; 02/19/18
Policy II.I

Personal Conduct Regarding Professionalism Policy

Policy:

Students enrolled in the School of Nursing are expected to demonstrate compliance with the Alderson Broaddus University School of Nursing Standards of Professional Conduct, the West Virginia Code and Legislative Rules, the American Nurses Association Standards of Practice, and the American Nurses Association Code for Nurses. Failure to comply with these standards will be cause for disciplinary action, which may include dismissal from the program.

Rationale:

Professional registered nurses must adhere to the mandates of the West Virginia Code and Legislative Rules for Nurses, the American Nurses Association Standards of Practice, and the American Nurses Association Code for Nurses. Students are held to the same standards as they develop the behaviors, knowledge and skills necessary to assume their place within the profession. It is critical that these mandates and standards be maintained while students are in any clinical setting. In addition, the faculty believes that these same standards and mandates should guide behavior and interactions in the classroom and during other departmental activities. The Alderson Broaddus University School of Nursing Standards of Professional Conduct provides specific guidelines in this regard.

Procedure:

1. All students enrolled in nursing will receive a copy of the Alderson Broaddus University School of Nursing Policy and Procedure Manual at the beginning of their tenure in the department. This manual can also be found online at www.ab.edu. For each year the student will be required to sign a statement that he or she has read and understands the School of Nursing Policy and Procedure Manual. This statement will be maintained in the student’s file.

2. Students will be reminded of The Standards of Professional Conduct at the beginning of all nursing courses and during the annual mandatory department meeting each fall semester. Students will sign the acknowledgement form annually that they understand and will adhere to these standards. These Standards are in the School of Nursing Policy and Procedure Manual at the conclusion of this policy.

3. Violations of these Standards will result in disciplinary action as follows:

   A. The faculty member who observes a violation will discuss the incident with the student immediately. The faculty member will document details of the violation and the subsequent discussion with the student. This documentation will be given to the School of Nursing chair and a copy provided to the student. If the violation involves unsafe clinical practice, the instructor may require the student to leave the clinical site for the remainder of the experience, pending further action.

   B. The School of Nursing chair will consult with the faculty member and the student. At the discretion of the chair and faculty member, an oral or written reprimand or a formal review of the violation with recommended disciplinary and/or remedial action may be issued.

   C. Dismissal from the program may result from, but is not limited to, the following cases:

      1. Breach of confidentiality of patient information (HIPAA violation);
      2. Clinical practice that is unsafe;
      3. Falsifying documentation;
4. Acting in a manner that is a threat to the safety of the student or others;
5. Failure to comply with the policies of the agency in which the student is placed for clinical experience;
6. Other violations as defined by WV CSR 19.3.14, Professional Misconduct (www.wvrnboard.com) and are in the School of Nursing Policy and Procedure Manual Appendix D.

D. All disciplinary actions taken will be documented and placed in the student’s confidential file.

4. The student may appeal dismissal from the program as provided for in Policy II.M. (Grievance Policy for Nursing Students) and the Alderson Broaddus University Student Handbook within 3 business days. During the appeals process, the student will be permitted to continue attending lecture classes. If the appeal is successful and the student’s dismissal is overturned, provision will be made for the student to complete clinical learning activities missed during the suspension. This will be completed to allow the student to progress without further disruption.
STANDARDS OF PROFESSIONAL CONDUCT

While enrolled in the School of Nursing, students are expected to adhere to the following standards of professional conduct:

1. Students will comply with all established institutional, ethical, and legal parameters regarding confidentiality of patient information.
2. Students will adhere to the policies of Alderson Broaddus University as well as the policies of affiliated clinical agencies regarding drug and alcohol use.
3. Students will comply with all established School of Nursing policies and all established policies of clinical agencies during clinical affiliations.
4. Students will demonstrate respect and courtesy toward patients and their families, peers, faculty, and staff members. This applies in the clinical setting, within the AB School of Nursing, and in the university as a whole. Respect will be demonstrated regardless of race, religion, national origin, ethnicity, gender, sexual preference, age, health status, or diagnosis.
5. Students will demonstrate honesty and integrity in all classroom and clinical situations. Students will, at all times, refrain from cheating in all forms, including falsification and/or misrepresentation of information regarding self, health status, abilities, limitations or any other personal information pertinent to nursing role performance.
6. Students will provide for the safety of themselves, their patients, and others through consistent use of standard and pathogen transmission precautions in the clinical setting.
7. Students will ensure safe and appropriate nursing care to each assigned patient by demonstrating the application of previously learned clinical competencies. In addition, students will seek guidance and assistance of clinical faculty at any time they are unsure about their competence in providing care.
8. Students will promptly report any error to the appropriate faculty member and to any other appropriate clinical agency personnel.
9. Students will comply with all appropriate provisions of the School of Nursing clinical attire policy.
10. Students will promptly report to a faculty member the incompetent, unethical, illegal, or impaired practice of another person who is providing health care.
11. Students will maintain appropriate professional role boundaries.
12. Students will promptly report to the School of Nursing chair, any conviction of a felony and any conviction of a misdemeanor that occur while a student in the School of Nursing.
13. Students will follow the recommendations of the National Student Nurses’ Association, Inc., for Social Media Usage and Maintaining Privacy, Confidentiality and Professionalism, which is located in Appendix C.

Initial Date: 1/14/94
Revised Dates: 5/11/95, 4/23/97, 5/6/97, 11/6/00, 4/03/06; 4/16/08;
Reviewed Date: 4/04; 2/22/10; 10/17/12; 10/15/13; 11/16/15, 11/12/18
Policy: II.J  

Clinical Attire and Professional Demeanor Policy

Policy:

The Alderson Broaddus University School of Nursing requires students involved in clinical nursing courses to dress in a manner consistent with the professional role. Faculty has the authority to dismiss a student should clinical attire and/or professional demeanor be deemed inappropriate. At all times while involved in clinical experiences, students will wear a name pin which includes full first and last name, and the title, “Alderson Broaddus University Nursing Student” or “RN-BSN Program Student”, or “LPN-BSN Program Student”.

Rationale:

This policy assures compliance with standards of professionalism and cleanliness. In settings requiring uniforms, this policy endeavors to reduce or prevent the spread of disease and to protect the student from infectious material. The professional attire helps identify the wearer as a student of the Alderson Broaddus University School of Nursing and a representative of the profession of nursing. In psychiatric-community mental health and community nursing settings, nursing attire is geared towards normalization. Attire must be clean, modest, promote flexibility of movement, and be free of items that could cause injury to self or others.

Procedure:

I. Full Uniform/Acute Care*
   A. The uniform will be clean, neat, and pressed.
      1. Female students are to wear a white tunic trimmed in navy and navy pants or navy skirt. White hose will be worn with the dress uniform and white crew socks or white hose will be worn with pants. Uniforms must fit appropriately with hem of uniform skirt no shorter than the bottom of the knee. Pant leg hems are to be at the top of the shoe heel.
      2. Male students are to wear a white tunic trimmed in navy, navy pants, and white crew socks. A plain white crew neck tee shirt, without any design, must be worn under the tunic. Pant hems should be at the top of the shoe heel.
      3. The AB School of Nursing emblem will be embroidered on the uniform by the manufacturer.
      4. Both male and female students wear a white lab coat over the uniform anytime he/she is in uniform and not on the acute care unit.

*Uniforms are ordered via an official representative. Ordering details will be provided to students when they are accepted into the Nursing Program.

B. Shoes are to be white leather or simulated leather nursing shoes with white or light grey colored soles. Shoes must have a complete back; clogs or crocs are not permitted. Running type tennis shoes may be worn but must be white leather or simulated leather without mesh inserts. A totally white shoe is preferred, but light colored insignias or logos are permitted and must be no larger than two inches in any dimension. Soles of shoes must be white or light grey. Tennis type shoes with visible shocks are not permitted. Shoes are to be kept polished and clean with clean shoelaces.
C. A clean, pressed white warm-up jacket with the AB School of Nursing emblem may be worn for extra warmth. No other type jacket or sweater may be worn. Students may wear crew neck, long-sleeve white tee shirts under tunics for warmth.

D. Hair must be no longer than touching collar in back. Hair must be clean, neatly arranged, and secured away from the face and eyes. Hair must be of a natural human color. Females may wear headbands to keep their hair in place. Headbands must be plain, without design, can be either plastic or fabric with elastic and must not be larger than one inch wide. Males with mustaches and/or beards must keep facial hair neatly groomed and conservative in length.

E. Jewelry must be minimal; a watch with a second-hand is to be worn. Only wedding bands free of stones and single-pair stud earrings (gold, silver, or pearl; no more than ¼ inch in diameter) may be worn. A single-pair of earrings is considered to be one earring in each earlobe.

F. In order to maintain a professional image, and in relation to infection control, fingernails are to be kept short, well-groomed and trimmed to the fingertip. Females – only clear polish in good repair may be worn on fingernails. Acrylic or gel nails are prohibited. Fragrances and colognes (including aftershaves) are prohibited. Make-up should be used sparingly.

G. Maternity uniform. Students who are pregnant may wear a plain white maternity uniform with the AB School of Nursing emblem sewn on the left sleeve.

H. In order to maintain a professional image, and in relation to infection control concerns, the School of Nursing highly discourages body piercing and tattooing. If the student already has a tattoo or body piercing, the student will, as much as possible, keep the tattooed body part covered and remove all jewelry not permitted (see Section F), while in the clinical setting. Spacers are not permitted.

II. Full Uniform – Maternal/Child Health, School, Community and On-Campus Skills Laboratory Experiences

A. Female and male uniform shall consist of navy scrubs purchased from the official uniform representative. Female and male students must wear a plain white crew neck tee shirt, without design under the scrub top. Students may wear dark street shoes or boots with socks or hosiery as described in I.B above. Canvas shoes, open-toe shoes, sandals, clogs, crocs or sling-backs are not permitted to be worn during Maternal/Child Health, School, Community or On-Campus experiences. Clinical nursing shoes may be worn during on-campus skills laboratory experiences.

B. See I.B above for shoe requirements for Maternal/Child Health Clinical experiences.

C. A lab coat must be worn over the uniform to all clinical laboratory experiences.

D. Jewelry, hair, fingernail, body piercing and tattoo requirements are the same as those listed in I.E., F., and H. above.

III. Psychiatric, Community Mental Health, and Selected Community Nursing Clinical Experiences

A. Conservative street clothes (dresses, blouses, skirts, dress shirt, and pants are appropriate). No decorative scarves, short, tight clothes, or exposed midriffs are prohibited. Do not wear clothing that cannot withstand being stained or getting broken per your liability.

B. No open-toe shoes, clogs, sandals, or sling-backs. Clean athletic shoes may be worn if appropriate to attire.

C. Shoes, jewelry, hair, fingernail body piercing and tattoo requirements are the same as those listed in I.E, F and G above.
IV. Demeanor while in Uniform
   A. Uniforms may be worn on campus to meals directly before or immediately after nursing clinical. The lab coat must be worn over the uniform.
   B. Uniforms are to be worn only during educational clinical laboratory experiences and at other occasions as requested by the School of Nursing.
   C. While in uniform, students are expected to maintain a professional demeanor.
   D. An appropriate lab coat must be worn over the uniform when traveling to and from the clinical setting and anytime exiting the building of the clinical setting.
Policy: II.L  

Incident Reporting Policy

Policy:

Any student/client/instructor incident occurring in a clinical or academic setting will be reported to the team coordinator and School of Nursing chair and will be documented using the Alderson Broaddus University School of Nursing Incident Report form. (See Appendix A).

Rationale:

An incident is any unplanned event, which may cause actual or potential risk of harm, jeopardize safety, health, welfare, or cause injury to a student, instructor, or client. A completed incident form provides a timely, accurate summary of the unusual event for risk management purposes, for use in follow-up interventions, and for problem solving to prevent similar incidents.

Procedure:

I. Occurrence of the incident
   A. Seek/provide immediate follow-up care in event of injury. (The person needing services, such as emergency room visit, x-ray, lab work, etc. is liable for those costs.)
   B. The Alderson Broaddus University student and/or instructor actually witnessing or involved in the event must complete and sign the incident report, e.g., direct, primary witnesses.
   C. Description and sequence of events should be reported as soon as possible following the incident to enhance accuracy. Complete the actual form upon return to campus.
   D. The incident form needs to be completed with an accurate, thorough sequencing of the event including description (not diagnosis) of visible injury or damage.
   E. When indicated, follow the agency policy regarding reporting when an incident occurs in the clinical setting.

II. Follow-Up
   A. Note (on form as soon as possible), immediate follow-up actions (emergency care, etc.) with date, time, site, caregiver, and resolution.
   B. Incidents are to be reported as soon as possible to the course coordinator and School of Nursing chair; no later than 24 hours post-event. (Weekends and University Holidays excluded)
   C. The School of Nursing chair in consulting with nursing faculty (and with university administration as indicated) will designate the primary persons for further follow-up action regarding the incident, e.g., team member, course coordinator, chair, etc.
   D. Incidents amenable to follow-up actions towards prevention of further occurrences will be the focus of problem solving per the next nursing department meeting.
   E. Incident reports are filed in a confidential file in the School of Nursing Chairperson’s office.
Policy: II.M  Grievance Policy for Nursing Students

Policy:

The Alderson Broaddus University School of Nursing has a grievance procedure through which nursing students can channel grievances and concerns of a departmental nature. Grievance is defined as a perceived violation to the student contract (course requirements as stated in the nursing course syllabus); to a student policy (School of Nursing Policy and Procedure Manual); or a perceived injustice in nursing class or clinical.

Rationale:

This policy allows for following the chain of authority within the University Administration toward resolution of student differences or concerns of a departmental nature to begin at the lowest administration level possible. The intention of this policy is to ensure the resolution of student concerns quickly, efficiently, and with the least number of people involved.

It is noted that students can appeal final grades according to the University’s “Appeal of Final Grade” policy. (AB University Course Catalog) and can process harassment concerns through the University’s “Social Responsibility” policies (AB University Course Catalog). There is also a “Process for Addressing Concerns Regarding Instructional or Evaluation Practices Arising During a Course” found in the AB University Course Catalog for concerns about quality of instruction issues.

Procedure:

This procedure adheres to an administrative hierarchy. A student is to access the grievance procedure through the following chain of authority:

- The individual instructor
- The course coordinator (if course is team taught)
- The team faculty as a group (if course is team taught)
- The School of Nursing chair
- The College of Health, Science, Technology, and Mathematics Dean
- The Vice President for Academic Affairs
- The President of the University

I. Grievance involving an individual instructor

A. Instructor - The student will discuss the grievance in an appropriate place at appropriate time with the involved instructor. The instructor will document the student concern and proposed resolution at this time. This will be placed in the student folder to provide for continuity.

B. Coordinator (if course is team taught) – The student will discuss the matter with the course coordinator if the student believes that satisfactory resolution was not obtained on the previously described level only. The Coordinator may access the Instructor comments regarding the grievance.

C. Team (if course is team taught)

1. If the student believes that satisfactory resolution has not been achieved with the individual instructor and course coordinator, a team meeting may be called at the request of the student. This meeting will include the student presenting the grievance, the course faculty, and at the discretion of the team, course student representatives.

2. Presentation of the grievance at the team meetings
a. A grievance is to be written in detail by the student and made available to the team members at the meeting.
b. The student presenting the grievance at this level will also provide written documentation of conference/discussion with the involved instructor and the team coordinator.

D. Procedures for taking the grievance beyond the individual instructor, Coordinator and team are described in Section III.

II. Grievances involving more than one student and a level instructor
A. These concerns may be taken to the class representative.
B. The class representative will present the grievance to the team members and coordinator at the scheduled team meeting
C. If the matter cannot legitimately wait until that meeting, the class representative should notify the coordinator. A special meeting will be called at the discretion of the coordinator.
D. At the discretion of the team, class members other than the elected representatives may attend the meeting.
E. Following discussion by the team, the team with student input will make a decision.
F. Procedures for taking the grievance beyond the team level are described in Section III.

III. Grievances not satisfactorily resolved at the above levels
A. If, the student believes the grievance is not satisfactorily resolved or appropriate action has not been taken to resolve the grievance, an appointment can be made with the School of Nursing Chair.

B. Presentation of grievance
1. The student will present in writing all details including how chain of authority was followed. All facts relative to the grievance must be presented at this time to the School of Nursing Chair.
2. The School of Nursing Chair will respond in writing to all concerned parties within 2 business days of the meeting the decision reached regarding the grievance.

C. Grievances not resolved satisfactorily within the School of Nursing
1. If the student believes that the grievance is not resolved after following the above chain of authority, or appropriate action has not been taken to resolve the grievance, an appointment can be made with the College of Health, Science, Technology, and Mathematics Dean.

2. Presentation of grievance:
1. The written complaint will be forwarded to the College of Health, Science, Technology, and Mathematics Dean
2. Written notification is to be sent to the Chair of the School of Nursing stating that an appointment is being sought with the College of Health, Science, Technology, and Mathematics Dean
3. The student will present in writing all details including how chain of authority was followed. All facts relative to the grievance must be presented at this time to the Dean of the College of Health, Science, Technology, and Mathematics.
4. The Dean of the College of Health, Science, Technology, and Mathematics may convene a meeting of all involved parties to discuss the grievance
5. The Dean of the College of Health, Science, Technology, and Mathematics will respond in writing to all concerned parties within 2 business days of the meeting the decision reached regarding the grievance.

D. Grievances not resolved satisfactorily within the College of Health, Science, Technology, and Mathematics
   1. If the grievance is not resolved after following the above chain of authority, or appropriate action has not been taken to resolve the grievance, an appointment can be made with the Vice President for Academic Affairs
      a. The written complaint will be forwarded to the Vice President for Academic Affairs.
      b. Written notification is to be sent to the Chair of the School of Nursing and the Dean of the College of Health, Science, Technology, and Mathematics stating that an appointment is being sought with the Vice President for Academic Affairs.
      c. The student will present in writing all details including how chain of authority was followed. All facts relative to the grievance must be presented at this time to the Vice President for Academic Affairs.
      d. The Vice President for Academic Affairs may convene a meeting of all involved parties to discuss the grievance.
      e. Vice President for Academic Affairs will respond in writing to all concerned parties within 2 business days of the meeting the decision reached regarding the grievance.
      f. The Vice President of Academic Affairs has final authority in all academic matters.

Initial Date: 5/86
Revised Dates: 5/12/95; 2/4/02; 11/15/04; 9/22/14
Reviewed: 10/15/07; 10/3/16; 05/07/18
Policy: II.O

Physical Examination Policy for Nursing Students

Policy:

Nursing students are required to provide evidence that they are healthy and fit for the nursing profession. To meet this requirement, each nursing student must provide documentation that he/she has had a history and physical examination performed by a primary healthcare provider within the last year. Nursing students must provide evidence of this required history and physical examination through the submission (via upload or fax) of the School of Nursing “Student Annual Physical Examination/Report of Health Status Form” to the students’ castlebranch.com account, that students are required to purchase and maintain a castlebranch.com account through School of Nursing external vendor (castlebranch.com). Once the School of Nursing “Student Annual Physical Examination/Report of Health Status Form” is submitted, reviewed and approved by School’s Clinical Compliance Officer, an annual renewal date will be set in the students’ castlebranch.com account. (The renewal date is based on the date that the primary healthcare provider signed the students’ “Student Annual Physical Examination/Report of Health Status Form.”)

In addition to the required “Student Annual Physical Exam/Report of Health Status Form,” nursing students must also submit a completed School of Nursing “Pre-clinical Record of Certifications & Immunizations Form” to their castlebranch.com account. (THIS IS A ONE-TIME SUBMISSION AND MUST BE DONE NO LATER THAN THE STUDENTS’ FIRST NURSING CLINICAL). Students who are medically unable to receive any of the required immunizations must have their primary healthcare provider complete a “Medical Exemption Form” that students must submit to their castlebranch.com WITH the required “Pre-clinical Record of Certifications & Immunizations Form”. Students who are in the process of completing any of the required immunization series must have their primary healthcare provider complete the School of Nursing “Negative-Equivocal Titer Form.” (A separate form must be completed for each immunization series that is in process). Additionally, when students are in the process of completing any of the required immunization series, they must complete and submit a “Release of Liability Form for Non-Immune Students” to their castlebranch.com account. (This form must be signed by the student and an adult witness). Any nursing student who has not completed all of required immunization series must have at least the 1st dose in each of the required immunization series completed. (All School of Nursing health forms are provided in Appendix A).

Nursing students must provide evidence that they have received the following titers:

1. Measles IgG Titer
2. Mumps IgG Titer
3. Rubella IgG Titer
4. Varicella IgG Titer
5. Anti-HBs (Hepatitis B) Titer.

(Copies of the actual titers/lab results must be submitted WITH the students’ “Pre-clinical Record of Certifications & Immunizations Form”. If any of titers are “negative” or “equivocal” for immunity, then a separate “Negative/Equivocal Titer Form” must be completed by the students’ primary healthcare provider (a separate form is required for EACH negative or equivocal titer/lab result) and submitted WITH the “Pre-clinical Record of Certifications & Immunizations Form”. Further, if the student is in the process of completing any of the required immunization series for the first time, or is repeating the immunization series or titers, then follow-up alerts are generated in the students’ castlebranch.com account. The purpose of these follow-up alerts is twofold: 1) to remind students when their next immunization in the applicable immunization series is due; and 2) to provide a means for students to
upload verification (documentation) to their castlebranch.com accounts as they complete the remaining immunizations in the series and/or the associated titer(s). These automated alerts continue to populate in the students’ castlebranch.com account until students have successfully completed and uploaded all of the required immunization verification documents for the applicable immunization series and/or their associated titer(s).

**Rationale:**

Nursing is a rigorous profession requiring health practitioners to ensure safe and competent practice. In addition, the School of Nursing is legally bound by contracts with community and hospital agencies. These agencies require evidence that the nursing students are healthy, fit and properly immunized prior to starting their clinical experience in their institutions.

**Procedure:**

I. Traditional sophomore and newly admitted LPN-BSN students must submit the School of Nursing “Pre-clinical Record of Certifications & Immunizations Form” and the “Physical Examination/Student Annual Report of Health Status Form” to their CastleBranch.com account NO LATER THAN THEIR FIRST NURSING CLINICAL. (RN-BSN students see Section IV below. INP students see Section V below.)

II. Transfer students transferring directly into a nursing course must also complete and submit the School of Nursing “Pre-clinical Record of Certifications & Immunizations Form” and the “Student Annual Physical Examination/Report of Health Status Form” to the students’ CastleBranch.com account NO LATER THAN THE FRIDAY OF THE SECOND WEEK OF NURSING CLASSES.

III. The students’ failure to electronically submit the appropriate health forms to their CastleBranch.com account by the due dates stated above will result in the students not being allowed to attend nursing classes or clinicals. Failure to attend nursing classes or clinicals may result in failure of the nursing course or courses. See Policy II.E – Classroom and Clinical Attendance Policy.

IV. Students enrolled in the RN-BSN Program must submit prior to the beginning of their first nursing course the following forms: Student Immunization Clearance Form and Student Annual Report of Health Status Form.

V. INP students entering the program the summer of their senior year will purchase a castlebranch.com account and submit the “Pre-clinical Record of Certification & Immunizations Form” and the “Student Annual Report of Health Status Form” to their CastleBranch.com account prior to their first day of clinical.
Policy II.P

CPR Certification Policy

Policy:

Students who are enrolled in clinical nursing courses are required to maintain current certification from the American Heart Association BLS Health Care Provider training course.

Rationale:

Nursing students are often exposed to emergency situations and must be qualified to render aid if necessary. Clinical agencies used by the School of Nursing require all persons, including nursing students, who perform nursing care in these institutions to have current CPR certification.

Maintaining safe skills is an element of professional nursing. Neither the American Heart Association (AHA) Heart Saver certification, Pediatric Basic Life Support certification, nor the American Red Cross Community certification consistently provides the required skills. For the above stated reason, the American Heart Association Health Care Provider CPR course for infant, child, and adult is required.

Procedure:

I. A copy of a current AHA BLS Health Care Provider CPR card must be submitted to the students’ castlebranch.com account prior to the students’ first nursing class and upon re-certification thereafter.

II. If a student has completed certification and the CPR card has not been issued by the student’s first nursing class must obtain documentation of completion from the CPR instructor and submit this letter to their castlebranch.com account as proof of appropriate CPR certification. This documentation by the CPR instructor must include: date of completion, name of the CPR instructor, level of instructor certification and instructor number.

Initial Date: 2/10/95
Revised Dates: 5/11/95, 9/1/99, 11/6/00, 4/15/02; 10/28/13; 1/26/15
Reviewed: 11/15/04; 1/28/08; 10/03/16
Policy: II.Q  

Blood Borne Pathogen Exposure Policy

Policy:

Students receive educational preparation in prevention of exposure to blood borne pathogens through the School of Nursing curriculum and additional educational programs as required at each of the clinical agencies.

Rationale:

Instruction in aseptic technique and exposure prevention reduces the student’s risk of exposure to Hepatitis B virus, human immunodeficiency virus, and other blood borne pathogens. Limiting exposure is critical since exposure could result in the transmission of blood borne pathogens and could lead to disease or death.

Procedure:

I. Several steps are taken by the School of Nursing to facilitate prevention of blood borne pathogen exposure.
   
   A. Traditional and LPN-BSN students must submit proof of a completed Hepatitis vaccine series, series in progress, or submit a “Medical Exemption Form” to their castlebranch.com account NO LATER THAN THE STUDENTS' FIRST NURSING CLINICAL. Transfer students must submit evidence of completed Hepatitis vaccination series, series in progress, or submit a “Medical Exemption Form” NO LATER THAN THE FRIDAY OF THE SECOND WEEK OF NURSING CLASSES.
   
   B. Students receive instruction in exposure prevention prior to participating in activities in the clinical areas.
   
   C. Knowledge reinforcement of exposure prevention, including OSHA guidelines are also provided at clinical agency sites during orientation to the facility.
   
   D. Clinical supervision is continued throughout the nursing courses to stress skills in exposure control and prevention.

II. Post-exposure follow-up
   
   A. A variety of agencies are utilized to provide students with learning experiences. Each agency has its own policies and procedures relating to post-exposure follow-up. Students will adhere to the follow-up policy of the agency in which the exposure occurred; however, the following is considered to be a minimum process:
      -- An agency incident report describing the exposure must be completed as soon as possible
      -- A blood sample should be drawn to test for HBV and HIV titers
      -- Follow-up testing usually occurs at 3 months, 6 months, and 1 year using the Elisa and/or the Western Blot
      -- Agency nursing administration pursues a follow-up of the client testing for
HBV, HCV and HIV.

B. Post-exposure follow-up costs are the responsibility of the student. Students have the right to request a waiver of follow-up treatment. Request for waiver must be submitted to the course coordinator and the Chair of the School of Nursing. The student must then sign a waiver and thereby accept responsibility for consequences resulting from failure to follow-up exposure.

C. The Chair of the School of Nursing must be notified within 24 hours of the incident. The Clinical Instructor and student must also file a departmental “Incident Report” describing the incident and delineating follow-up care.
Policy: II.R

Accounts for Computer Access Policy

Policy:
All nursing students are required to have a University account providing them access to the Alderson Broaddus University Battler Portal.

Rationale:
The University learning management system provides students and faculty with a platform to communicate essential University information, which may include, but is not limited to, class assignments, registration, library access, University alerts and email.

Procedure:
I. All students must use their University computer account, which is free.

Initial Date: 2/21/92
Revised Dates: 5/12/95, 4/15/02; 11/15/04; 10/28/13
Reviewed: 1/28/08; 10/03/16
Policy: II.S

School of Nursing Comprehensive Examination Policy

Policy:

The School of Nursing requires that seniors take a comprehensive nursing examination during their senior year. This applies to both the traditional and LPN-BSN students. Any student who earns less than a passing score, as designated by the selected exam, is required to meet with a School of Nursing faculty member to develop an action plan for remediation. A student will not be cleared for graduation until a passing score is obtained or designated remediation is completed.

Rationale:

Based on correlation of scores for the department comprehensive examination and passage of the NCLEX-RN for graduates, attainment of a designated score is a reliable predictor of success on the NCLEX-RN.

Procedure:

I. A comprehensive nursing exam will be given by the School of Nursing during the senior year.

II. A student who receives a score of less than the established passing score for the designated examination will be required to participate in a specified action plan for remediation.

III. Re-testing, if necessary, will be conducted according to the student’s remediation plan.

IV. A student will not be cleared for graduation until a passing score is obtained or designated remediation is completed.
Policy: II.T

Students with Disabilities
Admission & Progression Policy

Policy:

The Alderson Broaddus University School of Nursing complies with the University’s admission and progression policy in response to the Americans with Disabilities Act of 1990. Students admitted to the nursing major are expected to be able to complete curriculum requirements which include physical, cognitive, and behavioral skills that are essential to the function of the entry level professional nurse. Reasonable accommodations will be made in order that nursing students with disabilities can successfully complete the nursing program; however, the successful candidate for graduation is expected to perform in a reasonably independent manner.

Rationale:

In order to ensure client safety, the practicing nurse must be able to meet certain Core Performance Standards. These standards have been defined by the Southern Council on Collegiate Education for Nursing. (See following page for list of Core Performance Standards for Admission and Progression.)

Procedure:

I. Any student or candidate for admission who believes he/she cannot meet the Core Performance Standards as described in this policy should seek assistance by first contacting the School of Nursing chair and/or their academic advisor. *

II. The student will provide evidence/documentation regarding the specific disability involved and request assistance to meet the Core Performance Standards.

III. The Chair of the School of Nursing will then seek consultation and guidance from the nursing faculty, Student Activities office, Academic Resource Center, and/or the University Administration to determine the availability of reasonable accommodations. The need to have a graduate nurse who can meet the Core Performance Standards in a reasonably independent manner will be the guiding factor in all decisions.

* Alderson Broaddus University also provides support for disabled students through the “504 Coordinator” at Extension 6274.

Initial Date: 5/9/96
Revised Date: 4/15/02; 10/02
Reviewed: 2/18/08; 2/23/09; 3/24/14; 10/3/16
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<tr>
<th>ISSUE</th>
<th>STANDARD</th>
<th>SOME EXAMPLES of NECESSARY ACTIVITIES (not all inclusive)</th>
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<tr>
<td>Critical Thinking</td>
<td>Critical thinking ability sufficient for clinical judgment</td>
<td>Identify cause-effect relationships in clinical situations, develop nursing care plan.</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Establish rapport with patients/clients and colleagues.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for interaction with others in verbal and written form.</td>
<td>Explain treatment procedures, initiate health-teaching, document, and interpret nursing actions, and patient/client responses.</td>
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<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from room to room and maneuver in small places.</td>
<td>Moves around in patient’s rooms, workspaces, and treatment areas, administer cardio-pulmonary procedures.</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient to provide safe and effective nursing care.</td>
<td>Calibrate and use equipment; position patients/clients.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient to monitor and assess health needs.</td>
<td>Hears monitor alarm, emergency signals, auscultatory sounds, cries for help.</td>
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<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical assessment.</td>
<td>Perform palpation, functions of physical examination and/or those related to therapeutic intervention, e.g., insertion of a catheter.</td>
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(Southern Council on Collegiate Education for Nursing)
Policy: II.U

Policy on Background Checks

Policy:

Alderson Broaddus University nursing students will undergo background checks conducted by a designated external vendor prior to admission to the first clinical course in nursing.

Rationale:

The practice of professional nursing requires that the highest moral, ethical, and legal standards be maintained by all practitioners. Some clinical agencies require documentation that students do not have a criminal record prior to practice in the agency. In addition, the WV Board of Registered Professional Nurses requires that an individual be of “good moral character” (WV Code 30-7-6) as a criterion of eligibility to obtain a license to practice registered professional nursing.

Procedure:

I. The one-time background checks will be conducted by CastleBranch.com (the School’s designated external vendor).

II. Costs associated with the individual background check are the responsibility of the student.

III. Records of all background checks are maintained in the students’ castlebranch.com account by the Clinical Compliance Officer. Access to these records will be limited to the Clinical Compliance Officer, and the Chair of the School of Nursing.

IV. Verification that students have successfully cleared a background check is made in writing by the Chair of the School of Nursing or the Clinical Compliance Officer to those clinical agencies that require such documentation. Verification does not include copies of any individual’s file.

V. Results of a student’s background check may be reported to the WV Board of Examiners for Registered Professional Nurses by the Chair of the School of Nursing if he/she deems it necessary, or if requested by that regulatory agency for consideration of eligibility for licensure.

NOTE: Students’ juvenile records would not be included in these background checks since they are closed once the person reaches adulthood; however, that individual would need to self-report any felony convictions occurring as a juvenile to the WVBOERN when applying for licensure.

Initial Date: 4/10/00
Reviewed: 4/04; 9/17/07; 2/23/09; 2/22/10; 10/17/12; 1/26/15; 2/15/16; 12/3/18
Policy: II.W  
Policy on Policies

Policy:

Development, revision, distribution, and evaluation of School of Nursing policies are the responsibility of the nursing faculty. A mechanism is in place that permits students input as needed and assures that policies are communicated to faculty and students in a timely and effective manner.

Rationale:

The task of educating practitioners, who are prepared to safely practice professional nursing at the generalist level, mandates that certain nursing academic and clinical conduct requirements be stringently delineated. It is the responsibility of the nursing faculty to develop and revise the policies and procedures that direct these academic and clinical requirements. Since these policies and procedures directly impact the student, provision must be made to solicit student input.

Procedure:

I. Initiating New Policies or Revising Current Policies
   A. Faculty initiated:
      1. Faculty determines need for new policy or revision of existing policy.
      2. Proposal is submitted to Students, Student Development, Educational Policies and Resources if student input is needed or if review of language and structure of procedure is needed. Students, Student Development, Educational Policies and Resources submits final proposal to the Nursing Faculty Organization for approval.
      3. Proposal is refined and approved by Nursing Faculty Organization without referral to the Students, Student Development, Educational Policies and Resources if it has been determined that their input is not required and language and structure are acceptable as proposed.
   B. Committee initiated:
      1. A School of Nursing Committee determines that a new policy or revision of an existing policy is needed.
      2. Proposal is submitted to Students, Student Development, Educational Policies and Resources for consideration.
      3. Students, Student Development, Educational Policies and Resources submits final version of proposal to the Nursing Faculty Organization for approval.
   C. Student initiated:
      1. Individual student or group of students determine that new policy or revision of existing policy is needed.
      2. Proposal submitted to Students, Student Development, Educational Policies and Resources for consideration
      3. Students, Student Development, Educational Policies and Resources submits final version of proposal to Nursing Faculty Organization for approval.
   D. Initiated by External Group
      1. A group or organization external to the School of Nursing (within the University, accreditation agencies, clinical agencies, etc.) develops or revises their policies or procedures in a manner that impacts the policies of the School of Nursing.
2. Matter is referred to the Students, Student Development, Educational Policies and Resources for consideration and development or revision of policies.

3. Final version is submitted by the Students, Student Development, Educational Policies and Resources to the Nursing Faculty Organization for approval.

II. Policy Distribution
A. Following approval by the Nursing Faculty Organization, a new or revised policy will be dated and posted in the on-line School of Nursing Policy & Procedure Manual.
B. The School of Nursing secretary will work with the Chair of the Students, Student Development, Educational Policies and Resources to assure that needed changes are posted on-line and appropriate announcements to students are made.
C. Students will be reminded in the orientation session of each course of policy changes which may be especially pertinent to that course.

III. Systematic Review of Policies
A. School of Nursing policies are reviewed in a systematic fashion. The plan for review is developed and conducted on a 3-year rotational basis by the Students, Student Development, Educational Policies and Resources and/or as practices within the School of Nursing or the nursing profession change and there is a potential for a policy and procedure to be impacted by this change.

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<th>Year #1 (2018-2019; 2021-2022; 2024-2025)</th>
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<th>Year #3 (2020-21; 2023-2024; 2026-2027)</th>
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Initial Date: 5/6/97;
Revised Date: 7/00; 12/02/02; 4/03/06; 4/13/09; 4/26/10; 1/26/15, 2/19/18
Reviewed: 9/19/11
Policy II.Y

Confidentiality of Student Educational Records

Policy:

Student records within the School of Nursing are maintained in a manner that protects student information and maintains confidentiality.

Rationale:

Personal and identifying information is contained within the educational records of students enrolled in the School of Nursing. In order to protect this information, records must be secured at all times.

Procedure:

I. Files of students enrolled in the School of Nursing will be kept in a locked file room within the School of Nursing Chairperson’s office suite. Access to this room is limited to nursing faculty and staff.

II. Faculty advisors may keep student records within their offices during designated registration/advising time frames. As advising and registration functions are completed, files are returned to the locked file room. Faculty offices will be locked when files are unattended.

Initial Date: 5/11/04
Reviewed: 4/05; 1/28/08; 3/24/14; 10/3/16
Policy II.Z  

Credits by Escrow

Policy:

Students enrolled in the LPN-BSN Program and the RN-BSN Program will be eligible to receive credits by escrow upon demonstration of specific competencies as defined by this policy.

LPN-BSN Program Credits by Escrow: Upon successful completion of 12 credits in the nursing major and a grade point average of 2.5 (on a 4.0 scale), the student will receive up to 20 hours of credit toward the required 120 credits necessary for graduation.

RN-BSN Program - Upon completion of 10 semester credit hours at Alderson Broaddus University in the Nursing major and a GPA of 2.5, the student may receive up to 40 semester hours of credit toward the required 120 credits necessary for graduation.

Rationale:

Escrow credits are held in trust until the student demonstrates their academic competency as defined in the policy. These credits are granted for a block of coursework commensurate with the student’s prior education and licensure.

Procedure:

A. Each student’s academic transcript will be evaluated by the Registrar, in consultation with the Chair of the School of Nursing, for the following:
   A. Original degree granting institution and/or other higher education institution where nursing classes are identifiable as “nursing” on the transcript
   B. A record of transcripts from nursing and support courses and applicable credits where a passing grade of “C” or better was obtained. No nursing credits will be accepted from courses where a grade of “D” or “F” was earned.
   C. Calculate the total number of transferable academic credits from nursing and support courses.

II. LPN-BSN Program
A. Credits are determined by comparing course work completed during the practical nursing program against the following courses offered at Alderson Broaddus University:
   i. Biology 270, Anatomy and Physiology I, 4 semester hours
   ii. Biology 271, Anatomy and Physiology II, 4 semester hours
   iii. Chemistry 190, Introduction to Chemistry, 4 semester hours
   iv. Health Sciences 100, Health Care Terminology, 2 semester hours
   v. Health Sciences 260, Nutrition, 3 semester hours
   vi. Nursing 220, Fundamental of Nursing, 3 semester hours
B. Students receive a maximum of 20 semester hours of elective credit based on this analysis. Students who transfer in courses that meet the requirements of Alderson Broaddus course requirements listed under Section A will receive course credit as transfer credit instead of escrow credit. The transfer credits will be subtracted from the 20 allowable escrow credits and cannot be "double counted."

Initial Date: 5/04
Revised: 9/27/10; 1/27/15, 3/19/19
Reviewed: 10/15/07; 2/22/10
Policy II. AA  

Policy on Testing Responsibilities and Practices

Policy:

Students in the School of Nursing are required to uphold and abide by the Alderson Broaddus University standards of academic integrity as well as professional nursing standards and conduct by refraining from cheating in all testing situations.

Rationale:

According to the Alderson Broaddus University School of Nursing - Policy II.I, Professional Conduct Regarding Professionalism and the Standards of Professional Conduct statement 5: “Students will demonstrate honesty and integrity in all classroom and clinical situations. Students will, at all times, refrain from cheating in all forms…” Students are held to the same standard as those currently in the profession as they develop the behaviors, knowledge and skills necessary to assume their place within the profession.

Procedures:

During testing situations within the School of Nursing, the following procedures and expectations will be in place:

I. Students and instructors will be in the assigned room by the start of class time. Any student arriving after the first student has completed the test and left the room will forfeit the opportunity to complete the test.

II. Unless requested by the instructor, students shall not have any materials or equipment upon or within which information could be available. This includes books, notebooks, blank or marked pieces of paper, cell phones, pagers, digital or tape recorders, watches and calculators with memory function, and any other information storage/retrieval devices.

III. All books, notebooks, book bags and any other belongings, including food and drink, shall be placed away from student seating and out of easy view, i.e., items shall be placed at sides, back and front of room. These items may be accessed only after turning in the test.

IV. Billed or rimmed head coverings will not be worn during examinations or quizzes. Clothing with pockets where papers may be concealed are discouraged.

V. Expanded seating will be provided to create as much space between students as possible.

VI. Students will have pen and/or pencil and other equipment as authorized to complete examinations.

VII. Once class has been convened, there will be no talking or other communication between or among students until authorized by the instructor.

VIII. There will be no “looking around” during the examination.

IX. Each student will shield his or her examination paper, answer sheet, or other work from other students.

X. Except in unusual circumstances, students will not leave the room until completing the examination.

XI. No duplication, replication, or distribution of quiz or examination questions is permitted.
Policy: II.CC

Smoking in Uniform Policy

Policy:

Nursing students at Alderson Broaddus University are not to use any kind of tobacco or nicotine products (excluding nicotine gum/patches) including electronic devices when acting as a representative of the School of Nursing. This includes, but is not limited to, any clinical function, any time the student is in an Alderson Broaddus University School of Nursing uniform, or any time the nursing student is attending a function required by the School of Nursing. The odor of smoke on hair, skin, and clothing may be offensive to clients.

Rationale:

Professional nurses are expected to be role models of good health practices.

Procedure:

In the event the instructor detects the odor of tobacco products and/or the patient or family complains that the smell of tobacco products is offensive, the instructor maintains the right to dismiss the student from clinical. This will be an unexcused absence.

Initial Date: 4/9/07
Reviewed Date: 2/22/10; 10/17/12; 05/07/18; 12/3/18
Policy: II.DD

Drug Testing Policy

Policy:

Alderson Broaddus University nursing students are required to undergo drug testing conducted by a School of Nursing designated external vendor prior to admission into the first clinical course in nursing.

Rationale:

Alderson Broaddus University School of Nursing adheres to the policies of all clinical agencies with which the School of Nursing is affiliated. Many clinical agencies stipulate in clinical affiliation agreements that drug testing of nursing students be performed before students are permitted into the clinical facilities. This testing requirement is the same as that required of employees of the clinical agencies.

Procedure:

I. Drug testing will be conducted by an external vendor selected by the School of Nursing. The School of Nursing will not accept results from any other company or agency.

II. Costs associated with the drug testing will be the responsibility of the student. The cost is non-refundable.

III. Drug testing results must be received by the Clinical Compliance Officer prior to admission to the first clinical course in nursing.

IV. Records of drug testing results will be kept as confidential as possible. Access to these records is limited to the Clinical Compliance Officer, the Chair of the School of Nursing and other University officials on a need-to-know basis. Further, the University will report positive test results to the appropriate licensing boards when required to do so. Additionally, the University may disclose test results in administrative or court proceedings to the extent required and/or permitted by law.

V. Although most nursing students are generally only required to submit to one drug test, additional testing may be required under certain circumstances. By way of example, nursing students may be required to undergo additional testing in order to meet clinical facility requirements, because of a break in enrollment in the nursing program or for any other reason in the School of Nursing’s sole discretion. The School of Nursing reserves the right to request random drug testing at any time. The student will be responsible for all costs associated with any drug testing.

VI. Prior to testing, students will be given the opportunity to list all prescription and non-prescription drugs and controlled substances they have used, and to explain the circumstances surrounding their use.
VII. If the student receives a positive test result, the student will be given the opportunity to explain the reason(s) for the positive test result with the Chair of the School of Nursing. This information may be reviewed with the Medical Review Officer of the vendor which administered the drug test.

VIII. If a student has a positive drug test result that has not been resolved through discussions with the Chair of the School of Nursing pursuant to Section VII, above, or if a student refuses to undergo a required drug test, the student will not be eligible to enroll in nursing classes.

IX. Any student in the nursing program with a positive drug test that is not successfully resolved pursuant to Section VII, above, shall be suspended for a minimum of one calendar year from all coursework in the nursing program. If the student completes an appropriate treatment program, which is pre-approved by the University, the student may be readmitted to the nursing program only upon the approval of the Chair of the School of Nursing following the suspension. In order to be considered for readmission to the nursing program, the student must show adequate proof of successful completion of the treatment program and must successfully pass any required drug testing by the University. If the student has a positive drug test prior to readmission to the nursing program, the student will be permanently ineligible for readmission into the nursing program. The decision of whether to readmit the student is within the sole discretion of the Chair of the School of Nursing.

If the student is readmitted, the student must submit to random drug screening as requested by the Chair of the School of Nursing. Any positive drug screen after readmission will result in permanent dismissal and permanent ineligibility for readmission into the nursing program.

The student will be responsible for all costs associated with any treatment program and any drug testing.

Initial Date: 5/5/10
Reviewed: 5/12/11; 10/17/12; 05/07/18; 12/3/18
Policy: II.EE

Tuberculosis Testing Policy

Policy:

Traditional and LPN-BSN students who are enrolled in nursing courses are required to have a negative Tb skin test. The Tb skin test must have been completed within the last year. The Tb skin test results must be submitted to the students’ castlebranch.com account NO LATER THAN THE FIRST DAY OF THE NURSING CLINICAL. Transfer students must submit this documentation to their castlebranch.com account (NO LATER THAN THE FRIDAY OF THE SECOND WEEK OF THE NURSING CLASS). If the Tb skin test is positive OR the nursing student is unable to receive a Tb skin test due to a past positive reaction, the nursing student will not be allowed in the clinical setting until the procedure described below is followed.

Rationale:

Nursing is a rigorous profession requiring health practitioners to ensure safe and competent practice. In addition, the School of Nursing is legally bound by contracts with community and hospital agencies. These agencies require verification of completed history and physical forms for each student doing a clinical experience in their institution. AB University School of Nursing assures our clinical agencies that our students are healthy and fit for duty.

Procedure:

I. All required Tb skin testing results from a health care provider must be reported to the Clinical Compliance Officer at Alderson Broaddus University. The student is responsible for providing these results to the Clinical Compliance Officer via submission to his or her castlebranch.com account (NO LATER THAN THE STUDENTS FIRST NURSING CLASS). When a single Tb test is required, this means a one-time Tb skin test. When a 2-step Tb test is required, this is a Tb skin test followed by a second Tb skin test 1 to 3 weeks after the first test. All results must be negative. (See the School of Nursing “Student Annual TB Report Form” in Appendix A.)

II. If any of the Tb skin tests are positive or the student is unable to receive the Tb skin test due to past positive reaction to the Tb skin test, the students must:
   A. Follow up with their health care provider for a Tb assessment and provide documentation of this assessment must be uploaded by the student to his or her castlebranch.com account when all other health forms per program requirements and are due yearly to continue clinical rotation.
   B. Complete a Qft gold (Quantiferon gold) blood test Or T.SPOT.TB blood test. Test results from a health care provider must be uploaded by the student to his or her castlebranch.com account when all other health forms per program requirements are due.
   C. Complete a chest x-ray. Results of the chest x-ray from a health care provider must be uploaded by the student to his or her castlebranch.com account when all other health forms per program requirements are due and yearly to continue clinical rotation.
III. If the Qft gold Or T.Spot.TB and x-ray are negative, and the health care providers Tb assessment is negative for Tb; the student will be cleared for clinical rotation.

IV. If the Qft gold Or T.Spot.TB is positive but the x-ray and health care providers Tb assessment are negative for active Tb; the student can be cleared for clinical rotation by:
   A. The student uploading Qft gold Or T.Spot.TB, x-ray and health care provider Tb assessment results to his or her castlebranch.com account (via castlebranch.com)
   B. The student uploading the written treatment plan prescribed by the health care provider to his or her castlebranch.com account. Monthly written verification of continued treatment from a health care provider must also be uploaded by the student to his or her castlebranch.com account. Upon completion of the prescribed treatment plan, the health care provider’s discharge summary must be uploaded by the student to his or her castlebranch.com account.

V. If the Qft gold Or T.Spot.TB and the x-ray are both positive, and the health care provider’s Tb assessment is positive for active Tb; the student will be prohibited from clinical rotation until completion of a health care provider prescribed treatment plan.

VI. Any student completing a prescribed Tb treatment plan (for active or latent Tb) must provide written verification from the prescribing health care provider of completion of the treatment as well as a discharge summary. This written verification must be uploaded by the student to his or castlebranch.com account. This student must then submit to yearly chest x-rays and have a negative Tb assessment by a health care provider in order to continue clinical rotations.

VII. Upon yearly renewal of the Student Annual TB Report, one of the following is required: 1 step Skin Test Or if positive results, a TB Questionnaire. This must be uploaded by the student to his or her castlebranch.com account.
Policy: II. FF

Annual Influenza Vaccination Policy

Policy:

Students who are enrolled in clinical nursing courses are required to submit annual verification that they have received the current-seasonal influenza vaccination to protect against circulating influenza strains, and to reduce the chances of developing flu related complications. Students who do not provide annual influenza vaccine verification may be required to wear masks at all times, if mandated by the clinical affiliate, with the only exceptions of breaks/meals or while within a single occupancy private office. Further, meals and breaks must be taken in areas appropriately designated for those purposes. However, a mask must be worn while in an elevator or walking to the designated break area or cafeteria. A new mask will be needed whenever the mask becomes moistened, soiled or torn. If masks are not immediately available in the students’ assigned unit, students are to see their clinical instructor who will coordinate the procurement of a new mask.

Rationale:

The seasonal influenza vaccination protects against circulating influenza strains and reduces the chances of developing influenza-related complications. Masks are intended to prevent staff-to-patient and staff-to-staff transmission, and to reduce the chances of developing influenza-related complications. Nursing is a rigorous profession requiring health practitioners to ensure safe and competent practice. In addition, the School of Nursing is legally bound by contracts with community and hospital agencies. Some of these agencies require verification of completed influenza vaccinations annually for each student doing clinical experiences in their institution.

Procedure:

I. Students must annually submit verification from a health care provider that they have received the seasonal influenza vaccination. This verification must be submitted annually (uploaded or faxed) to the students’ castlebranch.com account by October 15th. (See “Student Annual Report of Influenza Vaccination Form” in Appendix A). Students may submit alternative documentation to verify they have received this annual vaccine, but the documentation must include the date of administration, the lot number, and the name and credentials of the person who administered the vaccine.
Policy: II.GG

Retention of Student Exams and Assignments

Policy:

Alderson Broaddus University School of Nursing requires the retention of student paper exams and/or assignments to be retained until after the period in which a student may appeal a final grade per university policy. Student paper exams and/or assignments may be shredded starting the 5th day of the next semester.

Rationale:

Per Alderson Broaddus University, Policy 2.6 Process for Appeal of a Final Grade, students have 4 days after the start of the next semester including registration days to appeal a final grade. After that time, student’s paper exams and/or paper assignments are no longer required by faculty, student or university.

Procedure:

Nursing faculty may begin properly disposing of student’s paper exams and/or assignments via shredding after the 5th day of the next semester after the course in which the exams and/or assignments were completed.

Initial Date 09/25/2017
Appendix A
Clinical Compliance and Health Forms
Incident Report

_________________________________                         _________________________
Student                                                                    Date/Time

Type of Incident:

Explanation of Incident:

Report by: ________________________

Follow-up Date/Time: ______________

Follow-up by: __________________________
Instructor/Coordinator

________________________________
School of Nursing Chairperson

Approved: Jan. 14, 1994
Reviewed: 10/15/01; 9/17/07; 1/26/15; 02/19/18
Checklist of Document Submission Requirements
This checklist is for your use only and is not to be returned to the School of Nursing or submitted to your Castlebranch.com Account

☐ Background Check (Only through castlebranch.com)

☐ Drug Screen (Only through castlebranch.com)

IMMUNIZATION RECORDS:
☐ Pre-Clinical Record of Certifications & Immunizations Form (This is a 2-page School of Nursing form)
☐ Measles (Rubeola), Mumps, and Rubella (MMR) Immunizations (Records & Dates)
☐ Varicella (Chicken Pox) Immunizations (Records & Dates)
☐ Hepatitis B Immunizations (Records & Dates)
☐ Tetanus, Diphtheria & Pertussis (Tdap) – Record & Date (Immunization must have been received within the last 10 years.

Note: A School of Nursing “Medical Exemption Form” is required only if your healthcare provider has determined that you should not receive or complete any of the required vaccinations listed above.

TITERS: The purpose of Titters is to check your immunity status.
☐ Varicella (Chicken Pox) IgG Titer (Lab Result/Printout & Date)
☐ Measles (Rubeola) IgG Titer (Lab Result/Printout & Date)
☐ Mumps IgG Titer (Lab Result/Print out & Date)
☐ Rubella (German Measles) IgG Titer (Lab Result/Printout & Date)
☐ Anti-Hepatitis B Titer (Lab Result/Printout & Date)

The following two School of Nursing forms are required if any of your titer results are negative, non-reactive, or equivocal:
1) The applicable “Negative/Equivocal Titer Form” and 2) a “Release of Liability Form for Non-Immune Students”

OTHER REQUIRED FORMS AND RECORDS:
☐ Student Annual TB Report Form – On this School of Nursing form, you must provide documentation/record of an once-in-a-lifetime “Two-Step PPD/TB Skin Tests.” If you’ve previously received a two-step PPD, but it was completed over 1 year ago, then you must complete a “One-Step PPD/TB Skin Test” upon formal admission into the School of Nursing, and then annually/yearly while you’re a student in the nursing program.

☐ Student Annual Report of Influenza Vaccination Form - This is a School of Nursing form. (An influenza vaccination is required in the fall of your Sophomore year in the program and annually/yearly while you’re a student in the nursing program. This annual vaccine is to be received no earlier than September 1 and no later than October 15. In place of this form, you may provide an alternate influenza vaccination record; for example, the vaccine record provided to you by your employer, a pharmacy, a health clinic, a health department, etc., where you received your influenza vaccine.

☐ Student Annual Physical Examination/Report of Health Status Form - The completion of this School of Nursing form by your healthcare provider is required annually. No other documentation or record of an annual physical exam will be accepted.

☐ Health Insurance Card or Verification of Current Health Insurance Coverage

☐ American Heart Association BLS for Healthcare Providers CPR Card – This is the only CPR certification that will be accepted by the School of Nursing

Initial date: 11/22/13; Revised: 01/26/15; 02/19/18
Student Annual Physical Examination/Report of Health Status Form

Student’s Name: ____________________________________________________________

TO THE MEDICAL PROVIDER: Following your examination of the person indicated above, please read each statement below, and initial inside the boxes beside each of the statements to indicate your agreement with the statements.
ALL BOXES MUST BE INITIALED FOR STUDENT TO ATTEND CLINICALS.

Provider

Initials

☐ I have performed a medical history and physical examination on the above named student and verify the student is free from medical conditions which would endanger the health and well being of patients and/or other students.

Provider

Initials

☐ There are no circumstances, conditions, or evidence of conditions which impair intellectual function, ability to measure, calculate, reason, analyze, synthesize and apply information in the process of problem solving.

Provider

Initials

☐ There is not historical, physical or laboratory evidence which indicates the student is unable to perform in clinical rotations as part of their education process.

Medical Provider: ________________________________________________________ (Please type or print legibly)

Address: __________________________________________________________________

Telephone: (____) - _____ - ____  Fax: (____) - _____ - ____

Medical Provider Signature: ___________________________________________ Date: ____________________

• Medical Provider must include credentials
• Medical Provider must be person legally authorized to clear student for clinical experiences/clinical rotations (For example, CRNP, APRN, MD, DO, PA-C).

Initial date: 10/01/10; Revised: 11/13/13; 01/26/15; 02/19/18
Annual Tuberculosis Screening Questionnaire*

*This Questionnaire is to be used by the newly admitted student or returning student who has had a Positive TB test result occur from a past or recent TB PPD Skin Test or a QuantiFERON®-TB Gold blood test or a T-SPOT.TB® blood test

Student’s Name (Please print legibly) __________________________________________________________

PLEASE CHECK ONE: _____Newly Admitted Student ______Returning Student

This questionnaire has two (2) parts and is being done as an annual TB symptom review. If the health care provider completing PART 2 below deems necessary, further follow-up will be identified below and the student will submit this original form and any other documentation of follow-up, if applicable, to the student’s CastleBranch.com account.

PART 1: (To be completed by student prior to seeing their primary health care provider)

TB Symptoms Review

Are you currently exhibiting any of the following symptoms of tuberculosis? Have you had any of the following within the last 12 months?

Please circle “Yes” or “No” Please circle “Yes” or “No”

Yes No Cough lasting longer than 3 weeks Yes No Cough lasting longer than 3 weeks
Yes No Coughing up blood Yes No Coughing up blood
Yes No Fever Yes No Fever
Yes No Weight loss Yes No Weight loss
Yes No Night sweats Yes No Night sweats
Yes No Fatigue/Tiredness Yes No Fatigue/Tiredness
Yes No Shortness of breath Yes No Shortness of breath

The student named above requires no further TB work-up and no TB treatment, or is currently in the process of receiving TB work up or TB treatment, as noted above or as shown on any documentation provided by me with this form, if applicable. The student is not contagious and, as a result, may safely enter any university and fully participate in any courses or clinical experiences or clinical rotations inside or outside of any university.

Medical Provider Name: ____________________________________________________________

Medical Provider Address: __________________________________________________________

Medical Provider Signature: ____________________________________________ Date: ____________

Initial date: 04/30/19

PART 2 -- TO BE COMPLETED BY YOUR MEDICAL PROVIDER (If student has had a past or recent positive PPD skin test, then the student must have completed a chest x-ray and a TB blood test within the last year)

<table>
<thead>
<tr>
<th>Test</th>
<th>Status</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest x-ray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QFT Gold (Quantiferon gold) blood test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T.SPOT.tb blood test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB treatment currently in process or previously completed?</td>
<td>Yes No</td>
<td>Date: ____________</td>
</tr>
</tbody>
</table>

Name of Drug(s)

<table>
<thead>
<tr>
<th>Drug(s)</th>
<th>Started Date</th>
<th>Stopped Date</th>
<th>#Months of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>/</strong>/____</td>
<td><strong>/</strong>/____</td>
<td></td>
</tr>
</tbody>
</table>

TB Treatment Provider Name: ____________________________

Medical Provider Signature: ____________________________ Date: ____________________________
Student's Name (Please print legibly) ______________________________________

PLEASE CHECK ONE: ______ Newly Admitted Student
or Transfer Student

______ Returning Student to ABU’s School of Nursing

Two-Step Mantoux Tuberculin Skin Test (TST). Two separate tests received 1-3 weeks apart. Required once-in-a-lifetime.

<table>
<thead>
<tr>
<th>#1</th>
<th>Date 1st TST Placed</th>
<th>Date Read</th>
<th>Result mm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#2</th>
<th>Date 2nd TST Placed</th>
<th>Date Read</th>
<th>Result mm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One-Step (Single) Mantoux Tuberculin Skin Test (TST). Required annually while you are a student.

<table>
<thead>
<tr>
<th>#1</th>
<th>Date 1st TST Placed</th>
<th>Date Read</th>
<th>Result mm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tuberculosis Screening Instructions/Requirements for Newly Admitted or Transfer Students**

Please provide evidence/results of a “once-in-a-lifetime” Two-Step Mantoux Tuberculin Skin Test (TST) in the first table above. If you received the two-step TST over one year ago and your results were negative, then evidence/results of a One-Step (Single) Mantoux Tuberculin Skin Test (TST) received within the last year must also be documented in the second table above. If the results of any previous two-step or one-step TST is/are positive, OR if you were/are unable to receive either a one-step or two-step TST, the following THREE documents must be submitted/uploaded: (1) a chest X-ray received within the past year, unless you have a history of completing INH therapy (or other TB Treatment therapy); (2) the results of either a Qft Gold (QuantiFERON gold) blood test (lab report required) OR a T-Spot.tb blood test (lab report required); and 3) a TB questionnaire/assessment (performed by your medical provider within the last year). If the chest x-ray is abnormal, if your past or recent Quantiferon Gold Blood Test OR T-Spot.TB blood test is positive, or if your current TB questionnaire/assessment indicates possible pulmonary tuberculosis or contagion, then you must provide/upload written documentation from a health care provider defining treatment and release to attend clinical activities or clinical rotations.

**Tuberculosis Screening Instructions/Requirements for Returning Students**

If you are a returning student, and have previously completed a once-in-a-lifetime “2-step Mantoux Tuberculin Skin Test (TST)”, over one year ago, please have your healthcare provider provide the dates it was completed in the first table above. If the 2-step TST was done over one year ago, then you must have received a One-Step (single) Mantoux Tuberculin Skin Test (TST) and have your medical provider document the date and results in the second table above. OR, for past or recent positive TST results, past or recent positive TB blood tests, or a past or recent abnormal X-ray, then a current TB questionnaire/assessment (performed by your medical provider within the last year) must be submitted/uploaded annually to your castlebranch.com account with this form.

**TO BE COMPLETED BY YOUR MEDICAL PROVIDER, IF APPLICABLE**

Chest x-ray (Please submit/upload a copy of the X-ray with this completed form)
- Normal
- Abnormal

Date: _____/_____/_____

Qft Gold (Quantiferon gold) blood test (Please submit/upload lab report results with this form)
- Positive
- Neg
- Indeterminate

Date: _____/_____/_____

T. SPOT tb blood test (Please submit/upload lab report results with this form)
- Positive
- Neg

Date: _____/_____/_____

TB treatment currently in process or previously completed?
- Yes
- No

If you have previously completed a prescribed TB treatment for active or latent TB, then you are submit/upload a copy of the treatment plan and discharge/treatment completion summary with this form. If you are currently completing a prescribed TB treatment plan for active or latent TB, you must submit/upload written documentation from the health care provider defining treatment and release to attend clinical activities or clinical rotations.

Date: _____/_____/_____

Name of Drug(s)

Started Date: _____/_____/_____

Stopped Date: _____/_____/_____

#Months of Treatment_____

TB Treatment Provider Name: _____________________________________

Medical Provider Name: _______________________________________

(Please type or print legibly – Please include credentials*)

*Medical provider must be a person legally authorized to interpret results (for example, CRNP, APRN, MD, DO, PA-C, RN, LPN)

Medical Provider Address: ______________________________________

Medical Provider Signature: ____________________________ Date: ___________
Alderson Broaddus University
School of Nursing
Medical Exemption Form

If you are medically unable to receive required immunizations, or if you have any incomplete or missing immunizations and your primary medical care provider recommends that you do not receive any additional immunizations, then please have your primary medical care provider complete and sign this form. Please be aware that while this form meets Alderson Broaddus University’s medical requirements, it may not meet each clinical rotation site’s requirements. Final approval for clinical rotation lies with the clinical site.

The following student: ________________________________is medically unable to receive the following required immunizations:
__________________________________________________________________

OR

In my medical opinion, the following student____________________________________ should not receive any additional immunizations for____________________________________for the following reason(s):___________________________________________________________

Medical Provider Printed Name*: (Please include credentials):

_________________________________________

*Medical Provider must be person legally authorized to medically clear student for clinical (For example, CRNP, APRN, MD, DO; PA-C)

Medical Provider’s Signature: (Please include credentials): _______________________________

Medical Provider Address: _______________________________________________

Medical Provider Office Phone Number: ____________________________________________

Date: __________________________________________________________________________

Initial date: 11/20/13; Revised: 01/25/15; 02/19/18
Student Annual Report of Influenza Vaccination Form

Student's Name: ________________________________

To the Medical Provider: This form provides documentation that the above listed student has received an influenza vaccination for the ________________ season. (For example: the 2018-2019 influenza season).

NOTE: Some facilities are now requiring a flu vaccine as part of clinical requirements. **Annually, your flu vaccine must be completed and this form (and/or another record showing receipt of the vaccine) must be submitted to your CastleBranch.com account no earlier than September 1st and no later than October 15th. Your first influenza vaccine is not due until the fall season of your Sophomore year in the School of Nursing, and then annually by October 15 while you’re a student in the nursing program.**

<table>
<thead>
<tr>
<th>Influenza Vaccination Name: ________________________________</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month</td>
</tr>
</tbody>
</table>

Allergy Documentation:
If this student is unable to receive the vaccine please list the reason(s) here:
____________________________________________________________________________________________

___

Refusal of flu vaccine:
Your signature below indicates that you have refused the flu vaccine this year:

**Student Signature:** ________________________________

Rationale for refusal: (Please note that refusal of the vaccine may negatively affect ability to attend certain clinical experiences). __________________________________________________________________________________

**Medical Provider***: __________________________________________

(Please type or print legibly)

**Medical Provider Signature:** ___________________________  **Date:** _________________________

*Must include credentials: (For example: CRNP/APRN, MD, DO; PAC, Registered Pharmacist, RN, LPN)

**Medical Provider Address:**
________________________________________________________________________________________

**Telephone:** (_____)-_____-_____,  **Fax:** (_____)-_____-_____
Pre-Clinical Record of Certifications and Immunizations Form

Student Name: ____________________________________________________________ (Please type or legibly print your first and last name here)

Please indicate the dates when various immunizations and the antibody titer testing requirements below have been met. If you were/are medically unable to receive any of the required immunizations, or if you have any incomplete or missing immunizations and your primary medical care provider recommends that you do not receive any additional immunizations, please have your primary medical care provider complete the School’s “Medical Exemption Form” and/or have your primary medical care provider include a written explanation for the Medical Exemption, if any, in the applicable section on this form. If you are in the process of completing or repeating any immunizations, you will need to have your primary healthcare provider complete the applicable School’s “Negative-Equivocal Titer Form(s), and you will need to complete the School’s “Release of Liability Form for Non-Immune Students.”

IMPORTANT NOTE: Before you have your primary healthcare provider complete, review, and sign this form, please attach a copy of ALL of your immunization records, in addition to a laboratory printout of the test results for the five titers listed below. If you have never received the five titers, you will need for your primary medical provider to order them before you meet with your primary healthcare provider to complete and sign this form, the forms mentioned above, if applicable, as well as the additional School health forms that will need to be completed by your primary healthcare provider.

The five (5) required Titers include:

1. Rubeola (Measles) IgG Titer
2. Mumps IgG Titer
3. Rubella IgG Titer
4. Varicella IgG Titer
5. Anti-HBs (Hepatitis B) Titer

Measles, Mumps and Rubella (MMR)

<table>
<thead>
<tr>
<th>Titers</th>
<th>Date Completed (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st MMR (must have been given after 1st birthday)</td>
<td></td>
</tr>
<tr>
<td>2nd MMR (given at least 4 weeks after 1st dose)</td>
<td></td>
</tr>
<tr>
<td>Rubeola (Measles) IgG Titer*</td>
<td></td>
</tr>
<tr>
<td>Mumps IgG Titer*</td>
<td></td>
</tr>
<tr>
<td>Rubella IgG Titer*</td>
<td></td>
</tr>
</tbody>
</table>

*Indicate date completed (month/day/year) and test result (e.g., Immune, Non-Immune or Equivocal)

Student Name: ____________________________________________________________ (Please type or legibly print your first and last name here)
### Diphtheria, Pertussis, Tetanus (DPT)

<table>
<thead>
<tr>
<th></th>
<th>Date (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st DPT</td>
<td></td>
</tr>
<tr>
<td>2nd DPT</td>
<td></td>
</tr>
<tr>
<td>3rd DPT</td>
<td></td>
</tr>
<tr>
<td>4th DPT (childhood only)</td>
<td></td>
</tr>
<tr>
<td>Tdap (or Tdap Booster if Tdap previously received)</td>
<td>(must be within past ten years)</td>
</tr>
</tbody>
</table>

### Varicella (Chicken Pox)

<table>
<thead>
<tr>
<th></th>
<th>Date (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of disease</td>
<td></td>
</tr>
<tr>
<td>(Varicella titer still required)</td>
<td></td>
</tr>
<tr>
<td>or Vaccine</td>
<td></td>
</tr>
<tr>
<td>(only if no history of disease – titer still required after vaccinations)</td>
<td>Date (month, day, year)</td>
</tr>
<tr>
<td>1st Varicella</td>
<td></td>
</tr>
<tr>
<td>2nd Varicella</td>
<td></td>
</tr>
<tr>
<td>Varicella IgG Titer*</td>
<td></td>
</tr>
</tbody>
</table>

*Indicate date completed (month/day/year) and test result (e.g., Immune, Non-Immune or Equivocal)

### Hepatitis B

<table>
<thead>
<tr>
<th></th>
<th>Date (month, day, year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>2nd Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>3rd Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>Anti-HBs Titer*</td>
<td></td>
</tr>
</tbody>
</table>

*Indicate date completed (month/day/year) and test result (e.g., Immune, Non-Immune or Equivocal)

### Any additional vaccinations received

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date (month, day, year)</th>
<th>Result</th>
</tr>
</thead>
</table>

### Certification of Results

I certify that the information herein is complete and correct to the best of my knowledge.

Printed Name of Health Care Provider: ________________________________  Title: ________________________________

Signature of Health Care Provider: ________________________________

Name of Agency or Institution: ________________________________  Date: ________________________________

Address: ________________________________  Telephone Number: (______) ________ - ________

Fax Number: (______) ________ - ________

Initial date: 10/01/10; Revised: 11/13/15; 01/26/15; 02/19/18


**Hepatitis B Negative - Equivocal Titer Form**

If you have completed all required immunizations and titers and have been notified of or have results of a negative (non-reactive) or equivocal (inconclusive results) for Hepatitis B, then you must have this form completed, signed and dated by your primary healthcare provider. This form must be accompanied by the School’s **Release of Liability Form for Non-Immune Students**, which you are to complete and is to be signed and dated by you and any other adult witness. If your primary medical provider feels that you should not receive any additional Hepatitis B vaccines, even though your most recent Hepatitis B antibody titer result is negative or equivocal, then this form must also be accompanied by the School’s **Medical Exemption Form**.

The following student: ___________________________ has received the following immunizations or immunization series for **Hepatitis B** on the following dates: _____/_____/____ and _____/_____/____ and _____/_____/____.

A negative (non-immune) or equivocal (inconclusive) Hepatitis B antibody titer was received on the following date: _____/_____/____.

This student is: (Please check only one of the following choices):

(____) Receiving a second immunization (one booster) on the following date: ___/___/____.

(____) Receiving a second immunization (one booster) on the following dates: ___/___/___ plus a repeat titer drawn on____/____/_____.

(____) Receiving a repeat series on the following dates: ___/___/___ and ___/___/___ and ___/___/___.

(____) Receiving a repeat series on the following dates: ___/___/___ and ___/___/___ and ___/___/___,
plus a repeat titer drawn on ___/___/____.

OR

(____) Has already received this immunization or immunization series a second time with a second negative titer result and is believed to be a non-converter who will remain non-immune to the above mentioned disease; thus, further immunization with the above mentioned vaccine is medically contraindicated.

Primary Medical Care Provider Signature*:  __________________________________________

Primary Medical Care Provider Printed Name: ______________________________________

Phone: __________________________ Date: ______________________________________

*The Primary Medical Care Provider must be a person legally authorized to medically clear students for student clinical clerkships or rotations (For example, a CRNP, APRN, MD, DO; PA-C, etc.).

Initial date: 10/01/10; Revised: 11/13/13; 01/26/15; 02/19/18
MMR Negative -Equivocal Titer Form

If you have completed all required immunizations and titers and have been notified of or have results of a negative (non-reactive) or equivocal (inconclusive results) for Measles (Rubeola) OR Mumps OR Rubella (MMR), then you must have this form completed, signed and dated by your primary healthcare provider. This form must be accompanied by the School’s Release of Liability Form for Non-Immune Students, which you are to complete and is to be signed and dated by you and any other adult witness. If your primary medical provider feels that you should not receive any additional MMR vaccines, even though one or more of your recent MMR antibody titers are negative or equivocal, then this form must be accompanied by the School’s Medical Exemption Form.

The following student: ___________________________________________ has received the following immunizations or immunization series for Rubeola (Measles), Mumps, & Rubella (MMR) on the following dates: _____/_____/_____ and _____/_____/_____ and _____/_____/_____.

Negative (non-immune) or equivocal (inconclusive) antibody titers were received on the following date(s):
Measles (Rubeola): _____/_____/_____  Mumps: _____/_____/_____  Rubella: _____/_____/_____.

This student is: (Please check only one of the following choices):

(____) Receiving a second immunization (one booster) on the following date: ___/___/___.

(____) Receiving a second immunization (one booster) on the following dates: ___/___/___ plus a repeat titer for __________________________ (WRITE IN THE NAME(S) OF THE REPEAT MMR TITER(S) THAT APPLY) will be drawn on ___/___/___.

(____) Receiving a repeat series on the following dates: ___/___/___ and ___/___/___ and ___/___/___.

(____) Receiving a repeat series on the following dates: ___/___/___ and ___/___/___ and ___/___/___, plus a repeat titer drawn on ___/___/___.

OR

(____) Has already received this immunization or immunization series a second time with a second negative titer result and is believed to be a non-converter who will remain non-immune to the above mentioned disease; thus, further immunization with the above mentioned vaccine is medically contraindicated.

Primary Medical Care Provider Signature*: _____________________________________________
Primary Medical Care Provider Printed Name: _____________________________________________
Phone: __________________________  Date: ___________________________________________

*The Primary Medical Care Provider must be a person legally authorized to medically clear students for student clinical clerkships or rotations (For example, a CRNP, APRN, MD, DO; PA-C, etc.).

Initial date: 10/01/10; Revised: 11/13/13; 01/26/15; 02/19/18
Varicella (Chicken Pox) Negative -Equivocal Titer Form

If you have completed all required immunizations and titers and have been notified of or have results of a negative (non-reactive) or equivocal (inconclusive results) for Varicella (Chicken Pox), then you must have this form completed, signed and dated by your primary healthcare provider. This form must be accompanied by the School’s Release of Liability Form for Non-Immune Students, which you are to complete and is to be signed and dated by you and any other adult witness. If your primary medical provider feels that you should not receive any additional Varicella vaccines, even though your most recent Varicella (Chicken Pox) antibody titer result is negative or equivocal, then this form must also be accompanied by the School’s Medical Exemption Form.

The following student: ___________________________ has received the following immunizations or immunization series for Varicella (Chicken Pox) on the following dates: _____/_____/____ and _____/_____/____ and _____/_____/____.

A negative (non-immune) or equivocal (inconclusive) Varicella (Chicken Pox) antibody titer was received on the following date: _____/_____/____.

This student is: (Please check only one of the following choices):

(____) Receiving a second immunization (one booster) on the following date: ____/___/____.

(____) Receiving a second immunization (one booster) on the following dates: ___/___/___ plus a repeat titer drawn on ___/___/___.

(____) Receiving a repeat series on the following dates: ___/___/___ and ___/___/___.

(____) Receiving a repeat series on the following dates: ___/___/___ and ___/___/___ plus a repeat titer drawn on ___/___/___.

OR

(____) Has already received this immunization or immunization series a second time with a second negative titer result and is believed to be a non-converter who will remain non-immune to the above mentioned disease; thus, further immunization with the above mentioned vaccine is medically contraindicated.

Primary Medical Care Provider Signature*: ___________________________________________
Primary Medical Care Provider Printed Name: ___________________________________________
Phone: __________________________  Date: __________________________

*The Primary Medical Care Provider must be a person legally authorized to medically clear students for student clinical clerkships or rotations (For example, a CRNP, APRN, MD, DO; PA-C, etc.).

Initial date: 10/01/10; Revised: 11/13/13; 01/26/15; 02/19/18
Alderson Broaddus University
School of Nursing
Policy & Procedure Manual
2019-2020

Alderson Broaddus University
School of Nursing

Release of Liability Form for Non-Immune Students
(This form must accompany any “Negative-Equivocal Titer Forms, when/if applicable)

I understand that I am not or may not be immune to the following: On the line below, please list all that apply: Measles, Mumps, Rubella, Hepatitis B, and Varicella (Chicken Pox)

I understand that it is my responsibility to take all necessary protective action, should I come in contact with a patient having the above noted illness.

I understand that I may contract the above noted illness due to my non-immune status.

I hereby release Alderson Broaddus University, its Faculty and Staff, and any clinical site at which I may have practiced from any and all legal liability, should I contact the above named disease.

Student Name (Please print):____________________________________________
Student Signature:____________________________________________________
Date__________________________________________

Any Other Adult Witness Name (Please print):________________________________
Adult Witness Signature:_______________________________________________
Date:______________________________________________________________

Initial date: 10/01/10; Revised: 11/13/13; 01/26/15; 02/19/18
Alderson Broaddus University
School of Nursing

Waiver for Post-Exposure Follow Up Treatment

I acknowledge that during a clinical experience as part of my nursing education in the Alderson Broaddus University School of Nursing, I was involved in a situation whereby I was exposed to a potential blood borne pathogen. I also acknowledge, that I have been offered treatment as part of the post-exposure follow up. I am refusing follow-up care and by my signature below, accept responsibility for the consequences resulting from failure to follow-up exposure to a blood borne pathogen.

Student Name (Printed)
___________________________________________________________

Student Signature__________________________________________ Date:________________________
Appendix B
Alpha Beta Nu By-Laws
ABN BY-LAWS

ARTICLE I. NAME OF ORGANIZATION.
Section 1. The name of this organization shall be the Alpha Beta Nu (Alderson Broaddus University) Student Nurses Association.

ARTICLE II. PURPOSE & FUNCTION.
Section 1. Purpose.
   A. To assume responsibility for contributing to nursing education in order to provide for the highest quality of health care.
   B. To provide programs representative of fundamental interests and concerns to nursing students.
   C. To aid in the development of the whole person, his/her professional role, his/her responsibility for health care of the people in all walks of life.

Section 2. Function.
   A. To have direct input into standards of nursing education and influence the education process.
   B. To influence health care, nursing education, and practice through legislative activities as appropriate.
   C. To promote and encourage participation in community affairs and activities towards health care and the resolution of related social issues.
   D. To represent nursing students to the consumer, to institutions, and other organizations.
   E. To promote and encourage students’ participation in interdisciplinary activities.
   F. To promote and encourage recruitment efforts, participation in student activities, and educational opportunities regardless of a person’s race, color, creed, sex, lifestyle, national origin, age, or economic status.
   G. To promote and encourage collaborative relationships with nursing and health related organizations.

ARTICLE III. MEMBERS.
Section 1. School Constituent.
   A. ABN membership is composed of active or associate members who are members of the National Student Nurses Association (hereafter, NSNA) and the West Virginia Student Nurses Association (hereafter, WVSNA).
   B. ABN shall be composed of at least 10 members from Alderson Broaddus University or the total school enrollment is less than 10. There shall be only one NSNA chapter on this school campus.
   C. For yearly recognition as a NSNA constituent, an officer of ABN shall submit annually the Official Application for NSNA Constituency Status which shall include the following areas of conformity: purpose and functions, membership, dues, and representation.
   D. A constituent association which fails to comply with the bylaws and policies of NSNA shall have its status as a constituent revoked by a 2/3 vote of the NSNA Board of Directors, provided that written notice of the proposed revocation has been given at least two months prior to the vote and the constituent association is given an opportunity to be heard.
   E. ABN is an entity separate and apart from NSNA and its administration of activities, with NSNA and WVSNA exercising no supervision or control over these immediate daily and
regular activities. NSNA and WVSNA have no liability for any loss, damages, or injuries sustained by third parties as a result of negligence or acts of ABN or the members thereof. In the event any legal proceedings are brought against NSNA and WVSNA, ABN will indemnify and hold harmless the NSNA and WVSNA from any liability.

Section 2. Categories of Constituent Membership. Members of the constituent associations shall be:
A. Active members:
   1. All students enrolled at Alderson Broaddus University in the School of Nursing shall hold membership in the professional student nurses association (i.e., NSNA [National Student Nurses Association], WVSNA [West Virginia Student Nurses Association], and ABN [Alpha Beta Nu]. The student’s academic program shall lead to a baccalaureate degree with a major in nursing, culminating with licensure as a registered professional nurse.
   2. All active members shall have all the privileges of membership.
B. Individual members: Individual membership shall be open at the national level to any eligible student when membership in a constituent association is not available. Individual members shall have the privileges of membership as prescribed in NSNA bylaws.
C. Active membership shall be renewable annually.

Section 3.
Active and associate NSNA membership may be extended six (6) months beyond graduation from a student’s program in nursing, providing membership was renewed while the student was enrolled in a nursing program.

ARTICLE IV. DUES.
Section 1.
A. The annual dues for active members shall be $40.00 per member, ($20.00 for NSNA, $12.00 for WVSNA, and $8.00 for ABN), payable for the appropriate dues year. The dues year for membership shall be a period of twelve (12) consecutive months, October 1 through September 30.
B. The ABN Executive Board shall have the authority to set membership dues for the local chapter.
C. Students may choose to decline active membership. Any member who declines to pay current NSNA, WVSNA and ABN dues shall forfeit all privileges of membership.

ARTICLE V. EXECUTIVE BOARD.
Section 1. Composition.
A. The Executive Board will consist of: President, Vice President, Secretary, Treasurer, Chaplain, Historian/Parliamentarian, and Newsletter Correspondent.

Section 2. Responsibilities.
A. The Executive Board shall be responsible for:
   1. Transacting business of the association between membership meetings and shall report such transactions at the next regularly scheduled membership meeting.
   2. Filling vacancies in any office by two-thirds (2/3) majority vote of the Executive Board
except the office of the President.
3. Reviewing monetary disbursements, acquisitions and fund raising activities and shall be responsible for procuring persons for audit of all accounts on an annual basis.
4. Attending the School of Nursing Faculty Organization meetings as non-member student representatives without voting privileges.

Section 3. Quorum. A quorum for the board meetings shall be the president, vice president, three other board members, and one faculty advisor.

Section 4. Duties of the Executive Board shall consist of:
A. President.
1. Shall preside at all meetings of this association, appoint special committee as needed, perform all other duties pertaining to the office and represent this association in all matters to the local state nurses association, the local league for nursing, state nursing student association, National Student Nurses’ Association, and other professional and student organizations.
2. Shall serve as chairperson of the Executive Board.
3. Shall represent ABN on the Nursing Faculty Organization Student Development Committee.

B. Vice President.
1. Shall assume responsibility of the office of President in the event of the vacancy occurring in the office until the next regular election.
2. Shall preside at meetings in the absence of the President.
3. Shall assist the President as delegated and act as advisor to the President.
4. Shall serve as chairperson of Membership and Recruitment Committee.

C. Secretary.
1. Shall record and distribute the minutes of all meetings of this association as directed by the President.
2. Shall keep on file as a permanent record all reports, papers and documents submitted to the Secretary.
3. Refer to dully appointed committees the necessary records for the completion of business.
4. Forward minutes to the state nursing student association board as well as the names and addresses of all officers and committee chairpersons after their election or appointment.
5. Deliver to the newly elected Secretary all association papers.

D. Treasurer.
1. Shall serve as chairperson of the Projects Committee.
2. Submit financial reports to the membership as directed by President.
3. Prepare financial reports submitted at the monthly Executive Board Meeting.
4. Keep a permanent record of all dues received from members and any other income and disbursements.

E. Chaplain.
1. Responsible for organizing and coordinating all religious aspects of formal ABN events (i.e., Sophomore Convocation, Junior Recognition, Senior Convocation).
2.Opens all ABN meetings with prayer.
F. Historian/Parliamentarian.
1. Keeps a scrapbook of ABN events.
2. Assists the president in enforcing all regulations found in the bylaws.

G. Newsletter Correspondent.
1. Submit articles to the WVSNA newsletter.
2. Submit articles to *NSNA News* according to publication deadline.
3. Submit association activities to school yearbook.
4. Chair the Public Relations Committee.
5. Prepare a school newsletter as directed by the Executive Board.

Section 5. Absences.
A. Members of the Executive Board who have missed more than two regularly scheduled meetings of any current term year without prior notification to the Executive Board and who offer no valid reason for such absences may be removed from office by a plurality vote of the current membership present at the next scheduled meeting. The officer in question will be notified in advance of the meeting.
B. An officer may also be removed from office by a plurality vote of the members of the Executive Board present at a meeting called for that purpose if that officer is deemed negligent in the functions of that office as stated in these bylaws.
C. Prior notification of two weeks shall be given to the individual in question and a special Executive Board meeting shall be held to review the circumstances.

**Article VI. Elections.**
Section 1. Election of Executive Board.
A. Elections shall be held the third week in March.
B. All elections shall be by secret ballot.
C. A plurality vote of the members in good standing and entitled to vote and voting shall constitute an official election.
D. In the event of a tie, a re-vote shall be held.
E. All nominations shall be made from the Nominating Committee.

**Article VII. Meetings.**
Section 1. Membership Meetings.
A. Meeting dates, location and time shall be set by the Executive Board and Advisory Council.
B. The President shall have the authority to convene a special meeting as such time as is deemed necessary and shall notify the general membership of such meeting, location, and time.

**Article VIII. Committees.**
Section 1. Appointments.
A. Committee chair appointments shall be made by the Executive Board and shall be deemed standing committees unless otherwise stated at the time of appointment.
B. Committee members shall be appointed from a group of volunteers by the committee chairperson in cooperation with the Executive Board.
C. Committee members shall be appointed from a group of volunteers by the Executive Board to
represent ABN on the following Nursing Faculty Organization Committees: Curriculum Committee, Student Development Committee, and Students, Student Development, Educational Policies and Resources; one representative from each level shall be appointed annually.

Section 2. Responsibility.
A. All committees shall be responsible to the Executive Board for reporting committee activities on a regular basis and shall report same to the general membership.

Section 3. Standing Committees.
A. Membership and Recruitment Committee.
1. Chaired by the Vice President.
2. Responsible for recruiting new members into the National Student Nurses Association and ABN.
3. Responsible for membership retention.
4. Committee membership shall be composed of four volunteers from each of the classes (Freshman, Sophomore, Junior and Senior).

B. Projects Committee.
1. Chaired by the Treasurer.
2. Plan and procure funds for ABN.
3. Report on fund raising activity to the general membership and the Executive Board.
4. Committee membership shall be composed of four volunteers from each of the classes (Freshman, Sophomore, Junior and Senior).

C. Nominating Committee.
1. Organize a slate of candidates for election to the offices of ABN.
2. Serve as a board of tellers in all elections.
3. Membership shall be composed of four seniors who are members in good standing of ABN and one faculty advisor.
4. Members shall be appointed by the Executive Board.

D. Advisory Council.
1. Chaired by a volunteer of the committee.
2. Committee membership shall be composed of eight volunteers (two representatives from each of the classes (Freshman, Sophomore, Junior and Senior)).
3. Responsible for advising the Executive Board in regard to planning, preparing, and implementing programs governed by the interests of the organization.

E. Public Relations Committee.
1. Chaired by the Newsletter Correspondent.
2. Announce and publicize all organizational meetings and ABN events in cooperation with the Projects Committee.
3. Plan and prepare monthly bulletin boards in conjunction with the respective organizational programs.
4. Committee membership shall be composed of four volunteers from each of the classes (Freshman, Sophomore, Junior and Senior).
ARTICLE IX. DELEGATES.
Section 1. Purpose and Function.
A. To serve as spokesperson for this association at the annual state and national conventions.
B. Present to the state and national organizations all proposed resolutions or amendments to bylaws or policies proposed by this association.
C. Keep informed as to all current and proposed resolutions at the state and national levels and report information to this association’s membership at regularly scheduled membership meetings.
D. Make available to members updates, explanations, and copies of current and proposed state and national resolutions.

Section 2. Qualifications and Appointment.
A. Any member maintaining a grade level of C or above, who is active in ABN projects and is nominated by current membership at a regularly scheduled meeting is eligible to hold the position of delegate.
B. Appointment shall be for one (1) year and shall be made by nomination of those members eligible and voted on by the current membership eligible to vote and voting. The nominee receiving the majority votes cast shall be awarded the position.

Section 3. Delegate Representation.
A. ABN.
   1. ABN shall be entitled to one voting delegate and alternate at the NSNA House of Delegates, and in addition, shall be entitled to one voting delegate and alternate for every 50 members.
   2. The ABN delegate(s) and alternate shall be member(s) in good standing and/or elected by members of ABN at a proper meeting according to chapter bylaws. ABN may designate an alternate delegate for each delegate by one of the following mechanisms:
      a) Selection and/or election by members of the ABN chapter according to chapter bylaws; or
      b) Written authorization to the WVSNA Board of Directors requesting them to appoint a member of the state board of directors to act as a state appointed alternate for their school chapter.
      1. The ABN chapter shall approve the appointment.
      2. The WVSNA Board of Directors shall verify that any state appointed alternate is a member in good standing of the NSNA and the WVSNA.
      3. ABN must have a selected and/or elected delegate present at the NSNA Convention in order to have a state-appointed alternate seated in the House of Delegates.
      4. All alternates, whether ABN selected or state-appointed, shall have the same privileges as an elected delegate when seated in the House of Delegates.
   3. ABN shall be entitled to delegates according to the number of members in good standing in NSNA. Delegates shall be computed on the basis of the number of members in each constituent as evidenced by the annual dues received by NSNA on a date eight week prior to the annual meeting.
ARTICLE X. AMENDMENTS.
Amendments to the bylaws may be made with a 2/3 vote of those present and voting at a membership meeting provided that notice of proposed amendments has been sent to members at least two (2) weeks prior to the meeting. Only proper amendments submitted in writing and carrying the proponent’s signature will be considered.

ARTICLE XI. PARLIAMENTARY AUTHORITY.
All meetings of this association shall be conducted according to the parliamentary law as set forth in Robert’s Rules of Order Newly Revised where the rules apply and are not in conflict with these bylaws.

Adopted: September 24, 1997
Amended/Adopted: April 26, 1999
Amended/Adopted: December 1, 2008
Appendix C

NSNA Policy Statement on Social Media
Recommendations For: 
Social Media Usage and Maintaining Privacy, Confidentiality and Professionalism

Introduction
Student nurses have a responsibility to understand the benefits and consequences of participating in social media; NSNA recommendations encompass personal and professional social media use. Healthcare organizations and Universities that utilize electronic and social media typically have policies in place to govern employee or student use of such media in the workplace. The policies often do not address the nurses’ use of social media outside of the workplace, or outside of the clinical setting. It is in this context that the nurse or student nurse may face potentially serious consequences for inappropriate use of social media.

Definitions
Social media in this context is defined as web-based and mobile platforms for user generated content that create interactive and highly accessible, and often public, dialogues.

Types of Social Media
Social media platforms may include (but are not limited to) the following:
- Blogging – Blogger, LiveJournal, Xanga
- Microblogging – Dailybooth, Foursquare, Google Buzz, Posterous, Tumblr, Twitter
- Postcasting - Blubrry
- Social networking – Bebo, Facebook, Google+, LinkedIn, MySpace, Orkut
- Social news sharing – Digg, Reddit
- Social bookmarking/social tagging – Delicious, Diigo, Google Reader, StumbleUpon
- Video hosting – Vimeo, YouTube

Image of Nursing and Social Media
As student nurses and student leaders, we maintain the awareness that we are contributing to the global image of nursing, as we are always representing NSNA and the nursing profession through intended or unintended outcomes of our social media usage. Photographs, videos and any other digital media, whether created by NSNA constituent school chapters, state associations, individual NSNA members, or any third party, should demonstrate individual professionalism and be consistent with NSNA’s mission and values.

Privacy and Confidentiality
Elected/appointed officials or others in leadership positions in NSNA constituent school chapters and state associations at all times should maintain strict adherence to standards of professionalism. Student nurses all carry the responsibility of adhering to privacy and confidentiality standards and should be familiar with the Health Insurance Portability and Accountability Act (HIPAA), including, but not limited to, the HIPAA Privacy Rule (45 CFR Part 160 and Subparts A and E of Part 164). HIPAA regulations protect patient privacy by establishing how individually identifiable information may be used, including any information relating to the physical or mental health of an individual, or any information that may be used to identify an individual.
Student nurses have a responsibility to promptly report an identified breach of confidentiality or privacy to a school authority—including, but not limited to, an instructor, staff person, or dean.

**Examples of Confidentiality/Privacy Breach**

Inadvertently or intentionally breaching patient confidentiality/privacy can occur through a variety of situations and circumstances. Student nurses and nurses breach confidentiality or privacy by posting information through social media tools, such as: commenting on someone else’s post that displays any information that may identify a patient; referring to patients or their care; or posting videos or photos of patients or anything that may identify a patient.

The following scenarios are case examples excerpted with permission from the August 2011 white paper, *A Nurse’s Guide to the Use of Social Media* by the National Council of State Boards of Nursing. These are based on reported events to Boards of Nursing, and depict inappropriate usage of electronic and social media. The outcomes varied from jurisdiction to jurisdiction.

**Scenario 1**

Bob, a licensed practical/vocational (LPN/VN) nurse with 20 years of experience used his cell phone to take pictures of a resident in the group home where he worked. Prior to taking the photo, Bob asked the resident’s brother if it was okay for him to take the photo. The brother agreed. The resident was unable to give consent due to her mental and physical condition. That evening, Bob saw a former employee of the group home at a local bar and showed him the photo, as well as discussed the resident’s current condition. The administrator of the group home learned of Bob’s actions and terminated his employment; the matter was also reported to the Board of Nursing.

Bob told the Board of Nursing that he thought his behavior was acceptable, because he has consent from the resident’s brother prior to taking the photo. He also thought it was acceptable to discuss the resident’s condition with the former employee because that person is now employed at another facility within the same company, and has previously worked with this resident. The nurse acknowledged that he had no legitimate purpose for taking or showing the photo, or for discussing the resident’s condition. The Board of Nursing imposed disciplinary action on Bob’s nursing license requiring him to complete continuing education on patient privacy and confidentiality, ethics, and professional boundaries.

This case demonstrates the need to obtain valid consent before taking client photographs; the impropriety of using a personal device to take a patient’s photo; and that confidential information should not be disclosed to persons no longer involved with the care of the patient.

**Scenario 2**

A Board of Nursing received a complaint that a nurse had blogged on a local newspaper’s online chat room. The complaint notes that the nurse bragged about taking care of her “little handicapper,” and because they lived in a small town, the complainant could actually identify the nurse and the client. The complainant stated that the nurse violated “privacy laws” of the child and his family. It was also discovered that there appeared to be a debate between the complainant and the nurse on the blog over local issues. These debates and disagreements resulted in the other blogger filing a complaint against the nurse.

A check of the newspaper website confirmed that the nurse appeared to write affectionately about the handicapped child to whom she provided care. In addition to making notes about her “little handicapper,” there were also comments about a wheelchair and about the child’s age. The comments were not meant to be offensive, but did provide personal information about the client. There was no specific identifying
information about the client on the blog, but if you knew the nurse, the client, or the client’s family, it would be possible to identify who was being discussed.

The board investigator contacted the nurse about the issue. The nurse admitted that she is a frequent blogger on the site; she explained that she does not have a television and blogging is what she does for entertainment. The investigator discussed that as a nurse, she must be careful not to provide any information about her home care patients in a public forum.

The Board of Nursing could have taken disciplinary action for the nurse failing to maintain confidentiality when posting on blogs, discussion boards, etc. The site used by the nurse was not specifically associated with her, like a personal blog; nonetheless the nurse posted sufficient information to identify herself and the client.

Scenario 3
Nursing students at a local college had organized a group on Facebook that allowed the student nurses’ association to post announcements and where students could frequently blog, sharing day to day tips and arranging study groups. A student-related clinical error occurred in a local facility and the student was dismissed from clinical that day, pending an evaluation of the error. That evening, the students in the program blogged and posted about the error, perceived fairness and unfairness of the discipline, and began to speculate on the student’s future. The clinical error was described, and since the college only used two facilities for clinical experiences, it was easy to discern where the error took place. The page and blog could be accessed by friends of the student, as well as by the general public.

The students in this scenario could face possible expulsion and discipline. These pages can be accessed by the public, and patients identified because this is a small community. It is a myth that the information can only be accessed by a small group; once data is posted online, it is forever embedded into that server and can be retrieved. Someone could also have taken a screenshot of the situation and posted it on a public site. This is a violation of employee/university policies.

Developing Social Media Guidelines
NSNA constituent school chapters and state associations are encouraged to adopt a social media policy for its own members. When developing policies or guidelines, elected leaders should working with their faculty advisor to first reference the rules and regulations of their college/university, as well as the school of nursing, which may have additional policies. To further develop the guidelines, they should then consider utilizing the American Nurses Association and National Council State Boards of Nursing social media resources and recommendations.

Consequences
NSNA constituent school chapters and state associations are encouraged to adopt a social media policy for its own members and educate student nurses about potential consequences of a breach of privacy/confidentiality. For consequences and/or disciplinary actions regarding the potential breach of any social media policy adopted by NSNA constituent school chapters and state associations, NSNA recommends looking to school regulations or state boards of nursing regulations/policies for guidance, as well as the NSNA Bill of Student Rights and Responsibilities, and the NSNA Code of Ethics.
Suggestions

It is important to acknowledge that inappropriate social media behavior occurs. The following suggestions are intended to minimize the risks of using social media:

- Student nurses should be cognizant of the potential impact of each post made, with the understanding that patients, classmates, instructors, employers, and other personal or professional contacts may view an individual’s online activity as a reflection of the individual’s career as well as the nursing profession in general.

- Student nurses should stay informed about the privacy settings of the social media sites they utilize, as privacy settings often change. For example, Facebook previously offered a privacy setting that restricted anyone (even friends) from viewing photos that you are tagged in. This was discontinued.

- Student nurses who utilize social networking sites should actively maintain an awareness of how their professionalism may be affected by friends’ and peers’ usage of the same sites. For example, Jane posts photos from a weekend party and tags Dave in several of them. Dave immediately untags himself to maintain his professionalism. However, Jane has set her privacy settings for the photo album so that “friends of friends” may view them. Even though Dave is no longer tagged, all of Jane’s friends—and everyone connected to each friend of Jane—can view photos of Dave that Jane uploaded.

- Student nurses who are elected/appointed officers should restrict their personal activity to family and friends, and maintain a second option for their “public face” for colleagues, classmates and peers while in office. This is also recommended for student nurses who want to maintain a separation of their personal lives from their professional lives.

  - Example: A school president creates a public Facebook page that followers can “like” to maintain professional networking and communications with the school chapter Board.

  - Alternate example: After thoroughly reviewing the privacy setting options, a student chooses a customized setting so that anyone in their “Restricted” group may only view their profile photo and contact information. When a new professional contact requests friendship, the student adds the new contact to their “Restricted” group and accepts the request. If the student would like to post a healthcare related article, she/he may change the settings for that particular post so that all friends can view it.

- Student nurses should not share, post, or otherwise disseminate any information, that can identify a patient, or in any way violate a patient’s rights or privacy. Limiting access through privacy setting is not sufficient to ensure privacy of patients.

- Student nurses should never refer to anyone in a disparaging manner, even if the person cannot be identified with the information stated.

- Student nurses should not make threatening, harassing, sexually explicit, or derogatory statements regarding any person’s race, ethnicity, gender, age, citizenship, national origin, sexual orientation, disability, religious beliefs, political views, or educational choices.

- Student nurses should not make disparaging remarks about any college, university, or school of nursing, including the students, faculty members and staff.

- Student nurses should not post content or otherwise speak on behalf of any college, university, school of nursing, or other student nurses association unless authorized to do so.
• NSNA constituent school chapters, state associations and individual members should refrain from social media usage that individually represents—or attempts to represent—the voice of NSNA, or create any reasonable impression of official representation of NSNA. An example of inappropriate representation would be a website, social media website, or other social media tool that utilizes the NSNA logo or FNSNA logo. These logos may not be used by anyone, including members of school or state chapters. The name National Student Nurses’ Association, Inc. (NSNA) may be used only by official NSNA school and state constituents with the following wording: “[insert name of school or state association] is an official constituent of the National Student Nurses’ Association, Inc.©”

Common Issues

Drawing the lines:
• “I prefer to accept friendship requests from only close family members and friends. After networking at a conference, a professional contact requests me as a friend on Facebook. I am reluctant to accept because I want to keep my account personal and private, but I do not want to squander my chances of maintaining a professional relationship with this person. Should I accept?”

   o Possible solution: Create a LinkedIn account (if one has not already been created). Respond to the initial request, thanking the person for initiating a connection. State that your personal preference is to keep Facebook limited to family and that you would very much like to connect with them through LinkedIn.

Blurring the Lines
• “My personal life is my personal life. It bears no reflection on my competence in providing the best possible patient care that I know I am capable of. So why should I be held accountable in my professional life for something I do or say in my personal life?”

   O - The reality is: Facebook, Twitter, and other social media sites are public forums. Those who use these forums privately for personal purposes may not realize the degree to which their activities are visible to the general public. It is advised to refrain from making any statement on social media sites that you would not be comfortable saying out loud in public.

   O - The reality is: Employers and recruiters are looking for social media activity when reviewing résumés for job opportunities.

Benefits of Social Media
Social media allows student nurses to interact with colleagues when separated by geography or other factors. Student nurses can build on relationships, and develop a professional presence online. Social media can benefit NSNA in a variety of ways, including fostering professional connections, promoting timely communication between peers, and educating and informing NSNA members and future members about the role of NSNA as the only professional nursing organization for nursing students.
Examples of Benefiting from Social Media Use

- Social media provides an outlet for professional networking, building new relationships and fostering existing relationships.
- Social media can be an excellent tool for exchanging knowledge among peers and classmates.
- New dialogues and the sharing of nursing or healthcare information, including research and best practices, can be more fluid through social media platforms.
- Social media use is an efficient way to bring nursing and healthcare issues to individuals who are not familiar with current nursing and healthcare trends.
- Social media presents an opportunity to fine tune one’s online professional presence, while contributing to a continued positive image of the nursing profession.

Conclusion
Because social networking offers the potential for both positive and negative consequences, nurses and student nurses should consider a number of principles when functioning within the virtual world of social media in order to maintain their own reputation, and that of nursing as the most trusted profession.

References/Resources
Appendix D
Standards of Practice and WV Legislative Rule
American Nurses Association Standards of Practice

Standard 1. Assessment – The registered nurse collects comprehensive data pertinent to the healthcare consumer’s health and/or the situation.

Standard 2. Diagnosis – The registered nurse analyzes the assessment data to determine the diagnoses or the issues.

Standard 3. Outcomes Identification – The registered nurse identifies expected outcomes for a plan individualized to the healthcare consumer or the situation.

Standard 4. Planning – The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation – The registered nurse implements the identified plan.
  ▪ Standard 5A. Coordinator of Care – The registered nurse coordinates care delivery.
  ▪ Standard 5B. Health Teaching and Health Promotion – The registered nurse employs strategies to promote health and a safe environment.
  ▪ Standard 5C. Consultation – The graduate-level prepared specialty nurse or advanced practice registered nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.
  ▪ Standard 5D. Prescriptive Authority and Treatment – The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.


Standard 8. Education – The registered nurse attains knowledge and competence that reflects current nursing practice.

Standard 9. Evidence-Based Practice and Research – The registered nurse integrates evidence and research findings into practice.

Standard 10. Quality of Practice – The registered nurse contributes to quality nursing practice.

Standard 11. Communication – The registered nurse communicates effectively in all areas of practice.

Standard 12. Leadership – The registered nurse demonstrates leadership in the professional practice setting and the profession.

Standard 13. Collaboration – The registered nurse collaborates with the healthcare consumer, family, and others in the conduct of nursing practice.

Standard 14. Professional Practice Evaluation – The registered nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Standard 15. Resource Utilization – The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.


Title 19 - Legislative Rule
WV Board of Examiners for Registered Professional Nurses
Series 10
Standards for Professional Nursing Practice

§19-10-1. General
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.
Authority – WV Code 30-7-4
Filing Date – March 31, 1994
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 growth and development;
2.1.1.e. The client’s cultural, religious and socio-economic background;
2.1.1.f. The client’s ability to perform activities of daily living;
2.1.1.g. The client’s patterns of coping and interacting;
2.1.1.h. Environmental factors (e.g., physical, social, emotional, and ecological);
2.1.1.i. Available and accessible human and material resources;
2.1.1.j. The client’s family health history; and
2.1.1.k 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. Evaluation shall involve the client, the client’s family and significant others, and other 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...
§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 statutes and rules governing nursing and function within the legal boundaries of nursing practice.
3.2. The registered professional nurse shall accept responsibility for his or her individual nursing actions and competence.
3.3. The registered professional nurse shall obtain instruction and supervision as necessary when implementing nursing techniques or practices.
3.4. The registered professional nurse shall function as a member of the health team.
3.5. The registered professional nurse shall collaborate with other members of the health team to provide optimum patient care.
3.6. The registered professional nurse shall consult with nurses and other health team members and make referrals as necessary.
3.7. 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.
3.8. The registered professional nurse shall participate in the systematic evaluation of the quality and effectiveness of nursing practice.
3.9. The registered professional nurse shall report unsafe nursing practice to the Board and unsafe practice conditions to recognized legal authorities.
3.10. The registered professional nurse shall delegate to another only those nursing measures which that person is prepared or qualified to perform.
3.11. The registered professional nurse shall supervise others to whom nursing interventions are delegated.
3.12. The registered professional nurse shall retain professional accountability for nursing care when delegating nursing interventions.
3.13. The registered professional nurse shall conduct practice without discrimination on the basis of age, race, religion, sexual preference, socio-economic status, national origin, handicap, or disease.
3.14. 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.
3.15. The registered professional nurse shall respect the client’s right to privacy by protecting confidential information unless obligated by law to disclose the information.
3.16. The registered professional nurse shall respect the property of clients, family, significant others, and the employer.
3.17. The registered professional nurse assuming advanced practice shall be qualified to do so through education and experience as set forth in WV Code ’30-7-1 et seq. and the rule governing Announcement of Advance Practice, 19 WV CSR 7.
§19-3-1. General.

1. Scope. -- This rule establishes the requirements for registration and licensure of a registered professional nurse and describes behavior which constitutes professional misconduct subject to disciplinary action.


1.3. Filing Date. -- May 2, 2017.

1.4. Effective Date. -- May 2, 2017.

1.5. Sunset date. -- This rule will terminate and have no further force or effect on May 2, 2027.

§19-3-2. Definitions.

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

2.1. “Certificate of registration” means a document issued by the board upon original licensure by examination in West Virginia;

2.2. “Direct supervision” means the activity of a registered professional nurse with an unencumbered license in West Virginia being present at all times in the same assigned physical work area as the person being supervised.

2.3. “Good professional character” means the integrated pattern of personal, academic and occupational behaviors which, in the judgment of the board, indicates that an individual is able to consistently conform his or her conduct to the requirements of W.Va. Code § 30-7-1 et seq., the board’s rules and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability and integrity.

2.4. “Impaired” means the condition of a licensee whose performance or behavior is altered through the use of alcohol, drugs, or other means.

2.5. “Licensure card” means the wallet-sized document issued annually to indicate current registration or re-registration.

2.6. “National Council Licensure Examination” (NCLEX-RN) means the licensure examination for registered nurses which is owned and controlled by the National Council of State Boards of Nursing.

2.7. “Structured treatment program” means a program for physical, psychological, social and/or spiritual rehabilitation, if the program has been expressly approved by the board.

2.8. “Temporary permit” means a permit authorizing the holder to practice registered professional nursing in this state until the permit is no longer effective or the holder is granted a license by the board. The holder of a temporary permit is subject to all provisions of W. Va. Code §30-7-1 et seq., and all other relevant sections of the West Virginia Code and rules promulgated by the board.

§19-3-3. Application for Examination.

3.1. Qualifications for application

3.1.a. Applicants educated in the United States or United States Territory shall:

3.1.a.1. have completed an approved four-year high school course of study or an equivalent course of study, as determined by the appropriate educational agency;

3.1.a.2. be of good moral character;

3.1.a.3. have completed the basic curriculum in a program in nursing education approved by the board, or in a school accredited or approved by a comparable board or other recognized authority in another jurisdiction. He or she must hold a diploma from that school and be recommended to the board by the faculty of the school of nursing; and,

3.1.a.4. The applicant shall submit to a state and a national electronic criminal history records check for the purpose of determining whether the applicant has been charged with, indicted for, or convicted of a crime that may have bearing upon the applicant’s fitness to hold a license.

3.1.a.4.A. The criminal history records checks shall be based on fingerprints submitted to the West Virginia State Police or its assigned agent for forwarding to the Federal Bureau of Investigation.
3.1.a.4.B. The applicant shall meet all requirements necessary to accomplish the state and national criminal history record check, including:

3.1.a.4.B.1. Submitting fingerprints for the purposes set forth in this subsection; and,

3.1.a.4.B.2. Authorizing the board, the West Virginia State Police and the Federal Bureau of Investigation to use all records submitted and produced for the purpose of screening the applicant for a license.

3.1.a.4.B.3. Paying for actual costs of the fingerprinting and criminal history record check.

3.1.a.4.C. The criminal history records required by this paragraph must have been completed within the twelve (12) months immediately before the application is filed with the board.

3.1.a.4.D. The board may require the applicant to obtain an electronic criminal history records check from a similar agency in the state of the technician or applicant’s residence, if outside of West Virginia.

3.1.a.4.E. To be qualified for licensure, the results of the criminal history records checks must be unremarkable and verified by a source to the board other than the applicant.

3.1.a.4.F. The board may deny licensure or certification to any applicant who fails or refuses to submit the criminal history records checks required by this subsection.

3.1.a.4.G. The results of the state and national criminal history record check may not be released to or by a private entity except:

3.1.a.4.G.1. To the individual who is the subject of the criminal history record check;

3.1.a.4.G.2. With the written authorization of the individual who is the subject of the criminal history record check; or

3.1.a.4.G.3. Pursuant to a court order.

3.1.a.4.H. The criminal history record check and related records are not public records for the purposes of chapter twenty-nine-b of this code.

3.1.b. Applicants seeking licensure as veterans in lieu of the educational qualifications specified in subdivision 3.1.c. of this rule, and qualifying under W. Va. Code §30-24-1 et seq. an applicant who is a veteran shall:

3.1.b.1. have completed an approved four-year high school course of study or an equivalent course of study, as determined by the appropriate educational agency;

3.1.b.2. be of good moral character;

3.1.b.3. have served on active duty in the medical corps of any of the armed forces of the United States for at least one (1) year within the three (3) year period immediately preceding the date of application and have successfully completed the course of instruction required to qualify her or him for rating as a medical specialist advanced, medical service technician or advanced hospital corpsman technician, or other equivalent rating in her or his particular branch of the armed forces;

3.1.b.4. be honorably discharged from military service; and,

3.1.b.5. The applicant shall submit to a state and a national electronic criminal history records check for the purpose of determining whether the applicant has been charged with, indicted for, or convicted of a crime that may have bearing upon the applicant’s fitness to hold a license.

3.1.b.5.A. The criminal history records checks shall be based on fingerprints submitted to the West Virginia State Police or its assigned agent for forwarding to the Federal Bureau of Investigation.

3.1.b.5.B. The applicant shall meet all requirements necessary to accomplish the state and national criminal history record check, including:

3.1.b.5.B.1. Submitting fingerprints for the purposes set forth in this subsection; and,

3.1.b.5.B.2. Authorizing the board, the West Virginia State Police and the Federal Bureau of Investigation to use all records submitted and produced for the purpose of screening the applicant for a license.

3.1.b.5.B.3. Paying for actual costs of the fingerprinting and criminal history record check.

3.1.b.5.C. The criminal history records required by this paragraph must have been completed within the twelve (12) months immediately before the application is filed with the board.

3.1.b.5.D. The board may require the applicant to obtain an electronic criminal history records check from a similar agency in the state of the technician or applicant’s residence, if outside of West Virginia.

3.1.b.5.E. To be qualified for licensure, the results of the criminal history records checks must be unremarkable and verified by a source acceptable to the board other than the applicant.
3.1.b.5.F. The board may deny licensure or certification to any applicant who fails or refuses to submit the criminal history records checks required by this subsection.

3.1.b.5.G. The results of the state and national criminal history record check may not be released to or by a private entity except:

3.1.b.5.G.1. To the individual who is the subject of the criminal history record check;

3.1.b.5.G.2. With the written authorization of the individual who is the subject of the criminal history record check; or

3.1.b.5.G.3. Pursuant to a court order.

3.1.b.5.H. The criminal history record check and related records are not public records for the purposes of chapter twenty-nine-b of this code.

3.1.c. Applicants educated outside the United States or United States Territory shall:

3.1.c.1. have completed an approved four-year high school course of study or an equivalent course of study, as determined by the appropriate educational agency;

3.1.c.2. be of good moral character;

3.1.c.3. submit a copy of the certificate issued by the commission on graduates of foreign nursing schools (CGFNS), as specified in the board’s rule, Qualification of Graduates of Foreign Nursing Schools for Admission to the Professional Nurse Licensing Examination, 19CSR4;

3.1.c.4. submit a copy of the transcript from a professional nursing education program, translated in the English language;

3.1.c.5. submit satisfactory documentation of the English language proficiency by one of the following methods:

3.1.c.5.A. submit evidence that the nursing education, text books, and majority of the clinical experiences were in English;

3.1.c.5.B. submit an original report showing a score of at least 530 for the written exam or 200 for the computer exam on the Test of English as a Foreign Language (TOEFL) plus a score of at least 50 on the Test of Spoken English (TSE);

3.1.c.5.C. submit an original report showing a score of at least 700 on the Test of English for International Communication (TOEIC) plus a score of at least 50 on the Test of Spoken English (TSE); or,

3.1.c.5.D. provide a VisaScreen certificate; and,

3.1.c.6. The applicant shall submit to a state and a national electronic criminal history records check for the purpose of determining whether the applicant has been charged with, indicted for, or convicted of a crime that may have bearing upon the applicant’s fitness to hold a license.

3.1.c.6.A. The criminal history records checks shall be based on fingerprints submitted to the West Virginia State Police or its assigned agent for forwarding to the Federal Bureau of Investigation.

3.1.c.6.B. The applicant shall meet all requirements necessary to accomplish the state and national criminal history record check, including:

3.1.c.6.B.1. Submitting fingerprints for the purposes set forth in this subsection; and,

3.1.c.6.B.2. Authorizing the board, the West Virginia State Police and the Federal Bureau of Investigation to use all records submitted and produced for the purpose of screening the applicant for a license.

3.1.c.6.D. Paying for actual costs of the fingerprinting and criminal history record check.

3.1.c.6.C. The criminal history records required by this paragraph must have been completed within the twelve (12) months immediately before the application is filed with the board.

3.1.c.6.D. The board may require the applicant to obtain an electronic criminal history records check from a similar agency in the state of the technician or applicant’s residence, if outside of West Virginia.

3.1.c.6.E. To be qualified for licensure, the results of the criminal history records checks must be unremarkable and verified by a source acceptable to the board other than the applicant.

3.1.c.6.F. The board may deny licensure or certification to any applicant who fails or refuses to submit the criminal history records checks required by this subsection.

3.1.c.6.G. The results of the state and national criminal history record check may not be released to or by a private entity except:

3.1.c.6.G.1. To the individual who is the subject of the criminal history record check;

3.1.c.6.G.2. With the written authorization of the individual who is the subject of the criminal history record check; or
3.1.c.6.G.3. Pursuant to a court order.

3.1.c.6.H. The criminal history record check and related records are not public records for the purposes of chapter twenty-nine-b of this code.

3.2. Filing of Application.

3.2.a. Applicants educated in the United States.

3.2.a.1. An applicant for licensure by examination shall meet the requirements set forth in subdivision 3.1.a. of this section and submit the following to the board office:

3.2.a.1.A. A completed board application forty-five (45) days prior to the date the applicant wishes to take the examination;

3.2.a.1.B. The required fee for licensure by examination set forth in the board’s rule, Fees, 19 CSR 12. Payment shall be in the form established by the West Virginia Board of Examiners for Registered Professional Nurses. Application fees are not refundable, nor applicable to other test dates;

3.2.a.1. C. A final official transcript showing the type of degree and date conferred shall be sent directly to the office of the board from a board approved nursing education program. The final official transcript may be submitted after the forty-five (45) day filing deadline, but shall be submitted prior to the examination date. The board will not consider an application for approval until the final, official transcript is received in the board office.

3.2.a.2. An applicant for licensure by examination shall submit an application directly to the contracted test service for the National Council Licensure Examination (NCLEX-RN) with the application fee forty-five (45) days prior to the date the applicant wishes to take the examination.

3.2.a.3. The authorization to test for any one application is valid for ninety (90) days, and may not be extended.

3.2.b. Applicants educated outside the United States or United States Territory.

3.2.b.1. An applicant who was educated outside the United States or United States Territories and who seeks licensure by examination shall submit the following:

3.2.b.1.A. A completed board application forty-five (45) days prior to the date the applicant wishes to sit for the examination; and,

3.2.b.1.B. The required fee for licensure by examination set forth in the board’s rule, Fees, 19 CSR 12. Payment shall be in the form established by the West Virginia Board of Examiners for Registered Professional Nurses. Application fees are not refundable, nor applicable to other test dates; and

3.2.b.2. An applicant for licensure by examination shall submit directly to the current test service under contract with national council, a completed National Council Licensure Examination (NCLEX-RN) application with the application fee forty-five (45) days prior to the date the applicant wishes to take the examination.

3.2.b.3. The authorization to test for any one application is valid for ninety (90) days, and may not be extended.

3.2.c. Veteran applicants pursuant to W. Va. Code §30-24-1 et seq..

3.2.c.1. An applicant for licensure by examination who qualifies under W. Va. Code §30-24-1 et seq. (veterans) shall submit the following information to the board office:

3.2.c.1.A. A completed board application forty-five (45) days prior to the date the applicant wishes to take the examination;

3.2.c.1.B. The required fee for licensure by examination as set forth in the board’s rule, Fees, 19 CSR 12. Payment shall be in the form established by the West Virginia Board of Examiners for Registered Professional Nurses. Application fees are not refundable, nor applicable to other test dates;

3.2.c.1.C. An official copy of military form DD214 directly from the national personnel records center; and

3.2.c.1.D. Any additional information requested by the board including but not be limited to:

3.2.c.1.D.1. Copies of certificates of completion for military education including course and occupation credit recommendations; and,

3.2.c.1.D.2. Course outlines for military education documenting nursing science content in the training program.

3.2.c.2. An applicant for licensure by examination who qualifies under West Virginia Code §30-24-1 et. seq. shall submit directly to the current test service under contract with national council a completed National Council Licensure Examination (NCLEX-RN) application with the application fee forty-five (45) days prior to the date the applicant wishes to take the examination.

3.2.c.3. The authorization to test for any one application is valid for ninety (90) days, and may not be extended.

§19-3-4. Temporary Permit to Practice as a Registered Professional Nurse.

4.1. A temporary permit issued to an applicant awaiting initial examination for licensure as a registered professional nurse is valid until three (3) days from
the date the applicant's licensing examination results are mailed from the office of the board.

4.2. The board may issue a temporary permit to an applicant for examination following graduation from a state approved nursing education program. The temporary permit expires ninety (90) days following graduation, or at the time licensure examination results are announced, whichever comes first. A temporary permit is not renewable.

4.3. The board shall not issue a temporary permit which permits the holder to practice registered professional nursing while awaiting initial examination for licensure and the reporting of the results of the examination until it has received and approved an application for licensure by examination.

4.4. The holder of a temporary permit is subject to all provisions of West Virginia Code § 30-7-1 et.seq. and all other relevant provisions of the West Virginia Code and rules promulgated by the board.

4.5. The holder of a temporary permit shall work under the direct supervision of a licensee, until the applicant has successfully passed the NCLEX-RN and a license is issued.

§19-3-5. Licensure Examination.

5.1. The licensure examination is the national council licensure examination for registered nurses (NCLEX-RN) which is owned and controlled by the National Council of State Boards of Nursing, Inc.

5.2. The board shall determine the availability of the examination dates, times, and places of administration.

§19-3-6. Failure to Pass Licensure Examination.

6.1. An applicant for licensure by examination who fails to attain a passing score on the examination shall, upon notification of examination results, immediately return any temporary permit to practice registered professional nursing to the office of the board.

6.2. In considering an application for licensure by examination, the number of times the applicant has taken the licensing examination shall include each time that the applicant has taken an examination for licensure as a registered professional nurse in any jurisdiction.

6.3. In the event an applicant fails the licensure examination two times, he or she may petition the board for permission to repeat the licensure examination. The board may deny approval for an applicant to repeat an examination after two failures if more than two years has lapsed since the applicant graduated from a nursing education program. In addition, the board may deny approval to repeat the examination after two failures if the applicant cannot show in the petition to repeat the examination more than two times that any further education has been taken by the applicant to correct deficiencies in his or her nursing knowledge.

6.4. An examination applicant may not repeat the licensure examination more than four times per year, nor more often than every forty five (45) days.

6.5. A repeat examination applicant shall complete the application for examination as specified in subsection 3.2. of this rule and be subject to other requirements as established by the board.

§19-3-7. Licensure by Endorsement.

7.1. An applicant for permanent licensure by endorsement shall:

7.1.a. be currently licensed in another state and shall have passed the licensure examination that was used in the state of West Virginia at the time of his or her graduation from a professional nursing education program.

7.1.b. complete and submit to the board an accurately completed application for licensure by endorsement;

7.1.c. submit the non-refundable fee set forth in the board’s rule, Fees, 19 CSR 12.

7.1.d. have submitted a verification of licensure from the state in which he or she was originally licensed and the state in which he or she is currently employed if it is different than the original state of licensure. If these boards participate in the licensure verification system maintained by the National Council of State Boards of Nursing, the applicant shall follow the process of verification to another state in accordance with the procedures set in place for that system.

7.2. Temporary permit for endorsement applicant.

The holder of a temporary permit is subject to all provisions of W. Va. Code §30-7-1 et. seq. and all other relevant sections of the West Virginia Code and rules promulgated by the board.

7.2.a. A complete endorsement application shall be on file in the board office prior to the issuance of a temporary permit including the notarized form, identification photograph, and endorsement application fee.

7.2.b. The board shall not issue a temporary permit until a complete board application for a temporary permit for an endorsement applicant is on file in the board office including the form and the fee set forth in the board’s rule, Fees, 19 CSR 12.

7.2 c. The temporary permit expires ninety (90) days from the date of issuance and the expiration date shall be printed on the temporary permit.

7.2.d. The holder of the temporary permit shall immediately return the temporary permit upon request of the board. A temporary permit holder who fails to complete the endorsement application for full licensure is not entitled to an extension of the temporary permit. An applicant must provide a satisfactory explanation to the board prior to any subsequent request for endorsement by the applicant if the ninety (90) day period expires prior to the completion of the required procedure for licensure by endorsement by an applicant licensed as a registered professional nurse in another state, territory, or foreign country. The applicant shall repeat the process for endorsement in its entirety if the explanation is considered acceptable by the
the applicant

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a fee set forth in the board's rule, §19 CSR 12, Fees. Should the board partic

The board, shall provide a verification of West Virginia licensure upon submission of a written request by the licensee for t

to the penalties provided for violation of W.Va. Code §30

10.3. Any person practicing registe

10.2. The fee to reinstate a lapsed license is set forth in the board's rule, Fees, 19 CSR 12.

10.1. Non current fee and shall meet all reinstatement requirements.

9.3. Request for permanently retired status.

9.2. Request for inactive status.

A licensee who is not practicing, and who has no disciplinary action pending against his or her license, may request his or h

d placed on inactive status. The board shall then designate the licensee's records "inactive". No fee is required for inactive

9.1. Each license issued by the board expires on October 31 of each year. In order to continue practicing a licensee shall renew h

9.1. a. an accurately completed application for renewal of the license;

9.1. b. submission of additional documents as determined by the board;

9.1. c. verification that he or she meets the continuing competence requirements specified in the board’s rule, Continuing Education, 19CSR11;

9.1 d. all additional requirements set forth by the board; and,

9.1 e. the fee for renewal set forth in the board’s rule, Fees, 19 CSR 12.

9.2. Request for inactive status.

A licensee who is not practicing, and who has no disciplinary action pending against his or her license, may request his or h

d placed on inactive status. The board shall then designate the licensee's records "inactive". No fee is required for inactive status and no license is issued. The board may provide the inactive licensee, upon application, payment of the current fee, and completion of required continuing education, an active license to practice registered professional nursing in West Virginia. The board may inquire into activities and events during the term of the inactive license period.

9.3. Request for permanently retired status.

A licensee who has permanently retired from the practice of nursing in all states may upon request be designated as a “Retired Registered Professional Nurse” and shall receive an identification card with that designation. The recipient of the designation may not practice as a registered professional nurse in any state and may not in any way indicate to any persons that he or she is licensed to practice as a registered professional nurse. If the individual identified as the “Retired Registered Professional Nurse” does practice in any form, voluntarily or for pay, as a registered professional nurse, he or she is guilty of practicing nursing without a license and shall be subject to the appropriate penalties contained in law and rule. If at any time the individual designated as the “Retired Registered Professional Nurse” desires to return to the practice of nursing, he or she shall submit the reinstatement application along with the current fee and shall meet all reinstatement requirements.

§19-3-10. Reinstatement of Lapsed License.

10.1. Non-renewal of license. If a licensee fails to renew his or her license before the current license expires, the license shall lapse.

10.2. The fee to reinstate a lapsed license is set forth in the board’s rule, Fees, 19 CSR 12.

10.3. Any person practicing registered professional nursing during the time his or her license has lapsed is considered an illegal practitioner and is subject to the penalties provided for violation of W.Va. Code §30-7-1 et seq.

§19-3-11. Verification of Licensure to Another State Board of Nursing.

The board, shall provide a verification of West Virginia licensure upon submission of a written request by the licensee for the verification and payment of a fee set forth in the board’s rule, §19 CSR 12, Fees. Should the board participate in the licensure verification system as maintained by the National Council
of State Boards of Nursing, the licensee shall follow the process of endorsement to another state in accordance with the procedures set in place for that system. If the licensee is a graduate of a school which has closed and his or her records are on file in the board office, the board shall provide a copy of school records upon written request and payment of the fees set forth in the board’s rule, Fees, 19 CSR 12.

§19-3-12. Loss of Certificate of Registration or Current Licensure Card.

12.1. To replace a lost or destroyed certificate of registration the licensee shall send an affidavit certifying the loss or destruction of the certificate of registration and the fee set forth in the board’s rule, Fees, 19 CSR 12.

12.2. To replace a lost or destroyed current licensure card, the licensee shall send an affidavit certifying the loss and the fee set forth in the board’s rule, Fees, 19 CSR 12.

12.3. The board may publish notice of the issuance of a duplicate certificate of registration or current licensure card at the board’s discretion.

§19-3-13. Penalty for Presentation of Non-negotiable Check.

13.1. The board shall assess the fee set forth in the board’s rule, Fees, 19 CSR 12 to any individual who presents a check payable to the board that is later returned by the bank as non-negotiable. The presenter of the non-negotiable check shall redeem the non-negotiable check within fourteen (14) days of notification by certified mail. This fee is in addition to any reinstatement or other fee which may additionally become due because the applicant or licensee submits an application or registration form after a board deadline. The applicant, licensee, or other person who presents a non-negotiable check shall redeem it with cash, a money order, or a cashier's check.

13.2. The board shall designate the license or temporary permit of a registered professional nurse as invalid if fees are not paid within 14 days for a non-negotiable check submitted with an application for renewal or reinstatement or any other application form.

§19-3-14. Professional Misconduct

14.1. Conduct, including, but not limited to the following, if proven by a preponderance of evidence, constitutes professional misconduct subject to disciplinary action pursuant to W. Va. Code § 30-7-11(a)(6). The applicant or licensee:

14.1.a. failed 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;

14.1.b. failed to adhere to established standards in the practice setting to safeguard patient care;

14.1.c. knowingly committed an act which could adversely affect the physical or psychological welfare of a patient;

14.1.d. abandoned patients by terminating responsibility for nursing care, intervention, or observation without properly notifying appropriate personnel and ensuring the safety of patients;

14.1.e. practiced or offered to practice beyond the scope permitted by law or accepted and performed professional responsibilities that the licensee knows or has reason to know that he or she is not licensed, qualified, or competent to perform;

14.1.f. impersonated another licensed practitioner;

14.1.g. permitted another person to use the licensee's license for any purpose;

14.1.h. permitted, aided, or abetted an unlicensed, uncertified, or unregistered person to perform activities requiring a license, certificate, or registration;

14.1.i. delegated professional responsibilities to a person when the licensee delegating the responsibilities knows or has reason to know that person is not qualified by training, experience or licensure to perform them;

14.1.j. practiced registered professional nursing while his or her license is suspended, lapsed, or inactive;

14.1.k. failed to comply with terms and conditions as may be imposed by the board based upon previous disciplinary action of the board;

14.1.l. practiced professional nursing while the ability to safely and effectively practice is compromised by alcohol or drugs;

14.1.m. is addicted to a controlled substance;

14.1.n. is a chronic or persistent alcoholic;

14.1.o. engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public or any member of the public; thus, not exercising good professional character;

14.1.p. practiced professional nursing while the ability to safely and effectively practice was compromised by physical or mental disability;

14.1.q. refused or failed to report for a physical or mental examination, including but not limited to laboratory or other tests, requested by the board;

14.1.r. provided false or incorrect information to an employer or potential employer regarding the status of a license, or failed to inform an employer or potential employer of a change in the status of a license;

14.1.s. knowingly falsified an application for employment;
14.1.u. falsified patient records, intentionally charted incorrectly;
14.1.v. improperly, incompletely, or illegibly documented the delivery of nursing care, including but not limited to treatment or medication;
14.1.w. knowingly made or filed a false report;
14.1.x. knowingly or negligently failed to file a report or record required by state or federal law;
14.1.y. willfully impeded or obstructed the filing of a report or record required by state or federal law;
14.1.z. induced another person to file a false report or obstructed the filing of a report required by state or federal law;
14.1.aa. failed to report to the board within thirty (30) days, knowledge of a violation by a registered professional nurse of W. Va. Code §§ 30-7-1 et seq., 30-15-1 et seq., this rule, any other applicable state law or rule or any applicable federal law or regulation;
14.1.bb. failed to report through proper channels a violation of any applicable state law or rule, any applicable federal law or regulation or the incompetent, unethical, illegal, or impaired practice of another person who provided health care
14.1.cc. impeded or obstructed an investigation by the board by failing to comply or respond to requests for action or information, whether the failure was known or negligent;
14.1.dd. violated 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 failed to comply with a subpoena or subpoena duces tecum issued by the board;
14.1.ee. failed to register or notify the board of any changes of name or mailing address;
14.1.ff. failed to accept certified mail from the board, when mailed to the licensee’s last address on record in the board’s office;
14.1.gg. failed to disclose to the board a criminal conviction in any jurisdiction;
14.1.hh. was convicted of a misdemeanor with substantial relationship to the practice of registered professional nursing, in a court of competent jurisdiction.
14.1.ii. failed to disclose information when required by the board concerning treatment or counseling for substance abuse, or participation in any professional peer assistance program;
14.1.jj. provided false information on any application, or any other document submitted to the board for the purpose of licensure, advance practice recognition, or prescriptive authority;
14.1.kk. misappropriated medications, supplies, or personal items of a patient or employer;
14.1.ll. self-administered or otherwise took into his or her body any prescription drug in any way not in accordance with a legal, valid prescription or used any illicit drug;
14.1.mm. prescribed, dispensed, administered, mixed or otherwise prepared a prescription drug, including any controlled substance under state or federal law, not in accordance with accepted nursing practice standards or not in accordance with the board's rule Limited Prescriptive Authority For Nurses in Advanced Practice, §19 CSR 8;
14.1.nn. physically or verbally abused, or failed to provide adequate protection or safety for an incapacitated individual in the context of a nurse-patient/client relationship;
14.1.oo. used the nurse-patient/client relationship to exploit a patient or client;
14.1.pp. engaged a patient or client in sexual activity or became romantically involved with a patient or client while still responsible for the care of that patient or client;
14.1.qq. failed to maintain appropriate professional boundaries in the nurse-patient/client relationship;
14.1.rr. failed to report that his or her license to practice registered professional nursing in any other state, territory, jurisdiction or foreign nation was revoked, suspended, restricted or limited, or otherwise acted against, that he or she was subjected to any other disciplinary action by the licensing authority, or that he or she was denied licensure in any other state, territory, jurisdiction, or foreign nation;
14.1.ss. violated the confidentiality of information or knowledge concerning a patient;
14.1.tt. practiced registered professional nursing by way of telecommunications or otherwise, in any other state, territory, jurisdiction, or foreign nation, without a license to do so and not in accordance with the law of that state, territory jurisdiction, or foreign nation; or
14.1.uu. was found guilty for improper professional practice or professional misconduct by a duly authorized professional 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.

14.2. Upon a finding of probable cause that a basis for disciplinary action exists, the board may require a licensee 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 a 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, that 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 licensee 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.

14.3. Based on the nature of the complaint filed against the licensee, technician, or of the information received about an applicant, the board may require the technician or applicant to request and submit to the board the results of a state and a national electronic criminal history records check by the State Police.

14.3.a. The licensee, technician, or applicant under investigation shall furnish to the State Police a full set of fingerprints and any additional information required to complete the criminal history records check.

14.3.b. The licensee, technician, or applicant under investigation is responsible for any fees required by the State Police in order to complete the history records check.

14.3.c. The board may require the licensee, technician, or applicant to obtain an electronic criminal history records from a similar agency in the state the technician or applicant’s residence, if outside of West Virginia.

14.3.d. Instead of requiring the licensee, technician, or applicant under investigation to apply directly to the State Police for the criminal history records checks, the board may contract with a private vendor to provide the services required in this subsection.

14.3.e. The board may deny licensure or certification or take disciplinary action against any licensee, technician, or applicant who fails or refuses to submit the criminal history records checks required by this subsection.

14.4. 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 of the license or other action. The board shall promptly institute and determine further disciplinary action. A licensee whose license has been summarily suspended is entitled to a hearing not less than twenty (20) days after the license was summarily suspended. The licensee may waive his or her right to a hearing on the summary suspension within the twenty (20) day period.

§19-3-15. Impaired Nurse Treatment Program

15.1. The board may permit a licensee or applicant for licensure who has been found guilty of prohibited conduct, to participate in a structured treatment program and meet other terms and conditions for continued licensure, in lieu of disciplinary action.

15.1.a. The board may appoint a designee to monitor participation in a approved treatment program;

15.1.b. The board may excuse an applicant or licensee that remains in compliance with the terms of an approved treatment program, to the satisfaction of the board’s designee, from appearing before the board or hearing examiner to respond further to charges of misconduct;

15.1.c. 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;

15.2. The board may establish or approve impaired nurse treatment programs.

§19-3-16. Expungement of Records.

The Disciplinary Review Committee shall expunge all complaints that it dismisses, upon request by the licensee, from the licensee’s file after three (3) years, if no other complaint is received against the same licensee within the three (3) year period.
Appendix E
Standardized HESI Remediation Plan
Standardized HESI Remediation Plan

If you scored 899 or below you need to do the following:

1. Login to the Evolve web site and review the results of your HESI exam online.

2. Using the attached “Standardized HESI Remediation Self-Improvement Plan,” identify the content in which your performance was less than the acceptable level (899).

3. Depending on your score, you will be required to do the following:
   a. Complete remediation in HESI through the Evolve website.
   b. Complete a number of case studies based on the content missed.
   c. Write a 3-5-page paper reviewing the pathophysiology of the topic in which you had the lowest score (e.g. endocrine).

4. To begin your HESI remediation, you must Login to the Evolve web site. (Please see separate instructions)

5. Time expectations for your HESI remediation/review are individualized according to your HESI score as follows:
   a. 850-899 – at least 2 hours
   b. 800-849 – at least 3 hours
   c. 750-799 – at least 4 hours
   d. 700-749 – at least 5 hours
   e. 650-699 – at least 6 hours
   f. 600-649 – at least 7 hours
   g. 550-599 – at least 8 hours
   h. 500-549 – at least 9 hours
   i. 450-499 – at least 10 hours
   j. 400-449 – at least 11 hours
   k. 350-399 – at least 12 hours
   l. <349—at least 13 hours

6. The number of case studies expected for your remediation are individualized according to your HESI score and content that is <899. A selection of case studies will be provided by your instructor and/or uploaded to Moodle under your course. The requirements are as follows:
   a. 750-899 – at least 1 case study
   b. 600-749 – at least 2 case studies
   c. 450- 599 – at least 3 case studies
   d. <449 – at least 4 case studies

7. For scores <349 a paper focusing on the pathophysiology of the topic in which you scored the lowest is required. The paper should be typed, double-spaced, 12-point font, 3-5 pages, with APA formatting.
8. For seniors taking the HESI exit exam, in addition to the above expectations you MUST complete test bank questions from an approved NCLEX preparation book. Course faculty will approve NCLEX preparation books.
   a. 800-849 – at least 150 questions
   b. 750-799 – at least 200 questions
   c. 700-749 – at least 250 questions
   d. 650-699 – at least 300 questions
   e. 649 and below – at least 350 questions

9. All remediation must be completed and turned into your course instructor by the due date set by the individual instructor. Student will not be permitted to take the next HESI exam series without completed remediation and will be assigned a zero (0) for the correlating grade.

10. Time logs are no longer required to be turned in, however, it is suggested that you keep a time log in order to track your progress. If you have any questions, please contact the course coordinator.
### Standardized HESI Self-Improvement Plan

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<th>Student Name:</th>
<th>Course:</th>
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<th>HESI Exam Name:</th>
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<th>Hours of HESI remediation required:</th>
<th>Number of case studies required:</th>
<th>Patho Paper Required?</th>
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#### Individual areas with performance <899

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<tr>
<th>Case studies assigned:</th>
<th>Patho Paper Topic:</th>
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*Initial Date: 12/7/2009*

*Revised: 5/7/18*
HOW TO ACCESS YOUR REMEDIATION

Some of the best preparation for your board examination comes after you’ve taken your HESI exam. Customized remediation content is delivered to you online to help you review – and then improve - in exam content areas where you are weak. **Best of all – it’s free!**

- Before you take a HESI exam, you’ll be asked to [create an Evolve account](http://evolve.elsevier.com).
- Your remediation will be loaded into this [online account](http://evolve.elsevier.com).
- An [email will be sent to you](http://evolve.elsevier.com) from HESI Support to let you know when it’s ready.
- Look for the email up to 72 hours after your exam has been completed and sent to HESI.
- If you don’t receive an email, check your spam filter or contact Elsevier Technical Support at 1-800-222-9570.
- Go to [http://evolve.elsevier.com](http://evolve.elsevier.com) and login with your username and password.
- Your remediation will be located on your “My Evolve” page in your “Content List.”

**TAKE CONTROL WITH HESI**
The HESI online remediation is free, and it’s the best way to make sure you are spending your valuable time before your board examination (or before a HESI retest) focusing on exactly what you need to study.

- After logging in on Evolve and selecting “My Exams,” you’ll click on “HESI Testing and Remediation.”

- Find your exam and select “View Results.”

- From here, you’ll see a summary of how you performed on the exam.

- You’ll also get an at-a-glance view of the Review Materials prepared for you based on areas of the exam where you didn’t do so well with links to the review materials you need to study.

- Review materials include content excerpts, images, and tables from Elsevier textbooks so you get the best information available.

- Engaging multimedia review materials such as videos, animations, audio clips, activities, practice questions, and case studies (applicable to specific exams) are also included for RN and PN Exams with your customized remediation content.

- Review materials can also be added to a customized Study Packet with just one click. And it’s printable!

Take Control with HESI