Nursing Program
Student Handbook
Information and Policies
2018 - 2019
August 2018

The faculty of the Baccalaureate of Nursing Program at West Liberty University would like to welcome you to the nursing program. The next several years will be busy ones as you study the profession of nursing. After you graduate from our program, you will be prepared to apply to take the NCLEX and enter professional nursing highly qualified for employment in a variety of settings. Additionally, the program prepares graduates to continue their education at the master’s level in nursing.

The Handbook contains policies and information relevant to the nursing program. These policies and information are subject to change. Changes will be updated and posted in the online version of the Handbook.

Additional information regarding the rules and regulations for all students can be found in the most recent issue of the Student Handbook (on-line) and the West Liberty University Catalog, 2018-2019 (on-line).

We encourage you to use your best study habits so that you may reach your goal of becoming a registered nurse. You will have many opportunities open to you in the nursing profession.

Have a great year!

Nursing Faculty

The policies and practices listed in this Handbook are subject to change. If there is changes that effect the 2018-2019 academic years, insofar as possible, these will be announced by email or other means of publication.

Due to licensure and accreditation standards, the policies and procedures stated in this handbook take precedence over West Liberty University policies and procedures.
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INTRODUCTION

The Nursing Program Student Handbook is designed to familiarize the student with the specific policies and information that are pertinent to the Nursing Program.

HISTORY OF THE NURSING PROGRAM

West Liberty University is an accredited, coeducational, multipurpose institution. The University campus stretches over a wide hilltop, covering 298 acres in the northern panhandle of West Virginia. This location provides relative seclusion for study and contemplation but is within commuting distance of three metropolitan centers: Pittsburgh (PA), Steubenville (OH), and Wheeling, (WV).

The Nursing Program became a part of West Liberty University in the early 1970s with the establishment of an associate degree program in nursing. After only two years, the institution was mandated by the Board of Regents (WV) to transfer this program to the newly created community college, West Virginia Northern Community College (WVNCC) located in Wheeling, which is 12 miles south of West Liberty. In an effort to service the continuing educational needs of registered nurses, West Liberty initiated an RN completion program in 1976.

During the early 1980s the Administration of the West Liberty began giving consideration to offering a baccalaureate degree program in nursing for basic students (non-RNs). It was during the mid-1980s that discussions were held between Ohio Valley Medical Center (OVMC), Wheeling, and West Liberty University concerning the closure of the Ohio Valley General Hospital School of Nursing and the opening of a basic baccalaureate program in nursing at West Liberty. The West Virginia Board of Regents approved the new BSN program in spring, 1988 and the first Director, Dr. Donna J. Lukich, was appointed to implement the program in fall, 1988. In 1992 the first class completed the new baccalaureate nursing program at West Liberty University and fifteen students, including one RN, graduated. In May 2009, West Liberty State College was invested as West Liberty University. The West Liberty University Nursing Baccalaureate Program is accredited by the Commission on Collegiate Nursing Education. *

* Commission on Collegiate Nursing Education
655 K Street NW, Suite 750
Washington, DC  20001

Phone: 202-887-6791
Fax: 202-887-8476

Web site: WWW.CCNEACCREDITATION.ORG
NURSING PROGRAM: POLICIES

ATTENDANCE POLICY
Attendance is required for all scheduled learning activities. In the unlikely event that a situation beyond the student’s control arises, students should inform the appropriate faculty member prior to being absent or tardy. Upon return from an absence, it is the responsibility of the student to contact the appropriate faculty member regarding any assignments and comply with faculty deadlines for completion of the assignment, typically within one week of the missed assignment. Not completing an assignment by the deadline results in a grade of “0”.

Tardiness is defined as not being in the assigned area within ten (10) minutes of the assigned time and is unacceptable. A student arriving late for a scheduled test/quiz will be permitted to write the test/quiz in the remaining allotted time.

Early departure is defined as “not returning post break”, or prior to dismissal. Early departure is unacceptable. Appointments (doctor’s, personal, etc.) should not be scheduled during class/clinical times.

Tardiness and early departures are considered absences from class/clinical.

Any clinical absence(s) may interfere with the student’s ability to complete the course satisfactorily. Alternate clinical experiences may be required for absences from clinical.

CONSEQUENCES OF ABSENCES
After missing six (50 minute) class periods or 18 hours of lab/clinical experiences in a given course, the student will receive a grade of F.

APPEAL PROCESS
The grade of F may be appealed if the absences are excused due to a hospitalization, visit to the emergency room of a hospital, or the death of a grandparent, parent, sibling, or person living in the student’s household. An athlete may be excused if the student’s coach submits the team schedule to the faculty at the beginning of the semester and notifies the faculty member of any changes in advance by email. The student must be excused by the Program Director in advance of the absence where possible. All excuses require written documentation of the event. The appeal may include an absence due to some other extraordinary event. The appeal is decided by the teaching team in consultation with the Program Director. All written documentation goes to the Program Director.

BACKGROUND CHECKS
Students are screened by a third-party vendor prior to admission. The background check should result in “unremarkable” findings. The student must pay for the background check.

Please see letter from WV Board of Nursing related to this issue on pages 21-22.

DRUG/ALCOHOL POLICY
Students are screened by a third-party vendor prior to admission. The results should be “clean”. Students must pay for the screening.

Any student suspected of being under the influence of drugs or alcohol at the time of clinical will be sent for testing and risk being dismissed from the program. Failure to consent to testing will result in dismissal from the program. Testing will be at the student’s expense.

TECHNOLOGY/CLEAR PHONE USE
NO technology (cell phones, web browsing, texting, etc.) may be used during class session and/or any function other than those recommended for the class. Cell phones are to be turned off and placed out of sight (on vibratory mode). Personal technology use will be restricted to class breaks or when the class session ends. Faculty may give permission for students to use technology during class for cases of emergency, class research, or technology application.
1. **FIRST OFFENSE:** A warning will be recorded.

2. **SECOND OFFENSE:** The student will be asked to leave class and any exercise, assignment, or tests will be collected and a grade of 0 will be recorded.

Any student caught using his or her phone during an exam may be failed and sent to the Dean, College of Sciences, concerning Academic Dishonesty.

*Faculty may give permission for students to use cell phones during class in cases of emergency, class research, or technology application. This must be stated in faculty/course syllabus.*

**Certification for Cardiopulmonary Resuscitation (CPR)**
The Nursing Program Academic Standards Committee requires a completed health record and completion of CPR (American Heart Association, Health Care Provider) prior to the first off-campus clinical experience. The student must present current updates of this certification at the beginning of each semester.

**Bloodborne Pathogen Standard**
Any person who works or is placed in a facility where exposure to blood or other potentially infectious materials is required to receive training according to the bloodborne standard mandated by OSHA (Occupational Safety and Health Administration). This training is mandated on a yearly basis. The Nursing Program provides this training to the student on a yearly basis.

**Financial Requirements**
In addition to University tuition and fees, nursing students are responsible for various fees and expenses. (This is not an inclusive list and prices and expenses may change from year to year.)

1. **Achievement Testing:**
   - The cost is included in fees. ATI is the company utilized by the program. Resources are made available by the vendor for the student to prepare for these tests. Testing & resources continue throughout each level in the nursing program in an effort to better prepare the graduate for the NCLEX.

2. **Laptop Computer:**
   - All students are required to have a laptop computer that meets the requirements listed on the ATI website.

3. **Nursing Lab Fee:**
   - WLU assesses nursing students at a higher fee rate than the general student population. These funds assist in covering the cost of equipment, supplies, and testing unique to the nursing program.

4. **Uniform Cost:**
   - Scrubs and a warm up jacket. Additional costs include shoes, watch, stethoscope, and other equipment.

5. **Transportation:**
   - Costs vary for field trips and clinical obligations which may require some personal expenses, e.g., meals, lodging, etc. The student is expected to have independent transportation for clinical travel.

6. **Graduation expenses:**
   - a. A graduation fee is charged by the University and may include late fees if not completed on time
   - b. Pictures - approximately $50. Cost varies based on picture ordered. (Optional purchase)
   - c. NCLEX application and background check – the cost can be found on line at ncsbn.org
   - d. State Board of Nursing Application (varies state to state)
   - e. WLU Nursing Pin. Prices vary with Balfour Company depending on selection.

**Transfer Student: Promotion and Retention**
Transfer students accepted into the Basic Nursing Program with a grade of D, F, FI, WF in a nursing curriculum course deemed equivalent to a specific course in the West Liberty University nursing curriculum will be considered to have one failing grade upon entry into the Program. They will be required to repeat the course. A second grade of D, F, FIW, or WF in any nursing curriculum course will result in permanent dismissal from the Nursing Program.

The grade for any nursing course that is not equivalent to any specific course in the West Liberty University nursing curriculum will not be used in the computation of the nursing GPA and will be considered a general elective only.
HEALTH RECORD REQUIREMENTS

1. Immunizations
Immunizations and other required health information are listed on the West Liberty University Student Health Service Confidential Mandatory Health Form. Prior to the first clinical experience, each student must have a Student Health Record completed by his/her personal physician. If the student leaves the Program or returns to the Program after a leave relating to illness or injury, additional examinations may be required.

2. Annual Tuberculosis Testing and Follow-up Policy
All students must have a yearly PPD prior to the beginning of clinical experiences. The results must be verified by the student’s clinical faculty during clinical orientation. Any student who has had a positive PPD in the past must have a chest x-ray prior to the initial clinical experience. A student who has a negative chest x-ray following a positive PPD will not be required to have the chest x-ray repeated unless there is an intervening exposure to a person with active tuberculosis or the student exhibits symptoms that may suggest tuberculosis.

A student who has an initial positive PPD must be seen by a personal physician or health care agency that will follow the latest protocol by the CDC. The student cannot participate in clinical experiences until the physician verifies that the protocol has been completed.

3. Influenza Vaccine
Students are required to follow the healthcare agency’s policy for the influenza vaccine. Most require it.

4. Communicable Diseases
Students must be free of communicable diseases in the clinical area.

DISABILITIES
If you have a disability that affects your academic experience and plan to seek accommodations, it is your responsibility to inform Accessibility Services as soon as possible. Accessibility Support Services is located in the Learning and Student Development Center (LSDC) in Main Hall. It is important to request accommodations early enough to provide adequate time to facilitate your request.

MANDATORY REPORTING AND SEXUAL HARASSMENT/VIOLENCE/ASSAULT
WLU students, staff, administrators, and faculty are entitled to a working environment and educational environment free of discriminatory harassment. This includes sexual violence, sexual harassment, domestic and intimate partner violence, stalking, gender-based discrimination, discrimination against pregnant and parenting students, and gender-based bullying and hazing.

Faculty and staff are required by federal law to report any observations of harassment as well as any notice given by students or colleagues for any of the behaviors noted above. Retaliation against any person who reports discrimination or harassment is also prohibited. West Liberty University policies and regulations covering discrimination and harassment may be accessed at http://www.westliberty.edu/bog/files/2010/01/Policy-32-Sexual-Harassment-Sexual-Discrimination-and-Other-Unlawful-Conduct.pdf. If you have experienced or observed discrimination or harassment, confidential reporting resources can be found on the website or you may make a formal complaint by contacting the Title IX Coordinator at 304.336.8139.

STATEMENT OF NON-DISCRIMINATION
West Liberty University prohibits discrimination and is committed to providing equal opportunity and an educational and work environment free from discrimination on the basis of sex, race, color, creed, religion, national origin, ancestry, physical or mental disability, age sexual orientation, marital or family status, pregnancy, veteran status, service in the uniformed services (as defined in state and federal law), genetic information, gender identity, or gender expression. West Liberty University shall adhere to all applicable state and federal equal opportunity/affirmative action statutes and regulations. The university is dedicated to ensuring access and equal opportunity in its educational programs, related activities and employment. Retaliation against an individual who has raised claims of illegal discrimination or harassment is also prohibited.
discrimination or cooperated with an investigation of such claims of illegal discrimination or cooperated with an investigation of such claims is prohibited. Students and employees may bring questions or concerns to the attention of the Chief Human Resources and Title IX Officer, Diana Harto, Shaw Hall, CUB 131, 208 University Drive, West Liberty, WV 26074, 304-336-8029 and 304-336-8440 (fax).

**STUDENT INJURY**
- Report and follow policy at facility.
- Notify Instructor as quickly as possible.
- A Situational Report will be written up.
- Student is responsible for the cost of all health care services received.

**STUDENT FOOD SERVICES**

The Sodexo Dining Company (304) 336-8445 – Rogers Hall
Boxed lunches from Sodexo Dining Company food service are available for students upon request when the student is working a full clinical day. The criteria are as follows:
- The student must have a meal card with Sodexo Dining Company through WLU.
- The student must request the lunch 1-2 working days before the clinical day

**GRADING SCALE**
*The Nursing Program Grading Scale for didactic courses is:

<table>
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<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A</td>
<td>92-100%</td>
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<tr>
<td>B</td>
<td>84-91%</td>
</tr>
<tr>
<td>C</td>
<td>78-83%</td>
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<td>D/F</td>
<td>77 and below</td>
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If a student earns a “D” or an “F” in a nursing course, the Nursing Program Academic Standards Committee will meet to consider the student’s ability to continue in the Nursing Program.

*Not applicable to clinical courses. The Nursing Clinical Grading Scale is Pass/Fail. This grading system is based on satisfactory and unsatisfactory.

**PROMOTION AND RETENTION**

In order to remain in good academic standing in the Nursing Program, a student must achieve a minimum grade of “C” or “PASS” in all WLU nursing and health science curriculum courses.

The Nursing Academic Standards Committee reviews all nursing student records annually for promotion from one level to another in the program. The Committee will meet on an as needed basis for selected student cases. If a student earns a “D” or “F” grade in a nursing, biology or health science course, the Nursing Academic Standards Committee will meet to consider the student’s ability to continue in the Nursing Program. Continuation in the program in this case will be dependent upon the course(s) unsatisfactorily met, the pre-requisite(s) for subsequent nursing courses, and the student’s cumulative nursing GPA.

If a student fails or withdraws from a course that has a companion course, the student will have to repeat both companion courses. Nursing students are permitted to repeat one nursing curriculum course in which they have an unsatisfactory grade earned (D, F, FI, WF). Upon earning a second unsatisfactory grade, the student is permanently dismissed from the Nursing Program.

**TESTING POLICIES**

1. All nursing courses, except for clinical courses will have tests.
2. In all courses with tests, 80% of the course grade will be from tests (quizzes, midterm, final exam, ATI/HESI).
3. A 78% weighted average on all tests (quizzes, midterm, final exam, ATI/HESI) must be achieved before assignments/paper grades are included in the grade. If a 78% on testing is not achieved, the student earns the weighted average of the tests as a course grade and does not pass the course.
4. All final exams should be comprehensive and should not be worth more than 35% of the total course grade.
5. There will be no make-up quizzes or exams. If a quiz or a test is missed, the student earns the grade on the final for the missed exam. The final course grade is then calculated with the weights as listed in the syllabus. The statement applies to one quiz or test. In the unlikely event that more than one quiz or test is missed, an alternate format quiz or test will be administered. Alternate format may include essay and or oral response.
6. A maximum of 1.2 minutes is allotted for each question on a test.
7. Review of a test must occur within two weeks of the test and must occur on campus. Review of previous tests will not occur immediately prior to the final exam.
8. No study guides will be provided for tests in any format (verbal, written, email).

**Testing Environment**
1. If students cannot sit every other seat, there should be alternative formats of the test (varying order of questions and/or responses).
2. There should be assigned seating for all midterms and final exams.
3. All bags, watches, coats, hats, etc. as well as cell phones, tablets, fitness bands, or any other electronic device should be placed in the front of the room. No electronic device should be on the students. No hats are permitted during the tests. All medical devices need to be left with the faculty in the front of the room.
4. Ordinarily more than one faculty member will proctor midterm and final exams.
5. Bathroom breaks are discouraged during all tests and are only permitted in emergencies. In this case, students will be accompanied to the bathroom one student at a time.

**Rounding**
1. Teams teaching together will round quizzes and exams all the same way.
2. Grades will be carried to one decimal place and will be rounded to a whole number at the end of the course. Grades ending with a 0.5 or higher will be rounded up; for example, a 77.5% will be rounded to a 78%.

**Test Analysis Policy**
On all objective tests, the course faculty will perform an item analysis. Course faculty will review all items missed by 50% of the class. Decisions related to accepting more than one correct answer or throwing the question out will be made by the course faculty team. Items that over 50% of the students missed may be left in the test if the faculty make that decision. A few reasons for leaving a question in the exam are that the information was covered in class or in the assigned readings, or is a reasonable extension of prior learning, or an application of material covered (not an all-inclusive list of reasons.)

If two responses are accepted, the students who gave either correct response will be marked as correct. If a student chose an incorrect response on that item, it will be marked as incorrect.

If the item is thrown out of the exam, a point is added to all exams.

No items are deleted from an exam if any student earns a 100% on an exam. No student can make over 100% on any given test. The number of points, therefore, that can be thrown out of any given test should not result in any student receiving a grade over 100%.

**Standardized Testing**
Standardized testing is used in various courses in the Nursing Program. ATI tests are used. Specifics related to how these tests impact the course grade or whether the course is passed can be found in the course syllabi.

**Use of Electronic/Social Media Guidelines and Policy**
Social networks and other electronic media can be beneficial to the delivery of quality health care. However, the inappropriate use of electronic media, such as, social networks, chat rooms, forums, etc., violates a patient’s right to confidentiality and privacy. They may also cross the professional boundary between a nurse and patient. The following guidelines minimize the risks associated with social media.
1. Students have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
2. Students are prohibited from transmitting any patient-related image via electronic media.
3. Students must not share, post, or otherwise transmit any patient-related information, including images, unless there is a patient care related need to disclose information or other legal obligation to do so.
4. Patients should not be identified by name or any other method (such as nickname, room number, or diagnosis) that could lead to the identification of the patient. Limiting access to postings, through privacy settings is not sufficient to protect the patient’s privacy.
5. It is not acceptable to post any information about a patient even if the name is not identified.
6. Students should never refer to a patient in a derogatory or disparaging manner, even if the patient is not identified.
7. No photos or videos of patients may be taken on a personal device, including cell phones.
8. Students must always maintain appropriate professional boundaries with patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship and should be avoided.
9. Students should understand that patients, colleagues, institutions, and prospective employers may view postings on social media websites. Students should not make disparaging remarks about healthcare agencies or their staff, even if they are not expressly identified.
10. Students should bring knowledge of content that could harm a patient’s privacy, rights, or welfare to the attention of the faculty.
11. If in doubt, the student should consult the faculty for guidance about the appropriate use of electronic media.
12. Inappropriate use of electronic/social media can lead to disciplinary action including but not limited to formal reprimand, suspension, or dismissal from the program. Students can be held personally liable. Such violations may result in civil and criminal penalties including fines or possible jail time in accordance with applicable laws (HIPAA).

Adapted from:

GUIDELINES FOR PROFESSIONAL DEVELOPMENT AND COMMUNITY SERVICE

Each student in the nursing program is required to participate in professional development and community service activities as part of graduation requirements.

Professional development is defined as activities that promote growth as a professional nurse.

Professional development activities include, but are not limited to:
- Membership in a professional nursing organization e.g. NSNA (one-year membership and attendance at two meetings per year constitutes one activity)
- Attendance at educational conferences, symposia, workshops, etc. which are not course requirements
- Health related presentations at nursing conferences, symposia, workshops, etc.
- Other activities approved by the Program Director, Nursing
- Serving as student representative to the Nursing Program committees (attendance at one meeting per year constitutes one activity)
- Work with faculty on select projects approved by the Program Director, Nursing

Community service participation in health promotion related activities within the program institution, and/or community.

Community service activities include, but are not limited to:
- Participating in health screenings
- Planning and/or participating in health fairs
- Serving as volunteers for University sponsored events that serve the public in some health-related way (e.g. Special Olympics)
- Mentoring or tutoring other students (four hours of validated tutoring/mentoring constitutes one activity)
- Volunteer work with various human service agencies (four hours of validated service constitutes one activity)
- Participation in any University or community activity if it can be demonstrated that the student contributed in some special way related to nursing

Each student is required to complete a minimum of five activities. Two will be professional development activities and two will be community service activities. The fifth will be in either category, to be chosen by the student. Any students graduating after May 2018 will be required to have 4 total activities, 2 community and 2 professional activities.

Students are responsible for submitting validating documentation of their activities to the Department Secretary. If students have questions about the acceptability of a specific activity they should present the information about the activity to the Program Director, Nursing for a judgment. The Program Director shall keep a record of each student’s professional and service activities. Failure to complete the required activities prior to completion of the nursing program will delay graduation until the requirements are fulfilled.
STUDENT UNIFORM/DRESS CODE

RATIONALE FOR THE DRESS CODE
The dress code is based on the following rationales.
1. Maintaining a professional appearance
2. Controlling infection (Related to the student, student’s contacts, patient)
3. Providing for safety

Some specific examples related to these rationales:
- Minimal jewelry enables thorough handwashing. Other jewelry might expose you to the patient grasping the jewelry, causing injury to you or breaking the jewelry. Additionally, the patient may be injured by your jewelry.
- Scents contained in perfume, shampoo, and other personal grooming products may induce bronchospasms in patients with reactive airways.
- Clinical agencies also have policies related to dress codes for students.

UNIFORM FOR CLINICAL EXPERIENCE (All clinical experiences refer to clinical days, preparation for clinical days, and all lab experiences.)

1. Uniform must be clean, neat, in good repair, and an appropriate fit.
2. Royal blue scrubs as designated by WLU.
3. Tops must be long enough to cover backside when bending over.
4. Undergarments should be worn and should be white or neutral and not be visible.
5. University approved emblem patch must be sewn on left sleeve, centered 2 inches below the shoulder seam.
6. Pants must be hemmed so that it does not touch the floor when standing.
7. White lab coats as designated by WLU Nursing Program with University approved emblem patch sewn on left sleeve, centered 2 inches below the shoulder seam.
8. Long or short sleeve tee shirts may be worn under the uniform. The color may be white, navy, grey, or black and must be plain with no design or logos.
9. White or black leather shoes (No canvas or mesh- must protect from fluid absorption; heels and toes must be closed/covered) with socks of the same color as shoes.
10. Name badge as designated by the institution.
11. Stethoscope. Must be dual headed, single tubing. It is advised to choose a stethoscope that best fit student personal needs (that student can hear with, not based on color or cuteness).
12. Watch with which a student can count seconds. It is advised to have a water resistant, stretchable strap.
13. Jewelry allowed while in clinical experience are: Medic-Alerts, wedding ring, watch, single pair small ball post earrings (limited to one earring per ear). No bar-bells, spacers, necklaces, bracelets, etc. are allowed. All other visible body piercing jewelry must be removed.
14. Hair must be clean, off the collar, contained, not hanging over the face, uniform or hanging loosely. Extreme hairstyles will not be acceptable. Hair must be of natural occurring hair color. Hair accessories must be minimized. Hair should be arranged prior to clinical and should not be styled/arranged on the clinical unit.
15. Men must be clean-shaven or have neatly trimmed beards and mustaches. Chest hair should not be visible.
16. Nails must be natural (no gel, acrylic, fake nails allowed). Nails must be well manicured, not too long (should not be seen when looking at the palms of the hands), and without any polish.
17. No scents. This includes perfume, shampoo, after shave or cologne. Unscented products should be used for personal hygiene.
18. Gum chewing while in uniform is not permitted during clinical experience.
19. All tattoos must be covered and may not be visible while in clinical experiences.
20. When preparing for clinical assignments, scrubs may not be worn. Dress should be professional (business casual, covering shoulder to knee), with pressed, clean, white lab coat and name tag. Blue jeans, shorts, and tight clothing including leggings are unacceptable.
NAME TAGS
Picture identification name tags are available on-campus on the ground floor of the Student Union.

Negligence on the part of the student to maintain the above general appearance standard will result in the student being dismissed from the unit and will be noted on the student evaluation form as an unsatisfactory for the day and counted as an absence. The unsatisfactory evaluation will be part of the overall clinical evaluation and may impact student’s progression. Several clinical areas of assignment have special dress codes and requirements. The faculty will identify these special clinical areas and provide dress requirements. In most situations’ blue jeans, sweatshirts, open sandals, shorts, tight clothes and non-professional dress will not be acceptable and if worn, the student will be dismissed from the experience.

TRANSPORTATION
Students are responsible for providing their own transportation for learning experiences. A majority of the clinical laboratory courses are held off-campus in community and health care facilities.

WEATHER HOTLINES
Students are encouraged to register for the TopperNet text alerts. Local radio and television stations will provide information to students regarding the closing of WLU in case of severe weather/emergency closings. Students living out of the area and not having access to local radio and TV stations should make arrangements with fellow students and the faculty to establish a plan for notification. Students enrolled in off-campus classes are advised to call, for severe weather/emergency closing information and other timely messages, the following telephone number: (304) 336-8400
Students are encouraged to check their WLU email for weather-related delays and cancellations and to subscribe to receive emergency notification via text messaging.

NOTES:
• The faculty will establish a weather plan for changes when necessary.
• Students enrolled in off-campus classes are requested to NOT call the WLU campus switchboard for severe weather/emergency closing information, but to call off-campus telephone numbers for closure information.

STUDENT ACTIVITY IN GOVERNANCE OF THE NURSING PROGRAM

STUDENT REPRESENTATIVE ROLE TO FACULTY COMMITTEE MEETINGS
The student representatives or alternates will attend Nursing Curriculum and Evaluation Committee meetings to provide student information, report information to classmates, and coordinate class meetings, class activities and fund-raising projects. The student representatives will serve as liaison with the SNA as well as the faculty advisor.

There will be a collaborative relationship between student representatives, the faculty class advisor and the Student Nurses Association faculty advisor related to meetings, activities, moneymaking projects, etc.

STUDENT REPRESENTATIVE PLACEMENT

| 1 Junior representative (1 Alternate) | 1 Senior representative (1 Alternate) |

Junior and senior representatives will be elected within the first 2 weeks of the fall term.
Representation to a committee of the Nursing Program requires leadership and commitment. This appointment gives the students an opportunity to represent their class and contribute ideas at various committee meetings.

The faculty will coordinate yearly election of representatives to these faculty committees.
PROFESSIONAL BEHAVIOR

CONFIDENTIALITY
As a right to privacy, information related from clients and/or their medical records are to remain confidential. This information can only be shared with the health team and in a structured learning environment. Avoid discussion of clinical situations in public areas. Information pertaining to any client/family is not to be shared with your own family members. Clients’/families’ names should not be mentioned directly or indirectly to anyone except to authorized individuals. The client and/or the health care facility have the right to specify or restrict the people who may have access to this information. Federal regulations require that all persons be assured that their health information is protected. Students will receive training regarding HIPAA.

CLINICAL BEHAVIOR
The student’s clinical behavior not only reflects his/her own professional demeanor and preparation, but also represents West Liberty University and the Nursing Program.

PROFESSIONAL CONDUCT
The nursing faculty believes that students must consistently display professional attitudes and behaviors in accordance with the West Virginia University Policy Student Code of Conduct to be found in the West Liberty University Student Handbook. In addition to the above-mentioned standard of conduct, student nurses are accountable for avoiding impaired, incompetent, and negligent practice at all times. Demonstrated failure to meet these standards may be grounds for dismissal.

The State of West Virginia Code and Legislative Rules, for Registered Professional Nurses, provides the West Virginia Board of Examiners the authority to discipline a student in a state approved nursing program. Some relevant rules are provided in the Information section.

LIABILITY INSURANCE
Students at West Liberty University are covered by professional liability insurance provided by the State of West Virginia. Students are not covered for the cost of materials or equipment broken or damaged while participating in clinical laboratory courses and shall be responsible for reimbursing the facility through the Office of the Program Director, Nursing Program.

SITUATIONAL REPORT
The purpose of this form is to facilitate communication between the student and the nursing faculty and/or clinical preceptor concerning observations of student behavior, both positive and negative. The information will be used in both counseling and evaluating the student. The following information is included on the situational report.

STUDENT NAME: __________________________________________________________

DATE & TIME OF INCIDENT: ________________________________________________

SPECIFICS OF INCIDENT:

NAME OF FACULTY (OR PRECEPTOR) ____________________________________________

DATE: _____________________________

STUDENT SIGNATURE: ________________________________________________________

C: Advisor
Program Director, Nursing Program
NURSING PROGRAM: INFORMATION & PROCESSES

NURSING VISION
The vision of the West Liberty University Nursing Faculty is to be a state and regional leader in providing excellence in professional nursing education.

NURSING MISSION STATEMENT
The mission of the nursing program is to provide excellence in nursing education which is congruent with the University’s mission. Based on an integration of liberal arts and sciences, the nursing program facilitates the development of the student to make safe clinical decisions in a collaborative and global healthcare environment. The nursing graduate will be competent in providing safe, quality, patient-centered care. Care will be based on current evidence, utilizing information management and technologies. The professional nurse collaborates with the patient, the family, and the interprofessional healthcare team and participates in quality improvement. The nurse assumes a variety of leadership roles including provider of care, coordinator of care, and member of the profession.

VALUES
The nursing faculty hold core values, consistent with those of the University, that permeate interactions with patients, students, colleagues, and other members of the academic and healthcare communities. The following values guide personal and professional behaviors in the academic as well as in the practice setting:
- Caring is connecting to and being with another person. In the healthcare setting, caring is demonstrated by partnering with the patient to plan care based on the patient’s values and needs and on current best evidence. In the academic setting caring is manifested by partnering with students and colleagues to develop a learning environment based on the values and needs of the learner and on current evidence and best practices. Caring creates the environment for actualizing the values of altruism, autonomy, human dignity, integrity, and social justice.

The faculty accept the following AACN (2008) definitions of professional values:
- **Altruism** is concern for the welfare and well-being of others. In professional practice, altruism is reflected by the nurse’s concern and advocacy for the welfare of patients, other nurses, and healthcare providers.
- **Autonomy** is the right to self-determination. Professional practice reflects autonomy when the nurse respects patients’ rights to make decisions about their health care.
- **Human Dignity** is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, concern for human dignity is reflected when the nurse values and respects all patients and colleagues.
- **Integrity** is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession.
- **Social Justice** is acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation.

PROGRAM OUTCOMES
The nursing curriculum is organized to reflect competencies contained in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), the knowledge, skills, and attitudes articulated in Quality and Safety Education for Nurses (QSEN, 2007), and the standards set forth in the West Virginia Nurse Practice Act (1994). More specifically, graduates will be able to:

GRADUATE/SENIOR LEVEL OUTCOMES
1. Provide safe, holistic, patient-centered care to promote wellness across the lifespan.
2. Synthesize current evidence and clinical reasoning in planning, implementing, and coordinating patient-centered care.
3. Collaborate with members of the interprofessional healthcare team to meet the needs of patients in a variety of health care settings.
4. Participate in quality improvement and safety processes as a nurse leader in a healthcare system.
5. Incorporate effective use of information and technology in nursing practice.
6. Demonstrate professional behaviors within the legal and ethical standards of nursing practice.

**JUNIOR LEVEL OUTCOMES**

1. Demonstrate safe, holistic, patient-centered care to promote wellness across the lifespan.
2. Utilize current evidence and clinical reasoning in planning and implementing patient-centered care.
3. Interact with members of the healthcare team in meeting the needs of patients in a variety of healthcare settings.
4. Participate in selected quality improvement and safety processes in the healthcare system.
5. Utilize information systems and patient technologies to provide safe care.
6. Assume responsibility for personal and professional behaviors.

Definitions of “Organizing Concepts” from QSEN competencies:

1. Patient centered care – Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.
2. Teamwork and collaboration – Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
3. Evidence Based Practice – Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
4. Quality Improvement – Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.
5. Patient Safety – Minimize risk of harm to patients and providers through both system effectiveness, and individual performance.
6. Informatics – Use information and technology to communicate, manage knowledge, mitigate error and support decision-making.
BSN Curriculum:

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
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<tbody>
<tr>
<td>BIO 124/125</td>
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<td>ENG 101</td>
<td>ENG 102</td>
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<td>PSYCH 101</td>
<td>COM 101</td>
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<td>HIST 103, 104, 210 or 211</td>
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<tr>
<td>BIO 212</td>
<td>BIO 214</td>
</tr>
<tr>
<td>PSYCH 252</td>
<td>BIO 216 *(Lecture and Lab)</td>
</tr>
<tr>
<td>LIT (any with ENG prefix)</td>
<td>GEO/POLS/SOC/REL or FL</td>
</tr>
<tr>
<td>GBUS/ECON/FIN 131*</td>
<td>NUR 202 Intro to Professional Nursing</td>
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<tr>
<td>GEO/POLS/SOC/REL or FL</td>
<td>NUR 203 Medical Terminology</td>
</tr>
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<td>FA *</td>
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<tr>
<td>NUR 309 Health Assessment</td>
<td>NUR 320 Pharmacology II</td>
</tr>
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<td>NUR 315 Professional Nursing I</td>
<td>NUR 322 EBP/Informatics</td>
</tr>
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<td>NUR 317 Clinical Nursing I</td>
<td>NUR 323 Professional Nursing II</td>
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<tr>
<td>NUR 319 Pharmacology I</td>
<td>NUR 324 Clinical Nursing II</td>
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<tr>
<td>NUR 405 Population-Based Health</td>
<td>NUR 436 Professional Nursing IV</td>
</tr>
<tr>
<td>NUR 406 Professional Nursing III</td>
<td><em>(first 8 weeks)</em></td>
</tr>
<tr>
<td>NUR 407 Clinical Nursing III</td>
<td>NUR 437 Clinical Nursing IV <em>(first 8 weeks)</em></td>
</tr>
<tr>
<td>NUR 409 Nursing Synthesis I</td>
<td>NUR 438 Leadership and Management</td>
</tr>
<tr>
<td></td>
<td>NUR 439 Nursing Synthesis II</td>
</tr>
<tr>
<td></td>
<td>NUR 440 Capstone <em>(8 weeks)</em></td>
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## BA/BS to BSN Curriculum:

### Prerequisite Courses

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<tr>
<td>Chemistry</td>
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<tr>
<td>Anatomy &amp; Physiology I</td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
<td></td>
</tr>
<tr>
<td>Microbiology</td>
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<tr>
<td>General Psychology</td>
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<td>Developmental Physiology</td>
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<td>Statistics</td>
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<td>NUR 309 Health Assessment</td>
<td>3</td>
</tr>
<tr>
<td>NUR 315 Professional Nursing I</td>
<td>7</td>
</tr>
<tr>
<td>NUR 317 Clinical Nursing I</td>
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</tr>
<tr>
<td>NUR 319 Pharmacology I</td>
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</tr>
<tr>
<td>NUR 322 EBP/Informatics</td>
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</tr>
<tr>
<td>NUR 323 Professional Nursing II</td>
<td>7</td>
</tr>
<tr>
<td>NUR 324 Clinical Nursing II</td>
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<td>NUR 405 Population Health</td>
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<tr>
<td>NUR 406 Professional Nursing III</td>
<td>7</td>
</tr>
<tr>
<td>NUR 407 Clinical Nursing III</td>
<td>5</td>
</tr>
<tr>
<td>NUR 409 Nursing Synthesis I</td>
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<td><strong>Total</strong></td>
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### Semester 4

<table>
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<tr>
<td>NUR 436 Professional Nursing IV</td>
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</tr>
<tr>
<td>NUR 437 Clinical Nursing IV</td>
<td>2</td>
</tr>
<tr>
<td>NUR 438 Leadership and Management</td>
<td>3</td>
</tr>
<tr>
<td>NUR 439 Synthesis II</td>
<td>3</td>
</tr>
<tr>
<td>NUR 440 Capstone</td>
<td>4</td>
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<tr>
<td><strong>Total</strong></td>
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</table>
NURSING PROGRAM PROCESSES

ACADEMIC RIGHTS
West Liberty University is an Equal Opportunity-Affirmative Action institution. In compliance with Title VII of the Civil Rights Act, West Virginia Human Rights Act, Title IX (Educational Amendments of 1972), Section 504 of the Rehabilitation Act of 1973, and other applicable laws and regulations, the University provides equal opportunity to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, sex, religion, age, national origin, or disability, as identified by law.

The University neither affiliates knowingly with, nor grants recognition to, an individual, group, organization having policies that discriminate of the basis of race, color, age, religion, sex, national origin, or disability, as defined by applicable laws and regulations. (West Liberty Bulletin 2014-2015 on-line).

LINE OF COMMUNICATION
The organizational framework illustration identifies the lines of communication in the Nursing Program and West Liberty University structure. Your Faculty advisor can assist you through this process.

CONFLICT RESOLUTION
The purpose of conflict resolution is to mutually explore ways, in an assertive manner, to resolve a problem, misunderstanding, and/or a difference of opinion between two or more people. The goal is for each person to feel positive about the outcome.

Concerns are to be handled directly between the persons involved (student-student; student-faculty, etc.). If the concern cannot be resolved at this level, the lines of communication are to be followed to assist the person(s) in this method. No step in this process is to be skipped when resolving concerns or problems.

Formal conflict resolution (Grievance, Appeal process) can be found in the WLU Catalog and Student Handbook.
CONTACT INFORMATION

ADVISOR: ______________________________

NURSING FACULTY

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Location</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rose Kutlenios, Program Director</td>
<td>304-336-8911</td>
<td>Camp. Hall 354</td>
<td><a href="mailto:rose.kutlenios@westliberty.edu">rose.kutlenios@westliberty.edu</a></td>
</tr>
<tr>
<td>Margy Bowman</td>
<td>304-336-8845</td>
<td>Camp. Hall 358</td>
<td><a href="mailto:margy.bowman@westliberty.edu">margy.bowman@westliberty.edu</a></td>
</tr>
<tr>
<td>Margaret Boyce</td>
<td>304-336-7173</td>
<td>Camp. Hall 362</td>
<td><a href="mailto:margaret.boyce@westliberty.edu">margaret.boyce@westliberty.edu</a></td>
</tr>
<tr>
<td>Teresa Faykus</td>
<td>304-336-8324</td>
<td>Camp. Hall 356</td>
<td><a href="mailto:tfaykus@westliberty.edu">tfaykus@westliberty.edu</a></td>
</tr>
<tr>
<td>Victoria Forte</td>
<td>304-336-5101</td>
<td>Camp. Hall 352</td>
<td><a href="mailto:victoria.forte@westliberty.edu">victoria.forte@westliberty.edu</a></td>
</tr>
<tr>
<td>Barbara Kulpa</td>
<td>304-336-8319</td>
<td>Camp. Hall 360</td>
<td><a href="mailto:barbara.kulpa@westliberty.edu">barbara.kulpa@westliberty.edu</a></td>
</tr>
<tr>
<td>Margaret Boyce</td>
<td>304-336-7173</td>
<td>Camp. Hall 362</td>
<td><a href="mailto:margaret.boyce@westliberty.edu">margaret.boyce@westliberty.edu</a></td>
</tr>
<tr>
<td>Teresa Faykus</td>
<td>304-336-8324</td>
<td>Camp. Hall 356</td>
<td><a href="mailto:tfaykus@westliberty.edu">tfaykus@westliberty.edu</a></td>
</tr>
<tr>
<td>Victoria Forte</td>
<td>304-336-5101</td>
<td>Camp. Hall 352</td>
<td><a href="mailto:victoria.forte@westliberty.edu">victoria.forte@westliberty.edu</a></td>
</tr>
<tr>
<td>Barbara Kulpa</td>
<td>304-336-8319</td>
<td>Camp. Hall 360</td>
<td><a href="mailto:barbara.kulpa@westliberty.edu">barbara.kulpa@westliberty.edu</a></td>
</tr>
<tr>
<td>Donna Lukich</td>
<td>304-336-8630</td>
<td>Main Hall 118C</td>
<td><a href="mailto:lukichda@westliberty.edu">lukichda@westliberty.edu</a></td>
</tr>
<tr>
<td>Loretta Marchetta</td>
<td>304-336-8218</td>
<td>Camp. Hall 350</td>
<td><a href="mailto:loretta.marchetta@westliberty.edu">loretta.marchetta@westliberty.edu</a></td>
</tr>
<tr>
<td>Karen McClain</td>
<td>304-336-8178</td>
<td>Camp. Hall 366</td>
<td><a href="mailto:karen.mcclain@westliberty.edu">karen.mcclain@westliberty.edu</a></td>
</tr>
<tr>
<td>Jody Seabright</td>
<td>304-336-8253</td>
<td>Camp. Hall 321 B</td>
<td><a href="mailto:jody.seabright@westliberty.edu">jody.seabright@westliberty.edu</a></td>
</tr>
<tr>
<td>Amy Spurrier</td>
<td>304-336-8176</td>
<td>Camp. Hall 364</td>
<td><a href="mailto:amy.spurrier@westliberty.edu">amy.spurrier@westliberty.edu</a></td>
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ADMINISTRATIVE SUPPORT

<table>
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<tr>
<th>Name</th>
<th>Phone</th>
<th>Location</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michele Crow</td>
<td>304-336-8108</td>
<td>Camp. Hall 351</td>
<td><a href="mailto:michele.crow@westliberty.edu">michele.crow@westliberty.edu</a></td>
</tr>
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</table>

OTHER IMPORTANT CONTACTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Location</th>
<th>Email</th>
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<tbody>
<tr>
<td>West Liberty University</td>
<td>304-336-5000 or 866-WEST LIB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning &amp; Student Development Center</td>
<td>304-336-8018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tutoring Services</td>
<td>304-336-8185</td>
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Faculty office hours are posted. If the times are not convenient with your schedule, e-mail or call for an appointment.

Take advantage of test reviews, help sessions and tutoring services. If you are experiencing difficulty, meet with the instructor and your advisor.

If you are absent, it is your responsibility to get assignments, make up work and any handouts

*Check your email often*
Date: June 27, 2017

To Prospective Nursing Applicant:

Individuals who are considering entering the nursing profession and who may have a criminal history often ask about potential barriers to licensure following successful completion of an approved nursing program. While it would be nice to know this prior to making a decision to enter the program, obtaining that information is not possible under current West Virginia law.

The West Virginia Board of Examiners for Registered Professional Nurses (Board) makes decisions about licensure based upon a number of questions on the application and on an individual basis. The application (or the background screening) that indicates a criminal history is considered a non-routine application and must be reviewed by the Board staff and possibly referred to the Board’s Disciplinary Review Committee (DRC).

Each application is reviewed on its own merits. The Board of Nursing has created guidelines for specific offenses to be approved in the Board office; however, the staff cannot make determinations in advance as laws and rules do change over time. Felony convictions, violent crimes, other more serious misdemeanors and repeat offenders are required to go before the DRC. Simple misdemeanors, such as some traffic violations, loitering and disturbing the peace can be approved by the disciplinary section of the Board. Any evidence of rehabilitation is important to the Board members when making a licensure decision.

Board applications require the applicant to provide the Board with an original certified copy of all court documents relative to a conviction. This means the applicant must go to the county or other appropriate authority where the conviction occurred and have the clerk of the court certify with a raised seal that the documents are a complete copy of the record. Applicants cannot pick and choose what documents are provided to the Board. A complete copy of the criminal record must be provided. The Board’s applications require the applicant to provide a letter of explanation as to the events surrounding the conviction. This means the applicant must write in his/her own words what happened to cause the conviction.

Board applications also require an applicant who has a drug or alcohol problem to provide to the Board a copy of all treatment records. The applicant must sign a release with the treatment provider and have the documents sent directly from the provider to the Board office. A letter of explanation from the
applicant must also be provided with this information. This letter should explain the applicant’s history of use/abuse of drugs and/or alcohol and his/her progress since treatment.

The Board may issue a license under probationary conditions, which could include direct supervision, random drug screens, employer reporting, counselor reporting and other necessary monitoring requirements. Further, the Board may deny licensure until certain requirements are met. The law allows the Board to require applicants to submit to a physical or psychological examination and to have the results of the examination provided directly to the Board. Refusal to submit to an examination when required will result in the application being denied. Applicants who qualify may be referred to the Board’s monitoring and recovery program West Virginia Restore.

Each school of nursing makes independent decisions about admissions into their program and may require criminal background screening as part of that process. It is important for schools of nursing to know the admissions policies that exist on their campuses relative to criminal convictions and drug and alcohol use/abuse. Administrators should know the policy and actively enforce it. For those nursing programs without crucial admissions policies, administrators need to lobby the campus leaders to create realistic policies that can guide the individual programs as they make admission decisions. The School’s general counsel should be contacted for assistance.

Clinical facilities may limit or prohibit students with criminal histories from participating in clinical experiences. Other options may not exist for the student to complete required clinical hours in order to obtain a nursing degree; thus, such a student may not be eligible for licensure in West Virginia.

As stated above, the license application requires disclosure of any criminal history and the disposition of all cases prior to Board review. Acceptance into a nursing education program is the decision of the school. Entering and staying in the nursing education program is the prospective student’s decision based upon the knowledge that he/she may, or may not, be granted a nursing license by West Virginia. However, every state has its own requirements, so an applicant may be licensed in another state even if West Virginia denies licensure. All of the above factors should be taken into consideration prior to making a decision about a nursing career.

For more information, obtain the West Virginia Nursing Code and Legislative Rules, by visiting www.wvbnboard.wv.gov.
SCHOLARSHIP INFORMATION
The nursing faculty encourages students to apply for the following Nursing Scholarships even though the student may not meet Federal Financial Aid Criteria. The need requirements for the Nursing Scholarships are less stringent than the requirements for Federal Aid Assistance. Applications for scholarships should be made by February 1. All scholarship recipients are expected to assist with recruitment activities. Awarding of scholarships is dependent, in part, on availability of funds.

METHOD OF SELECTION FOR SCHOLARSHIPS
The Academic Standards Committee, Nursing Program, shall select the recipients. The student will usually receive only one scholarship.

NOTIFICATION
The recipient will be notified of the scholarship in writing during the spring semester.

GRADUATION AWARDS
Several graduation awards are presented to senior nursing students at the Annual Pinning Ceremony.
'19-10-1. General.

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

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

2.1. The registered professional nurse shall conduct and document nursing assessments of the health status of
individuals and groups by:
   2.1.1. Collecting objective and subjective data from observations, examinations, interviews, and written
           records in an accurate and timely manner. The data includes but is not limited to:
           2.1.1.a. The client's knowledge and perception about health status and potential, or maintaining health
                    status;
           2.1.1.b. Consideration of the client's health goals;
           2.1.1.c. The client's biophysical and emotional status;
           2.1.1.d. The client's 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 health team members.

2.6.1. Evaluation data shall be documented and communicated to other members of the health care team.

2.6.2. Evaluation data shall be used as a basis for reassessing the client's health status, modifying nursing diagnoses and/or patient care needs, revising plans of care, and prescribing changes in nursing interventions.

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

3.1. The registered professional nurse shall know the 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, gender, 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 W. Va. Code '30-7-1 et seq. and the rule governing Announcement of Advanced Practice, 19 WV CSR 7.

1.1. Scope. -- This rule defines the role and authority of the board in investigation and resolution of disciplinary matters.
1.4. Effective Date. -- September 18, 2004.


2.1. The following words and phrases as used in this rule have the following meanings, unless the context otherwise requires:
   2.1.a. "Board" means the West Virginia Board of Examiners for Registered Professional Nurses.
   2.1.b. "Complaint" means any written, verbal, or other communication with the board or its representatives which indicates or tends to indicate that a licensee is acting or has acted in violation of W. Va. Code §§30-7-1 et seq. or 30-15-1 et seq., or rules governing the practice of registered professional nursing.
   2.1.c. "Proof" means all types of evidence except testimony, including but not limited to records, documents, exhibits, concrete objects, laboratory or other tests, and the reports of results of examinations or laboratory or other tests.
   2.1.d. "Testimony" means evidence given by a witness under oath or affirmation, including but not limited to oral statements, affidavits, or depositions.


3.1. The Board will accept a complaint from any individual against one or more licensees.
3.2. The complaint may be written or verbal. The Board may accept anonymous complaints if the complaint provides enough information to begin an investigation. The Board may provide a form for the purpose of completing a complaint. Complaints shall include the following:
   3.2.a. name and address of the licensee against whom the complaint is being filed;
   3.2.b. the alleged violation which prompted the complaint;
   3.2.c. the date or dates of the incident prompting the complaint;
   3.2.d. any supporting documents related to the alleged violation; and
   3.2.e. the name, address and telephone numbers of any and all witnesses to the incident.
3.3. The Board shall maintain a log of all complaints, indicating date of receipt, license number of nurses against whom the complaint is filed and the name of the individual filing the complaint.
3.4. A registered professional nurse required to file a complaint with the Board in accordance with this rule or any other applicable state law or rule shall do so within thirty (30) days after their knowledge of the alleged violation.
3.5. Complainants are immune from liability for the allegations contained in their complaints filed with the Board unless the complaint is filed in bad faith or for a malicious purpose.
3.6. The Board or its representatives shall gather information necessary to determine the validity of the complaint. All necessary investigative techniques, including but not limited to, subpoenas and interviewing potential witnesses, may be utilized.
3.7. The complainant shall be sent an acknowledgment stating one or more of the following:
3.7.a. The allegations are being reviewed by the Board; or
3.7.b. The allegations are beyond the jurisdiction of the Board; or
3.7.c. More information is required in order to fully investigate the complaint.

3.8. The licensee shall be sent a Notice of Complaint containing the allegations. The licensee has fourteen (14) days to respond to the allegations. The licensee shall also be sent a copy of the complaint filed against his/her license and any supporting documents filed with the complaint.

3.9. Board staff shall review all information received, including subpoenaed information, and determine if further investigation is necessary, if disciplinary action is warranted or if the case needs to be referred to the Disciplinary Review Committee (DRC) for review and/or dismissal.

3.9.a. The DRC may dismiss a case, direct staff to further investigate the allegations or determine the disciplinary action that should be taken against the license.

3.10. Board staff may negotiate terms of consent agreements if probable cause for disciplinary action is warranted.

3.10.a. The DRC shall review all consent agreements for approval and signature; it can reject the consent agreement or request modifications to the consent agreement.

3.11. If the DRC rejects the consent agreement and the licensee rejects the DRC’s modifications, if any, staff shall set the case for hearing.

3.12. If the licensee contests the allegations and refuses to enter into a consent agreement, Board staff shall set the case for hearing.

3.13. A licensee may request complaints that are dismissed by the DRC to be expunged 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.

§19-9-4. Investigation.

4.1. Upon complaint or on its own initiative, the Board or its employees or designees may investigate conduct which is occurring or has occurred which would violate W. Va. Code §§30-7-1 et seq., 30-15-1 et seq., or rules governing the practice of registered professional nursing.

4.2. For the purposes of an investigation by the Board:

4.2.a. The executive secretary or assistant executive secretary may subpoena witnesses and documents and administer oaths;

4.2.b. The Board or its authorized agents may depose witnesses, take sworn statements and collect other evidence;

4.2.c. The Board may institute proceedings in the courts of this state to enforce its subpoenas for the production of witnesses and documents and its orders and to restrain and enjoin violations of W. Va. Code §§30-7-1 et seq., 30-15-1 et seq., or rules governing the practice of registered professional nursing;

4.2.d. The Board may review pertinent medical records during the course of its investigation, and shall remove patient identifying information from records which are introduced as evidence at any disciplinary hearing;

4.2.e. The Board, or its employees or designees within the limits of authority granted by the Board, may employ investigators, consultants and other employees as may be necessary to assist in an investigation;

4.2.f. All powers of the Board and its employees or designees may be exercised to investigate a matter, even if a hearing or disciplinary action does not result from the investigative findings.


5.1. The Board has the authority to deny, revoke, suspend, or otherwise discipline a licensee or applicant for licensure upon proof that the licensee or applicant for licensure has violated the provisions of W. Va. Code §§30-7-1 et seq.

5.1.a. The Board shall afford every person subject to disciplinary proceedings an opportunity for a hearing, as set forth in the Board's rule regarding Contested Case Hearing Procedure, 19 CSR 5;

5.1.b. If an applicant for licensure or a licensee fails to appear at a scheduled hearing or fails to reply to the notification of hearing, the charges specified may be taken as true and the Board may proceed with the
disciplinary action;

5.1.c. Following a hearing before the Board or its hearing examiner, the Board will issue its decision on any disciplinary matter;

5.1.d. The Board may establish a committee that has the authority to resolve disciplinary matters through a formal consent agreement with a licensee, permitting the licensee to voluntarily agree to disciplinary action in lieu of a formal evidentiary hearing.

5.1.e. The Board or its authorized committee may take disciplinary action which includes, but is not limited to, the denial, suspension, or revocation of a license to practice as a registered professional nurse, or probation of a registered professional nursing license with terms to be met for continued practice, or the assessment of additional renewal, reinstatement, or administrative costs or fines against a licensee, or a combination of these or other actions. A licensee who fails to pay a fine or administrative cost assessed as part of disciplinary action or non-disciplinary action within the time period agreed upon between the parties, may be disciplined or may remain under the disciplinary terms until the fine and
6th EDITION APA FORMAT INFORMATION

The official source for formatting papers required in WLU nursing classes is the *Publication Manual of the American Psychological Association* (6th Ed.). This style sheet attempts to cover the most common formatting issues that students encounter. For additional information, students should consult the *Publication Manual*.

**PAPER SET-UP:**

- **Typeface:** Times New Roman
- **Font size:** 12
- **Line spacing:** Double space entire paper
- **Margins:** 1 inch at the left, right, top, and bottom of every page
- **Paragraphs:** Indentation settings for paragraphs/headings five to seven spaces

**TITLE PAGE:**

- Numbered as page 1 using Arabic numerals
- Information to include:
  - Title of paper in upper and lower case letters (12 words or less)
  - Author’s Name (your name)
  - Institutional affiliation (West Liberty University)
- This information should be centered, and positioned in the upper half of page
- Running head: The abbreviated title; top flush left; maximum of 50 characters (counting letters, punctuation, and spaces between words); uppercase letters; appears on title page and all subsequent pages

*(See full page example on the next page)*
Effects on Nursing by the Competency Rules of Accrediting Bodies

Mary Anne Harkins

West Liberty University
HEADING LEVELS: (Ways to organize subject matter)

- The Introduction does not need a “Heading”

- With 1, 2, or 3 levels use the following examples:
  
  **Level one:** Centered, Boldface, Uppercase and Lowercase Words

  Example:

  **The Pathophysiology of Pancreatitis**

  In assessing the patient with acute pancreatitis, it is necessary to understand the pathophysiology behind the signs and symptoms. Pancreatic enzymes are inappropriately activated within the pancreas. Therefore, inappropriate breakdown of fats, proteins, and carbohydrates occur within the pancreas itself………………………………

  **Level two:** Flush left, Boldface, Uppercase and Lowercase Words

  Example:

  **Associated Signs and Symptoms**

  The hallmark symptom of acute pancreatitis is persistent abdominal pain that is not relieved by vomiting. Signs of hypovolemia also accompany the abdominal pain….

  **Level three:** Indented, Boldface, lowercase except for the first word and with a period at the end of the heading, then continue content 2 spaces after the period.

  Example:

  **Supportive measures.** Supportive measures include pain management, aggressive fluid replacement, and psychological support.
**BODY OF WORK:** (Basic Rules)

- A good general rule in writing is that you always include an introduction of the content and end with a conclusion or summary of the content, even when not specifically asked.
- Do not leave a heading only at the bottom of a page. It should be taken to the next page.
- If you start a new paragraph on the bottom of a page – do not leave only one line. That line should be taken to the next page.
- Do not carry only the last line of a paragraph to a new page. Carry at least two lines.
- Paragraphs must be at least three sentences.
- Please proof-read work for grammar and content.

**APA RULES ON THE USE OF NUMBERS:**

- Use the digit for numbers 10 and above. (e.g., 33)
- Use the words for numbers less than 10. (e.g., nine)
- Use numbers when they are followed by a unit of measurement. (e.g., 5 mg)
- Use the number with other numbers grouped in a sentence with numbers greater than 10 or above. (e.g., there were 7 blocks………..in 12 blocks)
- Use numbers that denote a specific place in a numbered series (books, volumes, table) (e.g., Trial 3, Chapter 5)
- Use numbers if they represent time, dates, age, sample size, exact money, etc.
- Use words for numbers that begin a sentence, title or heading. Twenty Men of Honor
- Use words for common fractions. (e.g., one fifth of the class)
- Use numbers and not Roman numerals, unless specifically part of the title
REFERENCING SOURCES IN TEXT (CITATIONS)

- **Direct Quotes: quotes that are fewer than 40 words:**
  
  **Example:** Kertcher (2007) states, “The blood is not always bluer on the other side” (p. 125).

- **Direct Quotes: quotes that are more than 40 words:** freestanding block, all indent throughout, double space and omit the quotation marks.
  
  **Example:**

  Foster and Merritt (2009) found the following:

  The angels seemed to be perceived as glowing and floating about the air. However, when asked to describe a color, the participants often were unable to distinguish red, blue, purple, yellow, or white. As well, when asked if these entities moved or hovered, it seemed that they did neither yet was always just out of reach. (p. 58).

**Paraphrasing:** This is using your own words to summarize or explain another’s work. The author must be credited, and the reference must appear in the reference list.

  **Example:** Rivers and Nigel (2008) discovered that the general feeling of the tribe was paternalistic.

  **Example:** The gender battle is neither old nor new in philosophy (Miles and Craig, 2009).

- Tables, charts, skill sheets, models, graphs, etc. must be cited in text.
**DIRECT QUOTES (BASIC RULES)**

- When using a direct quote, always include the page number in which the quote came from.
- If there is no page number (for example a brochure or internet site), use the paragraph number in the citation. e.g., (Ckekler, 2008, para. 5).
- **Personal Communications (Interviews):** do not include in reference list. DO cite the person in text:
  
  **Example:** B. Jones (personal communication, February 20, 2009) referred to the standards of care for the patients.

**IN-TEXT CITATIONS (BASIC RULES)**

- With every citation include author and year.
- Once a citation has been made, you must cite the same source within the same paragraph with the author and year again.
- If there are 2 authors, always cite both
- If there are 3, 4, or 5 authors, cite all authors the first time, then with subsequent authors cite only the first author followed by et al., year  **Example:** Smith et al., 2004
- If there are 6 or more authors, cite only the last name of the first author followed by et al., and the year for all citations.
- If a group serves as an author (corporation, associations, etc.), spell out the group name each time or if it is a well-known abbreviation cite the following:
  
  **Example:** (National Institute of Mental Health (NIMH, 2008)

  And then abbreviate it thereafter as NIMH (2008)

- If there are no authors, move the title to the author position, and alphabetize the first word of the title and the year.
- If the author is “Anonymous” begin the entry with the word Anonymous spelled out and alphabetize the entry as if a true name.
CITATION OF A WORK DISCUSSED IN A SECONDARY SOURCE:

- Give the secondary source in the reference list; in text, name the original work, and give a citation for the secondary source.

Example: If Seidenberg and McClelland’s work is cited in Coltheart et al. and you did not read the work cited, list the Coltheart et al. reference in the References. In the text, use the following citation as an example:

Seidenberg and McClelland’s study (as cited in Coltheart, Curtis, Atkins, & Haller, 2009) explores the dual-route and parallel-distributed processing approach to client interviewing.

REFERENCE LIST VS BIBLIOGRAPHY:

- A reference list cites work that specifically supports the content of your work.
- A bibliography cites and includes work that is used for background and further reading.
- Every reference that is cited in text must appear in the reference list.
- Every entry in a reference list must be cited in-text.
- The reference list or Bibliography is to be double spaced and arrange entries in alphabetical order by last name of the first author.
- For entries with multiple authors, do not alter the order of the authors for the original text.
- The reference page is to be numbered and titled as References, two lines (or a double space) below the page number, and it is to be centered.
- Regarding publisher location: Give city and state abbreviation according to U.S. Postal Service abbreviations if located in the United States. If located outside of the United States give city and country.

REFERENCE LIST EXAMPLES:

- Book with ONE Author:

- Book with MORE than One Author:

- **Book with Editions:**

- **Brochure, corporate author:**

- **Encyclopedia Reference (dictionaries, etc.), with no author listed:**

- **Journal Article:**

- **Magazine Article:**

- **Newspaper Article:**

- **Online Article:**

- Web Site:
B-type naturetic peptide in congestive heart failure (2008, October). Retrieved from
http://www.bnpchf.org/elecref.html

- Online Reference Work (Encyclopedia, dictionary, etc.) with author
http://encyclopedia.stanford.edu/hydrocephalus/

- Online Reference Work (Encyclopedia, dictionary, etc.) no author or editor
Hydrocephalus. (n.d.). In Merriam-Webster’s online dictionary (11th ed.). Retrieved from
http://www.m-w.com/dictionary/hydrocephalus

ADDITIONAL ADVICE:

- Use only refereed (Professional, credible) sources. When in doubt—check it out (with a Faculty member).

- For additional 6th Edition APA style information, refer to the Publication Manual of the American Psychological Association OR use the following website:
http://owl.english.purdue.edu

- According to the Publication Manual of the American Psychological Association (APA Ethics Code Standard 8:11) researchers/authors/writers do not claim the words and ideas of another as their own; they give credit where credit is due. To not follow this code is PLAGIARISM.