



DEPARTMENT OF NURSING

BSN

Student Handbook

2024-2025

Incoming Freshmen

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I. INTRODUCTION

A. WELCOME TO THE DEPARTMENT OF NURSING

As a student in the Nursing Program, you have a need for special knowledge relating to the Departmental philosophy, curriculum, policies, and procedures. In order to meet this need, we have assembled the information in this **Student Handbook**. We hope it will answer your questions about the department. Your advisor can help you in answering any questions you may have. We hope you enjoy your studies with us as you earn your nursing degree. Have a good year!

B. STATEMENT OF EQUAL OPPORTUNITY, HARASSMENT, AND NONDISCRIMINATION

Saint Francis University does not discriminate in its employment practices or in its educational programs or activities on the basis of sex, gender identity, age, race, color, ethnicity, religion, sexual orientation, physical or mental disability (including perceived disability), national origin (including ancestry), marital status, pregnancy, veteran or military status (including disabled veteran ; recently separated veteran; active-duty, wartime, or campaign badge veteran; and Armed Forces Service Medal veteran), predisposing genetic characteristics, or any other protected characteristic under applicable local, state, or federal law. The University also prohibits retaliation against any person opposing discrimination or participating in any discrimination investigation or complaint process internally or externally. Reports of misconduct, questions regarding Title IX, and concerns about noncompliance should be directed to the Title IX Coordinator, Lynne Banks (lbanks@francis.edu). For a complete copy of the policy or for more information, please contact the Title IX Coordinator or the Assistant Secretary of Education within the Office for Civil Rights (OCR).

If you have been the victim of sexual harassment/misconduct/assault you are encouraged to report this. If you report this to a faculty member, he/she must notify the Saint Francis University Title IX coordinator about the basic facts of the incident. The following person has been designated to address inquiries about harassment, sexual misconduct, stalking and relationship violence and to assist the student in connecting with resources both on and off campus: Lynne Banks, Associate Dean of Students/Title IX Coordinator, (814) 472-3002, lbanks@francis.edu

Read our full Equal Opportunity, Nondiscrimination, Harassment, Sexual Misconduct, Stalking and Relationship Violence Policy www.francis.edu/nondiscrimination-and-no-harassment

C. POLICY REVIEW PROCEDURE

All student policy and procedures are annually reviewed and revised as necessary during Nursing Faculty Organization meetings. The students are invited to present student concerns, questions, and recommendations regarding the policies and procedures through their designated/elected student representative. Revised and new policies and procedures are distributed to all nursing students. If there are revisions of old policies/procedures or new policies and procedures during the academic year, those will be emailed to every student and posted on the Nursing Department Bulletin Board. Students are required to sign the Statement of Receipt and Compliance form annually. All students are expected to read each policy and procedure, clarify any questions or concerns, and adhere to the policies and procedures for the current academic year.

D. STATEMENT OF RECEIPT AND COMPLIANCE

I have reviewed the current Department of Nursing (DoN) Student Policies and Procedures and clarified any questions or concerns. I feel that each policy and procedure is fair and equitable. I agree to adhere to the requirements as stated in each of the policies and procedures as indicated by my signature in the appropriate space below.

The Pennsylvania State Board of Nursing and the Council on Collegiate Nursing Education (CCNE) periodically reviews nursing programs. A portion of this process is the review of nursing student’s educational records for validating the process of faculty/student evaluation and the student’s health and criminal record for compliance to admission standards. Clinical agencies may request review of student health and criminal records to assure compliance with the contractual obligation and accreditation standards.

I give my consent for the visitors for the State Board of Nursing and the CCNE to review my education and criminal record. I also extend the privilege to review my health and criminal records to a clinical agency that I may be affiliated with as a student.

Media / Photography/Video Implied Consent:

There is implied consent to the University to use news media as well as use of photos and video on the web and in promotional materials. Photograph(s) and video footage may be obtained from both informal and formal settings. All negatives, positives, prints, and raw footage are the property of Saint Francis University. If anyone wishes to withdraw consent to the University for photography or videography usage, he or she may contact the Marketing and Communications Office (marketing@francis.edu). It is the student's responsibility to contact the Marketing and Communication Department to withdraw consent for photography and videography and the student must also notify the Nursing Department. It is also the student's responsibility to exclude him/herself from any situation involving photography or videography.

Please Print Name: _____

Signature: _____

Date: _____

II. THE DEPARTMENT OF NURSING CURRICULUM

A. HISTORY OF THE NURSING PROGRAM

Saint Francis University is a Catholic, Franciscan, co-educational, liberal arts institution founded in 1847. The need for a baccalaureate program leading to a Bachelor of Science in Nursing degree was evidenced through a feasibility study conducted by the University administration in 1978 and 1979. The Faculty Senate gave its support for the development of a nursing program on May 7, 1979. On May 24, 1979, the Board of Trustees gave full approval for the program.

In July 1980, the Pennsylvania State Board of Nurse Examiners gave full initial approval to the nursing curriculum, and the first class of nursing students was admitted in the fall of 1980. Following the graduation of the first class of 1984 and a visit by the Educational Advisor from the Pennsylvania State Board of Nurse Examiners, full approval was obtained in the fall of 1984. The most recent approved State Board annual compliance report was the spring of 2023. Graduates of the Nursing Program are eligible to sit for the National Council Licensure Examination – RN (NCLEX – RN).

On March 8, 1986, the National League for Nursing granted full accreditation to the Nursing Program. The National League for Nursing granted continuing full accreditation to the program on October 19, 1993, and this continued through the fall of 2001. It is now known as the National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA).

In March 1987, the Board of Trustees approved a track within the B.S.N. program to be offered to Registered Nurses. This track was announced to the public June 12, 1987, and enrollments began as of that date. The R.N. Track was fully accredited by the National League of Nursing. On May 7, 1989, the first RN-BSN student graduated from this program. On June 14, 1996, the Department DoN announced the initiation of the RN to BSN Articulation Plan. This track was closed in 2011.

The School Nurse Certification Program was approved by the University and the Pennsylvania Department of Education in April of 1997. The first group of students completed the School Nurse Certification Program in December of 1998. During the fall of 2003, the Pennsylvania Department of Education did a program review and found the program in full compliance. During the fall of 2011, notification was provided from the University to the PA Department of Education to end this program. Due to changes in rules and regulations in the Department of Education related to schools, the School Nurse Certification Program is no longer offered at Saint Francis as an educational option.

Initially the nursing program used Chrisman/Fowler's system-in-change theory to guide the curriculum. The Pennsylvania State Board of Nursing approved the revised caring nursing curriculum on January 15, 1992. This curriculum implementation was completed with the graduation of the Class of 1995. The curriculum was revised to reflect the New AACN Essentials. This was approved in spring 2024 and will begin with the fall 2024 freshman class.

The baccalaureate nursing program was granted preliminary approval by the Commission on Collegiate Nursing Education (CCNE) in February of 1998. The evaluator visit was April 2001, and the 10-year CCNE accreditation initiated September 29, 2001 and continued through December 2011. The most recent CCNE visit was in March 2011. No deficiencies were cited at the time of that review. In November of 2011, the CCNE voted to continue the 10-year CCNE accreditation, through December of 2021.

In Fall 2016, the first cohort of graduate students started in the newly developed Master's of Science in Nursing- Leadership/Education (MSN L/E) program. This cohort graduated in May 2018. The graduate nursing program had an initial site visit by the CCNE in March 2018 and was granted accreditation by the Board of Commissioners of the Commission on Collegiate Nursing Education (CCNE) on October 2-4, 2018. The program received full approval. Maximum initial approval for a new program is 5 years.

In spring 2021 the nursing program hosted a CCNE Accreditation site visit for Baccalaureate and Master's programs. In November 2021, the Board of Commissioners of the Commission on Collegiate Nursing Education (CCNE) granted full approval, with no compliance issues, for all baccalaureate and master's nursing programs, for the maximum of 10 years.

On March 1, 2019, the PA SBON approved the MSN Family (Individual Across the Lifespan) Nurse Practitioner Program and the Post-Master's Certificate Family (Individual Across the Lifespan) Nurse Practitioner Program. In fall 2019 the first cohort of students began classes.

In late Spring of 2020, the RN-BSN Program and RN-BSN-MSN Program were approved by the University. In fall 2020 the PA SBON accepted the sustentative change for the Second Degree/Accelerated BSN program. This program received full approval in Fall 2020. In Spring of 2020, the RN-BSN Program and RN-BSN-MSN Program were approved by the University. In fall of 2020, the PA SBON accepted the substantive change for the Second Degree/Accelerated BSN Program. The Second Degree/Accelerated BSN received full approval from the University in Fall 2020. In December 2021, CCNE approved the substantive change of the Second Degree/Accelerated BSN Program. The first cohort of the second degree/accelerated started in fall 2022. The first cohort of RN-BSN student started in summer 2023. The first cohort of the 2nd Degree/Accelerated BSN students started in fall 2022. The first cohort of RN-BSN students started in summer of 2023.

B. DEPARTMENT OF NURSING MISSION, VISION, AND PHILOSOPHY

1. MISSION

The DoN inspires students to dedicate themselves to service, leadership, critical self-reflection and life-long learning in the Spirit of Franciscan values. The Nursing Programs challenge students in the application of clinical reasoning, cultural competence, patient care technologies and interprofessional collaborative practice within an evidence-based approach while providing safe and quality care to individuals, families, groups, communities, and populations across both the lifespan and the continuum of complex, changing healthcare environments. Through graduate education, the Nursing Program provides its students with advanced knowledge and higher-level leadership skills for improving health outcomes and elevating patient care in various roles and settings.

2. VISION

The Saint Francis University DoN will utilize learning opportunities, in the spirit of Saint Francis of Assisi, to strengthen and develop educational programs that are current and encourage students to develop critical thinking, cultural competence, and an evidence-based approach to clinical practice.

3. PHILOSOPHY

The Saint Francis University DoN endorses the Mission, Core Values, and Goals of Franciscan Higher Education and the educational philosophy statements of the University.

Professional nursing at all levels involves a commitment to human caring with special consideration for vulnerable populations. Nursing is an interpersonal process that promotes health and wellness for body, mind, and spirit across the life span. Professional nursing requires knowledge of professional & personal ethics and value-based decision-making.

A strong educational foundation enables nurses to conduct evidenced-based practice, engage in scholarly activities, and translate knowledge in health sciences and health care to provide excellent health care to individuals, families, communities, and populations. Through excellence in student-centered educational programs, students are prepared to provide leadership and service to the public and the profession. Health is subjectively interpreted across a continuum of wellness to illness. Changes in health are the result of the dynamic interaction of the internal and external elements which constitute the person's environment. Any disruption in these elements contributes to alteration(s) in health.

Students and faculty are committed to the development of scholarship and education to promote peace, justice, and concern for the underserved and vulnerable populations within the Commonwealth, nation, and global community.

C. ORGANIZING FRAMEWORK

The interrelated concepts in the Organizing Framework are derived from the DoN Philosophy and consist of Catholic Liberal Arts and Christian Altruistic Values, Client-Centeredness, Health, Environment, Professional Nursing, and Professional Nursing Education.

1. CATHOLIC LIBERAL ARTS AND CHRISTIAN ALTRUISTIC VALUES

The Nursing Programs at Saint Francis University are designed to provide the study of undergraduate and graduate nursing within the framework of a Catholic liberal arts program. The DoN incorporates Christian altruistic values of humility, generosity, reverence for life, dignity, respect, caring, service, and social justice, by embracing the Franciscan values. Read the full [Saint Francis University mission and goals](#).

In the baccalaureate program, the life-giving mode exemplified by the *Prayer of Saint Francis of Assisi*, is portrayed in the *Caring Document*. The trait of caring is intrinsic to all humans, and is the underlying concept that forms the basis of what nurses do. As an essential component of the human mode of caring, the DoN has adopted the 7 Cs of Caring (Roach 1992), which encompasses the elements of compassion, competence,

confidence, conscience, commitment, comportment and creativity. The Franciscan Values and the 7 Cs of Caring are linked to the student learning outcomes in each program and human caring is incorporated throughout the curriculum. (crosswalks FV, 7Cs, SLO, content map, course maps)

A solid base in Catholic liberal education provides the foundation for the study and practice of professional nursing. In addition, students acquire knowledge through the sciences, arts and humanities, mathematics and social sciences to gain diverse perspectives for integration in the nursing curriculum.

The foundation for Christian altruistic values in the Franciscan tradition is evident in the humanities courses and is an underlying theme throughout the program. The development of personal values and the ability to make ethical judgments and promote social justice are desired outcomes in preparation for the integration in the nursing curriculum. The study of the social sciences, history, fine arts, literature and languages are important aspects for developing cultural competence, communication, interprofessional collaboration and civic engagement. The integration of concepts from mathematics and the natural sciences, assist in promoting safe, quality care and form the basis for evidence-based practice and clinical reasoning. Application of sciences that have clinical relevance, ensure that graduates have the ability to drive changes through research and new technologies.

The master's program builds on the competencies gained in the baccalaureate program and integrates concepts from the sciences, arts and humanities and social sciences for the continual improvement of nursing care and education. Students preparing for direct care roles have courses that build upon the undergraduate foundation in health assessment, pharmacology and pathophysiology. Continued application of principles from the natural and social sciences, and arts and humanities, enhance the student's ability to provide care coordination, care management, research, and clinical leadership to individuals, families, significant others and communities. Knowledge from information sciences and health literacy enable students to address care and cultural issues. Master's prepared graduates are able to apply scientific principles for improvement and evaluation of quality care processes, monitor trends in data and understand the changing trends in healthcare and education.

2. CLIENT-CENTEREDNESS/HEALTH/ENVIRONMENT

A person (client), includes the individual, family, community or population, which is interconnected within the global environment. As healthcare professionals in the global community, we embrace all classes of people and respect all cultures, all races, and all religions. Therefore, client-centeredness incorporates and reflects the uniqueness of background, personal preferences, culture, values, and traditions and supports the respectful, efficient, safe, and well-coordinated transition through all levels of healthcare. Healthcare encapsulates the essence of physical, psychosocial, cultural, and spiritual well-being that reflects a sense of wholeness and integrity on the wellness-illness spectrum. Students are able to engage in a partnership with the client to plan, advocate for, and provide care that is consistent with the client's culture, values, beliefs and needs.

In the baccalaureate program, degrees of wellness reflect changes along the continuum where health can be promoted, maintained or regained within the range of one's total health. Nursing care includes the provision of services in which clients across the lifespan, are recipients in the categories of health promotion, health maintenance, and

health restoration. Health promotion includes the prevention of illness and education regarding lifestyle practice in order to prevent illness. Health maintenance includes the preservation of the health status and situations in this category include ongoing healthcare, rehabilitative services or chronic illness. Health restoration includes those clients who have acute health alterations, complications, or those situations where acute illnesses is compounded by chronic illness. The concepts of health promotion, health maintenance and health restoration are taught with particular emphasis on the individual, family, community and populations. Identification of determinants of health and health disparities are central to improving the health status in every category. Beginning nursing courses focus on assessment, health promotion and promoting health for clients with common problems. Students progress to medical/surgical, pediatric, intensive care, mental health, chronic complex care units and outpatient areas where concepts of health maintenance and health restoration become the focus. The community course encompasses all three areas within the realm of population health. In population-focused nursing, the community is the recipient of health promotion and disease prevention. Students are able to identify determinants of health and health disparities in vulnerable populations, prioritize primary prevention and identify those who may benefit from services. Students recognize that the health continuum is constantly changing in relation to the client's needs, and with multiple ranges between the spectrums.

Integral to the promotion, maintenance and restoration of client health in any setting, is the ability to utilize information management systems and patient care technologies in an ever-changing and diverse healthcare system.

In the graduate program, students acquire the knowledge and skill to apply and implement clinical prevention and population health activities to achieve the goal of improving the health status of the population. Students gain knowledge of the services that are equitable and responsive to the unique cultural and ethnic identity, socio-economic condition, emotional and spirituals needs and values of clients and populations. Graduate students learn to provide leadership within health and education systems to design and/or ensure the delivery of clinical prevention interventions and population-based care that promotes health, reduces the risk of chronic illness, and prevents disease. The graduate student applies organizational, client-centered and culturally responsive concepts to practice. Mastery of these concepts is essential in the design and delivery of evidence-based clinical prevention and population care and services to individuals, families, communities and populations. Incorporation of health literacy is inherent in health promotion, disease prevention, management of chronic illness and quality of life. The graduate student gains the knowledge and skill to serve as information managers, client advocates, and educators by assisting others in accessing, evaluating and applying health related information.

3. PROFESSIONAL NURSING

The DoN utilizes the AACN Essentials of Baccalaureate Education for Professional Nursing Practice, the AACN Essentials of Master's Education in Nursing, and the AACN Criteria for Evaluation of Nurse Practitioner Programs to provide the framework for the educational process.

The baccalaureate nursing program utilizes the AACN Essentials of Baccalaureate Education for Professional Nursing, as the framework for the nursing curriculum. The Essentials are linked to the student learning outcomes and are threaded through all course maps and content map concepts, along with the QSEN competencies. (ref: crosswalks,

course maps, content map) The Core Competencies for Interprofessional Practice (IPEC), ANA Standards and the Healthcare Simulation Standards of Best Practice™ are integrated in specific curricular areas. The nursing program prepares a baccalaureate generalist who integrates knowledge and skills essential to practice, which includes clinical reasoning, interprofessional communication and collaboration, leadership, evidence-based practice, population health, ethical/legal principles information management and application of patient care technology. Critical to preparing a baccalaureate generalist, is the demonstration of professionalism and professional values, and an attention to diversity in order to provide safe quality care management. Students' progress in complexity beginning with the assessment and health promotion content to areas related to fundamentals and increasingly complex care courses.

The graduate nursing programs prepare registered nurses for advanced roles that require increased accountability, expertise, and leadership. The graduate programs utilize the AACN Essentials of Master's Education (ref. course syllabi, curriculum map, and crosswalks) in Nursing and the AACN Criteria for Evaluation of Nurse Practitioner Programs as the framework for the graduate programs. The Master's program builds and expands from the baccalaureate program in order to engage in higher level practice in leadership, education and advanced practice as a Family Nurse Practitioner. The student gains knowledge in the nine Essential core areas, but also has additional coursework in the area of Leadership, Education and Advanced Practice (FNP).

The master's curriculum includes core classes that develop leadership skills and prepare MSN students to act as an advocate at the systems level. These core courses introduce graduate students to QSEN competencies (ref course syllabi, curriculum map, and crosswalks) and IPEC, as they relate to leadership roles in advocacy and health promotion (ref. curriculum map and crosswalks).

Family (Individual Across the Lifespan) Nurse Practitioner (FNP) students' coursework continues to build on the AACN Essentials of Master's Education, QSEN competencies, and IPEC. However, the FNP specialty coursework also is organized and delivered according to the NP Core Competencies and the Family Across the Lifespan NP Competencies (ref. curriculum map). Course content increases in difficulty as it prepares students to assess, diagnose, and treat disease processes. Students also obtain the knowledge and skills to act as advocates in health promotion of the individual, community, and aggregates in society.

4. PROFESSIONAL NURSING EDUCATION

To promote effective student learning, nursing faculty engage in evidence-based practice teaching methodologies which create an environment conducive to learning. Teaching strategies are grounded in educational theory, specifically Kolb's Experiential Theory and Knowles' Adult Learning Theory. Knowles emphasizes that adults are self-directed and expect to take responsibility for decisions. A core principle of the adult learning theory is that learners must be actively involved in the process so that they're empowered and motivated. In Kolb's Experiential Theory, effective learning is seen when a person progresses through a cycle of four stages: of (1) having a concrete experience (2) reviewing and reflecting on that experience (3) learning from the experience (4) planning for new experiences.

Faculty serve as facilitators and support the adoption of innovative and learner-centered teaching methods with collaborative efforts between faculty and learners. Faculty create

cultures of learning that support student-centered education and self-directed learning in both classroom and online learning. The curricula provide opportunities for learning experiences that supports diverse, evidence-based practice methods, interprofessional collaboration and teamwork, achievement of clinical competence, and lifelong learning skills.

Faculty encourage discussion and reflection of learning, and also incorporate various virtual and actual simulations in the learning process. Students may participate in simulations, review and reflect on the outcome of their actions, and plan for improvements with the goal of transference to practice. The International Nursing Association for Clinical Simulation and Learning Healthcare Simulation Standards of Best Practice™ are utilized by faculty to guide the simulation experience.

Students engage in service learning activities as an essential component of the baccalaureate curriculum, in which service learning combines community service with academic instruction. Service learning enables the student to connect theory to practice, use communication and interpersonal skills, and engage in self-directed learning, logical thinking and reflection.

D. BSN NURSING PROGRAM and CURRICULUM

1. PURPOSE OF THE BSN PROGRAM

The Bachelor of Science in Nursing program provides each student with the required competencies necessary for the practice of professional nursing. Serving as a foundation to person-centered care, the program incorporates clinical judgment, communication, compassionate care, and evidence-based practice into the educational process. The curriculum is based on a liberal arts foundation in the Judeo-Christian tradition and utilizes the AACN Essentials: Core Competencies for Professional Nursing Education, in preparing graduates for the workforce of the 21st Century.

The baccalaureate nursing program at Saint Francis University has full approval by the Pennsylvania State Board of Nursing. The baccalaureate degree program in nursing and the master's degree programs in nursing at Saint Francis University are accredited by the Commission on Collegiate Nursing Education (<http://www.ccnaccreditation.org>). A graduate is eligible to sit for the R.N. licensure exam, NCLEX-RN®.

2. PURPOSE OF THE SECOND DEGREE/ACCELERATED BSN PROGRAM

The Second Degree/Accelerated Bachelor of Science in Nursing (BSN) program enables a non-nurse with a baccalaureate degree (BA/BS), the ability to earn a BSN in a 15-month accelerated program.

The Bachelor of Science in Nursing program provides each student with the required competencies necessary for the practice of professional nursing. Serving as a foundation to person-centered care, the program incorporates clinical judgment, communication, compassionate care, and evidence-based practice into the educational process. The curriculum is based on a liberal arts foundation in the Judeo-Christian tradition and utilizes the AACN Essentials: Core Competencies for Professional Nursing Education, in preparing graduates for the workforce of the 21st Century.

3. PURPOSE OF THE RN-BSN PROGRAM

The RN-BSN fully online program is a Bachelor of Science in Nursing program for nurses who already hold the RN licensure.

The Bachelor of Science in Nursing program provides each student with the required competencies necessary for the practice of professional nursing. Serving as a foundation to person-centered care, the program incorporates clinical judgment, communication, compassionate care, and evidence-based practice into the educational process. The curriculum is based on a liberal arts foundation in the Judeo-Christian tradition and utilizes the AACN Essentials: Core Competencies for Professional Nursing Education, in preparing graduates for the workforce of the 21st Century.

4. BSN NURSING PROGRAM GOALS

- a. Provide a liberal arts foundation in the Judeo-Christian tradition which emphasizes critical reflection and cultivates professional nursing values and diverse perspectives.
- b. Provide an education program based on the AACN Essentials of Baccalaureate Education for Professional Nursing Practice.
- c. Provide dynamic educational opportunities in preparation for interprofessional nursing practice and leadership.
- d. Provide a foundation for graduate study

5. BSN STUDENT LEARNING OUTCOMES

- a. Synthesize knowledge from nursing, the arts, sciences, and humanities for the development of intellectual and practical abilities, which form the foundation for nursing practice.
- b. Embrace the concept of Patient-Centered Care as the core purpose of nursing as a discipline.
- c. Examine the principles of population health for the purpose of achieving equitable outcomes and improved health status.
- d. Utilize the research process to acquire evidence-based practices which enhance the nurse's collaborative role in clinical decision-making, improving health, and providing optimal care.
- e. Employ quality care improvement and patient safety practices to achieve desired health outcomes that are consistent with patient preferences and current professional knowledge.
- f. Collaborate with the interprofessional team to establish healthcare goals for individuals, communities, and populations.
- g. Apply knowledge of healthcare systems to effectively coordinate resources in providing safe, quality, and equitable care.
- h. Utilize information and communication technologies and informatics processes to promote efficient communication, and to assist patients and consumers to improve health and manage health conditions.
- i. Exemplify a professional nursing identity that reflects the characteristics and values of the discipline.
- j. Develop personal, professional and leadership attributes to promote self-awareness, personal growth, and positive opportunities.

E. CURRICULUM CARING STRAND (The “7 C’s” of Caring)

The “7 C’s” of Caring

The *C’s of Caring* are utilized by the nurse in all areas of the practice of nursing. The first “6 *C’s of Caring*” (Roach, 1984, 1992, 2002) are attributed to Sr. S. Roach who describes the attributes of Caring. These *C’s of Caring* are not mutually exclusive and are a basis for identification of certain CARE behaviors. The “7th C” was developed from Boykin and Schoenhofer (1993).

1. **COMPASSION:** Showing empathy; responding in kindness; recognizing patient/family needs and taking appropriate action. Compassion is the essential component of the nurse/patient relationship. Experience with others, seeing them with worth, and experiencing health problems. Humanizing ingredient, to allow one to share and make room for others. Is a relationship where patient/family is able to share sorrows, pain, accomplishments. Means to be with another in their suffering. Is empathy and sensitivity to human pain and joy that allows one to enter into the experience of another. Is the understanding of whom the patient/family truly is for whom the nurse is caring.
2. **COMPETENCE:** Skillful; properly qualified. Knowledge, judgment, skills, energy, experience and motivation. Required to respond to the demands of professional responsibilities. Without it would have harm to patients/families. Knowledge of the health condition, the treatment, what is available. Understand illness, symptom treatment: physical, emotional, etc. High degree of cognitive, affective, technical, and administrative skills. Works with compassion, so not to be harsh or inhumane. Responsibility requires preparation and practice. Disciplined effort. Is acquiring and using evidenced-based scientific and humanistic knowledge and skill in therapeutic interventions. It is the knowledge of the role of the nurse in the healthcare delivery systems. Is related to conscience, including with relationships that are difficult as well as enjoyable and gratifying.
3. **CONFIDENCE:** Hope; feeling of assurance. A quality that communicates and fosters trusting relationships. Necessary to effectively implement nursing roles. One’s ability to create a caring environment.

Empowers the nurse and others for accomplishing goals. Developed through successful utilization of knowledge and experience. To instill in patient/family feeling of confidence of caregivers. Patient trusts the nurse when the nurse gives good information and advice. Information is based on sound knowledge and experience. A negative is deception which destroys confidence, and is the exact opposite (antithesis) of caring. Confidence in one’s ability to create CARING environments, which serves as empowerment (catalyst) for change. Is developed through successful utilization of knowledge and experience.

4. **CONSCIENCE:** A state of moral awareness; ethical and legal obligations. Grows out of valuing self and others. Directs moral, ethical, and legal decision-making. Motivates the nurse to increase knowledge and skills needed to respond morally, ethically, and legally. It directs the nurse to know and adhere to the standards of professional nursing practice. Directs response to social injustices; increases awareness of local, state, national, and global health concerns of all populations. Is the accountability, responsibility, and leadership for patient care. Involves spiritual power of influencing others (affectivity). Grows out of valuing self and others.

5. **COMMITMENT:** Being present and attentive to patient's state of being and bound to his/her emotional, intellectual, spiritual, and physical needs. It is staying with the patient that conveys commitment. It is the coming together (convergence) of the nurse's desires and obligations, and making the deliberate choice. It becomes what one prefers to do. It becomes second nature (internalized). It is deliberate reflection and choice. It is the conscious effort to grow with continuing education, life-long learning, increasing all skills. It is internalizing accountability with responsibility. Is maintaining and elevating standards and obligations of the nursing profession.
6. **COMPORMENT:** In harmony with a caring stance with dress, appearance, language and attitude to communicate a caring presence. Includes self-awareness and impact of the self on others, and accepting responsibility of one's own actions and inactions. These are symbols of communication. This extends to responsibility for the healthcare environment, patient safety, and the behavior of others who contribute to it.
7. **CREATIVITY:** Explores ways to use nursing knowledge and knowledge from other disciplines. Use of research, evidence based practice, and new possibilities for practice, teaching, administration, and inquiry.

F. THE CARING DOCUMENT

A Life-giving mode of being as exemplified by the *Prayer of Saint Francis*:

Lord, make me an instrument of Your peace

1. Affirms the *commitment* to be used for the peace and well-being of another.
2. Acknowledges health as peace and harmony within the body-mind-spirit of the person.
3. Provides safe and quality nursing care using a holistic perspective.
4. Expresses humility:
 - a. in the recognition of one's strengths
 - b. in the recognition of one's areas for improvement
 - c. by seeking appropriate assistance
 - d. by accepting assistance and constructive criticism graciously

Where there is hatred, let me sow love;

1. Accepts the person as a unique being made in the image of God with inherent value and dignity regardless of circumstances as evidenced by respectful verbal and nonverbal interaction.
2. Possesses traits of life-giving behaviors such as *compassion*, openness, gentleness, kindness, and patience.

Where there is injury, pardon;

1. Allows the person to express positive and negative feelings without feeling defensive and while offering understanding and support.
2. Adheres to standards of professional *competence* while acknowledging the role of learner.
3. Identifies spiritual needs of forgiveness and reconciliation, understanding and support.

Where there is doubt, faith; where there is despair, hope;

1. Is honest and genuine in interactions.
2. Is calm and *confident* in interactions with others.
3. Acknowledges the healing power of belief.
4. Displays professional *comportment* in demeanor and presence

Where there is darkness, light;

1. Identifies, accepts, and explores one's own feelings.
2. Expresses sensitivity and feeling towards others.
3. Enlightens others on health promotion and disease and injury prevention.
4. Uses the professional nursing code of ethics (American Nurses Association, Code of Ethics for Nurses with Interpretive Statements, 2015).
5. Uses values-based clarification/consciousness and moral inquiry to attain a mature *conscience*.
6. Identifies services, using an interdisciplinary approach, to benefit the poor and vulnerable populations.

Where there is sadness, joy;

1. Acknowledges the healing properties of appropriate humor.
2. Exhibits an appropriate cheerfulness.
3. Is able to laugh at oneself.

O Divine Master, grant that I may not so much seek to be consoled as to console;

1. Is available and present for others.
2. Accepts expression of other's feelings.

To be understood as to understand;

1. Demonstrates empathy.
2. Identifies and utilizes research in evidence-based practice to *create* new possibilities for practice, including Evidenced-Based Research (EBR).
3. Uses principles of critical thinking and clinical reasoning to identify client needs and promote positive care outcomes.

For it is in giving that we receive;

1. Ascribes to an altruistic philosophy.
2. Expresses that life is lived in accordance with a value system.
3. Identifies how caring for another can assist one in the process of and self-actualization.

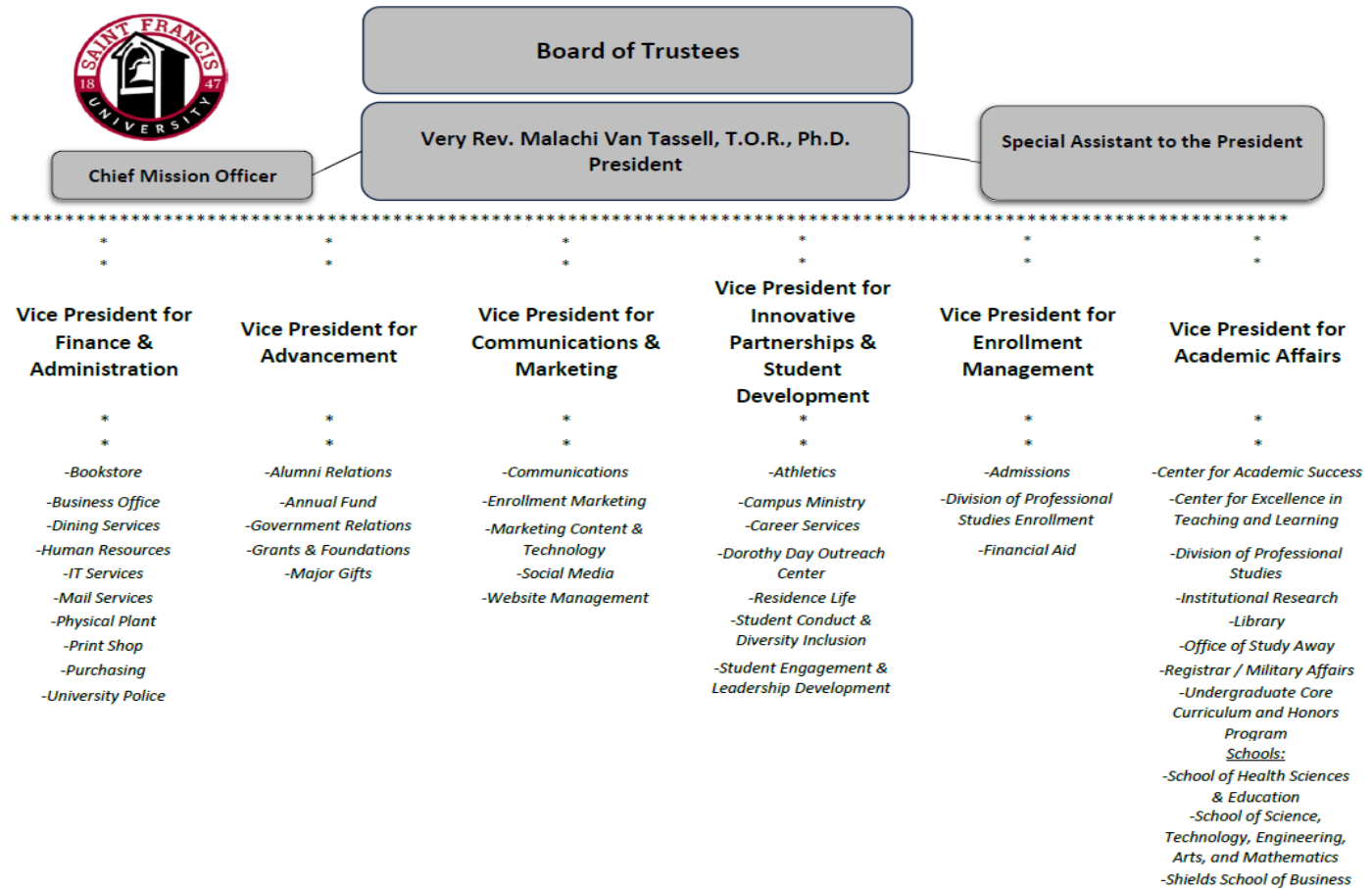
G. SUGGESTED PROGRAMS OF STUDY (See Appendix A)

1. Traditional BSN
2. Second Degree/Accelerated BSN
3. RN-BSN

H. CORE CURRICULUM REQUIREMENTS (See Appendix B)

III. ORGANIZATION & ADMINISTRATION

A. SAINT FRANCIS UNIVERSITY ORGANIZATIONAL CHART

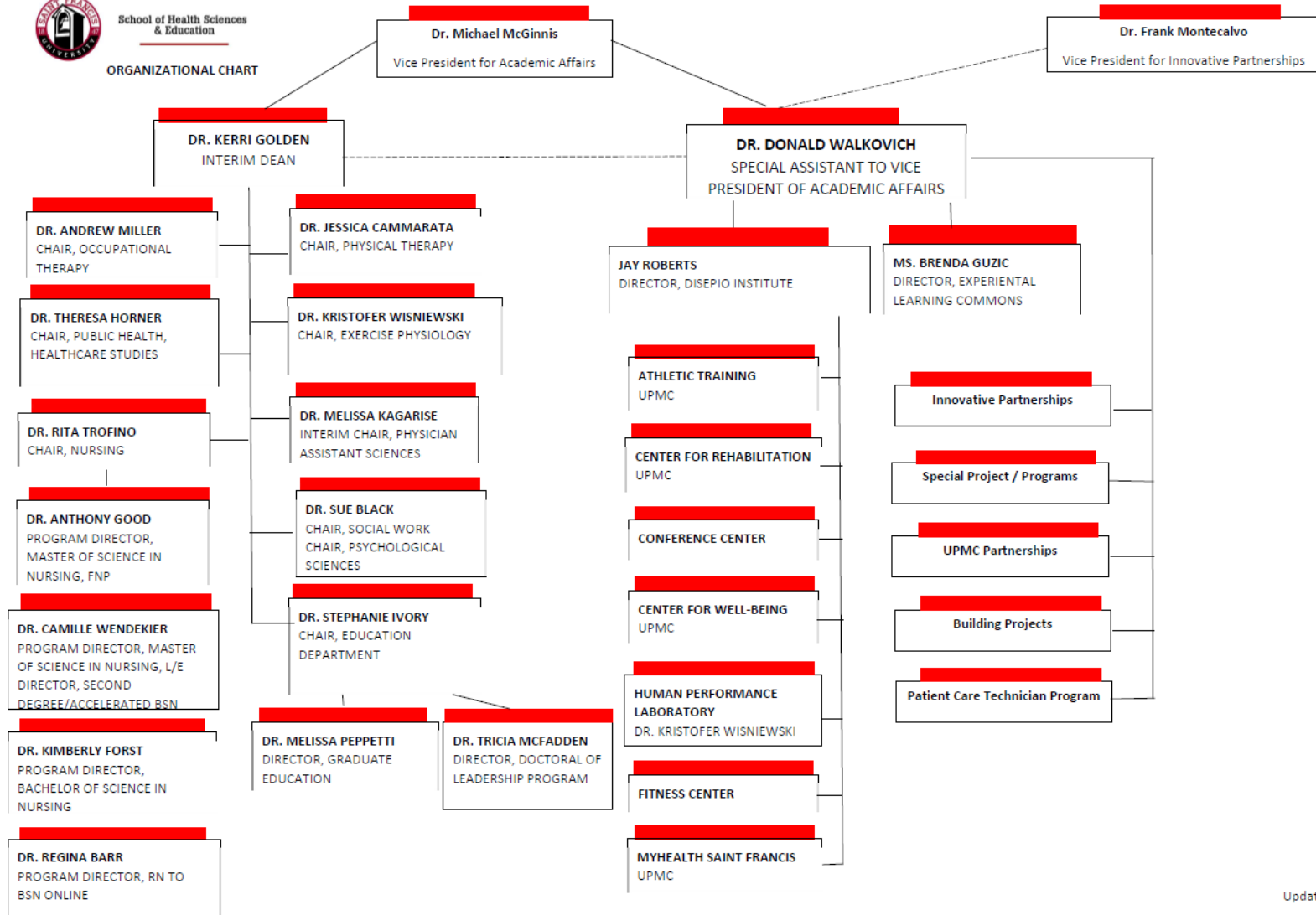


Updated: 7/2024



School of Health Sciences & Education

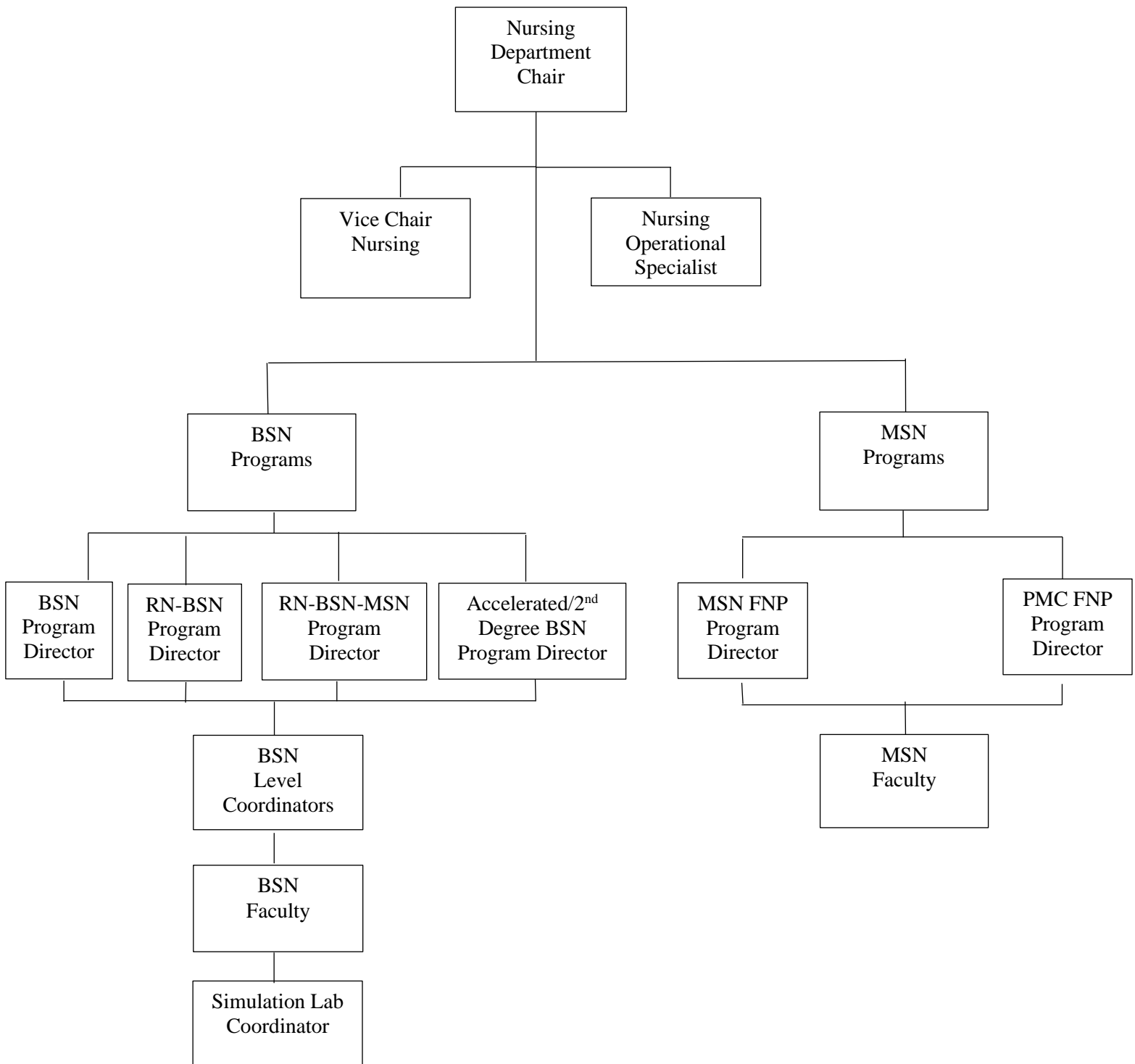
ORGANIZATIONAL CHART



Updated 7/2024

B. DEPARTMENT OF NURSING ORGANIZATIONAL CHART

Saint Francis University
Nursing Department
Organizational Structure



C. FACULTY:

| Name | Title | Office Phone # | Office Room# | Email Address |
|--|---|-----------------------|---------------------|--|
| Regina Barr, MSN, RN | Clinical Associate Professor, Second Degree Accelerated and RN-BSN Program Director | 814-472-3146 | 211B | rbarr@francis.edu |
| Kara Coleman, MSN, RN | Nursing Instructor | 814-472-3610 | 211C | kcoleman@francis.edu |
| Nicole Custer, PhD, RN, CCRN-K | Assistant Professor | 814-472-3184 | 208B | ncuster@francis.edu |
| Kim Forst, DNP, RN | Clinical Associate Professor BSN Program Director | 814-472-3314 | 208A | kforst@francis.edu |
| Anthony Good, DNP, MSN, MBA, APRN, FNP-BC, GNP-BC, RN | Associate Professor MSN FNP & PMC Program Director | 814-472-2833 | 212 | agood@francis.edu |
| Jessica Gregg, DNP, MSN, RN | Assistant Professor | 814-472-3182 | 211D | jgregg@francis.edu |
| Carley Mikolich, MSN, RN, CCRN | Assistant Professor | 814-472-3343 | 211E | cmikolich@francis.edu |
| Rita Trofino, DNP, MEd, RN | Nursing Department Chair, Professor | 814-472-3185 | 208C | rtrifino@francis.edu |
| Camille Wendekier, PhD, CRRN, CSN, RN | Associate Professor MSN L/E Program Director | 814-472-2843 | 114 | cwendekier@francis.edu |
| Kristine Williams, BSN, RN | Nursing Clinical Instructor | 814-471-1123 | 206 | kwilliams@francis.edu |

D. STAFF

| | | | | |
|--|---|--------------|---------|--|
| Veronica Fleming, MBA | Operations Specialist | 814-427-3027 | 210 | vfleming@francis.edu |
| Brenda Guzic, MHSc, MA, BSW, CHSE, RN | Director, SHS Interprofessional Experiential Learning Commons | 814-472-3273 | ELC G15 | bguzic@francis.edu |

IV. POLICIES AND PROCEDURES

A. SYSTEM OF GRADING

All nursing courses will be graded according to the following system:

| | | | |
|----|-------------|----|-----------------|
| A | = 92 – 100% | C+ | = 78 – 79% |
| A- | = 90 – 91% | C | = 70 – 77% |
| B+ | = 88 – 89% | D | = 60 – 69% |
| B | = 82 – 87% | F | = 59% and below |
| B- | = 80 – 81% | | |

Students must **earn a minimum grade of 80%** in all required nursing courses in order to meet progression requirements.

Grades are rounded to whole numbers only once in a course when the final grades are calculated. Grades are reported with two (2) decimal places until the final grade. For example, a grade on an assignment is reported as 89.2. A final course grade of 89.25 is reported as 89. If the final grade for a course is xx.5 or above, the grade rounds to the next highest whole number.

1. CLINICAL PERFORMANCE

Clinical performance will be evaluated weekly and reviewed with the student at least twice during the clinical rotation on a satisfactory/unsatisfactory/needs improvement basis. However, it may be done more frequently if a student is having difficulty. At the completion of the clinical experience, the evaluative scores for each clinical behavior will be compiled into a final score. **A minimum of 80% of the objectives must be satisfactorily completed to achieve a satisfactory score. A student must also have a 100% score on all contributory objectives. If a student's level of clinical practice is unsafe or unsatisfactory, the student may fail before the end of the semester. Clinical is graded on a pass/fail basis. The grading criteria is outlined on the clinical evaluation tool.**

2. CLINICAL FAILURES

A clinical failure will occur if the student demonstrates unsafe, negligent, incompetent, or unethical clinical performance. Unsafe practice is anything that places the patient in jeopardy for injury or causes injury, and it includes, but is not limited to, the following examples:

- a. Not following specific directions
- b. Not consulting faculty before doing a procedure or giving a medication
- c. Consistently not being prepared or being late for clinical
- d. Jeopardizing client safety:
 - 1) Not paying attention to alarms
 - 2) Performing skills without supervision or permission by the faculty member
 - 3) Failure to follow Universal Precautions, including failure to follow isolation precautions
 - 4) Failure to follow hospital policies and procedures
- e. Failure to follow through with instructions of RN or faculty member
- f. Failure to report changes in assessment of patient status to faculty or assigned RN in a timely manner

- g. Failure to maintain confidentiality
- h. Failure to accept responsibility for personal actions or inactions

Failure to practice in a safe manner may result in the student being removed from clinical and may result in the failure of the course. Failure to adhere to the Professional Behavior and Integrity Policy is grounds for dismissal.

3. FINAL COURSE GRADE COMPUTATION – CLINICAL COURSES

- a. Final satisfactory clinical performance and final theory grade of 80% or better equals the grade for the course. Clinical grading is derived from the clinical evaluation tool.
- b. If the final Unsatisfactorys are in contributory areas, this will constitute an automatic clinical and course failure. Failure of either the clinical or theory component will result in an overall failure of the entire course. This will necessitate the student to repeat both the clinical and theory components on a space available basis provided the student has not exhausted the allotted number of repeats.

4. CLINICAL WARNING FOR DISMISSAL

A student may be placed on clinical warning for dismissal based upon unsatisfactory performance. This is a method to identify behaviors that interfere with the attainment of clinical objectives. A student on clinical warning must correct the deficiencies in order to pass the clinical course. The student will meet clinical faculty member(s) and/or the course coordinator to complete an individualized clinical contract. The individualized clinical contract will define the goals that need to be met for the student to pass with satisfactory performance.

5. PROGRAM DISMISSAL POLICY

A student may be dismissed from the DoN for the following reasons:

- a. **Dismissal for Unsafe Clinical Practice:** Dismissal for unsafe clinical practice may occur at any time during the academic semester. Dismissal is based on unsafe behavior demonstrated by the student as determined by the faculty of the DoN. Dismissal may be based on:
 - 1) One potentially life-threatening incident; or
 - 2) One incident contributing to the injury or death of another; or
 - 3) Two or more incidents of unsafe practice identified at any time during the length or enrollment in the DoN.
- b. **Dismissal for Unprofessional Behavior:** In addition to the list found in the Professional Behavior Policy, the following provides examples of behaviors in three areas as basis for dismissal from the DoN:
 - 1) **Regulatory** – examples include, but are not limited to the student’s failure to practice within the guidelines of:
 - a) The Professional Nursing Law of Pennsylvania
 - b) The Policies and Procedures of Saint Francis University and the DoN
 - c) Policies and procedures of the clinical agencies
 - d) Patient’s Bill of Rights
 - 2) **Accountability** – examples include, but are not limited to:
 - a) Failure to adequately prepare for clinical learning experiences
 - b) Failure to communicate accurate and complete information verbally and/or in writing
 - c) Failure to report unsafe or incompetent practice of peers or other healthcare

- team members to nursing faculty
- d) Failure to practice within limitations of the student nurse role
- e) Failure to accept responsibility for own behavior
- f) Failure to accept responsibility for client care
- g) Failure to seek appropriate guidance from the faculty
- h) Excessive absence or tardiness as per the absence from class/clinical policy
- i) All forms of dishonesty, including cheating, falsification, or plagiarism of information on assignments
- 3) **Clinical Nursing Performance** – examples include, but are not limited to:
 - a) Medication administration errors
 - b) Misinterpretation of medical orders
 - c) Improper implementation of nursing care plans
 - d) Improper implementation of procedures according to the Department and/or agency guidelines
 - e) HIPAA violations

Any student who is dismissed from the program has the right to follow the School of Health Sciences and Education Appeal of Dismissal Procedure (**Refer to Appendix C**).

B. PLACEMENT AND PROGRESSION POLICY

1. ACADEMIC PROGRESSION

Progression and continuance in the Nursing Program is based upon academic performance and successful achievement of nursing prerequisites, health maintenance, and adherence to Saint Francis University policies in the current University Catalog and DoN policies as stated in the current Student Handbook. The faculty of the DoN has the right and the responsibility for judging and evaluating the quality of the student’s achievement, both in the mastery of the theoretical content and in clinical competence.

a. Traditional BSN Program

- 1) Students must earn a minimum grade of “C” in the following prerequisite courses. A “C-” grade is not acceptable.

| Natural Science Courses: | Other Courses: |
|------------------------------------|------------------------------------|
| BIOL 111 Biology I | PSYC 209 Developmental Psych |
| CHEM 113 Human Chemistry I | STATS 205 Essentials of Statistics |
| BIOL 214 Microbiology | |
| BIOL 205 Anatomy and Physiology I | |
| BIOL 206 Anatomy and Physiology II | |

- 2) BIOL 205 Anatomy and Physiology I and BIOL 206 Anatomy and Physiology II must be taken at Saint Francis University.
- 3) Students must earn a cumulative minimum GPA of 2.6 or better in the Natural Science courses of BIOL 111, CHEM 113, BIOL 214, BIOL 205 and BIOL 206 prior to entry into the professional phase of nursing in the junior year.
- 4) All Natural Science courses required by the Nursing Program that are taken at another institution and transferred into Saint Francis University will be used in the Natural Science GPA calculation, although they are not calculated into the student’s overall cumulative GPA. If a student has AP earned credits on one of

the required natural science courses, these credits will not be calculated into the student's natural science GPA.

- 5) Students must earn a minimum overall cumulative GPA of 2.75 prior to entry into the professional phase of nursing in the junior year.
- 6) Prior to the junior year, it is recommended that the maximum number of liberal arts courses the student should have left to complete is three (3) courses (nine credits maximum). When scheduling classes, it is the student's responsibility to schedule classes so that the classes do not interfere with the clinical experiences.
- 7) All students must pass a math proficiency exam with an 80% in designated NURS courses.
- 8) A maximum of three (3) repeated courses are permitted in the total curriculum of the Nursing Program which includes only one nursing course, STATS 205, PSYC 209 or Natural Science lecture/lab course. This includes any courses recorded on prior transcripts.
- 9) Nursing majors must earn a minimum grade of "B-" (80%) in each nursing course in order to progress to the next course that requires a clinical laboratory component.
 - a) A grade of less than a "B-" grade will constitute a failing grade in any required nursing course.
 - b) A student may repeat a nursing course only once. Dismissal occurs when a student fails any nursing course the second time. If a student's level of clinical practice is unsafe or unsatisfactory, the student will fail the course before the end of the semester.
 - c) Any withdrawal from a nursing course with less than a B- grade is considered a course failure and counts as a course to be repeated.
- 10) Nursing majors must attain at least a GPA of 2.6 in the pre-requisite Natural Science courses (BIOL 111, CHEM 113, BIOL 214, BIOL 205 and BIOL 206) and minimum "C" grade in the prerequisite STAT 205 and PSYC 209 courses. Any withdrawal failing from a prerequisite course with less than a "C" grade is considered a course failure and counts as a course to be repeated.
 - a) If a science course has a separate laboratory grade, and the student earns a "D" or "F" in the lab component, this is considered a failing grade and counts as a course to be repeated.
 - b) Courses in which "D" or "F" grades are earned can only be repeated at Saint Francis University.
 - c) Students who need to repeat a course are subject to the restrictions as follows. Both the original course and grade, and the repeated course and grade, appear on the academic record, but only the higher grade is used in the computation of the GPA. If a student passes a prerequisite course with a "C" grade and elects to repeat the course to increase their GPA, the repeated course will count toward total repeated courses. The repeated courses must be taken at Saint Francis University.
- 11) Nursing students enrolled in the program of studies will be the first to fill the limited spaces available in the nursing courses. Students who must repeat a nursing clinical course will then be given preference over those students reactivating their status in the program or transferring into the program.
- 12) A student who requests and receives a continuance or readmission is responsible for curricular changes in the program of nursing study which occur during his or

her absence. A student follows the curriculum guide for the class which he or she joins upon returning to the program.

- 13) Nursing students who leave the program for a year or more will be evaluated on an individual basis for a progression plan in the curriculum.

b. Second Degree and/or Accelerated BSN Program

- 1) Students must earn a minimum grade of “C” in the following prerequisite Natural Science, and Social Science courses and math course. A “C-” grade is not acceptable.

| Natural Science Courses: | Other Courses: |
|------------------------------------|------------------------------------|
| BIOL 111 Biology I | PSYC 209 Developmental Psychology |
| CHEM 113 Human Chemistry I | STATS 205 Essentials of Statistics |
| BIOL 214 Microbiology | |
| BIOL 205 Anatomy and Physiology I | |
| BIOL 206 Anatomy and Physiology II | |

- 2) Preferable for BIOL 205 Anatomy and Physiology I and BIOL 206 Anatomy and Physiology II to be taken at Saint Francis University.
- 3) Students must earn a cumulative minimum GPA of 2.6 or better in the Natural Science courses of BIOL 111, CHEM 113, BIOL 214, BIOL 205 and BIOL 206 prior to entry into the professional phase of nursing in the junior year.
- 4) All Natural Science courses required by the Nursing Program that are taken at another institution and transferred into Saint Francis University will be used in the Natural Science GPA calculation, although they are not calculated into the student’s overall cumulative GPA. If a student has AP earned credits on one of the required natural science courses, these credits will not be calculated into the student’s natural science GPA.
- 5) Students must earn a minimum overall cumulative GPA of 2.75 prior to entry into the professional phase of nursing in the junior year.
- 6) Prior to the junior year, it is recommended that the maximum number of liberal arts courses the student should have left to complete is three (3) courses (nine credits maximum). When scheduling classes, it is the student’s responsibility to schedule classes so that the classes do not interfere with the clinical experiences (does not apply to second degree students).
- 7) All students must pass a math proficiency exam with an 80% in designated courses.
- 8) A maximum of three (3) repeated courses are permitted in the total curriculum of the Nursing Program which includes only one nursing course, STATS 205, PSYC 209, or Natural Science lecture/lab course.
- 9) Nursing majors must earn a minimum grade of “B-” (80%) in each nursing course in order to progress to the next course that requires a clinical laboratory component.
 - a) A grade of less than a “B-“grade will constitute a failing grade in any required nursing course.
 - b) A student may repeat a nursing course only once. Dismissal occurs when a student fails any nursing course the second time. If a student’s level of clinical practice is unsafe or unsatisfactory, the student will fail the course before the end of the semester.

- c) Any withdrawal from a nursing course with less than a B- grade is considered a course failure and counts as a course to be repeated.
- 10) Nursing majors must attain at least a GPA of 2.6 in the pre-requisite Natural Science courses (BIOL 111, CHEM 113, BIOL 214, BIOL 205 and BIOL 206) and minimum “C” grade in STATS 205 and PSYC 209.
 - a) Any withdrawal failing a prerequisite natural science course or STATS 205 and PSYC 209 is considered a course failure and counts as a course to be repeated.
 - b) If a science course has a separate laboratory grade, and the student earns a “D” or “F” in the lab component, this is considered a failing grade and counts as a course to be repeated.
 - c) Courses in which “D” or “F” grades are earned can only be repeated at Saint Francis University.
 - d) Students who need to repeat a course are subject to the restrictions as follows. Both the original course and grade, and the repeated course and grade, appear on the academic record, but only the higher grade is used in the computation of the GPA. If a student passes STATS 205, PSYC 209 or and natural science course with a “C” grade or better and elects to repeat the course to increase their GPA, the repeated course will count toward total repeated courses. The repeated courses must be taken at Saint Francis University.
 - 11) Nursing students enrolled in the program of studies will be the first to fill the limited spaces available in the nursing courses. Students who must repeat a nursing clinical course will then be given preference over those students reactivating their status in the program or transferring into the program.
 - 12) A student who requests and receives a continuance or readmission is responsible for curricular changes in the program of nursing study which occur during his or her absence. A student follows the curriculum guide for the class which he or she joins upon returning to the program.
 - 13) Nursing students who leave the program for a year or more will be evaluated on an individual basis for a progression plan in the curriculum.
 - 14) Students must adhere to the health policies and other policies of SFU Department of Nursing or they will not be able to progress in the nursing program.

c. RN-BSN Online Program

- 1) The BSN program requires 128 credits for graduation.
 - a) A total of 98 credits may be transferred into Saint Francis University, and thirty (30) credits must be completed at the University.
 - b) The RN nursing program advanced-standing credits will be evaluated for transfer credit and may vary among schools.
 - c) The RN-BSN nursing courses will comprise 25 credits, and the student will be required to take RLST 105 and CORE 407 to complete the required 30 credits for the RN-BSN completion program.
- 2) Non-Nursing Collateral Pre-Requisite course requirements:
 - a) PSYCH 101: Introduction to Psychology
 - b) SOC 101: General Sociology
 - c) MATH 107: College Algebra or higher
 - d) STATS 205: Essentials of Statistics
- 3) Natural Science Collateral Pre-requisite course requirements must be completed within the last 7 years:
 - a) BIOL 214: Microbiology with Lab (4 credits)

- b) BIOL 205: Anatomy and Physiology I with Lab (4 credits)
- c) BIOL 206: Anatomy and Physiology II with Lab (4 credits)
- 4) All RN-BSN nursing courses must be completed with a B- grade or higher.
- 5) Must maintain current RN licensure.

2. PROFESSIONAL INTEGRITY

Refer to the *Professional Behavior Policy and the Professional Integrity Policy* in the DoN Student Handbook.

C. GRIEVANCE POLICY

The DoN defines a Grievance as a formal written complaint. A formal written complaint is a statement of dissatisfaction that is presented according to the Nursing Department's established policies and procedures. The student must file the formal complaint in writing using step 1 in the process below.

1. GRIEVANCE AND APPEAL PROCESS

Students appealing a grade or nursing policy will follow the procedure outlined in the University Catalog and the academic grievance procedure. This grievance procedure must be initiated within two weeks of receiving the grade. Please refer to the current University Catalog for the University policies and procedure regarding an appeal.

If a student has cause for a formal complaint in the nursing program the student must adhere to the following process to the following process:

- a. Discuss and present in writing the grade or academic concern in question with the course instructor. Subsequently, the instructor will address the formal complaint in a letter to the student.
- b. If the student feels that the formal complaint is not resolved in step one, the student will then discuss the grievance with the Level Coordinator. The Level Coordinator will provide a written recommendation to the Program Director and the Department Chair.
- c. After this discussion, the Program Director and the Department Chair will provide a recommendation to the Dean of the School of Health Sciences and Education. The student then needs to follow the **School of Health Sciences and Education Student Appeal Policy** and complete the **School of Health Science and Education Student Appeal to Dean Form (Refer to Appendix C)**.
- d. The Dean of the School of Health Sciences and Education will provide his/her recommendation.
- e. Should there still be no resolution to the grievance, the student may then present the grievance as outlined in the University Policies and Procedures. Copies should be placed in the department's file on grievances.

2. RESOLUTION OF FORMAL COMPLAINT

Copies of all documentation should be placed in the department file on grievances documenting the outcomes or resolution of the complaint.

D. RATIO OF LAB HOURS TO CREDIT HOURS POLICY

1. DEFINITION OF TERMS

- a. **Credit hour** – one semester credit hour is equal to fifty (50) minutes of classroom instruction per week.
- b. **Clinical and Laboratory** – that unit of time which is used for the application of theoretical content and includes laboratory experiences and clinical on and off-campus. It does not include travel time to or from such experiences.

As the student progresses through the curriculum, there shall be more clinical experience within cooperating agencies and less in an on-campus laboratory environment. Because of the importance of the clinical experience to the curriculum, the DoN allocates one credit hour to every four 50-minute clinical hours, which is equivalent to a 1:4 ratio of credit to clinical hours.

A course with a two (2) credit clinical component has a minimum of 93 clock hours of clinical over the semester.

**The fall and spring terms at Saint Francis University are 14 weeks plus the final exam week.*

E. HEALTH MAINTENANCE POLICY

Students must adhere to the health policies or other policies of Saint Francis University DoN or they will not be able to progress in the nursing program.

The health objectives, policies, and services identified in the current Student Handbook apply to all Saint Francis University students. The Health Program is planned and implemented to assist in maintaining the physical and mental health of students.

Students must adhere to agency guidelines regarding ChildLine clearances and Criminal checks in order to complete clinical requirements. In addition to the health policies of Saint Francis University, students enrolled in Nursing courses (NURS 200 level and above) will be responsible for meeting the following additional requirements. Students are responsible for costs incurred for these requirements. These costs are not included in student fees:

| Requirement (Note: this may be altered due to change in clinical site requirements) | Sophomore (Prior to NURS 222) | Junior (Prior to NURS 322) | Senior (Prior to NURS 433) |
|--|--|---|---|
| Health Physical Exam | X | | X |
| Immunizations | X | X | X |
| Titers (MMR, Hepatitis B, Varicella) | X | | |
| PPD | X 2-step | X 1-step | X 1-step |
| Urine Drug Screen (Completed Fall Semesters at SFU) | X | X | X |
| PA Child Welfare – PA Child Abuse History Certification Department of Humans Services | X | | |
| PA State Police Criminal Background Check | X | | |
| FBI Fingerprinting – Department of Human Services | X | | |
| FBI Fingerprinting – Department of Education Clearance | X | | |

| Requirement (Note: this may be altered due to change in clinical site requirements) | Sophomore (Prior to NURS 222) | Junior (Prior to NURS 322) | Senior (Prior to NURS 433) |
|--|--|---|---|
| *Health Insurance Card | X | X | X |
| Flu Vaccine (due by October 1 st) | X | X | X |
| COVID-19 Vaccine | X | | |
| *CPR (AHA for Healthcare Providers) | X | | X |
| SFU/Clinical Sites Signed Release of Confidential Information form | X | X | X |
| Act 31 Recognizing and Reporting Child Abuse—online training, School of Social Work, University of Pittsburgh | X | X | X |

Detailed information related to the above and the appropriate health forms will be distributed to students in the fall prior to entry into sophomore spring semester, junior and senior years. This required information must be completed and submitted to the appropriate departments at Saint Francis University as indicated. All health services will be offered at Saint Francis University in the Student Health Center. Urine drug screens must be completed on campus. The physical exam may be completed at the Student Health Center or by the student's family medical provider. The student will incur the cost of these services. Saint Francis University's Student Health Center determines the cost of these services, immunization titers, urine drug screen, and PPD.

As the examination results are submitted, they will be reviewed by the nurse in the Student Health Center (Phone 814-472-3008). All health records will be maintained confidentially at the Student Health Center office.

All information must be complete and submitted prior to the date designated by the DoN. Otherwise, the student will not be permitted to start the clinical rotation.

Any absence due to failure to obtain clearances for clinical will be considered an unexcused absence and will not be eligible for clinical makeup. Any changes in these clearances must be immediately communicated to the BSN Program Director (i.e. recent changes to criminal and FBI clearances and health related issues).

A student will not be permitted to participate in the clinical component of the nursing courses until the completed examination forms and immunization records are returned and reviewed.

A student may be asked to withdraw from the Nursing Program if there is evidence to suggest that the health of the student or the safety of the patients/clients in the clinical area may be threatened by the continuation of the student in the program. Falsification or omission of information required for the Student's health record is also a condition for requesting the withdrawal of a student from the Nursing Program.

Students, who develop any health issues during the semester, must abide by hospital/clinical policy. To return to clinical or be re-admitted into the Nursing Program, the health provider must submit documentation directly to the Student Health Center that the student's health problem has been or is currently being treated, and that the student can return to clinical practice.

If there is any change to the student's criminal background clearances, the student must notify the DoN within two weeks of the offense.

* **CPR CERTIFICATION:**

Prior to entering the clinical areas at the 200 level, all students **must** have successfully completed and be currently certified in the Healthcare Provider Basic Life Support Course, sponsored by the American Heart Association. A copy of the student's current course certification shall be maintained in the student's file in the DoN while the student is enrolled in the clinical nursing courses.

This certification is valid for two years and **must** remain current for the entire clinical experience. Any student who cannot provide evidence of current certification for the required CPR content (as identified above) **will not** be permitted to perform in the clinical area.

* **STUDENT HEALTH INSURANCE POLICY**

The student is responsible for his/her own health insurance coverage, healthcare, and all health bills incurred. The student is to give health insurance coverage information to the DoN prior to entering the spring semester of the sophomore year. This is a requirement of the affiliating agencies. If there is any change to the student's health insurance, the student must notify the DoN.

Most clinical agencies will provide emergency medical care to students, and the expenses of that care are the responsibility of the student.

F. STUDENT RECORDS POLICY

All permanent Saint Francis University student records are kept locked in filing cabinets in the Office of the Registrar.

The following information for each nursing student is maintained in locked filing cabinets in the DoN office:

1. Student evaluations related to theoretical and clinical experiences.
2. A summary of student/advisor conferences.
3. Copy of official communications sent to and received by student.
4. Student information form and program of studies form.
5. Copy of the math proficiency exam contract.
6. Copies of clearances (child abuse, criminal background check, and FBI fingerprinting), CPR card, and health insurance verification card.
7. Drug screening, immunization titers, physical exam, and PPD results will be kept in the Student Health Center with the student's health record.

Following graduation, the student's files are retained for three years by the DoN.

Health records are maintained by the University for five (5) years at the Student Health Center located at the DiSepio Institute for Rural Health and Wellness.

Content of the student's record is confidential. The Department Chairperson, nursing faculty, the Dean of School of Health Sciences and Education, the Associate Dean of the School of Health Sciences and Education, the President of the University, the Provost of the University, the Associate Provost of the University, and the Registrar have access to the records in the DoN office. The student has access to his/her records under the policy of the University as stated in the current Student Catalog. Information will be released from a student's record only with the student's written permission.

G. ADVISING POLICY: FACULTY/STUDENT

In addition to the counseling and advising services provided to all Saint Francis University students as outlined in the current University Catalog, students enrolled in the Nursing Program are provided with academic advising services through the DoN.

The purpose of the DoN Advising Program is to assist each nursing student in planning, implementing, and evaluating his/her academic goals in accordance with Saint Francis University and specific nursing curriculum goals. Academic advising is available to all freshmen, sophomore, junior, and senior nursing students; advising sessions can be initiated by either the faculty member or the student. Faculty members also utilize referral resources available at Saint Francis University for additional counseling and advising as the need arises.

Full-time faculty members are assigned specific nursing students by the Department Chair at the beginning of each academic year for the purpose of academic advising. Student advisees and faculty are responsible for meeting each semester to evaluate the student's present status in the Nursing Program and to establish specific plans for progression through the Saint Francis University nursing curriculum.

Faculty advisors may schedule additional meetings with each assigned student throughout the semester as necessary. A schedule of the faculty office hours is posted on individual office doors. A student may also arrange for an appointment with his/her faculty advisor during scheduled office hours. If this is not possible, other arrangements will be made by the advisor and student. A summary of each meeting will be documented by the faculty advisor and maintained in the student's file in the DoN.

H. INCIDENT POLICY

During a clinical experience, if a student becomes ill or injured, a DoN Incident Report form will be completed (**Refer to Appendix D**). This form may also be used to document unusual events that occur in campus classrooms or laboratories. All occurrences should be documented. The DoN Incident Report form makes it possible to recall the nature of the incident, action taken, witnesses, and the follow-up.

If possible, the form should be completed by the student with the assistance of the clinical instructor. This form should be completed within **three business days** after the incident occurred. The completed form should then be submitted to the Course Coordinator. After review, the original form will be placed in the incident report file and a copy in the student's file in the DoN office unless additional action is determined to be necessary.

If the event occurs during a clinical experience, it may be necessary to complete the agency/hospital's incident report per the agency/hospital's policy.

If a student becomes ill or injured while on campus and requires medical attention, Campus Police should be notified for incident management. Campus police will follow up with a report using the University online system for reporting.

I. DRUG AND ALCOHOL POLICY

Refer to School of Health Science and Education Drug and Alcohol Policy **Appendix E**.

J. CIVILITY POLICY

In a University learning community critical thinking and diverging opinions are embraced to the extent that they are expressed with civility and respect. It is expected that issues and conflicts are addressed promptly and openly using respectful dialogue and proper channels of communication.

Saint Francis University professes values of humility, peace, and justice with respect to all. In that spirit, it is the expectation that all faculty, staff, and students in the DoN will choose civility in the spirit of Saint Francis of Assisi.

The DoN will not tolerate demeaning, intimidating, threatening, or rude behavior as these expressions weaken the learning community. Violations should be reported using proper University Channels of communication.

K. SOCIAL MEDIA POLICY

1. ACCEPTABLE USE OF EMAIL, NETWORK, AND INTERNET RESOURCES

Please see the *SFU Student Handbook* for specific guidelines regarding the use of University e-mail, network, and Internet resources. It is available at https://my.francis.edu/ICS/Campus_Services/Ethics_and_Compliance/University_Policies.jnz

2. SOCIAL MEDIA POLICY

Social Media encompasses websites and applications that enable users to create and share content or to participate in social networking. Prominent examples of social media include Facebook, Instagram, Twitter, Google+, LinkedIn, Reddit, Tik-Tok and Pinterest. Social media is an effective and accepted form of communication that warrants a safeguard to prevent misuse and abuse.

The Social Media policy is developed to provide guidance for the use of social media technologies, both internal and external to Saint Francis University and the DoN. It is the intent that through this policy, these systems are used appropriately and lawfully in accordance with all other Saint Francis University Social Media policies and procedures.

As a nursing student, you agree that you will not:

- a. Violate any local, state, federal, and international laws and regulations, including, but not limited to copyright and intellectual property rights laws regarding any content that you send or receive. Plagiarism applies online as well.
- b. Transmit any material (by uploading, posting, email, or otherwise) that is unlawful, disruptive, threatening, profane, abusive, harassing, embarrassing, tortuous, defamatory, obscene, libelous, or is an invasion of another's privacy, is hateful, or racially, ethnically, or otherwise objectionable as solely determined by the DoN and/or administration of Saint Francis University.
- c. Impersonate any person or entity or falsely state or otherwise misrepresent your affiliation with a person or entity.

- d. Transmit any material (by uploading, posting, email, or otherwise) that infringes any patent, trademark, trade secret, copyright, or other proprietary rights of any party.
- e. Transmit any unsolicited or unauthorized advertising (by uploading, posting, email, or otherwise) promotional material, “junk mail,” “spam,” “chain letters,” “pyramid schemes,” or any other form of solicitation.
- f. Transmit any materials (by uploading, posting, email, or otherwise) that contains software viruses, worms, disabling code, or any other computer code, files, or programs designed to interrupt, destroy, or limit the functionality of any computer software or hardware or telecommunications equipment; harass another, or collect or store, or attempt to collect or store personal data about third parties without their knowledge or consent.
- g. Transmit (by uploading, posting, email, or otherwise) any patient information, names of clinical agencies, clinical preceptors, Saint Francis University faculty photos, or engage in any clinical discussions. HIPAA laws apply to social media applications and shall not be violated.
- h. Violate confidentiality of system accounts, passwords, personal identification numbers (PINS) and other types of authentication assigned to individual users. These must be maintained, protected, and not shared with others.
- i. Utilize SFU logos and trademarks without written consent from the SFU Marketing Department.

3. PRUDENT USE OF SOCIAL MEDIA

The following guidelines on the use of social media by nursing students are meant to clarify and not to supersede those of Saint Francis University. Many forms of social media exist in society today. While there are distinct advantages to staying connected and informed, it is essential that the use of this media does not bring harm.

- a. *Harm to self* – All students in the Nursing Program share the same goal, to continue to become a respected member of the profession. Posting inappropriate content in an open forum can negatively impact every student’s progress toward this goal. In recent years, it has become commonplace for employers to conduct a web search in an attempt to learn more about prospective employees. Inappropriate photos or comments posted for all to see can mean the difference between finding a secure and satisfying work and unemployment.
- b. *Harm to the Department* – Saint Francis University Nursing Program has maintained an excellent relationship with the surrounding community for many years. There are many medical professionals in the surrounding area who go to great lengths to offer their expertise and skills in real and virtual classroom as well as clinical practice settings. Posting of derogatory or defamatory comments about these individuals, their staffs, or their facilities as well as any Program faculty and staff, could potentially cause great damage to the strong relationship that has been forged over the years. This, in turn, could deter future involvement with the Nursing Program by them as well as their colleagues. Should a student have a negative experience with any guest lecturer, clinical preceptor, Department faculty or staff member, it should be brought to the immediate attention of the Department Chair.
- c. *Harm to Patients* – While it is human nature to want to share interesting experiences, a patient’s right to privacy must be protected at all times. In accordance with the Health Insurance Portability and Accountability Act (HIPPA), patient information such as name and/or address must NOT be shared. **Do NOT post any patient information (including photos or medical information) or experiences you have had with patients on social media such as Face Book, Twitter, etc.**

L. STANDARDIZED COMPREHENSIVE ASSESSMENT

The DoN utilizes the ATI Comprehensive Assessment and Review Program with added products within the Optimal Essentials package.

Standardized ATI Assessment and Remediation is integrated throughout the curriculum to prepare students to take the NCLEX-RN assessment. The products utilized throughout the professional phase of the nursing program consist of Content Mastery, Practice Assessments, Specialty Assessments, Custom Assessments, Comprehensive Exit Assessments and Adaptive Testing.

1. ATI CURRENT PRODUCTS AND RESOURCES:

Comprehensive Assessment and Review Program (CARP + Optimal Package)

- a. The ATI eBooks are comprised of the RN Review Module book content. This same content is also found in the ATI hardcover books and in the Focused Review remediation engine. The eBook platform is designed to give the user a digital reading experience. The platform includes interactive features such as student annotations, highlighting capabilities, bookmark placement, and digital quizzing formats with results feedback. The ATI eBook platform can be used in standard online browsers and “ATI Reader” mobile app formats. Students receive all of the RN Review Module books in NURS 300. Assigned readings will be included on the course maps and discussed in class. They are also utilized to assist with remediation after the practice and specialty assessments.
- b. Proctored and Practice Assessments for students with in-depth analysis related to the NCLEX Test Plan and AACN Essentials, and other areas of the assessment. **These assessments include: Fundamental, Maternal Newborn, Nursing Care of Children, Med/Surg, Pharmacology, Nutrition, Mental Health, Leadership, and Community.**
- c. ATI Pulse 3.0 predicts a student’s NCLEX probability level each time he/she takes a Proctored assessment. Based on benchmarks during nursing school, Pulse reliably predicts the likelihood of passing the NCLEX and provides insight into student and cohort performance
- d. Targeted Med/Surg Assessments are available in each Med/Surg content area.
- e. Student View ability which enables the faculty to review products and take the practice assessments.
- f. Learning System RN 3.0– includes an extensive quiz bank with preset and customized quizzes based on students’ specific needs, along with adaptive quizzing.
- g. Nurse Logic – an interactive, media-rich, online tutorial designed to introduce students to the new ATI Helix of Success. This model illustrates how knowledge and clinical judgment, supported by concepts derived from the QSEN competencies and IOM recommendations for nursing education, can prepare the student for academic and NCLEX success. This robust and interactive tutorial introduces nursing students to core concepts relevant to nursing practice, arms students with study and test taking skills, and introduces them to the NCLEX examination process.

- h. The NCLEX Experience 3.0 which acclimates the student to the Next Generation Item Types are incorporated into each course.
- i. BOARDVITALS – students can build customized quizzes focusing on specific content areas or assess their comprehensive knowledge through adaptive quizzes. The question bank consists of 3000+ NCLEX-style questions.
- j. Student orientation video, learning style assessment inventory.
- k. Video Case Studies 3.0 – Video Case Studies offer an easier way for students to grasp difficult concepts. Live-actor video scenarios help students visualize what to expect in clinicals, ending with a prompt. Students exercise clinical judgment skills to form and articulate their own plan of care then hear an expert response, which they consider before completing a self-reflection. These 50 video cases cover a broad range of concepts and can improve your classroom efficiency by allowing students to build a solid foundational understanding of those concepts before class. Our video cases are directly aligned to the Content Mastery Series® and are assigned a primary concept so you can best determine how to use the cases within your curriculum.

Video Case Studies can be paired with the RN Virtual Clinical Replacement Lesson Plans (Educator Implementation Guide: Video Case Studies RN 2.0 and Instructions for Virtual Clinical Replacement Lesson Plans)
- l. Civility Mentor – educates learners about the consequences of incivility and helps them develop essential skills to foster civility, communicate more assertively and effectively, and address incivility in academic and health care environments. (Educator Implementation Guide: Civility Mentor)
- m. Virtual Online Clinical Replacement Guidance – Facilitates integration of simulation-based learning experiences and activities for clinical supplement or clinical replacement throughout the curriculum. Includes expected student competencies, best practices, and customizable lesson plans to meet clinical outcomes. (Educator Implementation Guide: Virtual Online Clinical Replacement Guidance)

Dosage Calculations 3.0 - Dosage Calculation and Safe Medication Administration

Dosage Calculations 3.0 - Dosage Calculation and Safe Medication Administration is an online study program that includes in-depth tutorials, interactive drills, assessments and case studies, allowing students to master pharmaceutical math skills.

Mathematical equations are simplified through step-by-step animations that demonstrate the dosage calculation process. Three different calculation methods are covered, which include Ratio and Proportion, Dimensional Analysis, and Desired Over Have.

Skills Modules 3.0

The skills modules are an assessment-driven, online tutorial which includes 30 modules covering more than 180 skills, including “how-to” videos on nursing skills, practice challenges, evidence-based research summaries and more. Additionally, the program covers situations that may not arise during clinical hours, so nursing students are prepared for the unexpected as well as the expected.

Each module contains the following:

- Step-by-step video instruction
- Scripts shot in High Definition (HD) and compressed for efficient online delivery as Windows Media Video (WMV)
- Accepted practice guidelines
- Equipment needed for effective performance
- Current practice guidelines
- Evidence-based research
- Practice challenges
- Terminology and enunciation
- Frequently asked questions
- Documentation – review of important information to document after the skill is completed
- Individual skill performance reporting
- Pre-and-post-testing with rationales
- Certificate of completion to submit to instructors
- Performance checklist per skill topic

Health Assess 3.0 (NURS 221)

Health Assess focuses on the development of assessment skills that are relevant to current nursing practice. It can be easily integrated into existing health assessment courses to facilitate teaching and learning, including examples to address various cultures and health alterations. This product offers repeated opportunities for learners to practice health assessment techniques as well as document findings in a safe, non-intimidating simulated environment.

Pharmacology Made Easy 4.0

Pharmacology Made Easy 4.0 is an interactive, media-rich online tutorial designed to help students learn about pharmacology and drugs given in practice. The tutorial contains 13 modules with about 200 prototype drugs addressed. Each module focuses on drugs that relate to a body system and contains detailed drug information related to the drugs' use in the management of alterations in health.

Engage Series: Engage Community & Public Health, Mental Health, and Fundamentals, and Adult Medical Surgical

The Engage Series is a first-of-its-kind, fully-interactive book-replacement solution that truly engages students and enhances learning with modules that are broken into easy-to-digest segments of content and interwoven with rich multimedia graphics, videos, and engaging activities that help students apply their learning. Plus, students find clarity in consistent skills techniques with embedded videos from ATI's Skills Modules 3.0

Electronic Health Record (EHR)

The Electronic Health Record (EHR) simulates the clinical HER in both the inpatient and outpatient settings while providing support for courses, activities, grading, client chart creation, and unfolding scenarios for simulation. Additionally, an easy-to-use MAR with barcode scanning functionality is included within the package.

Comprehensive Live NCLEX-RN Review

The Comprehensive Live NCLEX-RN Review is an all-inclusive live session covering content which aligns with the NCLEX Test Blueprint. Information included consists of test-taking strategies, critical thinking exercises, and practice questions. Upon completion of the review, students receive an individual study plan to continue exam preparation.

2. ASSESSMENT AND REVIEW GUIDELINES

The Assessment and Review program provides focused and comprehensive Assessment and Review of nursing concepts.

a) **Practice Assessments** are pre-built, non-proctored tests that will help the student to assess knowledge of concepts learned while practicing NCLEX-style questions written at the application level. These practice assessments will also help you prepare for the Specialty Assessments and Dosage Calculations.

b) **Specialty Content Area Assessments and Dosage Calculations and Safe Medication Administration** – These proctored assessments are given in specific courses and measure the student’s ability to apply concepts related to specific nursing content areas throughout the curriculum. Each Specialty Content Area Assessment and Dosage Calculation Exam is repeated at various points in the curriculum after appropriate review and remediation. Remediation assignments **may** consist of focused review and completion of Active Learning Templates. (**Resource: Assessment and Focused Review**)

c) **Preparation for taking the Specialty Content Area Assessments:**

In preparation for the proctored Specialty Assessment Form A, the student must:

- 1) Complete Practice Form A Assessment and review and remediate the concepts missed with rationales. Remediation consists of completing a focus review for at least two hours.
- 2) Complete Practice Form B Assessment with a minimum 95% (without rationales).
- 3) Failure to complete practice exams by the due date listed on the syllabi will result in a 3-point reduction of total course points.
- 4) Students must complete the practice assessment in order to take the proctored assessment.

d) **Grade Calculation for the Proctored Specialty Content Area Assessments:**

Proctored Specialty Assessment grades will comprise 5% of total course points and will be calculated using the first administered Proctored assessment. Course syllabi will reflect the total allocated points for the specialty assessments.

The benchmark performance level for all ATI Specialty Assessments is a Level 2 proficiency.

- 1) A student earning a score greater than or equal to the percentage score equivalent to a Level 2 proficiency will receive 100% of the points allocated to the ATI Specialty Assessment Form A.

- 2) For a score less than a Level 2 Proficiency, awarded points will be calculated using the Level 2 percentage scores / total points = Student's percentage score / x points.

e) Preparation and Grade Calculation for the Dosage Calculations and Safe Med Administration Exams

Review the ATI Dosage Calculations & Safe Medication Administration assigned modules and complete the practice questions.

In preparation for taking the ATI proctored Dosage Calculations exam, students must complete the Dosage Calculation RN Fundamentals online practice with a minimum of 95% (without rationales) prior to the date of the Proctored Exam. You are allowed multiple attempts to achieve the 95%. Failure to complete practice exam by the due date listed on the syllabi will result in a reduction of 5 points.

Students must obtain an 80% or better on the proctored ATI Dosage Calculations and Safe Medication Administration Exam. If a student does not obtain an 80% on the 1st attempt, the student must set up an appointment to take the 2nd and/or 3rd exam to obtain the needed 80%. The ATI Proctored Dosage Calculation Exam will comprise 5 total course points and students can only obtain the 5 points if an 80% is achieved on the first attempt. If a student does not pass the ATI Proctored Dosage Calculations exam on the 2nd attempt, 5 points will be deducted from the course points and subsequently, another 5 points will be deducted from the course points if an 80% is not achieved on the third attempt.

- f) Comprehensive Exit Assessment** – The ATI RN Comprehensive Predictor Exit Assessment assesses the student's readiness to take the NCLEX Exam with question formats and an assessment blueprint that matches the latest NCLEX-RN Test Plan. The Assessment helps to identify a student's strengths and weaknesses and provides remediation to address knowledge deficits prior to taking the NCLEX-RN assessment.

The ATI RN Comprehensive Predictor Exit Assessment is given in the last semester of the senior year. The expectation is for students to receive a 95% probability of passing the NCLEX Exam.

- g) Adaptive Testing**– Just like the actual NCLEX-RN assessment, the Adaptive Assessments provide a tailored-item selection based on the student's performance on the previous item, creating an assessment realistic to the NCLEX-RN assessment.

The following is the list of ATI Resources and Assessments that are available and administered in the identified courses. **The Proctored Assessments may be administered at designated times outside of the regularly scheduled classroom time.**

| Course | ATI Resources and Assessments | Assessment Administration |
|--|--|---------------------------|
| NURS 220: Intro to Professional Nursing | *Students have access to the entire CARP package in NURS 220 All ATI print Review Module books are distributed ATI Plan Orientation Nurse Logic | X |

| Course | ATI Resources and Assessments | Assessment Administration |
|--|---|----------------------------------|
| | Self -Assessment Inventory Civility Mentor Nurses Touch | |
| NURS 221: Nursing Assessment | Health Assess 3.0 Program | Week 2-11 |
| NURS 222: Fundamentals of Nursing Care | Engage Series: Fundamentals Skills Modules 3.0 Dosage Calculations 3.0 Practice Assessments – Custom Exams, Learning System 3.0 Practice and Proctored Assessment: -Drug Calcs Fundamentals Fundamentals Print and eBook requirements included on course maps | Week 5-14 |
| NURS 322: Nursing Care of Adults I | Engage Series: Fundamentals Engage Series: Med/Surg Practice and Proctored Assessments – Fundamentals Dosage Calculations 3.0 Skill Modules 3.0 Learning System RN 3.0; Custom Exams Med/Surg, Nutrition, Fundamentals and Pharmacology Print and e-Books requirements included on course maps Active Learning Templates | Week 13 |
| NURS 323: Mental Health Nursing | Engage Mental Health Practice and Proctored Assessments – Mental Health Practice and Proctored Assessments: Dosage Calculations-Mental Health Dosage Calculations 3.0 Mental Health and Pharmacology Print and e-Books requirements included on course maps Active Learning Templates | Week 13 Week 12 |
| NURS 324 Nutrition for Nursing Practice | Nutrition Print and e-Books requirements included on course maps | X |
| NURS 325/329 Pathophysiology and Pharmacology I & II | Pharmacology Made Easy 4.0 Pharmacology Print and e-Books requirements included on course maps Active Learning Templates | X |
| NURS 326 Nursing Care of Adults II | Engage Series: Med/Surg Practice Assessments: Focused Med/Surg Practice and Proctored Assessment: Drug Calcs – Med/Surg Dosage Calculations 3.0 Skill Modules 3.0 Learning System RN 3.0; Custom Exams | Week 10 |

| Course | ATI Resources and Assessments | Assessment Administration |
|---|--|--|
| | Med/Surg, Nutrition, Fundamentals and Pharmacology Print and e-Books requirements included on course maps Active Learning Templates | |
| NURS 327: Obstetric & Reproductive Nursing Care | Engage Series: Maternal/Newborn Practice and Proctored Assessments – Maternal Newborn Practice and Proctored Assessments-Dosage Calcs - Maternal-Newborn Dosage Calculations 3.0 Skill Modules 3.0 Learning System RN 3.0 Maternal Newborn, Nutrition and Pharmacology Print and e-Books requirements included on course maps Active Learning Templates | Week 14 Week 12 |
| NURS 433: Nursing Care of Adults III | Engage Series: Med/Surg Practice Assessments: Targeted Med/Surg Learning Systems 3.0 Custom Assessments Skills Modules 3.0 Dosage Calculations 3.0 Practice and Proctored Assessments -Dosage Calculations-Critical Care Practice and Proctored Assessments: Med-Surg Practice and Proctored Assessments: Pharmacology Med/Surg, Nutrition and Pharmacology Print and e-Books requirements included on course maps Active Learning Templates | Week 10 Drug Cals Week 12 Pharm Week 13 Med/Surg |
| NURS 434: Nursing Care of Children | Engage Series: Pediatrics Practice and Proctored Assessments –Pediatrics Practice and Proctored Assessments -Dosage Calculations-Pediatrics Dosage Calculations 3.0 Skill Modules 3.0 Learning System RN 3.0 Custom Assessments Pediatrics, Nutrition and Pharmacology Print and e-Books requirements included on course maps Active Learning Templates | Week 14 Week 12 |
| NURS 435 Nursing Leadership & Management | Practice and Proctored Assessment: Leadership (1 st Exam) Leadership Print and e-Book requirements included on course maps | Week 11 |
| NURS 439 Professional Role Immersion | Practice and Proctored Assessment – Leadership - Retake Practice and Proctored Assessment – Nutrition | Week 13 Week 5 |
| NURS 436 NCLEX Prep I | Retake of Proctored Assessments as scheduled: Pediatric, Maternal/Child, Fundamentals Custom Exams | |

| Course | ATI Resources and Assessments | Assessment Administration |
|---------------------------|---|---------------------------|
| NURS 441 NCLEX Prep II | Retake of Proctored Assessments as scheduled: Med/Surg, Pharm Live ATI NCLEX-RN Review RN Comprehensive Predictor Assessments (2) | Week 2 & 14 |

Exam 401 Senior Comprehensive Exam Policy

As per University policy, all students must pass a comprehensive examination in their major field of study as a requirement for graduation. The purpose of the assessment will be to assess the student's command of the material and methodology used in his or her major.

Students who meet the requirements for Exam 401, will automatically be registered for Exam 401 and a grade of "P" will be recorded. The non-credit requirement will not affect the students' cumulative quality point averages, and there will be no additional fees charged to the students.

A passing score for Exam 401 is contingent on the completion of the following requirements:

- All students are required to take the NCLEX Review Course during the Fall and Spring semesters of the Senior year.
 - All current Level II, III, and IV nursing students are required to take the NCLEX Review Course (0 credits).
 - All incoming fall 2024 Level I nursing students are required to take the 1 credit NCLEX Review Course. goes in new handbook
- Students must complete the requirements as outlined in the Standardized Testing policy.
- Students must complete an assigned number of NCLEX-type questions by April 1st of the spring semester. The number of questions will be obtained by completing NCLEX – style mastery level questions and other individual assignments in resources as indicated by the course faculty member. A designated score percentage may be required.
- The ATI RN Comprehensive Predictor assessment will be given the second week of the spring semester and the retake will be administered at the end of the semester. The benchmark for the ATI RN Comprehensive Predictor Assessment is achieving 90% Probability level for passing the NCLEX.
- Prior to taking the ATI RN Comprehensive Predictor Assessment- Retake the student must meet with the NCLEX Review Course faculty member to review areas that have not met the benchmarks on the Specialty Assessments and Comprehensive Predictor. Students will be required to complete remediation on the Specialty and Comprehensive Assessments. Remediation activities may include completing a focused review on the assessments and completing assigned activities in the Client Needs areas (or others specified), that do not meet the benchmarks and may be required to retake exams.
- Students will be given individualized assignments related to the identified deficiencies in either the NCLEX Client Needs Categories, Content Areas, and Nursing Process, and complete other remediation activities as appropriate.
- Students may be required to complete additional remediation activities after taking the ATI RN Comprehensive Predictor-Retake, prior to receiving a Pass grade for Exam 401.

- Students must attend the entire three-day Comprehensive Live NCLEX-RN Review course. Obtaining clearance to take the NCLEX-RN is dependent on completion of this review course.
- Students must adhere to the Exam Policy outlined in the Student Handbook for all practice and Proctored exams. A student will receive zero points if he/she does not notify the Instructor prior to missing an exam.

M. SIMULATION

Simulation replicates some or nearly all of the essential aspects of a clinical situation so the student can practice in a safe environment prior to participation in clinical experiences. Simulation activities can range from basic skill acquisition to participating in complex simulated patient scenarios. Simulating real-life situations are conducive for developing clinical reasoning and clinical judgement skills, which will increase the probability of transference to the clinical practice areas. Simulation also enhances the theoretical component of the courses by providing opportunities for the application of theory content to case scenario exercises.

1. GENERAL INFORMATION:

- a. Simulation labs for usage include the Experiential Learning Commons (ELC) comprised of 5 simulation rooms, a 5-bed skills lab, a simulated apartment, and the Nursing Department skills/sim lab in Sullivan 204. Both areas are fully equipped to practice all clinical skills.
- b. Simulated case scenarios relevant to the theoretical content will be scheduled per course learning activities. As a focus of student-centered learning, students are expected to be active and self-directed participants.
- c. Students are required to follow the Policy and Procedure Manual for the ELC, the Nursing Department's Professional Behavior and Clinical Attire Policies, and specific guidelines when participating in Simulation/Lab activities.

2. PROFESSIONALISM:

- a. Students are to wear the nursing uniform or black pants with no tears or holes (examples may include; black dress pants, black khakis, or scrub pants. Leggings, jeans and/or athletic pants are not permitted), with a red polo shirt and lab coat.
- b. The student's actions and communication will be professional as if it were a real patient care experience. If a student needs to leave a simulation for personal reasons due to the experience, psychological safety will be supported.
- c. Students will support and guide peers in a positive and professional manner.
- d. Confidentiality will be maintained regarding the simulation experience, team member actions, and debriefing discussions.

3. SAFETY:

- a. It is imperative that anyone with a latex allergy or other lab substance allergy, notify the Faculty member who is conducting the simulation/lab experience.
- b. Any unusual event, including accident, injury or illness that occurs in the ELC or Sullivan 204 Sim/Skills Lab should be reported immediately to the ELC Director, Simulation/Lab Coordinator, or Faculty member.
- c. Safety guidelines must be practiced while performing skills.
- d. Students should refrain from sitting on beds, stretchers, or wheelchairs unless using them for skills practice.

- e. For safety and security reasons, the labs will be locked. Contact the ELC Director or ELC Simulation Technician for access to the ELC, and a faculty member, Administrative Coordinator, or Sim/Lab Coordinator for access to Sullivan 204.
- f. Universal Precautions will be used at all times in the ELC and Lab areas.

4. SUPPLIES AND EQUIPMENT:

- a. The student's nurse pack supplies are to be used while practicing or demonstrating skill performance.
- b. Equipment can be signed out by the student for practice. The sign-out and sign-in books are located in the labs. When signing out or returning equipment in Sullivan 204, contact a faculty member or the Sim/Lab Coordinator to sign. When signing out or returning equipment in the ELC, contact the ELC Director or ELC Technician to sign.
- c. Only manikin approved lubricant should be used for skills requiring lubricant. No pens, markers, liquids or staining substances (betadine) are permitted near the manikins.
- d. Assist in cleaning up the sim/lab areas and equipment/supplies after completion of activities.
- e. Anyone caught vandalizing lab property will be subject to disciplinary action, including dismissal from the Nursing Program.
- f. The phones in the simulation/skills labs may not be used for personal calls.
- g. Questions about working the equipment or problems with equipment usage should be directed to the ELC Director, the ELC Simulation Technician, or the Nursing Simulation Coordinator.

N. SKILLS LAB

Students are also encouraged to use the Nursing Department simulation/skills labs in Sullivan 204 and in the ELC for independent learning and practice of presented skills in preparation for clinical experiences. Open lab hours will be posted for the semester. Should a student request access to the lab in Sullivan 204 at a time other than open lab time or after University hours, arrangements should be made with the Nursing Simulation Coordinator or a faculty member. Should a student request access to the Simulation/Skills Lab in the ELC at a time other than open lab time or after University hours, arrangements should be made with the ELC Director or the ELC Simulation Technician.

O. PROFESSIONAL BEHAVIOR POLICY

As representatives of Saint Francis University and as future members of the profession of nursing, and as students in the DoN's BSN program must demonstrate professional behavior at all times in the classrooms, clinical sites, and nursing labs. Students must adhere to the policies, responsibilities and rules and regulations as outlined in the Saint Francis University Student Handbook, DoN's BSN Student Handbook, as well as those of the clinical agencies.

1. ACADEMIC AND CAMPUS CONDUCT

The DoN – BSN Program follows the Code of Student Conduct as detailed in the Saint Francis University Student Handbook. At the University, student members are to uphold and abide by the Academic Honesty Policy and the Standards of Conduct, which are embodied within a set of core values that include justice awareness, peacemaking, self-respect and respect for others. Any student found to have committed or to have attempted

to commit misconduct is subject to the procedures and sanctions as outlined in the Student Conduct Review Process.

2. PROFESSIONAL NURSING CONDUCT

Nursing students are held to the same standard of behavior as a professional nurse, and these standards apply to the classroom, lab or clinical setting. The standards of professional nursing conduct are as follows:

- a. The student practices with compassion and respect for the inherent dignity, worth and unique attributes of every person.
 - 1) Respects the worth, dignity, needs, values and human rights of every individual in all professional relationships.
 - 2) Delivers caring and compassionate nursing care with respect for human needs and values irrespective of the nature of the health problem. Does not discriminate while providing nursing services, on the basis of age, marital status, sex, sexual preference, race, religion, diagnosis, socioeconomic status or disability.
 - 3) Delivers nursing care directed toward meeting the comprehensive needs of clients across the lifespan.
 - 4) Recognizes the right for self-determination as a basis for informed consent.
 - 5) Maintains a respectful relationship with patients, peers, faculty, staff and members of the healthcare team and commits to the fair treatment of all while preserving integrity and resolving conflict in a professional manner.
 - 6) Maintains respect of individuals by addressing the client, significant other(s), faculty, staff and all members of the healthcare team by title and last name.
 - 7) Values the contribution of individuals and/or groups in the classroom, lab and clinical area.
 - 8) Contributes to a healthy educational experience on campus and in the clinical environment by exhibiting respectful behaviors and positive conflict resolution when encountered with situations that may be incompatible with the student's ideas and values.
 - 9) Adheres to the University policies regarding honesty (cheating/plagiarism/falsification), acceptable use of Network and Internet Resources, and the DoN Social Media Policy.
 - 10) Refrains from the unnecessary use of cell phones, smart watches, pagers or other electronic equipment on the clinical areas and in the classroom.
 - 11) Practices a standard of conduct that precludes (or excludes) all prejudicial actions, any form of incivility, bullying, cyber-bullying, harassment or threatening behavior, vulgar, abusive or offensive language, anger and hostility, or disregard for the effect of one's action on others.

- b. The student's primary commitment is to the patient, whether an individual, family, group, community, or population.
 - 1) Uses effective communication and collaboration for shared decision making in providing quality and safe care.
 - 2) Maintains accurate and thorough documentation in all healthcare and educational documents.
 - 3) Maintains professional boundaries that establish limits to the student-client, student-faculty and/or student-employee relationship. In all encounters, students are responsible for retaining professional boundaries with clients, faculty and employees by refraining from socialization outside the academic and/or clinical setting or in social networking sites.

- 4) Refrains from conduct defined as sexual violation or sexual impropriety in the course of a professional relationship.
 - 5) Does not falsify or knowingly make incorrect entries into the client's record or other documents.
 - 6) Does not use deceit, dishonest behavior or distort the truth in regards to client or healthcare information and implementation of nursing care.
 - 7) Does not leave a nursing assignment prior to the proper reporting and notification to the appropriate person(s).
 - 8) Does not knowingly abandon a client in need of nursing care, or refuse to provide nursing care to a client in need.
- c. The student promotes, advocates for, and protects the rights, health and safety of the patient.
- 1) Safeguards the patient's right to dignity, the right to privacy and the confidentiality of patient information.
 - 2) Advocates for an environment that provides for sufficient physical and auditory privacy which protects the confidentiality of information. No conversations regarding patient and/or patient information should be overheard or accessible to others.
 - 3) Maintains the confidentiality of all protected patient information whether oral, written or electronic. All patient information must be strictly confidential according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards and basic ethical principles.
 - 4) Refers the patient and/or family members' request for information to the appropriate nursing staff or clinical faculty member.
 - 5) Maintains data security while on the clinical unit, by closing desktops and computer screens when not in use and does not share computer log-in information. Patient information should not be visible to others.
 - 6) Demonstrates the knowledge, skill, attitudes, commitment and integrity that is essential in providing safe and competent nursing care.
 - 7) Takes appropriate action regarding any instances of incompetent, unethical, illegal or impaired practice by any member of the healthcare team and/or peer group.
 - 8) Respects the clients right to freedom from psychological and physical abuse
 - 9) Does not solicit, borrow or misappropriate money, property, drugs or money from the client or any member of the healthcare team.
- d. The student has accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.
- 1) The student is individually responsible in their role and accountable for nursing care that their clients receive. Nursing care includes direct care activities, acts of delegation and other responsibilities. In each instance, the student retains accountability and responsibility for the quality of care and conformity with standards of care.
 - 2) The student is accountable for one's own actions and for judgments made and actions taken in the course of nursing care.
 - 3) The student is responsible for adequately preparing for the clinical experience.
 - 4) The student is expected to seek learning experiences as appropriate.
 - 5) The student is responsible for documenting accurate nursing assessments or observations and the client's response to that care.
 - 6) The student is responsible for practicing within the student role

- 7) The student is responsible for seeking assistance from faculty as needed, following through with faculty directives, and taking corrective action as recommended.
- e. The student owes the same duties to self as to others; including responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- 1) The student remains consistent with both personal and professional values to ensure the well-being of self and others.
 - 2) The student is expected to attend classes, be punctual for class, lab, and clinical experiences, complete assignments on time and complete work.
 - 3) The student is expected to maintain appropriate attire in the classroom and clinical setting.
 - 4) The student does not present to the classroom or clinical area under the influence of illegal or non-prescribed drugs, including alcohol.
 - 5) The student adheres to the policies of the Nursing Department and the clinical agencies policies including parking restrictions.
 - 6) The student does not intentionally remove property from the clinical sites or from the University.
 - 7) The student maintains competence in the knowledge, skills and attitudes required in the student role. The following includes, but is not limited to the following:
 - a) Medication Administration
 - b) Utilization of the nursing process
 - c) Making effective clinical judgments
 - d) Effective Communication
 - e) Proper implementation of medical orders
 - f) Infection Control
 - g) Patient Safety
 - h) Recognition and report of significant changes in client condition
 - i) Application of theoretical knowledge into the clinical component
 - j) Preparation for clinical assignments
 - k) Competence in skill performance
 - l) Implementation of nursing skills with instructor supervision
 - 8) The student evaluates one's own professional growth toward meeting the student learning outcomes.
 - 9) The student notifies the Program Director immediately of any changes to their required health and regulatory clearances.

Any student suspected of or, observed to be in the practice of unprofessional or unethical behavior as indicated in the Professional Behavior policy will be asked to meet with the nursing faculty assigned to the clinical or classroom area where the suspected or observed behavior is to have occurred. If it is determined that the student has been involved in unprofessional or unethical behavior, the charge will be taken to the course and level coordinator.

If the student is found guilty, the consequences of any violation of the Professional Behavior Policy (Professional Nursing Conduct) will be followed. Students are only permitted to receive three Referrals of Concern over the professional phase of the nursing program. After three referrals of concern, the student will be dismissed from the program.

Consequences of any violation may include, but not be limited to:

1. Written warning

2. Receiving an Unsatisfactory (U) for the clinical day
3. Receiving a “F” grade or zero points for the assignment or exam
4. Referral of Concern (**Refer to Appendix F**)
5. Referral to Counseling
6. Suspension from class/clinical
7. Dismissal from the nursing program

Any student suspected of being under the influence of non-prescribed drugs and/or alcohol in the classroom or clinical area will be required to follow the SHS Drug and Alcohol Policy.

Disruptive behavior in the classroom or clinical area will not be tolerated. Consequences of disruptive behavior will be as follows:

1. **First Offense:** The student may be separated from the class (seating assignments may be initiated)
2. **Second Offense:** The student will be asked to leave the classroom or clinical area and will not be permitted to return for the remainder of the class or clinical. This will result in an unexcused absence from class or an unsatisfactory for the clinical day.
3. **Third Offense:** The student may not return to class or clinical until the issue is resolved.

A notification of any action as result of unprofessional or unethical behavior will be submitted to the Dean of the School of Health Sciences and Education.

References:

ANA Code of Ethics 2015

PA Code Title 49: Professional and Vocational Standards 21.18 Standards of Nursing Conduct

PA Nursing Law

P. ATTIRE POLICIES

1. CLASSROOM, NURSING LABORATORIES, AND CLINICAL SITES

The student is to be dressed neatly and well groomed, with clothing clean, pressed, and in good repair. The student must maintain proper hygiene with respect to body odors, perfume, after shave, secondhand smoke, and scented hand cleaners. Male students are expected to be clean shaven or with neatly groomed facial hair. All students are expected to wear appropriate undergarments. The following examples of dress items are considered inappropriate and a student so attired will be asked to leave the classroom or lab:

- a. Bare mid-drifts
- b. Baggy pants revealing underwear
- c. Low cut or tight-fitting clothing
- d. Attached appendages not medically necessary

When formal simulations and clinical on campus are scheduled, the students must present themselves in full uniform with name tags. Students are required to wear red polo, black pants with no tears or holes (examples may include; black dress pants, black khakis, or black scrub pants. Leggings, jeans and/or athletic pants are not permitted), and lab coats during on campus labs, clinical out-rotations and designated University events.

2. UNIFORM POLICY FOR CLINICAL PRACTICE

The student uniform consists of **black scrub pants and red scrub top**. Particulars of the dress code include:

- a. Unless otherwise stipulated, **full uniform** is required at all times on the clinical unit. **Full uniform** is defined as follows:
 - 1) Scrubs:
 - a) The top may be worn with a white or black turtleneck or tee shirt underneath. The turtleneck or tee shirt may be long or short sleeved and may not have any printing or design on the shirt.
 - b) The pants may have an elastic or draw string waist.
 - 2) White or black socks.
 - 3) White, black, or red athletic shoes which **must be all leather and waterproof**, no sandals, no clogs or backless shoes.
 - 4) White cotton lab/warm-up jacket with SFU logo. Hoodies are not permissible.
 - 5) Clinical site ID policy must be followed; this is specific to each clinical. You will be informed of the clinical site policy prior to clinical.
 - 6) Watch with a second hand must be worn at clinical.
- b. The clinical uniform may be worn to class if it immediately precedes or follows the clinical experience.
- c. Hair should be clean and styled neatly. Hair that is shoulder length or longer must be tied back and off the collar of the uniform. Unnatural hair colors (purple, green, blue, pink, orange, etc.) are not permitted. Hair coverings must be solid black, red, white, or surgical cap provided by the clinical site.
- d. **Jewelry that is worn must be conservative.**
 - 1) Only small earrings may be worn-**ONE EARRING PER EAR** (earrings are limited to - earlobe only - post only - no **DANGLING EARRINGS**) and **NO NECKLACES FOR SAFETY PURPOSES**. This policy protects student nurses from injury.
 - 2) Wedding band may be worn; **no other rings**.
 - 3) Professional appearance is conservative. Body jewelry should be concealed. Tongue piercings are not permissible. Tattoos must be covered.
- e. Nails are to be short and neatly trimmed. **No nail polish**. A clear coat is acceptable but must not be cracked or chipped. **No acrylic or other false nails**.

The dress code may vary in adherence to the clinical institution's dress code with the permission of the Clinical Instructor, Level Coordinator, and Department Chairperson. Students will be notified accordingly. Any DoN faculty member may dismiss a student from the clinical unit for infraction of any part of this policy.

Q. ABSENCE FROM CLASS – CLINICAL EXPERIENCE POLICY

1. CLINICAL / PRECEPTORSHIP POLICY

The DoN at Saint Francis University believes that clinical experiences are essential to the education of our students. Our curriculum is designed to give the students clinical experiences that are increasing in intensity, acuity, and time spent in the clinical arena. It is the expectation that each student attends all scheduled clinical experiences, but we recognize that situations may arise that necessitate the student be absent from one or

more of these experiences. For this reason, the DoN has instituted a clinical absence policy that will afford the student the opportunity to makeup excused missed clinical time, thereby not jeopardizing their clinical learning experiences due to absences. This policy covers all clinical experiences including the preceptorship immersion experience in the spring semester of the senior year. Note: Although Clinical on Campus/Lab time is part of the clinical experience, it falls under the Classroom Policy. Simulations days (3 or 4 hour scheduled “Sim days”) are clinical days and will fall under this policy.

Unexcused clinical absences are monitored across all clinical courses in each semester and are cumulative within that semester. Refer to the Professional Behavior Policy regarding any and each unexcused absence from a clinical day within the semester. Two Letters of Concern will result in the theory grade being lowered by one step in the course where the second Letter of Concern was generated. See *Excused Absence Policy*.

Preceptorship hours are scheduled between the student and preceptor. All clinical policies, including absence and tardiness, are applicable to the preceptorship immersion experience as well.

- a. If a clinical day is cancelled due to University class cancellation, those days/hours need to be made up. Makeup days will be determined by the instructor.
- b. If the clinical day is cancelled due to inclement weather, the clinical day will be made up on one of the regularly scheduled “clinical makeup days” or as a makeup assignment as determined by the faculty.
- c. If the clinical day is cancelled by the faculty due to his/her personal illness, the clinical day will be made up according to a day and time determined by the faculty; ideally this will be on a “clinical makeup day.”
- d. If a student misses a clinical day due to an excused absence (see *Excused Absence Policy*) the student may be offered a clinical makeup assignment that is equivalent in time, effort, and experience to the missed clinical day. Completion of this alternate assignment will be due as per the clinical instructor. If the complete assignment is not submitted by the deadline, the course grade may be lowered one step. The student is responsible to ensure that electronic submissions are properly submitted and received by the instructor. At the discretion of the clinical faculty, the student may be asked to makeup this clinical day on a day and time as determined by the clinical faculty instead of being offered an alternate assignment.
- e. The clinical instructor/preceptor must receive notification of excusable absences **at least 1 hour prior to the start of the clinical experience**. Failure to communicate to the instructor prior to this time will result in an “unexcused absence.” An “excused” absence is defined under the *Excused Absence Policy*.
- f. If a student misses more than one clinical day, the clinical day(s) will be made up on the clinical unit (or a unit that is comparable) on a day(s) to be determined by the clinical faculty. If any “clinical makeup days” are available, these may serve as the days that the clinical experience can be made up. Any days that need to be made up beyond these “clinical makeup days” may necessitate the student having the clinical experience(s) on a weekend or after the semester has ended. If, at the end of the semester, the student still needs to makeup clinical days, a “continuing” grade will be issued in the respective course until which time the student successfully completes the clinical experience. Additionally, there may be a cost incurred to the student if faculty needs to be hired to oversee the student on the clinical site beyond the predetermined clinical makeup days.
- g. Students with absences secondary to extenuating circumstances needing to makeup clinical time will be addressed on a case-by-case basis to ensure students are able to meet course objectives.

- h. Faculty have the option to exclude students from clinical if tardy or unprepared; this would be considered an unexcused absence.
- i. Repeated tardiness and/or absences may result in a Letter of Concern for the course.
 - 1) Two tardy episodes are equal to one unexcused absence. “Tardy” for clinical is defined as not being on the clinical unit and ready for report by the start of the clinical experience (this time may be different for preceptorship and for different clinical experiences; refer to your course clinical schedule).
 - 2) **IF A STUDENT DOES NOT NOTIFY THE APPROPRIATE INSTRUCTOR OR PRECEPTOR AT LEAST ONE HOUR PRIOR TO AN ABSENCE OR TARDINESS PRIOR TO CLINICAL, IT IS AN AUTOMATIC UNEXCUSED ABSENCE.**
- j. Two letters of concern for unexcused clinical absences across the semester will result in the lowering of the theory grade where the second Letter of Concern was generated by one step. Three letters of concern for unexcused clinical absences across the semester will result in failure of the clinical course where the majority of the letters of concern were generated and a warning for dismissal from the program.
- k. Failure of the clinical component of the course will result in failing the entire course.

Refer to the *Excused Absence Policy* for additional information.

2. CLASSROOM POLICY (refers to class, laboratory, and clinical on campus)

- a. Students are required to attend and be on time for class, laboratories, and clinical experiences and not leave assigned work undone.
- b. Faculty have the option of excluding students from class/clinical if tardy and/or unprepared.
- c. If unable to attend class, laboratory, or clinical on campus, the student **is required to notify the appropriate faculty person 1 hour prior to the start time**. Additional classroom, lab, and on campus clinical policies may be outlined in the syllabi (absence from a scheduled simulation day is treated just as a clinical absence; see clinical absence policy for details).
- d. Repeated tardiness and/or unexcused absences will result in actions being taken. Absences and tardy episodes will be monitored across all courses for the semester. “Tardy” is defined as not being present in the classroom/laboratory when the class starts. Students will not be permitted to enter the classroom once class has started and therefore will result in one unexcused absence
 - 1) All absences and tardy episodes will be reported to the level committee.
 - 2) One tardy episode in one course is equal to one unexcused absence.
 - 3) **IF A STUDENT DOES NOT NOTIFY A FACULTY MEMBER OF AN ABSENCE ONE HOUR PRIOR TO A CLASS OR CLINICAL, IT IS AN AUTOMATIC UNEXCUSED ABSENCE.**
 - 4) Each unexcused absence across all courses in the semester may result in the generation of a Letter of Concern. See *Excused Absence Policy*.
 - 5) Two unexcused absences will result in the student’s grade being lowered by one step and the generation of a Letter of Concern.
 - 6) Two Letters of Concern for unexcused absences will result in a lowering of the theory grade where the second Letter of Concern was generated by one step; three letters of concern regarding unexcused absences will result in failing the course and a warning for dismissal. Letters of Concern are stored in the student’s file. This is information employers request with recommendations. See *Excused Absence Policy*.

- e. Faculty will monitor patterns of tardiness across all courses. Two tardy episodes within the semester equals an unexcused absence and may generate a Letter of Concern. Tardiness patterns will be reviewed by the level committee for possible action. Possible actions may include additional letters of concern, warning of dismissal from the program, or dismissal from the program
- f. Students with absences secondary to extenuating circumstances will be addressed on a case-by-case basis to ensure students are able to meet course objectives.

3. CANCELLATION OF ON-CAMPUS CLASSES

The faculty is committed to the education of students. Classes will only be cancelled in cases of extreme emergency. The faculty responsible for the class will post a policy for notification of cancellation of class in their course syllabus. Please see the University Faculty Handbook for University cancellation policies. Faculty will offer makeup time for any missed classes.

4. EXCUSED ABSENCE POLICY

Students are expected to attend all classes, labs, and clinical/clinical on campus as scheduled. Routine and nonemergent appointments cannot be scheduled during class, lab, or clinical. The safety of our patients and the health of our students are of utmost importance. In the rare instance that a student is unable to attend class or clinical, the absence will only be considered “excused” for the following reasons:

- a. Serious illness or injury requiring evaluation by a licensed healthcare provider (Physician, Nurse Practitioner, or PA). In order for an absence for illness or injury to be “excused”, the student may be asked to provide documentation that the student was evaluated for illness or injury and may not attend class/clinical for that day and or subsequent days. Walk-in appointments at the Student Health Office are available at no charge.
- b. University sponsored athletic event (game, match, etc.).
- c. Military obligation (with advanced notice being given to the instructor).
- d. Other serious reason as deemed by the faculty. It is expected that the student submits formally, in writing, what the serious matter is and request a review by the faculty to determine if the absence will be counted as “excused” prior to the class/clinical day.

Each unexcused absence across the entire class, lab, and clinical experiences for the semester may result in a Letter of Concern. Refer to the *Professional Behavior Policy*. Two Letters of Concern for unexcused absences will result in the theory grade in the course where the student received the second Letter of Concern being lowered by one step, three Letters of Concern for unexcused absences in a semester will result in failure in the course where the majority of absences occurred and a warning for dismissal. Subsequent Letters of Concern for unexcused absences throughout the entire curriculum will be grounds for dismissal from the program. Note that excessive tardiness will warrant an unexcused absence and a Letter of Concern, please refer to the clinical and classroom policies. Absences due to outside work, sleeping in, interviews, etc. are considered “unexcused”

R. EXAMINATION POLICY

Students are expected to take examinations as scheduled. Students will not be able to go back and review exam questions; only one question will be displayed at a time-this is to mimic the

NCLEX exam. Make-up exams will be available according to the instructor's policies on the course syllabi. Individual course policies will be evident in the course syllabi.

Arrangements for make-up exams must be completed **within one business week** of the return to the program following an absence. Failure to follow this procedure will result in a "0" for the exam. Students need to be aware that they can expect make-up exams to be a **different format** which could include essay-question exams.

During exam time, all materials, including cell phones, smart watches, books, water bottles, baseball caps and book-bags, are to be in an area of the room designated by faculty.

Students will be limited to one week following an examination to schedule a review with the instructor if they choose to do so.

Students are required to attend final examinations as scheduled. Please refer to the University Policy: https://cx.francis.edu/apps/sfu_policies/External/. The link takes you to an alphabetical link of policies and the policy is titled Final Examination Policy.

S. MATHEMATICS PROFICIENCY EXAM POLICY

The professional nurse requires logical thinking ability and proficiency in arithmetic operations in order to calculate medication dosages. Evidence of proficiency is described in the course syllabus. ATI Drug Calculation and Medication Administration standardized examinations will be given in all clinical courses as designated. Refer to the Standardized Testing Policy.

Students with difficulty in the math competencies may be referred for tutoring services and given remediation. **Students may repeat the math exam twice. Failure of the third math exam constitutes course failure.**

T. MINIMUM FUNCTIONAL REQUIREMENTS/TECHNICAL STANDARDS POLICY

Nursing education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behaviors. The nursing degrees awarded by Saint Francis University at the completion of the educational process certifies that the individual has acquired a base of knowledge and skills requisite for the practice of nursing at the respective undergraduate or graduate level.

To this end, all courses in the curriculum must be completed successfully. In order to acquire the knowledge and skills to function in a variety of clinical situations and to render a wide spectrum of patient care, candidates for the undergraduate and graduate degrees in nursing must have abilities and skills in five areas:

1. Observation
2. Communication
3. Motor
4. Conceptual Integrative
5. Behavioral- Social

Technological compensation can be made for some disabilities in certain areas, but a candidate should be able to perform in a reasonably independent manner and exercise independent judgment.

1. OBSERVATION

The candidate must be able to observe demonstrations and participate in didactic courses and simulated learning opportunities. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation requires the use of common sense, as well as the functional use of the senses of vision, audition, olfaction, and palpation.

2. COMMUNICATION

Candidates must communicate effectively using English in clinical and classroom settings. A candidate must be able to elicit information from patients, describe changes in mood, activity and posture, and perceive nonverbal communications. A candidate must have sufficient speaking and listening skills to take a medical history, respond to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner. Additionally, candidate must possess adequate hearing to accurately assess blood pressure, heart, lung, vascular, and abdominal sounds. Candidates must be able to communicate effectively and sensitively with patients, faculty, preceptors, and all members of the healthcare team during learning experiences and practicum experiences. Communication includes not only speech but reading and writing. The candidate must be able to use, interpret, and verbally report and/or document information from assessment techniques/maneuvers such as those involved in a head-to-toe assessment, vital signs, blood sugar monitoring, laboratory values, etc. to appropriate members of the healthcare team and/or the patient.

3. MOTOR

Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other assessment techniques. A candidate should be able to perform nursing skills requiring the use of gross and fine motor skills (e.g. IV insertion, venous blood draw, urinary catheter insertion). A candidate should be able to execute motor movements reasonably required to provide nursing care and emergency response to patients.

Examples of emergency responses reasonably required of nurses are cardiopulmonary resuscitation, medication administration, and application of pressure to stop bleeding. Candidates must perform actions which require the use of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. Candidates should also be able to assist and/or participate in various lifting activities.

4. CONCEPTUAL-INTEGRATIVE

These abilities include measurement, calculation, reasoning, analysis, synthesis, and retention of complex information. The candidate must possess the ability to calculate medication dosages and program intravenous infusion pumps in a rapid and safe manner as in emergency situations. Critical thinking requires all of these intellectual abilities in order to provide optimal nursing care. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

5. BEHAVIORAL-SOCIAL

Candidates must possess the emotional health required for the full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities pertaining to the care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress in the classroom and clinical area.

They must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical environment. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the admissions and educational process.

Reasonable accommodations will be considered on a case-by-case basis for individuals who meet eligibility under applicable statutes. Any person expecting to need accommodations should request them prior to beginning the program, as some accommodations may not be considered reasonable and may impact an applicant's ability to complete all components of the program.

Refer to: https://my.francis.edu/ICS/Campus_Life/University_Policies_Handbooks.jnz

U. AMERICANS WITH DISABILITIES ACT

1. OFFICE OF DISABILITY SERVICES

Saint Francis University is a community that welcomes and embraces students with disabilities. Each disability is unique and for this reason, services are individually tailored to the needs of each student.

a. ADA Accommodation Statement

Persons requesting accommodations in accordance with ADA should contact the University's Accessibility Services Coordinator at least 48 hours before the event. Additional information is available from the Accessibility Services Coordinator, 111 Saint Francis Hall, (814) 472-3176.

Ms. April Fry can be reached at afry@francis.edu before the semester begins or as soon as possible after the semester begins. After the proper documentation is approved by that office, students must then schedule individual meetings with individual faculty in their offices to discuss the specific needs for courses.

2. ACCOMMODATIONS PROCESS

Accessibility Services will facilitate reasonable accommodations for students with disabilities. A disability, as defined by federal law, is *a physical or mental impairment that substantially limits one or more major life activities such as walking, hearing, seeing or learning*. A student requesting accommodations must self-identify and provide recent documentation of his or her disability to Accessibility Services. This documentation is used to establish the student as an individual with a disability and provides rationale for reasonable accommodations.

If accommodations are needed, the student with a documented disability will receive an accommodation letter from Accessibility Services, which will be emailed to each instructor. It is the student's responsibility to ensure the instructor was notified and received the letter. Instructors should expect to receive notification early in each semester.

V. TRANSPORTATION POLICY

Travel to and from all assigned clinical facilities and field trips, and other expenses, such as lodging, as incurred are the responsibility of the student. Although on occasions, it may be possible to share transportation with other students, this cannot be guaranteed. Therefore, students should be prepared for this expense. It is expected that students will abide by parking regulations at each of the institutions and agencies where clinical experiences are planned.

W. STUDENT EMPLOYMENT POLICY

Students are urged to give **careful consideration** to their ability to engage in employment during the academic year because of the considerable demands of the nursing program. Students will not be excused from theory, lab, or clinical experience due to conflicts with an employment schedule. Employment schedules should be taken into consideration before enrolling in classes.

X. STUDENT REPRESENTATIVE GUIDELINES

Student level representation provides a means for students to participate in the evaluation of the Nursing Program. The faculty welcomes open dialogue with students to enhance the quality of the educational program.

1. PROCEDURE

- a. At the beginning of the fall semester, one student representative and one alternate in good academic standing will be elected for each Level. Additionally, one student representative for the Curriculum Committee will be elected from the senior class.
- b. Student representatives will be notified at least one (1) week prior to a scheduled meeting. Student representatives may present items in writing for inclusion on the agenda to the Chairperson of the Nursing Department, or any faculty member, at least one (1) week prior to the scheduled meeting.
- c. Student reports/concerns will be the first order of business at the respective meetings.
- d. Student comments should be a reflection of the Level as a whole. Concerns relating to an individual student should be discussed with the instructor.
- e. Student representatives are responsible to report the outcomes of the meetings to fellow students.

Y. STUDENT RIGHTS AND RESPONSIBILITIES

“As per the Saint Francis University Student Handbook, all students at Saint Francis University are expected to conduct themselves according to Judeo-Christian values that reflect their commitment to the University community and develop the personal character and social attributes that reflect maturity. To practice nursing as a student also requires upholding the trust society has placed in the profession of nursing. Nursing students are to adhere to the ethical principles and professional standards set forth by the profession while in both the clinical and academic environment...”

1. Students should be encouraged to develop the capacity for critical judgment and engage in a sustained and independent search for truth.
2. The freedom to teach and the freedom to learn are inseparable facets of academic freedom: students should exercise their freedom in a responsible manner.
3. Each institution has a duty to develop policies and procedures, which provide and safeguard the students' freedom to learn.
4. Under no circumstances should a student be barred from admission to a particular institution on the basis of race, color, creed, national origin, ethnicity, age, gender, marital status, life style, disability, or economic status.
5. Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.
6. Students should have protection through orderly procedures against prejudiced or capricious academic evaluation, but they are responsible for maintaining standards of academic performance established for each course in which they are enrolled.
7. Information about student views, beliefs, political ideation, or sexual orientation, which instructors acquire in the course of their work or otherwise, should be considered confidential and not released without the knowledge or consent of the student, and should not be used as a basis of evaluation.
8. The student should have the right to have a responsible voice in the determination of his/her curriculum.
9. Institutions should have a carefully considered policy as to the information, which should be a part of a student's permanent educational record and as to the conditions of this disclosure.
10. Students and student organizations should be free to examine and discuss all questions of interest to them, and to express opinions publicly and privately.
11. Students should be allowed to invite and to hear any person of their own choosing within the institution's acceptable realm, thereby taking the responsibility of furthering their education.
12. The student body should have clearly defined means to participate in the formulation and application of institutional policy affecting academic and student affairs, e.g., through a faculty-student council, student membership or representation on faculty committees.
13. The institution has an obligation to clarify those standards of behavior, which it considers essential to its educational mission, its community life, or its objectives and philosophy.
14. Disciplinary proceedings should be instituted only for violations of standards of conduct formulated with significant student participation and published in advance through such means as a student handbook or a generally available set of institutional regulations. It is the responsibility of the student to know these regulations. Grievance procedures should be available for every student.
15. As citizens and members of an academic community, students are subject to the obligations, which accrue to them by virtue of this membership and should enjoy the same freedoms of citizenship.
16. Students have the right to belong or refuse to belong to any organization of their choice.
17. Students have the right to personal privacy in their living space to the extent that the welfare and property of others are respected.
18. Adequate safety precautions should be provided by nursing programs, for example, adequate street lighting, locks, and other safety measures deemed necessary by the environment.
19. Dress code, if present in school, should be established with student input in conjunction with the school director and faculty, so the highest professional standards are maintained, but also taking into consideration points of comfort and practicality for the student.

20. Grading systems should be carefully reviewed periodically with students and faculty for clarification and better student-faculty understanding.
21. Students should have a clear mechanism for input into the evaluation of nursing faculty.

The NSNA Student Bill of Rights and Responsibilities was initially adopted in 1975. The document was updated by the NSNA House of Delegates in San Antonio, Texas (1991); and item #4 was revised by the NSNA House of Delegates in Baltimore, Maryland (2006).

Z. MALPRACTICE INSURANCE

Saint Francis University covers all nursing faculty and student malpractice insurance. This only covers the faculty or student when they are performing University clinical experiences.

V. STUDENT GOVERNANCE

A. PENNSYLVANIA STATE BOARD OF NURSING

1. Requirements For RN-Licensure

The Bachelor of Science in Nursing Program is approved by the Pennsylvania State Board of Nursing and accredited by the Commission on Collegiate Education (CCNE).

Students enrolled in the Saint Francis University Nursing Program must comply with the requirements of Pennsylvania's *PROFESSIONAL NURSING LAW, THE. Cl. 63. Act of May. 22, 1951, P.L. 317, No. 69. AN ACT, as amended.*

A copy of the Professional Nursing Law of PA is maintained in the following area for students to review: the Nursing Office and is available on line at:

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Page/s/Board-Laws-and-Regulations.aspx>

...Section 6 Fees; Qualifications for Licensure

- (a) No application for licensure as a registered nurse shall be considered unless accompanied by a fee determined by the Board by regulation. Every applicant, to be eligible for examination for licensure as a registered nurse, shall furnish evidence satisfactory to the Board that he or she is of good moral character, has completed work equal to a standard high school course as evaluated by the Board and has satisfactorily completed an approved program of professional nursing. Approved programs shall include baccalaureate degree, associate degree, diploma Nursing Programs and programs in transition from approved diploma- to degree-granting programs when all other requirements of the Board have been met....
- (c) The Board shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the act of April 14, 1972 (P.L.233, No.64), known as "**The Controlled Substance, Drug, Device and Cosmetic Act,**" or convicted of a felony relating to a controlled substance in a court of law of the United States or any other state, territory or country unless:
- (1) At least ten (10) years have elapsed from the date of conviction;
 - (2) The applicant satisfactorily demonstrates to the Board that he has made significant progress in personal rehabilitation since the conviction such that licensure of the applicant should not be expected to create a substantial risk of harm to the health and safety of patients or the public or a substantial risk of further criminal violations; and
 - (3) The applicant otherwise satisfies the qualifications contained in or authorized by this act.

As used in this subsection the term "convicted" shall include a judgment, an admission of guilt or a plea of nolo contendere. An applicant's statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of the absence of a conviction, unless the Board has some evidence to the contrary.
(6 amended June 29, 2002, P.L.651, No.99)...

...Section 12.1 Continuing Nursing Education

- (a) The Board shall adopt, promulgate and enforce rules and regulations consistent with the provisions of this act establishing requirements of continuing nursing education to be met by individuals licensed as registered nurses under this act as a condition for renewal of their licenses. The regulations shall include any fees necessary for the Board to carry out its responsibilities under this section.
- (b) Beginning with the license period designated by regulation, licensees shall be required to attend and complete thirty (30) hours of mandatory continuing education during each two-year license period. Nationally certified education courses shall be considered as creditable, in addition to any other courses the Board deems creditable toward meeting the requirements for continuing education.
- (c) An individual applying for the first time for licensure in this Commonwealth shall be exempted from the continuing education requirement for the biennial renewal period following initial licensure.
- (d) (1) The Board may waive all or a portion of the continuing education requirement for biennial renewal for a licensee who shows to the satisfaction of the Board that the licensee was unable to complete the requirements due to serious illness, military service or other demonstrated hardship.

(2) The request shall be made in writing with appropriate documentation and shall include a description of circumstances sufficient to show why the licensee is unable to comply with the continuing education requirement.
- (e) A licensee seeking to reinstate an inactive or lapsed license shall show proof of compliance with the continuing education requirement for the preceding biennium.
- (f) All courses, locations, instructors and providers shall be approved by the Board. No credit shall be given for any course in office management.
- (g) In lieu of meeting the requirements of this section:
 - (1) Certified registered nurse practitioners and dietetics-nutrition licensees shall fulfill the requirements for continuing education in accordance with sections 8.1 and 11, respectively.
 - (2) School nurses who as certified education specialists are required to obtain continuing professional education under section 1205.2 of the act of March 10, 1949 (P.L.30, No. 14) known as the "Public School Code of 1949," and under this act shall be permitted to submit evidence of the completion of education courses approved for their certification by the school district.
- (h) The board shall initiate the promulgation of regulations to carry out the provisions this section within one (1) year of the effective date of this section.
(12.1 added June 29, 2006, P.L.275, No.58)

...Section 14 Refusal, Suspension or Revocation of Licenses

- (a) The Board may refuse, suspend or revoke any license in any case where the Board shall find that:

- (1) The licensee is on repeated occasions negligent or incompetent in the practice of professional nursing or dietetics-nutrition.
- (2) The licensee is unable to practice professional nursing with reasonable skill and safety to patients by reason of mental or physical illness or condition or physiological or psychological dependence upon alcohol, hallucinogenic or narcotic drugs or other drugs which tend to impair judgment or coordination, so long as such dependence shall continue. In enforcing this clause (2), the Board shall, upon probable cause, have authority to compel a licensee to submit to a mental or physical examination as designated by it. After notice, hearing, adjudication and appeal as provided for in section 15, failure of a licensee to submit to such examination when directed shall constitute an admission of the allegations against him or her unless failure is due to circumstances beyond his or her control, consequent upon which a default and final order may be entered without the taking of testimony or presentation of evidence. A licensee affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that he or she can resume a competent practice of professional nursing with reasonable skill and safety to patients.
- (3) The licensee has willfully or repeatedly violated any of the provisions of this act or of the regulations of the Board.
- (4) The licensee has committed fraud or deceit in:
 - (1) The practice of nursing, or in securing his or her admission to such practice or nursing school; or
 - (2) The practice of dietetics-nutrition or in securing his or her license as a dietitian-nutritionist.
- (5) The licensee has been convicted, or has pleaded guilty, or entered a plea of nolo contendere, or has been found guilty by a judge or jury, of a felony or a crime of moral turpitude, or has received probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition in the disposition of felony charges, in the courts of this Commonwealth, the United States or any other state, territory, possession or country.
- (6) The licensee has his or her license suspended or revoked or has received other disciplinary action by the proper licensing authority in another state, territory, possession or country.
- (7) The licensee has acted in such a manner as to present an immediate and clear danger to the public health or safety.
- (8) The licensee possessed, used, acquired or distributed a controlled substance or caution legend drug for other than an acceptable medical purpose.
- (9) The licensee has been guilty of immoral or unprofessional conduct. Unprofessional conduct shall include departure from or failing to conform to an ethical or quality standard of the profession. The ethical and quality standards of the profession are those embraced by the professional community in this Commonwealth. In proceedings based on this clause, actual injury to a patient or individual or group need not be established.

- (b) When the Board finds that the license of any nurse or dietitian-nutritionist may be refused, revoked or suspended under the terms of subsection (a), the Board may:
- (1) Deny the application for a license.
 - (2) Administer a public reprimand.
 - (3) Revoke, suspend, limit or otherwise restrict a license as determined by the Board.
 - (4) Require a licensee to submit to the care, counseling or treatment of a physician or a psychologist designated by the Board.
 - (5) Suspend enforcement of its finding thereof and place a licensee on probation with the right to vacate the probationary order for noncompliance.
 - (6) Restore or reissue, in its discretion, a suspended license to practice professional or practical nursing or dietetics-nutrition and impose any disciplinary or corrective measure which it might originally have imposed.
- (14 amended June 29, 2002, P.L.651, No.99)*

...Section 14.1 Impaired Professionals Program

- (a) The Board, with the approval of the Commissioner of Professional and Occupational Affairs, shall appoint and fix the compensation of a professional consultant who is a licensee of the Board with education and experience in the identification, treatment and rehabilitation of persons with physical or mental impairments. Such consultant shall be accountable to the Board and shall act as a liaison between the Board and treatment programs, such as alcohol and drug treatment programs licensed by the Department of Health, psychological counseling and impaired professionals support groups approved by the Board and which provide services to licensees under this act.
- (b) The Board may defer and ultimately dismiss any of the types of corrective action set forth in this act for an impaired professional so long as the licensee is progressing satisfactorily in an approved treatment program, provided that the provisions of this subsection shall not apply to a licensee who has been convicted of, pleaded guilty to or entered a plea of nolo contendere to a felonious act prohibited by the act of April 14, 1972 (P.L.233, No.64), known as "The Controlled Substance, Drug, Device and Cosmetic Act," or the conviction of a felony relating to a controlled substance in a court of law of the United States or any other state, territory or country. An approved program provider shall, upon request, disclose to the consultant such information in its possession regarding an impaired professional in treatment which the program provider is not prohibited from disclosing by an act of this Commonwealth, another state or the United States. Such requirement of disclosure by an approved program provider shall apply in the case of impaired professionals who enter an agreement in accordance with this section, impaired professionals who are the subject of a Board investigation or disciplinary proceeding and impaired professionals who voluntarily enter a treatment program other than under the provisions of this section but who fail to complete the program successfully or to adhere to an after-care plan developed by the program provider.

- (c) An impaired professional who enrolls in an approved treatment program shall enter into an agreement with the Board under which the professional's license shall be suspended or revoked but enforcement of that suspension or revocation may be stayed for the length of time the professional remains in the program and makes satisfactory progress, complies with the terms of the agreement, and adheres to any limitations on his practice imposed by the Board to protect the public. Failure to enter into such an agreement shall disqualify the professional from the impaired professional program and shall activate an immediate investigation and disciplinary proceeding by the Board.
- (d) If, in the opinion of such consultant after consultation with the provider, an impaired professional who is enrolled in an approved treatment program has not progressed satisfactorily, the consultant shall disclose to the Board all information in his or her possession regarding such professional, and the Board shall institute proceedings to determine if the stay of the enforcement of the suspension or revocation of the impaired professional's license shall be vacated.
- (e) An approved program provider who makes a disclosure pursuant to this section shall not be subject civil liability for such disclosure or its consequences.
- (f) Any hospital or healthcare facility, peer or colleague who has substantial evidence that a professional has an active addictive disease for which the professional is not receiving treatment, is diverting a controlled substance or is mentally or physically incompetent to carry out the duties of his license shall make or cause to be made a report to the Board. Provided, that any person or facility who acts in a treatment capacity to impaired professionals in an approved treatment program is exempt from the mandatory reporting requirement of this subsection. Any person or facility who reports pursuant to this section in good faith and without malice shall be immune from any civil or criminal liability arising from such report. Failure to provide such report within a reasonable time from receipt of knowledge of impairment shall subject the person or facility to a fine not to exceed one thousand dollars (\$1,000). The Board shall levy this penalty only after affording the accused party the opportunity for a hearing, as provided in Title 2 of the Pennsylvania Consolidated Statutes (relating to administrative law and procedure).
(14.1 amended June 29, 2002, P.L.651, No.99)

B. STUDENT NURSES ORGANIZATION BYLAWS

Article I: Name

The name of this organization shall be the Student Nursing Organization of Saint Francis University.

Article II: Purpose

Section 1:

The purpose of the Student Nursing Organization shall be:

- A. To represent the student body at Saint Francis University activities and functions through participation and cooperation.
- B. To provide an opportunity for participation in the formulation and application of policies affecting nursing, academic and student affairs.
- C. To provide an opportunity for discussion of student concerns within the DoN.
- D. To promote opportunities for academic growth at Saint Francis University.
- E. To participate as a group in social and community activities within and outside of Saint Francis University.
- F. To participate in the orientation of new students enrolled in the Nursing Program at Saint Francis University.
- G. To introduce members of the organization to the existence of pre-professional and professional nursing organizations by exploring current trends and legislative issues related to the profession of nursing.

Article III: Membership

The eligible members of the organization shall be any student enrolled at Saint Francis University who is interested in professional nursing.

Article IV: Officers

Section 1:

The officers of the Student Nursing Organization shall be the President, Vice President, Secretary, Treasurer, and Public Relations Chair.

Section 2: Election of Officers

- A. Nominations will begin at the October meeting and will be open until the election meeting in November.
- B. The officers shall be elected by ballot and their term of office shall begin at the close of the annual meeting in December.
- C. In the event of a vacancy of the Office of President, the Vice President will automatically assume the Presidency.
- D. No member shall hold more than one office at a time.
- E. In the event of a vacancy in any other elected office prior to a regular election, an interim nomination and vote will be held to elect a member to serve in the vacated position until the next regular election.
- F. Any member shall run for more than one office at a time, but in the event that both offices are obtained, a choice would have to be made, and the second person on the ballot would obtain the other office.
- G. Officers must be in good standing in the Nursing Department.

Article V: Duties of Officers

Section 1:

The President shall:

- A. Preside at all Student Nursing Organization meetings.
- B. Represent the Student Nursing Organization as its official spokesperson at Saint Francis University.
- C. Serve as Chairperson of the Student Nursing Organization Executive Committee.
- D. Sign all necessary documents in the name of the Student Nursing Organization when directed by the membership.
- E. Serve as ex officio member of all committees within the Student Nursing Organization.
- F. Perform additional duties assigned by the Executive Committee.

Section 2:

The Vice President shall:

- A. Preside in the absence of the president and when so acting have full authority of the president.
- B. Serve as Assistant to the President.
- C. Serve as Chairperson of the Program Committee for Academic Growth.
- D. Perform all other duties assigned by the President of the Executive Committee.

Section 3:

The Secretary shall:

- A. Record the minutes of all the meetings and be responsible for copying all minutes necessary to hand out. Will also post meeting times, dates, places on nursing bulletin board.
- B. Keep a record of all minutes.
- C. Receive, write, and distribute all correspondence related to or of interest to the Student Nursing Organization.
- D. Perform all other duties assigned by the President or as usual to this office.

Section 4:

The Treasurer shall:

- A. Collect, receive, and record all monetary transactions for the organization.
- B. Be custodian of the Student Nursing Organization's monies and deposit them in a bank designated by the Executive Committee.
- C. Disperse the organization's funds as directed by the Membership.
- D. Deliver a report of all transactions and current financial status of the organization at all regular meetings, as well as an annual report at the April meeting.
- E. Perform all other duties assigned by the President or as usual to this office.

Section 5:

The Public Relations Chair shall:

- A. Organize and keep a scrapbook of Student Nursing Organization functions and activities.
- B. Assist the Secretary as necessary.
- C. Perform all other duties assigned by the President or as usual to this office.

Section 6:

Class Representatives shall:

- A. Consist of one member from each class (Freshman, Sophomore, Junior and Senior).

- B. Communicate the needs of their respective classes to the Executive Committee.
- C. Communicate activities of the Executive Committee to their respective classes.
- D. Perform all other duties assigned by the Student Nursing Organization President or as usual to this office.

Article VI: Meetings

Section 1:

The regular meetings of the Student Nursing Organization shall be held each month from September to April. The date and time for the regular meetings will be established by the Student Nursing Organization Membership during its initial meeting at the beginning of the semester.

Section 2:

The regular meeting in April shall be known as the annual meeting and shall be for the purpose of receiving annual reports from officers and committee chairpersons and reviewing bylaws.

Section 3:

Additional meetings can be called by the President or by the Executive Committee.

Section 4:

A majority of the membership of the Student Nursing Organization shall constitute a majority of the members present.

Article VII: Executive Committee

Section 1:

Members of the Executive Committee shall include the officers of the Student Nursing Organization, one representative from each class (Freshman, Sophomore, Junior and Senior) all committee chairpersons, and the faculty advisors to the Student Nursing Organization.

Section 2:

The Executive Committee shall:

- A. Enforce the Bylaws of the Student Nursing Organization.
- B. Act as liaison and medium for communication exchange between the Student Nursing Organization and University faculty and administration.
- C. Supervise the affairs of the Student Nursing Organization between regular meetings and make recommendations to the Organization.
- D. Propose to the general membership the expenditure of funds for activities.
- E. Be accountable to the nursing student body by making available fiscal reports, voting results, council agenda, and minutes.

Section 3:

The President of the Student Nursing Organization will preside as Chairperson of the Executive Committee.

Section 4:

One to two full-time members of the nursing faculty, selected by the Department Chairperson, shall serve as advisors and non-voting members to the Executive Committee. Faculty Advisors shall:

- A. Serve as liaisons between the Student Nursing Organization and the DoN.
- B. Interpret the policies of the University and the DoN to the students.
- C. Attend Student Nursing Organization meetings and Committee meetings upon the request of the specific committee chair- persons.

Section 5:

The Executive Committee shall meet regularly (once a month) on a day and a time set by the Executive Committee at its first regular meeting each semester. Additional meetings can be called by the President or upon the written request of three members of the Executive Committee.

Section 6:

The majority of the voting members of the Executive Committee present shall constitute a quorum. Each member of the Executive Committee shall have one vote.

Section 7: Dismissal Procedure

- A. The Executive Committee shall have the privilege to ask for the dismissal of any Executive Committee member who:
 - 1. Is absent from two consecutive meetings with no reasonable excuse.
 - 2. Fails to carry out the designated duties of his/her office.
- B. Action will be taken after two written warnings are given to the offending member from the Student Nursing Organization Chairperson.
- C. A two-thirds vote by all Executive Committee members will decide upon the outcome of an offending member.
- D. The offending member will be notified of the Executive Committee's action through a formal letter from the Executive Committee's Chairperson within one week of vote.
- E. The offending member retains the right to come before the Executive Committee to appeal the decision. If he/she decides to do so, the Executive Committee must be informed one week after notification is received.

Article VIII: Committees

Section 1:

The Committees and their respective duties are as follows:

- A. The Program Committee for Academic Growth shall:
 - 1. Be chaired by the Vice President of the Student Nursing Organization.
 - 2. Organize and conduct at least two programs per year for the Student Nursing Organization such as lectures, seminars, job fairs, etc.
 - 3. Carry out duties delegated by the Student Nursing Organization President with respect to committee or class functions.
- B. The Publications and Bylaws Committee shall:
 - 1. Contribute articles related to the Student Nursing Organization to the Loretto.
 - 2. Publicize all Student Nursing Organization activities in advance.
 - 3. Edit, publish and distribute the monthly SNO Bulletin.
 - 4. Make recommendations for Bylaw revisions as necessary to the Student Nursing Organization.
 - 5. Post a list of proposed changes in Bylaws for all students to review and comment on prior to presentation to the Executive Committee.
 - 6. Present revised Bylaws to the Executive Committee at the regular meeting in March for approval.
 - 7. Post approved Bylaws for all nursing students.

8. Carry out duties delegated by the Student Nursing Organization present with respect to Committee functions.
- C. The Social Committee shall:
1. Coordinate all social activities of the Student Nursing Organization with the University.
 2. Coordinate the Student Nursing Organization's involvement in University activities.
 3. Organize a freshman orientation for new students in the Nursing Program at the beginning of each academic year.
 4. Organize fund-raising activities for the Student Nursing Organization.
 5. Submit a report of Student Nursing Organization social activities at the end of each school year.
 6. Carry out duties delegated by the Student Nursing Organization President with respect to Committee's functions.
- D. The Service Committee shall:
1. Plan and coordinate at least one service project of the Student Nursing Organization with the University and surrounding communities.
 2. Coordinate the Student Nursing Organization's involvement in service projects sponsored by the University and/or community organizations.
 3. Carry out duties delegated by the Student Nursing Organization President with respect to Committee's functions.
- E. Special Committees shall be appointed as necessary by the Student Nursing Organization President and shall be disbanded when the task is accomplished.

Section 2:

Any member of the Student Nursing Organization shall serve on the Committees of their choice. Committee members are responsible for:

- A. Attending meetings, or in the event of an absence, relay any pertinent information to the Committee Chairperson.
- B. Participating in organizing and implementing Committee activities related to the Student Nursing Organization.
- C. Providing members of the Student Nursing Organization and the Executive Committee with essential information regarding Committee activities.
- D. Soliciting ideas and suggestions from the nursing student body.
- E. Meeting deadlines set by respective Committee or Executive Committee.

Section 3:

Committee Chairpersons shall be determined at the beginning of the fall semester.

Article IX: Amendments

These Bylaws can be amended at any regular meeting of the SNO by a majority of members present. The amendment shall be submitted in writing to the members at the next regular meeting.

APPENDIX A



**Traditional Bachelor of Science in Nursing (BSN)
128 credits
For Students Entering Program Fall Semester 2024**

| FRESHMAN (FALL) | | | | FRESHMAN (SPRING) | | | |
|---------------------------|---------------------------|-----|--|---------------------------|------------------------------------|-----|--|
| CORE I | Building the Foundation | 3cr | | CHEM 113 | Human Chemistry I * | 4cr | |
| PSYC 101 | Intro to Psychology | 3cr | | FNAR | FNAR or ART/ MUS/ THTR | 3cr | |
| BIOL 111 | Intro to Biology * | 4cr | | CORE II | Civic Responsibility & Citizenship | 3cr | |
| MATH 107 | College Algebra or higher | 3cr | | HIST | History | 3cr | |
| FTAE 105 | Franciscan Goals | 3cr | | WRIT 102 | Research Writing | 3cr | |
| CORE 103 | Comm. Enrichment Series | 0cr | | CORE 104 | Comm. Enrichment Series | 0cr | |
| TOTAL = 16 Credits | | | | TOTAL = 16 Credits | | | |

| SOPHOMORE (FALL) | | | | SOPHOMORE (SPRING) | | | |
|---------------------------|-------------------------------|-----|--|---------------------------|------------------------------|-----|--|
| BIOL 205 | Anatomy & Physiology I * | 4cr | | BIOL 206 | Anatomy & Physiology II * | 4cr | |
| BIOL 214 | Clinical Microbiology * | 4cr | | NURS 222 | Fundamentals of Nursing Care | 4cr | |
| NURS 220 | Intro to Professional Nursing | 3cr | | LIT | Literature | 3cr | |
| NURS 221 | Nursing Assessment | 3cr | | PSYC 209 | Developmental Psych * | 3cr | |
| PHIL | Philosophy | 3cr | | STAT 205 | Essentials of Statistics * | 3cr | |
| TOTAL = 17 credits | | | | TOTAL = 17 credits | | | |

| JUNIOR (FALL) | | | | JUNIOR (SPRING) | | | |
|---------------------------|------------------------------------|-----|--|---------------------------|---------------------------------------|-----|--|
| NURS 322 | Nursing Care of Adults I | 4cr | | NURS 326 | Nursing Care of Adults II | 4cr | |
| NURS 323 | Mental Health Nursing | 4cr | | NURS 327 | Obstetric & Reproductive Nursing Care | 4cr | |
| NURS 324 | Nutrition for Nursing Practice | 3cr | | NURS 328 | Nursing Scholarship | 3cr | |
| NURS 325 | Patho/Pharm for Nursing Practice I | 3cr | | NURS 329 | Patho/Pharm for Nursing Practice II | 3cr | |
| ETHICS | Ethics | 3cr | | LANG | Languages and Cultures | 3cr | |
| TOTAL = 17 credits | | | | TOTAL = 17 credits | | | |

| SENIOR (FALL) | | | | SENIOR (SPRING) | | | |
|---------------------------|---------------------------------|-----|--|---------------------------|-----------------------------------|-----|--|
| NURS 433 | Nursing Care of Adults III | 4cr | | NURS 438 | Population Health | 3cr | |
| NURS 434 | Nursing Care of Children | 4cr | | NURS 439 | Professional Role Immersion | 3cr | |
| NURS 435 | Nursing Leadership & Management | 3cr | | NURS 440 | Palliative & Hospice Nursing Care | 3cr | |
| NURS 436 | NCLEX Prep I | 1cr | | NURS 442 | NCLEX Prep II | 1cr | |
| CORE III | Capstone | 3cr | | Elective | Any Elective | 3cr | |
| TOTAL = 15 credits | | | | TOTAL = 13 credits | | | |

* Students must pass these courses with a grade of C or better

For entrance into the Professional Phase of Nursing, NURS 300 Level courses, students must have a 2.75 minimum overall GPA and a minimum overall Natural Science GPA of 2.6 or higher.



**Second Degree/Accelerated BSN Program
(60 Nursing Credits)
For Students Entering Summer 2025**

| Summer Semester | | Fall Semester | | Spring Semester | |
|--|-------------------|--|-------------------|---|-------------------|
| Course | Credits | Course | Credits | Course | Credits |
| NURS 220 Introduction to Professional Nursing | 3cr | NURS 322 Nursing Care of Adults I | 4cr | NURS 326 Nursing Care of Adults II | 4cr |
| NURS 221 Nursing Assessment | 3cr | NURS 323 Mental Health Nursing | 4cr | NURS 327 Obstetric & Reproductive Nursing Care | 4cr |
| NURS 222 Fundamentals of Nursing Care | 4cr | NURS 324 Nutrition for Nursing Practice | 3cr | NURS 328 Nursing Scholarship | 3cr |
| | | NURS 325 Patho/Pharm for Nursing Practice I | 3cr | NURS 329 Patho/Pharm for Nursing Practice II | 3cr |
| Total Number of Credits | 10 Credits | | 14 Credits | | 14 Credits |

| Summer Semester | | Fall Semester | | | |
|---|-------------------|---|-------------------|--|--|
| Course | Credits | Course | Credits | | |
| NURS 435 Nursing Leadership & Management | 3cr | NURS 433 Nursing Care of Adults III | 4cr | | |
| NURS 440 Palliative & Hospice Nursing Care | 3cr | NURS 434 Nursing Care of Children | 4cr | | |
| NURS 438 Population Health | 3cr | NURS 439 Professional Role Immersion | 3cr | | |
| NURS 436 NCLEX Prep I | 1cr | NURS 442 NCLEX Prep II | 1cr | | |
| Total Number of Credits | 10 Credits | | 12 Credits | | |



Department of Nursing

Online RN-BSN Program (Full time)

| Semester 1 | | Semester 2 | | Semester 3 | |
|--|----------------------|---|-------------------------|---|-------------------------|
| Course | Credits | Course | Credits | Course | Credits |
| 7 weeks NURS 471 Professional Nursing Concepts for RNs | 3-Lecture | 7 Weeks NURS 474 Health Care Policy & Ethics for RNs | 3-Lecture | 7 Weeks NURS 476 Information Management and Application of Patient Care Technologies | 3-Lecture |
| 7 weeks NURS 472 Information Literacy and Writing Skills for RNs | 1-Lecture | 7 weeks NURS 473 Community Health and Population Focused Health Care for RNs | 3-Lecture 1-Clinical | 7 Weeks NURS 478 Management, Leadership, and Quality Care for RNs | 3-Lecture 1-Clinical |
| 7 weeks NURS 475 Research and Evidenced-Based Practice for RNs | 3-Lecture | 7 Week NURS 477 Practice- Focused Nursing Care for the Professional RN | 3-Lecture 1-Clinical | | |
| | | | | | |
| Total Number of Credits | 7 Credits | | 11 Credits | | 7 Credits |



Online RN-BSN Program (Part time)

| Semester 1 | | Semester 2 | | Semester 3 | |
|---|-------------------------|--|-------------------------|--|-------------------------|
| Course | Credits | Course | Credits | Course | Credits |
| 7 weeks NURS 471 Professional Nursing Concepts for RNs | 3-Lecture | 7 weeks NURS 475 Research and Evidenced-Based Practice for RNs | 3-Lecture | 7 Weeks NURS 477 Practice- Focused Nursing Care for the Professional RN | 3-Lecture 1-Clinical |
| 7 weeks NURS 472 Information Literacy and Writing Skills for RNs | 1-Lecture | 7 weeks NURS 473 Community Heath and Population Focused Health Care for RNs | 3-Lecture 1-Clinical | 7 Weeks NURS 474 Health Care Policy & Ethics for RNs | 3-Lecture |
| Total Number of Credits | 4 Credits | | 7 Credits | | 7 Credits |
| Semester 4 | | | | | |
| Course | Credits | | | | |
| 7 Weeks NURS 476 Information Management and Application of Patient Care Technologies | 3-Lecture | | | | |
| 7 Weeks NURS 478 Management, Leadership, and Quality Care for RNs | 3-Lecture 1-Clinical | | | | |
| | | | | | |
| Total Number of Credits | 7 Credits | | | | |

APPENDIX B

CORE CURRICULUM REQUIREMENTS

Saint Francis University

CORE CURRICULUM REQUIREMENTS

FOUNDATIONS

CORE 103 (0 credits) Fall Community Enrichment Series
CORE 104 (0 credits) Spring Community Enrichment Series
CORE I (3 credits) Building the Foundation or HNRS101
PTAE 105 (3 credits) Introduction to Franciscan Theology
WRIT 102 (3 credits) Research Writing
Quantitative Reasoning (3 credits)

CONNECTIONS

CORE II Civic Responsibility and Citizenship (3 credits)*
Fine Arts and Creative Expressions (3 credits)
History (3 credits)
Language and Culture (3 credits)
Literature (3 credits)
Natural Science (3-4 credits)
Philosophy (3 credits)**
Social Science (3 credits)*

INTEGRATIONS

Applied Learning (1-3 credits)
CORE III Junior/Senior Capstone (3 credits) or HNRS 444
Ethics (3 credits)**



CORE CURRICULUM REQUIREMENTS

RECOMMENDED COURSE SEQUENCE

FIRST YEAR

- CORE 103 (0 credits) Fall Community Enrichment Series
 - CORE 104 (0 credits) Spring Community Enrichment Series
 - CORE I (3 credits) Building the Foundation or HNRS101
 - FTAE 105 (3 credits) Introduction to Franciscan Theology
 - WRIT 102 (3 credits) Research Writing
-

ANY YEAR

- Applied Learning (1-3 credits)
 - CORE II Civic Responsibility and Citizenship (3 credits)*
 - Ethics (3 credits)**
 - Fine Arts and Creative Expressions (3 credits)
 - History (3 credits)
 - Language and Culture (3 credits)
 - Literature (3 credits)
 - Natural Science (3-4 credits)
 - Philosophy (3 credits)**
 - Quantitative Reasoning (3 credits)
 - Social Science (3 credits)*
-

THIRD OR FOURTH YEAR

- CORE III Junior/Senior Capstone (3 credits) or HNRS 444



APPENDIX C

School of Health Sciences and Education Student Appeal Policy

Students in the School of Health Sciences and Education must have the opportunity to raise matters of concern without fear of disadvantage and in the knowledge that their privacy and confidentiality will be respected as well as that of members of faculty and staff.

Procedures: The aim of these procedures is to ensure rigorous quality assurance of the academic decision-making processes by providing students with a fair, transparent and just formal process which makes sure that academic decisions have fully taken into account all required procedures and processes, and the consideration of any valid extenuating circumstances. Common appeals include: grade changes, lack of progression, academic probation/dismissal, assertion of policy not being followed, etc.

- a. Student initiating an appeal must begin and complete the process identified by the respective department, within the specified timeframe.
- b. If the appeal is not granted by the Department, the student may opt to appeal to the Dean of the School of Health Sciences and Education, using the appropriate form. This appeal must be made and received in the Dean's Office within 5 business days of notification of the appeal being denied by the department.
- c. The Dean of the School of Health Sciences and Education will notify the appropriate Department Chair of the student's appeal and request the student's educational record and/or any pertinent documentation related to the appeal.
- d. The Dean of the School of Health Sciences and Education will also alert the School of Health Sciences and Education Appeals Board* of the appeal and schedule a meeting to review the appeal with the Appeals Board.
- e. Following thorough review of this documentation, the School of Health Sciences and Education Appeals Board may meet with the involved Department Chair and an additional departmental faculty member as deemed appropriate by the Chair (may include faculty member involved in the appeal, student advisor, etc.) to ask clarifying questions and to fully understand the reasons for the denial of the appeal.
- f. The School of Health Sciences and Education Appeals Board may contact the student within 5 business days to schedule a meeting with the student, either face-to-face, via conference call or other electronic meeting mechanisms to review the student's appeal and seek clarification. Emphasis of this meeting will include:
 - a) Adherence to established policies
 - b) Consideration of any extenuating circumstances
- g. The School of Health Sciences and Education Appeals Board will deliberate and come to a decision (simple majority vote) based on the above meetings.
- h. The School of Health Sciences and Education Appeals Board will notify the involved Department Chair and the additional departmental faculty member (see #4 above) of the final appeal decision via e-mail.
- i. The Dean of the School of Health Sciences and Education will then notify the student of the final appeal decision via e-mail, utilizing the official appeal form.

*The School of Health Sciences and Education Appeals Board will consist of: The Dean of the School of Health Sciences and Education; the Associate Dean of the School of Health Sciences and Education; An additional Chair from one of the Health Sciences Departments who is appointed on an annual rotating basis. An alternate member will also be appointed in an annual rotating basis. In the event that the appeal originates from the Department from which the Associate Dean or other appointed member, the Appeals Board will consist of the Dean, the alternate member and an additional chair from Health Science Departments not involved in the appeal. Refer to the Appeals Board document for a list of current Appeals Board members.

School of Health Sciences and Education Student Appeal to Dean Process

Saint Francis University School of Health Sciences and Education Student Appeal to the Dean Process

1. A student who is not satisfied with the results of a departmental appeal may submit an appeal to the Dean of School of Health Sciences and Education using the attached form. The student will complete the form electronically in its entirety with all questions addressed.
2. Once the form is completed, the student will e-mail the form of the School of Health Sciences and Education Interim Dean and Administrative Assistant at kgolden@francis.edu and kbeck@francis.edu within five business days of the department appeal denial notification.
3. Upon receipt by the Dean's office, the Administrative Assistant will note the date received and acknowledge receipt to the student via-email.
4. The Dean will conduct an investigation, enter the appeal decision in the space provided, sign and date the form, and return it to the student via-email. A copy will be shared with the appropriate Chair/Program Director, and copy will be maintained in the Dean's Office.

School of Health Sciences and Education Student Appeal to Dean Form

Saint Francis University School of Health Sciences and Education Student Appeal to the Dean Process

Student Name: [Click here to enter text.](#)

Major: [Click here to enter text.](#)

Date of Appeal Submission: [Click here to enter text.](#)

1) Appeal Request

- a. Please clearly and succinctly explain what you are appealing.

[Click here to enter text.](#)

- b. Why are you appealing?

[Click here to enter text.](#)

- c. What outcome do you hope to attain?

[Click here to enter text.](#)

2) Policy being challenged or extenuating circumstances:

- a. Please include the specific policy or appropriate section of the policy and explain how you believe it has been violated.

[Click here to enter text.](#)

- b. Describe any extraordinary circumstances, which contribute to this appeal.

[Click here to enter text.](#)

3) Actions to Date:

- a. What actions have you taken to date?

Click here to enter text.

- b. What actions has the department taken to date?

Click here to enter text.

4) Other:

- a. Is there any additional information you want to convey related to this appeal?

Click here to enter text.

Student Signature:

Click here to enter text.

Office use only. Do not write below this line.

Received by Dean's Office:

Appeal Decision:

Copies to:

Rev. 12/18/23

https://my.francis.edu/ICS/Current_Students/Student_Academic_Forms_and_Policies.jnz?portlet=Student_Academic_Forms_and_Policies

APPENDIX D



Incident Report Form

Student Name: _____ Date: _____ Time: _____

Address (where incident occurred)

Street: _____ City: _____ State: _____ Zip Code: _____

Site: _____ Instructor: _____

Nature of Incident: _____

Action Taken: _____

Refused Treatment: _____

Referral: _____

Follow-up: _____

Location/Circumstances of Incident: _____

Witnesses: _____

Permission to call emergency contact: Yes: _____ No: _____ N/A: _____

Signature of Involved Student

Date

Signature of University Representative

Date

Signature of Involved Student

Date

Copy to student file

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APPENDIX E

**SAINT FRANCIS UNIVERSITY
SCHOOL OF HEALTH SCIENCES (SHS)**

SHS Drug and Alcohol Policy

Rationale

Those employed in the field of healthcare are entrusted with the safety, health, and welfare of patients and work in settings which require that sound ethical behavior and good judgement be exercised. Some majors within the School of Health Sciences will even have the ability to prescribe and / or have access to controlled substances within their chosen profession therefore requiring an absolute commitment to these principles.

The use of illicit drugs, non-prescribed drugs or impairment due to alcohol consumption can diminish the student's ability to learn in the classroom as well as their ability to provide adequate and appropriate care in the clinical setting. Therefore, the use of illicit drugs, non-prescribed drugs and / or being under the influence of alcohol in the classroom or clinical setting will not be tolerated.

Clinical facilities that serve as educational and training sites for students require that every department verifies that each student has a negative drug and / or alcohol screen prior to scheduling students at their facility. Additionally, many licensing agencies require individuals to pass a drug screen as a condition of licensure and / or employment. Clinical rotations / field experiences / internships are a required element of all programs within the School of Health Sciences. It is thus in the interest of both the students and the School of Health Sciences to identify any barriers to a student completing the clinical education requirements to allow the student to graduate with a degree within the School of Health Sciences.

In keeping with the Safe Harbor policy found in the Alcohol and Other Drugs Policy in the University's Student Handbook, any currently enrolled School of Health Sciences student who brings their own use, addiction or dependency to University officials or academic department / program personnel at least *three days prior* to student notification of any drug / alcohol testing or prior to any conduct sanctions and seeks assistance will not be immediately dismissed from the health science major. A written action plan between the academic department / program and student will be created. This plan may include, but not be limited to a mandated leave of absence to complete a certified drug treatment program, conditions of readmission / continuation in the health science major, and additional drug screenings performed at cost to the student. Failure to follow the action plan will nullify the Safe Harbor protection and lead to dismissal of the student from the health science major except for the B.S. in Health Care Studies major, which does not require clinical experiences.

SHS Drug and Alcohol Policy and Procedures

1. Any student within the School of Health Sciences who violates the Alcohol and Other Drugs Policy in the University's Student Handbook for example, by possessing an illicit drug substance in University housing, will be required to submit to appropriate drug or alcohol testing.
 - a. Students who are involved with any violation of the University's Illegal Drug Policy will be required to submit to drug testing as soon as possible, but no later than three days following the incident. The student will be responsible for the cost of testing in this incident.
 - b. Students exhibiting signs of excessive alcohol consumption will undergo a field sobriety test performed by the University Police Officers or other appropriate law enforcement personnel. Any student that does not pass the field sobriety test will be required to be transported via Emergency Medical Services (EMS) at the student's expense for medical attention, including a blood alcohol content level.

2. Depending on their academic major, students may be required to submit to drug screens prior to admission to and / or progression into the professional portion of the academic major and / or prior to or during clinical experiences. Students should be prepared for drug or alcohol testing at any point in their education and must comply when a test is scheduled.
3. Drug screens will be scheduled by the academic department / program as needed and / or required by clinical sites or when use is suspected.
 - a. If the student is taking a prescribed substance, they are required to disclose the prescription information to the testing site personnel *prior to the testing*.
 - b. Students subsequently must provide written documentation from their licensed health care provider to the testing site that performed the screen within two business days that there is a medical necessity for the medication.
 - c. Failure to submit appropriate documentation to the testing site from a licensed health care provider for medical necessity for the medication will result in the test being considered a “positive” result.
 - d. Despite a medical necessity for taking this medication, the student may not be able to attend clinical experiences if this medication impairs the student’s ability to appropriately function and meet the physical and cognitive functioning required for the safety of the student and patients. A decision regarding the student’s ability to participate in clinical experiences will be made at the academic department / program level utilizing each department’s / program’s current student review processes.
 - e. Students are able to request a medical leave of absence if they believe that a medical condition and its subsequent treatment would prohibit them from appropriately functioning in their role as a student health care provider.
4. Drug testing may be performed through any of the following methods:
 - a. Urine drug testing
 - b. Hair follicle testing
 - c. Clinical facility policy, if applicable
5. Students will be notified about associated fees for required drug screens from their respective academic department / program. Students will be responsible for the cost of all screens, either individually or through an academic department / program designated budget line that includes student fees for that purpose.
6. If screening for alcohol use is warranted, screens will be performed by obtaining a blood alcohol content level. The student will be responsible for the cost of any testing related to suspected alcohol use or abuse.
7. The program director, program or any School of Health Sciences faculty and clinical preceptors / facility reserve the right to request a drug or alcohol screen when use is suspected.
 - a. If a student appears to be impaired, they will be removed from the clinical experience, class, or activity immediately.
 - b. Any faculty member or clinical preceptor / facility who suspects alcohol impairment or use of illicit or non-prescribed drugs may require that the student submit to an alcohol or drug screen. This testing could be scheduled on the same day as the suspected incident, especially if alcohol use is suspected. The student will be responsible for the cost of testing in this incident.
 - c. If an incident occurs on campus with suspected excessive alcohol consumption, the University Policy will be contacted to perform a field sobriety test. Any student that does not pass the field sobriety test will be required to be transported via EMS at the student’s expense for medical attention, including a blood alcohol content level.

- d. If the clinical preceptor / facility suspects any impairment due to drugs and / or alcohol, the academic department / program is to be notified immediately. The scent of alcohol on the breath while at a clinical site will also not be tolerated. Testing may occur according to the School of Health Sciences Drug and Alcohol policy or the clinical facility's policy, if appropriate.
8. Failure to complete a drug or alcohol screen which has been scheduled by University personnel and / or the student's department faculty or clinical preceptor / facility will be considered as a positive result.
9. Students within the School of Health Sciences will sign a Department / Academic Program Drug and Alcohol Policy Contract and Consent form with a waiver of liability releasing the results of any drug or alcohol testing information to the academic department / program and any clinical site that may require the reported results.
 - a. Failure to sign this form will result in automatic dismissal of the student from the School of Health Sciences major except for the B.S. in Health Care Studies major, which does not require clinical experiences.
 - b. Students who are licensed professional nurses will also be directed to the Volunteer Recovery Program (Commonwealth of Pennsylvania Bureau of Professional and Occupational Affairs Professional Health Monitoring Programs) which offers the eligible professional an alternative to board disciplinary action from becoming a permanent part of their professional licensing record.
10. If the result of the drug or alcohol screen is positive as determined by the appropriate Medical Review Officer at the testing site, the Department Chair / Program Director or an appointed designee will be notified in writing of the results of the drug screen, typically within two business days. The results of any testing completed off campus will be sent to the University MyHealth@School and then forwarded to the Department Chair / Program Director or an appointed designee as outlined.
11. Students who do not pass a drug or alcohol screen and / or fail to get a drug or alcohol screen when scheduled by University personnel and / or the student's department faculty or clinical preceptor / facility will be dismissed from their major within the School of Health Sciences and are prohibited from changing majors to any other School of Health Science major except for the B.S. in Health Care Studies major, which does not require clinical experiences. Students who are licensed professional nurses will also be directed to the Volunteer Recovery Program which offers the eligible professional an alternative to board disciplinary action from becoming a permanent part of their professional licensing record.
12. Any student that has a positive drug or alcohol screen will be referred for evaluation and treatment to an appropriate chemical dependency program. The University MyHealth@School will provide a referral list of programs in the regional area, if needed. The student is responsible for any costs associated with the counseling and treatment in the chemical dependency program.
13. In addition to University or School of Health Sciences sanctions, students are subject to all legal sanctions under federal, state and local law for any offenses involving under-age drinking, driving while under the influence/driving while intoxicated or with the sale, manufacture, distribution, possession or use of illicit/non-prescribed drugs.

SHS Drug and Alcohol Testing Process

1. Testing times for academic department / program screens will not be announced in advance.
2. The School of Health Sciences utilizes a strict chain-of-custody system to ensure minimal possibility of tampering with the specimen from the time of announcement of the testing through its collection to the time of testing in the laboratory. To that end, if the testing takes place at a site on the Saint

Francis University campus, the student will be escorted to the testing area by department / program personnel and will remain at the testing area until the appropriate specimen is obtained.

3. MyHealth@School Process

The following drug and alcohol testing process will be utilized for any testing completed through MyHealth@School Saint Francis. MyHealth@School Saint Francis recognizes that the School of Health Sciences students are required to have drug screens performed as outlined by the academic department / program. There may also be times as outlined in the School of Health Sciences Drug and Alcohol Policy that testing be completed for suspected drug and / or alcohol use. To that end, the following procedures and policies for testing completed by MyHealth@School will be in effect:

MyHealth@School Saint Francis Scheduling of Testing

- a. The School of Health Sciences academic department / program will contact MyHealth@School at least two (2) weeks prior to schedule the timing of drug testing that includes testing the entire class cohort.
- b. The School of Health Sciences academic department / program will schedule drug screenings as a class, whenever possible. Individual testing for drugs and / or alcohol will be completed based on extenuating circumstances and / or when requested due to suspected use.
- c. The School of Health Sciences academic department / program will inform their students of the need and timing of any drug and / or alcohol testing.
- d. The School of Health Sciences academic department / program will provide a copy of this drug and alcohol testing process to student donors to include notification of the following:
 - 1) Student donors must present photo identification at the time of testing
 - 2) Student donors should be instructed by the academic department / program not to over-hydrate once the testing time is announced to avoid a “dilute” testing result. Student donors should be instructed not to drink more than 8 ounces of water every 30 minutes up to 5 times (40 oz.)
 - 3) Student donors will be required to provide a list of prescribed medications the student is taking as part of the intake process prior to drug testing
 - 4) Student donors will need to review and sign the MyHealth@School Drug / Alcohol Screen Consent form the day of testing (See Appendix A)
 - 5) If an observed urine drug screen is scheduled, the process includes the need to monitor the urine specimen collection. This process will include the presence of a MyHealth@School designee that will serve as a monitor based on the gender of choice as chosen by the student donor on the day of testing to be present in the bathroom during specimen collection.

MyHealth@School Procedures

- a. Urine sample collection
 - 1) Preparation for urine sample collection
 - a) Ensure supplies are present (test collection kit with cup, color chart, and specimen transport bag)
 - b) Place bluing agent in toilet
 - c) Affix tamper evident tape to soap dispenser and faucet
 - d) Remove garbage can and any other supplies from restroom
 - e) Shut off water valve to restroom
 - 2) Urine sample collection
 - a) Upon the student donor’s arrival to the health center, they will be escorted to a waiting area inside the health center to complete pre-testing paper work
 - The student donor will provide a list of current medications to the medical staff as part of the consent form
 - The student donor will then sign the consent to be tested form

- b) The student donor will remain in this area until their turn and when they feel they are able to give at least a 30 mL urine sample
- c) The student donor will be escorted to the lab and asked to remove any outer clothing which would include hats, jackets, hoodies etc.
- d) The student donor will be asked to empty all pockets and place articles on lab counter
- e) The student donor will be required to present a photo identification card that may be either the student's University identification card and/or another photo identification card, such as a driver's license
- f) The certified MyHealth@School collector will put on gloves
- g) The student donor will be asked to wash and dry their hands
- h) The student donor will be asked to pick a test collection kit and examine it to see if it is securely sealed
- i) Once the student donor agrees the test collection kit is sealed, it is given to the certified MyHealth@School collector to be examined for proper seal and expiration date
- j) The test collection kit will be opened and the bag and test container will be emptied onto the counter by the certified MyHealth@School collector and the collection cup will be given to the student donor
- k) The student donor will be escorted to the bathroom where a MyHealth@School designee that will serve as a monitor based on the gender of choice as chosen by the student donor on the day of testing will enter the bathroom with the student donor. The monitor must have completed the MyHealth@School's training process.
- l) Once the sample is obtained, the student donor will hand it directly to the certified MyHealth@School collector
- m) The sample is kept in view of the student donor at all times
- n) Should the student donor be unable to give at least a 30 mL urine sample, they will be considered to have a "shy bladder"
 - The student donor will then be escorted to a designated waiting area within the health center
 - The student donor will be offered 8 ounces of water every 30 minutes up to 5 times (40 oz.)
 - The student donor may be required to wait up to three hours with periodic attempts to provide an adequate 30 mL urine sample
 - The certified MyHealth@School collector will document in the remarks section of the custody form the time each attempt was made and whether any specimen was provided
 - If the student donor leaves before the end of the three-hour period, it is considered a refusal to test and is subject to disciplinary action as outlined in the School of Health Sciences Drug and Alcohol Policy
 - When the student donor states they are able to potentially supply a urine sample, another specimen using a new collection kit will be attempted
 - If the volume is adequate (30 mL), the sample will be utilized to complete the testing process
 - If the volume remains insufficient (less than 30 mL), a note of "shy bladder" will be made in the "remarks" section of the custody and control form by the certified MyHealth@School collector
 - If any student, including a student with a noted "shy bladder," is not able to provide a urine sample on the scheduled day of testing, a hair follicle sample will automatically be obtained to complete the testing process
- o) The student donor is then escorted back to the lab to wash and dry their hands
- p) The volume, temperature, odor and color are checked by the certified MyHealth@School collector, which is documented on the designated section of the chain of custody form

- q) The 30 mL sample is transferred to the test container and security seal is placed over the lid
 - The student donor initials and dates the seal
 - The remainder of the urine sample is discarded down the sink by the certified MyHealth@School collector
 - r) The chain of custody form is completed by the MyHealth@School designated monitor, the student donor and the certified MyHealth@School collector
 - The MyHealth@School designated monitor completes and signs the appropriate portion of the custody form
 - The student donor completes and signs their appropriate portion of the custody form
 - The certified MyHealth@School collector ensures that all areas of the chain of custody form is completed appropriately and signs the designated portion of the custody form
 - A copy of the chain of custody form is given to the student donor
 - s) The student donor may leave the health center
 - t) The sample will be sent to an offsite certified testing facility
 - u) The results will be kept in the student donor's confidential medical record at the MyHealth@School and also released to the designated academic department / program personnel as outlined on the School of Health Sciences Drug and Alcohol Policy Contract and Consent form
- b. Hair follicle sample collection
- 1) Preparation for hair follicle sample collection: ensure supplies are present (scissors, alcohol pads, hair clip, security seals, hair specimen collection envelope and specimen transportation bags)
 - 2) Hair follicle sample collection
 - a) Upon the student donor's arrival to the health center, they will be escorted to a waiting area inside the health center to complete pre-testing paper work unless it is a student with a noted "shy bladder" who is already in the waiting area
 - The student donor will provide a list of current medications to the medical staff as part of the consent form
 - The student donor will then sign the consent to be tested form
 - b) The student donor will be required to present a photo identification card that may be either the student's University identification card and/or another photo identification card, such as a driver's license
 - c) The certified MyHealth@School collector will put on gloves and clean the scissors and hair clip with an alcohol pad in front of the student donor
 - d) The certified MyHealth@School collector will prepare the foil for the specimen
 - Remove foil from specimen collection envelope
 - Fold the foil lengthwise
 - e) If the student donor has hair in a ponytail or braid have the student donor undo it
 - f) The certified MyHealth@School collector will obtain the hair follicle sample by
 - Using a hair clip to separate and cleanly part the student donor's hair
 - Moving the top layer of hair out of the way
 - Sliding the scissors under a single row of hair one strand deep and ½ inch wide
 - Pulling the row over the certified MyHealth@School collector's index finger and holding it with their thumb
 - Sliding the scissors down the student donor's hair to the scalp and cut the hair
 - Pinching the root ends together and keeping them aligned

- Making an appropriate cut of hair to collect a specimen with the following characteristics:
 - The specimen is small – about 120 strands of hair
 - The correct amount of hair will measure about one-centimeter-wide when it is wrapped in foil
 - The hair specimen should resemble the thickness of a pencil
 - The specimen is collected from the crown of the head, where the hair is thickest
 - If the student donor has sparse hair, a few strands are taken from different spots, so it is cosmetically undetectable
 - If the student donor has short, curly hair: cut from different spots on the head, repeat until specimen is the size of a small cotton ball, or about two centimeters in diameter
 - If the student donor has hair that is shorter than 1 inch: body hair may be used with possible sites in order of preference:
 - Head
 - Nape
 - Beard/mustache
 - Underarms
 - Chest
 - Arms
 - Legs
 - Back
 - The hair sample will NOT combine body hair with head hair
- g) The certified MyHealth@School collector will finalize the hair follicle specimen to be sent to an offsite certified testing facility
 - Place the hair specimen in the prepared foil
 - Press the sides of foil together while keeping the root ends of the hair sample aligned
 - Root ends should extend ¼ inch beyond the edge of the foil
 - Wrap ends around the foil, do not cut
 - Remove the security seal from the specimen collection envelope
 - Place the seal on the front of the envelope with the bar code facing up
 - Flip the envelope over and wrap the seal around the bottom with the area of initials and date visible
 - Seal the specimen collection envelope
 - Date and initial the security seal making sure the initials run over onto the envelope
 - Sign and date the area marked “Sample Collector”
 - The student donor initials the security seal and the specimen collection envelope to certify the hair specimen in the envelope is theirs, that it was cut close to the scalp, and that they witnessed the certified MyHealth@School collector seal their hair in the envelope
- h) The chain of custody form is completed by the student donor and the certified MyHealth@School collector
 - The student donor will read, sign and date the Donor Certification on Copy-1
 - The student donor must provide date of birth, as well as day and evening contact information
 - The certified MyHealth@School collector will make sure the student donor’s signature matches the photo identification card and return it to the student donor

- The certified MyHealth@School collector will complete the Collector’s Certification on Copy-1 with name and signature (printed and signed), time of collection, and name of delivery service and then will:
 - Fold Copy 1 of the form in half and place it in the large pouch of the specimen transportation bag collection and name of delivery service
 - Place the specimen collection envelope in the small pouch and remove the release liner folding over both openings and seal it
 - Give the student donor the Copy-5
 - Put the sealed specimen transportation bag in the mail for transport to the offsite certified testing facility

SHS Drug and Alcohol Testing Results

1. A negative or “clean” drug screen result is needed to participate in clinical experiences and remain within the School of Health Science majors except for the B.S. in Health Care Studies major, which does not require clinical experiences.
2. The results of the urine drug screening will be forwarded to the Department Chair/Program Director, at the department’s request, with a valid release signed by the student.
3. A “negative dilute” result on a urine drug screen means that the urine was not concentrated enough to determine accurate test results. This result and any result that is reported as “invalid” as determined by the testing site will need to be repeated. Since accurate test results were not initially able to be determined, repeat drug testing will automatically occur as outlined:
 - a. Once the academic department / program is made aware of the test results, an observed repeat urine drug screen will be performed within 24-72 hours. The student may be responsible for the cost of testing in this incident.
 - b. If the repeated urine drug screen is again reported as “negative dilute,” the student will be scheduled to have a drug screen performed through hair follicle analysis. The student may be responsible for the cost of testing in this incident.
4. Positive Results
 - a. All positive drug screen results will be reviewed by MyHealth@School’s certified Medical Review Officer.
 - b. A positive drug test, including a “positive dilute” result, which is not related to a legally prescribed drug therapy, will result in immediate dismissal from any health science major except for the B.S. in Health Care Studies major, which does not require clinical experiences.
 - c. If the student has a valid prescription to justify the positive result, the result will be determined as “negative” by the Medical Review Officer and documented such on the chain of custody. The student is responsible for providing the necessary documentation including, but not limited to; written prescription, label, and/or physical prescription bottle for medication.
 - d. The current federal testing cutoff levels of 2,000 ng/mL for opiate metabolites essentially eliminate casual poppy seed ingestion. Levels \geq to 2,000 ng/mL will be considered a positive drug screen for opiates not due to poppy seed consumption.
 - e. The student’s academic department and/or MyHealth@School will assist the student in getting a meeting set up with the on campus Drug and Alcohol Educator and/or evaluation by an off campus chemical dependency agency.
 - f. The student is responsible for any costs associated with the counseling and treatment in the chemical dependency program.
 - g. The results of the urine drug screening will be forwarded to the Department Chair/Program Director, at the department’s request, with a valid release signed by the student.

5. A blood alcohol content that is 0.08% or greater that occurs during any scheduled class, lab or clinical rotation / field experience / internship is considered a positive alcohol testing result. If a clinical site has a more restrictive requirement of acceptable blood alcohol content level (less than 0.08%), students will be notified and the site's policy will be followed. A positive blood alcohol content in either of these situations will also result in immediate dismissal from any health science major except for the B.S. in Health Care Studies major, which does not require clinical experiences.

SHS Appeals Process

All students have the right to appeal any dismissal due to a positive drug test to the School of Health Sciences Appeal Board. An appeal must be submitted in writing to the Dean of the School of Health Sciences' office within five business days of student notification of dismissal from the School of Health Sciences major. All decisions rendered by the School of Health Science Appeal Board are final.

**SAINT FRANCIS UNIVERSITY
SCHOOL OF HEALTH SCIENCE
DEPARTMENT / ACADEMIC PROGRAM FORM**

Drug and Alcohol Policy Contract and Consent Form

By signing below, I acknowledge the following:

1. I have received a copy of the Saint Francis University School of Health Sciences Drug and Alcohol Policy that explains the rationale for testing, testing policies, testing procedures and testing results, as well as an appeal process regarding dismissal based on a positive test result.
2. I agree to abide by all policies and procedures outlined in the School of Health Sciences Drug and Alcohol Policy, including being tested for drugs and / or alcohol as outlined.
3. Depending on my academic major, I may be required to submit to drug screens prior to admission to and / or progression into the professional portion of the academic major and / or prior to or during clinical experiences. Test results must be negative to remain in any School of Health Sciences major except for the B.S. in Health Care Studies major, which does not require clinical experiences.
4. I agree to provide the testing site with a list of current medications, including prescribed and over-the-counter (herbals, vitamins, etc.) drugs as part of the intake information on the day of testing.
5. I hereby give my consent for any authorized testing site to release the results of any drug and / or alcohol testing to the Saint Francis University MyHealth@School. The MyHealth@School will release the results to my Department Chair / Program Director or an appointed designee and any clinical site that may require the reported results.
6. I am aware that any positive test for drugs and / or alcohol will dismiss me from the School of Health Sciences and all of its majors except for the B.S. in Health Care Studies major, which does not require clinical experiences.

STUDENT:

Print Name: _____

Signature: _____

Date: _____

WITNESS:

Print Name: _____

Signature: _____

Date: _____

cc: MyHealth@School Updated 1-10-2020

APPENDIX A

**MyHEALTH@SCHOOL SAINT FRANCIS
Drug / Alcohol Screen Consent Form**

I hereby consent to submit to a drug and / or alcohol test and to furnish an appropriate sample for analysis in order to meet the School of Health Sciences Drug and Alcohol Policy.

I understand that refusing to provide or tampering with a collection specimen, or providing false information on a specimen's chain of custody form, may constitute disciplinary action from my academic department / program according to the policies outlined in the School of Health Sciences Drug and Alcohol Policy. I understand that failure to pass the drug test will lead to my immediate dismissal from the School of Health Science majors.

I further authorize and give full permission to have the MyHealth@School send the specimen or specimens collected to a certified laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Saint Francis University MyHealth@School. As per the School of Health Sciences Drug and Alcohol Policy, all tests results will also be released to the designated academic department / program personnel.

The following is a list of current medications, including prescribed and over-the counter (herbals, vitamins, etc.) drugs that I am currently taking:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

STUDENT DONOR:

Print Name: _____

Signature: _____

Date: _____

WITNESS:

Print Name: _____

Signature: _____

Date: _____

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APPENDIX F



Referral of Concern Form

Name of Student: _____ Course: _____

- I. Identify current theory grade average:

- II. Identify the problem: State learning objective or program requirement or policy not being met. (cite page numbers):

- III. Note student strength and weakness regarding the situation.

- IV. Identify measures used to offer student assistance in improving performance.

- V. Course Coordinator/Level Coordinator Recommendation:

- VI. Program Director Recommendations

- VII. Chair Recommendation:

Signature of Instructor Date

Signature of Course Coordinator/Level Coordinator Date

Signature of Program Director Date

Signature of Chair Date

Signature of Student Date

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