

**SOUTHWESTERN OKLAHOMA STATE  
UNIVERSITY  
SCHOOL OF NURSING**



**Student Handbook**

**MAY 2008**

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SCHOOL OF NURSING**

**STUDENT HANDBOOK**

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Southwestern Oklahoma State University, in compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 503 of the Rehabilitation Act of 1973, Section 402 of the Readjustment Assistance Act of 1974, American With Disabilities Act of 1990 and other Federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services.

# SON STUDENT HANDBOOK

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## I. PROGRAM INFORMATION

Southwestern Oklahoma State University, an Oklahoma institution of higher education, was established by an act of the Oklahoma territorial legislature in 1901 as the Southwestern Normal School. Since that time, the institution has evolved to a regional university offering degrees in many areas of study including the health related areas of pharmacy, medical technology, medical records administration and nursing.

The School of Nursing admitted its first student to the upper School clinical component of the nursing major during the Fall semester, 1977. The program is state approved and nationally accredited. NLNAC 61 Broadway, 33<sup>rd</sup> Floor New York, NY 10006

### A. MISSION STATEMENT

The mission of the School of Nursing is to provide the people of Oklahoma, specifically Western Oklahoma, an opportunity for Baccalaureate education, which prepares the nurse graduate as a beginning professional practitioner in a variety of clinical settings, and career enhancement for Registered Nurses. This is achieved with the following purposes:

1. To prepare a practitioner for beginning positions in professional nursing.
2. To facilitate career mobility for the nurse seeking a Baccalaureate in Nursing.
3. To foster and support professional nursing in Western Oklahoma.
4. To provide preparation for graduate study in nursing.
5. To facilitate scientific inquiry through faculty and student research.
6. To provide for continuous evaluations of nursing practice needs in Western Oklahoma.

### B. PHILOSOPHY

The School of Nursing faculty expresses in this statement of philosophy their collective beliefs about Man, Environment, Health, Nursing, Learning, the Learner, and Baccalaureate Nursing Education.

We believe that man is a biopsychosocial, spiritual being in constant interaction with his environment. Individually and collectively, man has needs and goals which are determinants of his choice of actions. We view man in a holistic way, as more than the sum of his parts, and recognize his complexity and his uniqueness in perception, experience, and actions. Because man is capable of learning, he has an inherent capacity for change. We believe that man has basic rights which include individuality, dignity, health, opportunities for learning and the right to make decisions about his own health care.

We believe that man exists in an ever-changing environment. As biopsychosocial, spiritual beings, man possesses adaptive mechanisms through which he can initiate change or respond to change in his environment. The quality of the interaction of man with his environment affects his development throughout the life span and his ability to meet needs and attain goals, thereby affecting the well-being of individuals and social units. In order to share resources and promote adaptation, man forms societies with the expectation that social systems will be developed which provide for the protection, education, health, and socialization of the individual.

We believe that health is a dynamic state of being which spans life's continuum from birth to death. The health continuum includes physical, psychological, spiritual, and social components that collectively determine adaptive responses to internal and external stimuli. Each individual possesses strengths and limitations which affect his position on the continuum. Since each individual is unique in his perception of experience, it is the individual who defines his state of health. Just as man has the right to health and health care, he also has the responsibility to be actively involved in his care and decisions about his care and to participate in the process of promoting, restoring, and maintaining wellness. Health care should be provided to the extent desired by the consumer (individual, family, or community). Health care is a collaborative effort of interdependent professions and consumer to reach identified goals of wellness. The consumer engaging the services of a professional health care provider assumes the role of client.

We believe that professional nursing provides an essential service to society in the area of health care. Nursing has a contract with society to assist individuals, families, and communities to promote, restore, and maintain health, to alleviate suffering, and to provide compassionate support to the dying. The phenomena of concern, the core of nursing practice, are the human responses to actual or potential health problems throughout the life span. The goal of nursing is to use nurturative, generative or protective actions that facilitate the attainment of optimal health by the individual regardless of position on the health continuum. Nursing is responsible and accountable for the unique service provided by nurses. The professional nurse is committed to a lifelong goal of self-directed learning born of the awareness that nursing is a dynamic profession in which nursing knowledge and related scientific and behavioral knowledge expands and changes. The professional nurse utilizes critical thinking in fulfilling the responsibility of evaluating and using the knowledge resulting from nursing research, of generating researchable questions within the nursing discipline, and of delivering care within the framework of the nursing process. Nurses have a collaborative responsibility with other health care professionals to provide quality health care and to optimize the functioning of the health care delivery system.

The faculty believes that learning is a lifelong process of change. Optimal learning occurs when the environment is appropriate for the lesson, supportive to the learner, and allows the learner to proceed from the simple to the complex. Since people learn what they do or experience, optimal learning occurs when theory is combined with application.

The student learner has individual needs. These needs are met by creating a learning environment that allows the learner an active participant role, recognizes past learning experiences, and respects the learner's individuality. However, learners are responsible for their own learning and learning outcomes will be influenced by the learner's ability to be self-motivated, self-directed, and actively involved in the educational process.

We believe that the preparation of a professional nurse is best accomplished in a baccalaureate program where learning is viewed as a dynamic process resulting in behavior change that is expressed in statements and actions toward self, others, and society. This learning, growing, changing process results in a nurse that can assume a leadership role in the delivery of health care, initiate change for improvement of the health care delivery system, and act as a responsible member of a team of health care professionals. The faculty assists the student in acquiring the body of specialized knowledge and skills needed for the practice of professional nursing by providing a supportive environment, maintaining a current curriculum, using a variety of learning experiences and teaching strategies, and by involving the students in their own learning. Since nursing is a dynamic profession consisting of challenges and responsibilities, the faculty promote a spirit of inquiry and creativity, the development of critical thinking for problem-solving, and the awareness that future nursing roles will change as society continues its transition from a disease-oriented to a health-oriented system of care. Faculty members serve as role models for the students and contribute to the profession by engaging in practice, research, and service activities.

The School of Nursing faculty at Southwestern Oklahoma State University is committed to the beliefs as stated in this philosophy and to the reflection of these beliefs throughout the curriculum and the educational experiences of the nursing student.

### C. CONCEPTUAL FRAMEWORK

The conceptual framework for the nursing curriculum is derived from **four major concepts: Man, Environment, Health and Nursing**. The concepts are inter-related and flow throughout the curriculum. They give rise to the horizontal and vertical curriculum sub-concepts (strands) that provide structure and content to the curriculum. Included in the horizontal strands are Nursing Process, Internal and External Environment, Human Responses and Holistic. The vertical strands are: Health Continuum, Professionalism, Leadership, and Critical Thinking. In addition, seven theoretical formulations have been identified: systems theory, need theory, communication theory, developmental theory, change theory, stress-adaptation theory, and teaching-learning theory. These theories are basic to the concepts and sub-concepts and where utilized in the practice of nursing, facilitate change toward attaining optimal health of

the client. The narrative which follows describes the interrelatedness of the major concepts, sub-concepts, and theoretical formulations.

**Man is a complex biopsychosocial, spiritual being in constant interaction with his environment.**

Individually and collectively, Man had needs and goals, which are determinants of his choice of actions. Modern man exists in a changing environment that subjects him to uncertainty and stress, which affect the decisions he makes, and his ability to meet needs and attain goals. Those decisions in turn affect Man's environments. Man can choose from a broad range of actions and those selected are influenced by the person's cultural values, beliefs, social systems, physiological capabilities, and patterns of response to stimuli. Man has basic rights and rights are always accompanied by responsibilities. The individual has a responsibility to promote and maintain personal health; health outcomes will be affected by the person's self-care ability and involvement in health attainment.

**Environment is all that is internal to and external to Man.** The progression of man through the life span is influenced by the **stimuli received from the internal and external environment.** Modern man exists in an environment subject to constant, often rapid, change, which may affect his adaptive mechanism. Resources that foster adaptation and health are contained within the environment as are the internal and external stimuli that induce stress, disease, injury, and other altered health states. The individual, family or community possessing and using the resources to cope with change and stress will adapt and dynamic equilibrium will be restored. Individuals, families, and communities experiencing intense or prolonged stressors or lack of resources may respond ineffectively and make less than optimal adjustment, which constitutes maladaptation.

**Health is a dynamic state of being in which the development and behavioral potential of an individual is realized to the fullest extent possible.** By viewing health along life's continuum, the individual is seen as having varying degrees of illness and wellness. As man interacts with his changing environment, he is exposed to a variety of stimuli. The nature of the human responses activated by man will depend on his developmental stage on life's continuum along with the perception of the internal and environmental stimuli. **The human responses may be adaptive or maladaptive.** Maladaptive responses may result in actual or potential health problems. Nursing, an interdependent profession within the health care delivery system, is concerned with human responses to actual or potential health problems throughout the lifespan. Health care refers to a composite of planned care provided by interdependent professions whose members collaborate with individuals and groups being served. Individuals, families, or communities with actual or potential health problems who seek health care from the health care delivery system become clients or professionals within the system.

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**Nursing exists as a part of the health care system. The function of professional nursing includes the caring of well and ill people, as individual, families, communities, and other aggregates in a multiplicity of settings.** The nurse-client relationship is one of mutual goal setting and shared responsibility for health care outcomes. Nursing is committed to the provision of care, which promotes well-being in the people served and facilitates the attainment of optimal wellness by the client regardless of his position on the health continuum. A client may be an individual, family, group, or community with health-related needs that can be met through nursing care. Nursing meets its commitment through the

nursing process. In assessing, diagnosing, planning, implementing, and evaluating client care, the professional nurse is aware of the impact of environment upon the adaptive responses of man and selects interventions suited to the lifestyle, culture, role and abilities of the client. Nursing concerns itself with the diagnosis and treatment of human responses to actual or potential health problems. Treatment consists of nursing actions developed to meet the health needs of clients as holistic persons rather than biological systems. Nursing actions are caring, generative, or protective in nature and designed to promote, restore, and maintain health, to alleviate suffering, and to provide compassionate support to the dying. The discipline of nursing might then be defined as a therapeutic process involving mutual interaction of the nurse, client, and family collaborating for the achievement of optimal health potential.

The organizing themes (subconcepts/strands) provide continuity, sequence, and integration to the curriculum framework. Integration is achieved in the learner by bringing together the content and subject matter through the organizing themes. The result is a unified curriculum and a unified concept of the discipline of nursing by which the student, the teacher, and the graduate mutually grow. The subconcepts are described below.

Man is **HOLISTIC**, that is, he is an integrated whole including biological, psychological, emotional, social, intellectual and spiritual aspects of human functions that are interrelated, interdependent and of equal importance. Each aspect of man cannot be separated or isolated from the whole, but together yields a sum greater than the parts. The multiplicity of man affects and is affected by the environment of his being. It is this very wholeness that requires nursing to care for the entire being rather than selected or isolated aspects of the whole.

**HUMAN RESPONSES** are the phenomena of concern which form the core of nursing. Any observable manifestation, need, condition, concern, event, dilemma, difficulty, occurrence, or fact that can be described or scientifically explained and is within the target area of nursing constitutes a human response. Human response patterns are the classification categories used to organize assessment data and facilitate nursing diagnoses. The student is introduced to the concept of human responses when nursing process is presented and the diagnosis and treatment of human responses is continued throughout the learning experience in increasingly complex situations.

Environment is comprised of two distinct entities: the **INTERNAL AND EXTERNAL ENVIRONMENT**. Each is important in maintaining a holistic view of man and his society. The external environment consists of physical, psychological, social and cultural surroundings and the contextual environment. The contextual environment is the circumstances that surround any event or situation, e.g., the contextual space in which the nurse-client interaction occurs. Man's internal environment consists of biological and psychological component interacting to attain dynamic equilibrium.

The **HEALTH CONTINUUM** conceptualizes the co-existence of wellness and illness to varying degrees within the same individual and is the product of his human response. This allows the nurse to focus on the client's positive health attributes and characteristics within the dimensions of his health problem or potential health problem. The client is viewed as a holistic being who is in interaction with his internal and external environment. With this focus, the nurse then utilizes the nursing process to assist the client to use his strengths in attaining and maintaining the highest level of wellness that is possible within his physical and psychological limitations. Students begin their learning experience by interacting with well or moderately well clients in a variety of settings and progressing over time to clients who are ill, then to critically ill clients in acute care facilities or terminally ill in acute care or extended care facilities, or the home and finally coming full circle to care for well or moderately well clients within their own environment.

The **NURSING PROCESS** is the framework of nursing practice. It is an efficient method of organizing thought processes for clinical decision making and problem solving. This process is central to nursing actions in any setting because it promotes distinction between automatic, routinized responses and the deliberate, planned nursing actions designed to achieve a specified goal. Nursing process is the adaptation of the scientific approach to problem solving and requires the skill of critical thinking, diagnostic reasoning, communication, leadership, and the ability to apply knowledge gained from research. The

nursing process is organized into five identifiable phases- assessment, diagnosis, planning, implementation, and evaluation. Because nursing process is the method by which the theoretical framework is applied to the practice of nursing, the student is introduced to the terminology theory of all phases or the process. Then, throughout the learning experience, the student uses the nursing process in the care of individuals and aggregates in a variety of settings.

**CARING** involves interactions that facilitate trust between the nurse and client. Caring behaviors include sensitivity, comforting, attentive listening and honesty. Caring behaviors lead to growth for both the client and the nurse. For the client, caring actions assist in promoting, restoring, and maintaining health. For the nurse, caring allows the risk of self-involvement, encounter, and response to the emotions and reality of the client.

**CRITICAL THINKING** is a learned skill involving the cognitive skills of comprehension, application, analysis, synthesis, and evaluation culminated in an attitude of inquiry which involves the use of facts, principles, theories, abstractions, deductions, interpretations, and evaluations of arguments. Thus, it is necessary for problem-solving, diagnostic reasoning, leadership, research, and professional growth. The concept of critical thinking is presented to the student at the beginning of nursing courses, and throughout the learning experience the faculty maintains an attitude of inquiry by requiring evidence (behavior change that is expressed in statements and actions toward self, others, and society) of comprehension, application, analysis, synthesis, and evaluation of scientific facts, nursing principles and theory, and knowledge from related fields.

**LEADERSHIP** is viewed as an essential attribute for the nurse, both in the provision of client care and also in contributing to the growth of the nursing profession. In the client-nurse relationship, leadership is defined as the ability to influence the client toward health-promotion self-care behavior through effective communication, teaching, and use of change theory. Influencing and directing individuals and groups toward the attainment of quality nursing and health care for the client is viewed as leadership. The student learns to plan, organize, and deliver care to individual clients and families, then progresses to planning, organizing, directing and managing the care, delivery and education of small groups of clients and/or health care providers.

**PROFESSIONALISM** is the socialization of the student into cognitive, psychomotor, and affective behaviors that are representative of the profession of nursing. It is the incorporation of the ethical, moral, and legal values of the nursing profession into the care given by the individual nursing student to any client in any setting. It is the acceptance of the professional attributes of responsibility and accountability for one's practice, continued personal and professional growth, and the continued growth of the nursing profession. This socialization process is guided by the faculty through selection of learning experiences, role modeling, and theoretical formulations. The theoretical formulations of the curriculum framework are a foundation which pervades each course and facilitates the achievement of desired client outcomes as well as the organizing and planning of nursing care delivery.

**SYSTEMS THEORY** is a basic foundation for understanding interrelatedness. Systems approach should be used to study any complex phenomena. A system can be simply defined as a set of interdependent parts, objects, elements, or people in interaction to achieve a specific goal. A system can be identified by the fact that it is capable of maintaining some degree of organization in the face of disturbing influences from within or without. The function of any system is to convert or process information, energy, or materials into a planned outcome or product for use within the system, outside the system, or both. The nursing process is a system that functions to convert the knowledge and skills of the nurse, the client, and family into supportive and therapeutic interventions against illness, debility, and loss. The relationship of the nursing system to the total system of man, environment, and health is defined by the continuously changing state of the health continuum of the subsystems of the individual, family, group, and communities.

**NEED THEORY:** Maslow's hierarchy of needs describes a priority approach to the basic needs common to all human beings. Human needs are ranked as follows: physiologic needs, safety and security, belongingness and affection, esteem and self-esteem, and self-actualization (includes self-fulfillment, desire to know and understand, and aesthetic needs). Once essential lower level needs are met, the person can

move toward meeting higher level needs. The movement toward higher level needs usually indicates that the person is moving toward well-being.

**STRESS-ADAPTATION**: Stress is produced by change in the environment that is perceived as challenging, threatening, or damaging to the individual's equilibrium. The person is, or believes himself to be, incapable of meeting the demands of the new situation. The desired goal is adaptation, adjustment to the change, so the equilibrium is restored and energy is available to meet the demands of daily living. Adaptation is a constant process occurring along the time continuum. Life processes and the health continuum also occur along the time continuum. Throughout the lifespan, the person encounters stressors that challenge his ability to meet needs and maintain equilibrium. Health is represented by successful, positive adaptation to these stressors; illness is unsuccessful or maladaptive responses. Two factors affect the outcome of exposure to stress: the individual's ability to cope and the social support he receives. Coping is the ability to regulate one's actions to reduce stress, and the functions of coping are to modify the stress-producing situation, modify the meaning of the problem to reduce stress, and control or management of the symptoms of stress. Social support mediates stress reduction by allowing the person to maintain a positive social identity and by providing emotional support, material aid and tangible services, access to information, and access to new social roles and contacts. A major nursing objective is to support and promote the efforts of the individual, to support and promote the efforts of the individual to achieve a healthy adaptation, and the methodology for this is the nursing process.

**COMMUNICATION THEORY**: Communication is used for gathering and transmitting knowledge and information, expressing emotions, social intercourse, transferring culture, influencing behavior, entertainment, and self-expression. Thus, communication is the process by which Man participates in this world. The tools of communication are language, observation and perception, nonverbal behavior, silence, and listening. Communication implies interaction between people, whether verbal or non-verbal, intended or unintended, planned or unplanned. Communication begins in utero, and throughout life the individual develops communication patterns and is shaped by the communications of others. Thus, the understanding of the communication process and the increasingly proficient use of communication is essential in the practice of nursing, the implementation of change, teaching and learning, and in leadership. Through therapeutic communication the nurse helps the client to make a positive adjustment in the ability to meet daily health needs.

**CHANGE THEORY**: Change can be categorized as developmental, spontaneous, or planned. The curriculum emphasizes planned change as a goal-directed action for nurses as facilitators of improved nursing practice and of health promotion in clients. Planned change is defined as conscious, deliberate, a collaborative effort to improve the operations of a human system, whether it be self-system, social system, or cultural system, through the utilization of valid knowledge. Change theory incorporates problem-solving methods, critical thinking, communication, and teaching/learning theory.

**TEACHING-LEARNING THEORY**: Because the teaching-learning process is a significant, integral part of the nursing process, it is imperative that nursing students acquire teaching skills. Nurses also increase their own professional knowledge and skills through use of the teaching-learning process. Teaching is defined as communication specifically structured and sequenced to promote learning. Learning is defined as a process resulting in behavior and as an adaptive response toward meeting needs and attaining goals which span a hierarchy from survival to self-actualization.

**DEVELOPMENTAL THEORY**: There are identifiable stages of developmental during the life cycle: infancy, early childhood, middle childhood, adolescence, young adulthood, middle adulthood, and old age. These life stages evolve from one another continuously and involve physical, psychosocial and cognitive change.

Each client is in the process of growth and development, and every contact that a nurse has with a client/family is an opportunity for development assessment. The client's response to growth and developmental changes influence his position on the health illness continuum. Therefore, these responses become part of the database from which the client's plan of care is developed.

#### D. PROGRAM OBJECTIVES

1. Communicate to empower consumers and health care professionals to promote, restore, and maintain health in individuals and society.
2. Accept responsibility and accountability for ones own professional practice and professional and personal growth.
3. Integrate into professional practice a system of values based on ethical, moral, and legal aspects of health care.
4. Create caring therapeutic relationships which guide the nurse and the client through caregiving interactions.
5. Integrate multidisciplinary health care through collaboration, advocacy, and resource management to promote effective health care.
6. Integrate critical thinking along with a variety of informational resources to make valid nursing judgments about varied nursing problems which have more than one possible solution.
7. Develop a diversity of thought based on liberal education that enables the integration of varied perspectives and divergent experiences for nursing practice.
8. Provide safe and effective care for clients from diverse populations across the health continuum.

## II. STUDENT POLICIES

### A. PRE-CLINICAL REQUIREMENTS

On the first day of class for fall and/or spring semester each student will be required to submit proof of the following:

1. Current tuberculin test. This is a **two (2)-part screening** which must have been completed within the last twelve (12) months.
2. Medical verification of 2 rubella immunizations received after 1968 or a rubella titer.
3. Medical verification of 2 rubeola immunizations received after 1/1/1969 or a rubeola titer.
4. Positive varicella titer, verification of two (2) varicella immunizations or physician verification of history of the disease.
5. Medical verification of 3 hepatitis B immunizations or the completion of the first two immunizations prior to the beginning of the semester.
6. Current CPR (cardio-pulmonary resuscitation) at either the American Heart Association “Basic Life Support for Healthcare Providers” level or the American Red Cross “Professional Rescuer”. The date **must** be within the last twelve (12) months.
7. Liability/malpractice insurance coverage for at least \$1,000,000 per occurrence / \$3,000,000 per year. (Obtained through the School of Nursing)

**STUDENTS WILL NOT BE PERMITTED TO ATTEND FALL/SPRING NURSING CLASSES UNTIL DOCUMENTATION OF THE ABOVE IS SUBMITTED.**

**IF YOU ARE PREGNANT OR SUSPECT YOU ARE PREGNANT, YOU MUST CONTACT YOUR PHYSICIAN PRIOR TO RECEIVING THE REQUIRED IMMUNIZATIONS. IF YOU CANNOT TAKE IMMUNIZATIONS YOU WILL NEED TO SIGN A WAIVER AT THE SCHOOL OF NURSING.**

### B. ASSESSMENT TECHNOLOGIES INSTITUTE

Included as an integral part of the nursing program are Assessment Technologies Institute (ATI) achievement tests for baccalaureate nursing students. These tests are administered throughout the program. While these tests do not influence the student's course grade or graduation, they do allow the student opportunity to compare his/her performance with BSN students nationally.

ATI achievement tests are extremely important in evaluating the student's progress and ability to process information. The overall scores are compared nationally and evaluated by faculty to determine an individual's potential for state board success.

### C. ACCESS TO FILE

In keeping with the policies of SWOSU, the student has access to his/her nursing file. (See SWOSU Student Handbook)

#### D. RELEASE OF STUDENT INFORMATION

1. In keeping with the policies of SWOSU, the scholastic records of a student are confidential and subject to examination only in official use in compliance with Family Educational Rights and Privacy Act of 1974
2. Official transcripts of scholastic records are issued to external sources through the SWOSU Registrar only by request of the student.
3. Student information concerning competencies and attributes in nursing practice, such as providing references to prospective employers, will be provided by the faculty of the School of Nursing (SON) upon request.

#### E. FINANCIAL ASSISTANCE SCHOLARSHIPS AND AWARDS

1. A copy of financial assistance and scholarships/award information is printed in Student Handbook and kept on file in SON documents (Student Appendix B)
2. The criteria for each Scholarship and Award are clearly stated and include behaviors and characteristics that can be assessed. These are available from the chair of the Student Affairs Committee.
3. Each award applicant must complete an award questionnaire. The cumulative grade point average will be utilized to determine eligibility for the scholarship when required. (Student Appendix D & E)
4. An estimated expense sheet is printed in the Student Handbook and maintained in SON documents.
5. Announcements of scholarships and awards are made annually at the SON Awards Ceremony.
6. A record of recipients for each scholarship and award will be maintained in the SON files by the Student Affairs Committee.
7. Circumstances may arise which deem that awards and/or scholarships cannot be granted. The SON will grant every award and scholarship whenever possible.

#### F. ADVISEMENT

1. Each student is assigned a faculty advisor for advisement.
2. Faculty advisors may request student transcripts as needed for advisement.
3. The faculty advisor will maintain an up-to-date advisement record in the student's file.
4. The faculty advisor will inform advisees that all general education pre-requisite courses for nursing must be completed prior to entering the nursing major.
5. The faculty advisor will utilize the suggested course sequence in advising pre-nursing students.
6. The School adheres to the SWOSU add-drop policy.
7. Each faculty advisor posts their respective office hours when they are available for advisement as stated in the SWOSU Faculty Handbook.
8. Student conferences are scheduled as needed.
9. Advisement is based on the policies and regulations of SWOSU and the SON.

#### G. ADMISSIONS

##### Generic Student

1. Application packets will be available at [www.swosu.edu](http://www.swosu.edu) after the first Monday of December for applicants who will have completed all pre-requisite and general education course work by the end of the summer session. The completed application packet is due by the first Monday of February.
2. Preference of non-nurse applicants is given in the selection process to Oklahoma residents who have completed their pre-nursing course requirements at SWOSU; Oklahoma residents completing their pre-nursing requirements at other universities and colleges; and other citizens and permanent residents of the United States who have completed their pre-nursing course requirements at SWOSU.
3. The following information must be submitted to complete the application process:
  - a. Completed application

- b. Criminal Record Check from the Oklahoma State Bureau of Investigation (OSBI) (See the complete policy on OSBI clearance for students, APPENDIX A)
  - c. Three references: professor, employer, and personal choice (non-family members)
  - d. A current consolidated transcript from SWOSU (inclusive of all other transcripts)
  - e. A current degree check from the Registrar at Southwestern Oklahoma State University, Weatherford Campus
  - f. Current course schedule
  - g. Verification of Admission to University (for transfer students only)
  - h. Performance Standards Agreement Form
  - i. ATI TEAS scores at or above national average in Reading & Math
4. The following academic requirements must be completed for admission consideration:
- a. A retention grade point of 2.25 out of a possible 4.00.
  - b. A minimum of "C" in each of the following courses:
    - 1. Biology 1004 Biological Concepts
    - 2. Chemistry 1004 General Chemistry
    - 3. Biology 3704 Human Anatomy
    - 4. Biology 3904 Human Physiology
    - 5. Allied Health 4355 Microbiology
    - 6. Math 1613 College Algebra
    - 7. Nursing 2212 Introduction to Professional Nursing
    - 8. Psychology 3213 Developmental Psychology
    - 9. Psychology 2433 Psychological Statistics
    - 10. Psychology 1003 General Psychology
    - 11. Allied Health 4093 Epidemiology
  - c. TEAS composite scores in Reading & Math .
5. The number of applicants accepted will reflect the average student/faculty ratio recommended by National League for Nursing Accrediting Commission and the availability of appropriate clinical experiences.
6. The Admissions Promotion & Retention Committee for the School of Nursing will notify applicants regarding acceptance/nonacceptance.

**H. RN TO BSN STUDENT (POLICY AVAILABLE ON REQUEST).**

- 1. The RN to BSN student who desires admission to the nursing major will obtain an application at [www.swosu.edu](http://www.swosu.edu)
- 2. The following information must be submitted to complete the application process:
  - a. Completed application
  - b. Two references: employer and personal choice
  - c. Current consolidated transcript from SWOSU (inclusive of all other transcripts)
  - d. Current degree check from the SWOSU Registrar
  - e. Current OSBI clearance (see complete policy on OSBI clearance for students, Appendix A)
- 3. Additional admission criteria:
  - a. Admission verification to SWOSU.
  - b. Verification of Associate Degree or Diploma Nursing program graduation.
  - c. A retention GPA of 2.25 (on a 4.0 scale) for all previous college/university work.
  - d. Current valid licensure as a Registered Nurse in the State of Oklahoma.
- 4. Acceptance is determined by the nursing faculty. The student will be informed by the SON Associate Dean regarding acceptance into the program.
- 5. The RN student must maintain cumulative GPA of 2.00 (on a 4.0 scale) in all nursing courses and a minimum of "C" in selected pre-professional courses.
- 6. Registered nurses must fulfill the same graduation requirements as generic nursing students.

## I. STUDENT TRANSFERRING TO THE NURSING MAJOR FROM ANOTHER BSN PROGRAM

1. Students desiring to transfer to the SWOSU School of Nursing from another baccalaureate degree nursing program will submit the following:
  - a. Completed application to the SWOSU nursing program
  - b. Letter of reference from the Chair/Dean of the nursing student's current program.
  - c. Documentation for the transfer of nursing credit including a school catalog and course syllabi. This information will be examined by the Admissions, Promotion and Retention Committee in consultation with the course coordinator(s) responsible for the course(s) involved. Decisions regarding transfer credit for nursing courses will be made by the appropriate course coordinator(s) on an individual basis.

## J. RETENTION, PROMOTION, PROBATION and DISMISSAL

1. Retention of a nursing student in good standing is dependent upon:
  - a. Maintenance of a retention grade point average of 2.00 or better.
  - b. Maintenance of a cumulative grade point average of 2.00 in nursing courses.
  - c. Earning a minimum of "C" in selected courses. (See G.4.B)
  - d. Earning a minimum of "C" in each nursing course.
2. Policy Concerning Promotion:

If a student fails to maintain a retention grade point average of 2.00 and a cumulative grade point average of 2.00 in all nursing courses, the student will be placed on academic probation. (See Student Appendix E & F)

"D" and "F" Policies: Pertaining to grades of "D" and "F" in any nursing course:

- a.) If the student has a retention GPA of 2.00 and a cumulative Nursing GPA of 2.00, the student may repeat the course, preferably at its next offering. The course may be repeated one time.
  - b.) If the student has a retention GPA of 2.00 and a nursing GPA of less than 2.00,
    1. The student is placed on program probation.
    2. The student may repeat the course, preferably at its next offering, contingent upon review by Admissions, Promotion and Retention Committee and Faculty Committee approval.
    3. The student's nursing GPA must be raised to a 2.00 following the completion of the repeated course to be retained in the nursing program.
    4. There is no academic forgiveness provision for professional level nursing courses.
  - c.) Failure or withdrawal from a nursing course
    1. Readmission will be required if students do not progress through the nursing program.
    2. The student must submit a request for permission to continue in nursing courses for which pre-requisites have been met. Students will be notified by letter regarding the determination of the request.
    3. Students continuing in any nursing course are not considered withdrawn from the program but must submit a letter of intent to enroll to repeat a course. Enrollment is accepted on a space available basis.
3. Probation Policy:

Probation is a designated period of time warning the student that unless satisfactory improvement is made in specified areas and conditions are met, certain actions will result. Actions may include dismissal from the nursing program.

Probation may be instituted at any time following written notification to the student in question (Appendix E). A student may be placed on Course Probation (Appendix F) and/or Program Probation (Appendix G). The following are the more common reasons for institution of probation:

- a.) Course Probation: Documented unsatisfactory academic/laboratory/clinical achievement.
- b.) Program Probation
  - 1. Cumulative nursing GPA of less than 2.0
  - 2. Documented non-professional conduct
  - 3. Documentation of repeated abuse of School of Nursing Policies
- c.) Initiation of Probation
  - 1. The Admissions Committee or a faculty member may place a student on probation.
  - 2. The student placed on probation will receive written notice of probation.
    - a. Course Probation- Prior to course probation, the faculty member responsible for the evaluation of probationary status discusses the terms of the contract with other faculty on a need to know basis. The responsible faculty member and relevant faculty members sign the contract. The faculty member responsible for the evaluation of probationary status meets with the student to discuss the terms of probation and obtains the student's signature on the contract.
    - b. Program Probation- Prior to program probation, the faculty member responsible for the evaluation of probationary status discusses the terms of the contract with faculty during a faculty meeting. Signatures from the responsible faculty, relevant faculty, and Associate Dean are obtained. The faculty member responsible for evaluation of probation status meets with the student to discuss the terms of probation and obtains the student's signature on the contract.
  - 3. The contract will include:
    - a. Reason(s) for probation.
    - b. The length of the probationary period with explanation.
    - c. Conditions to be satisfied during the probationary period.
    - d. Consequences for conditions not satisfied.
    - e. Faculty responsible for evaluation.
  - 4. The original signed contract is placed in the student's academic record. The person or committee placing a student on probation sends a copy of the Probationary Contract to:
    - a. Student
    - b. Associate Dean
    - c. Course Coordinator
    - d. Faculty who will be evaluating the process
    - e. Chair, Admissions, Promotion and Retention Committee
- d.) Probation Outcome
  - 1)The responsible faculty indicates if the conditions have been fulfilled on the original copy of the Probationary Contract. The student and the responsible faculty will sign the statement indicating the outcome.
  - 2)It is the responsibility of the faculty to contact the student and to initiate consequences.
  - 3)The faculty member responsible for the evaluation of probationary status is responsible for the destruction of the contract (s) after the student graduates.
  - 4)Admissions Committee will monitor probationary contracts and report to the Associate Dean and faculty at faculty meetings.
- e.) Monitoring/Notification of Student Status
  - 1.The Admissions, Promotion and Retention Committee will review Junior and Senior GPAs at the end of each semester.
  - 2.Students will receive official notification from the Admission, Promotion and Retention Committee regarding:
    - a. Program probation and/or dismissal

- b. Confirmation of withdrawal/dismissal from a nursing course with appropriate instructions
  - c. Return to good standing
3. The Admissions, Promotion and Retention Committee will be notified when a student makes a final grade of a "D" or "F" in any nursing course.
  4. If faculty deems a student to be functioning at an unsatisfactory level in the clinical area, the faculty shall present verbally, and in writing, specific suggestions and instructions to strengthen the student's performance.
  5. The SON adheres to SWOSU policies which govern the dismissal of students convicted of felony or drug abuse (SWOSU Student Handbook, p. 45-47).

**K. READMISSION TO NURSING MAJOR**

1. A student who has withdrawn, for any reason, from the nursing major may request readmission to the program. The student is to submit a letter to the Admissions, Promotion and Retention Committee requesting re-admission, including rationale, by February 1 for the following fall semester, and October 1 for the spring semester in which they were dismissed/withdrew. The Admissions, Promotion and Retention Committee may request supportive data as deemed necessary.
2. Readmission will be determined by the Admissions, Promotion and Retention Committee, with Faculty Committee approval, based upon academic, personal, and professional data.
3. A significant lapse of time (two or more years) between the completion of a nursing course and re-entry into SWOSU School of Nursing, may require demonstration of currency in the course/lab content of previously successfully completed courses. In addition, after three years, those who wish to re-enter the Nursing Program must complete a current application.

**L. SWOSU STUDENT GRIEVANCE POLICY**

Student Grievance Procedure  
For  
TITLE IX, TITLE VI, SECTION 504, AND ADA

Students who feel they have been discriminated against or denied an opportunity because of their race, color, national origin, sex, disability, age, religion, or marital status in a vocational program and activities have the right to file a grievance.

**Grievance Coordinator  
Dean of Students  
Gen. Tom Stafford Center, Room 214  
580-774-3767**

**INFORMAL GRIEVANCE PROCEDURE**

**Step 1.**

If a complainant feels that he/she has been discriminated against, the individual with a disability must first bring the problem to the attention of the Grievance Coordinator within five (5) working days of the knowledge or alleged cause for grievance occurs.

**Step 2.**

The coordinator will work informally to negotiate a solution within five (5) school days or a total of ten (10) school days from filing a grievance.

**Step 3.**

If the grievance cannot be satisfactorily resolved working informally, the student may want to proceed to file a formal grievance within five (5) school days or a total of fifteen (15) school days from filing a grievance.

**Step 4.**

A formal grievance may be filed within fifteen (15) days of starting the informal Grievance Process by following the procedures outlined in the Formal Grievance Process.

**This grievance procedure is a prerequisite for the pursuit of other remedies.**

## FORMAL GRIEVANCE PROCEDURE

### Step 1.

The student will notify the Dean of Students in writing and within fifteen (15) school days of the alleged discrimination or denial of service. The written notice should identify the nature of the violations, the dates that the violations occurred, and be signed and dated by the person making the complaint. The Dean of Students shall notify the complainant in writing within five (5) school days from the date of the formal complaint as to the action taken or within a total of twenty (20) school days from the initiation of the Grievance Process.

### Step 2.

If the complainant is not satisfied with the action taken by the Dean of Students, the complainant may notify in writing within five (5) school days the Associate Provost. The written notice must identify the grievance (or violations) and the dates they occurred which includes a description of the action taken at the Dean of Students and copies of the notifications the complainant received. The Associate Provost will notify the complainant in writing within twenty (20) school days of the date of the appeal as to action taken or within fifty-five (55) school days from the initiation of the Grievance Process.

### Step 3.

If the complainant is not satisfied with the action taken in the second step, the complainant may notify in writing within five (5) school days the University President. The written notice must identify the grievance (or violations) and the dates they occurred, which includes a description of the action taken at the university level by the complainant, the Dean of Students, and copies of the notifications the complainant received from the various levels. The University President will notify the complainant in writing as to action taken.

### Step 4.

If appeals *are not made*, it is assumed the decision at any level is accepted.

*(The complainant sign and date acceptance)*

**This grievance procedure is a prerequisite for the pursuit of other remedies.**

NOTE: *At least once a year*, university officials are responsible for informing all students, staff, and parents of the University Grievance Procedure and the Coordinator's name, address, and phone number.

Amended 1/9/01

## ACADEMIC APPEALS PROCEDURE

### I. ACADEMIC APPEALS COMMITTEE

The academic appeals committee will be composed of seven members. Four members of the ad hoc committee will be SWOSU faculty and three members of the committee will be SWOSU students. Verification should be provided to the committee, instructor, and student, that no member of the committee will be from the academic department of the major of the student making the appeal, nor from the academic department of the faculty member involved in the appeal. In addition a student assigned to the committee should: not have previously taken, be currently enrolled in, or anticipate future enrollment in any class taught by the instructor.

The Faculty Senate will nominate ten faculty members and the Student Government Association will

nominate ten student members for the pool from which the final committee will be selected. The University President, or the President's designee, will select the final committee members from nominations made by the Faculty and Student Senates.

The chairperson of the committee will be a faculty member selected by the president. The chairperson or designee will preside over the appeal hearing process. The chairperson will serve as a non-voting member and will only vote in case of a tie.

## **II. AUTHORITY OF THE ACADEMIC APPEALS COMMITTEE**

(A) The committee will have the authority to review the procedural fairness of an instructor's grading policy upon the filing of a written student academic appeal. The committee will have the authority to call witnesses and collect evidence pertinent to the matter. The committee will be authorized to review the following:

1. Whether or not the student had fair and timely notice of the instructor's grading procedures.
2. Whether or not all materials (tests, assignments, etc.) used by the instructor to determine the student's final grade for the course were made available to the student in a fair and timely manner.
3. Whether or not the student's grades were calculated accurately.
4. Whether or not the grades were scored and communicated in a timely manner.
5. Whether or not the grade was assigned according to the instructor's stated policy.
6. Whether or not the student had fair opportunity to address the above issue(s) with the instructor of the course.
7. Whether or not the method of assignment of grades was consistent for all students and if adjustments were made for one were they made for all.

(B) The committee will not be authorized to review the following:

1. The subjective assessments of the instructor on course assignments including, but not limited to: essay examinations, course project assignments, performance assessments, portfolios, presentations, etc.
2. The instructor's teaching method.
3. The instructor's grading policy.
4. The instructor's attendance policy.
5. Course materials.
6. Course activity or project requirements.

(C) After review of the written appeal, the committee will also have the authorization to perform the following:

1. Call upon parties involved for interview.
2. Call persons relevant to appeal information.
3. Call for any additional information deemed necessary to the appeal.

## **III. APPEAL PROCEDURES FOR CONTESTING A COURSE GRADE.**

(A) The student must exhaust all appeal requirements of the academic department from which the appeal is made before the student may file an appeal with the committee. Any appeal made by a student to the committee will be denied by the committee if the student has not exhausted all departmental appeal procedures.

(B) In addition, the student must exhaust the following university administrative remedies before filing a written APPLICATION FOR ACADEMIC APPEAL of a course grade unless they are included in the departmental appeals procedure:

1. The student must discuss the issue with the course instructor. If the issue is not resolved to the satisfaction of the student, the student must proceed to the next step.
2. The student must discuss the issue with the chair of the appropriate department. If the instructor assigning the grade has left the university before the start of the appeal, the

department chairperson shall represent the instructor in the appeal process. If the chair of the department is directly involved in the matter, or if the issue is not resolved to the satisfaction of the student, the student must proceed to the next step.

3. The student must discuss the issue with the dean of the college in which the course is taught. If the dean is directly involved in the matter, or if the issue is not resolved to the satisfaction of the student, the student may file a written APPLICATION FOR ACADEMIC APPEAL.

The Chair of the department or the Dean of the college may invite the student and instructor to confer to resolve the issue. If the student and/or instructor does not wish to confer, or if the issue is not resolved to the satisfaction of the student, the student may file a written APPLICATION FOR ACADEMIC APPEAL of the course grade.

(C) If the student has exhausted all of the remedies available in Sections A and B, the student may request an APPLICATION FOR ACADEMIC APPEAL form from the Office of the Provost.

(D) The deadline for filing an APPLICATION FOR ACADEMIC APPEAL form with the Office of the Provost is no later than the close of the sixth week after the grade was assigned.

Grades assigned during spring semester: Apply no later than the close of the sixth week of the following fall semester.

Grades assigned during summer session: Apply no later than the close of the sixth week of the following fall semester.

Grades assigned during fall semester: Apply no later than the close of the sixth week of the following spring semester.

Upon receipt of the completed APPLICATION FOR ACADEMIC APPEAL form, the Office of the Provost will notify the instructor, departmental chair, dean of the school, and appeal committee members within ten (10) class days.

(E) The APPLICATION FOR ACADEMIC APPEAL must include:

1. A concise, complete statement of the issue being appealed.
2. Any information to support the student's basis for an appeal.
3. Signatures of the student making the appeal, the academic departmental chair, and dean of the school from which the appeal arises.

(F) The committee will convene within fifteen (15) class days after the beginning of the semester following the receipt of the appeal notice from the Office of the Provost. Notice will be given to the parties involved by university mail or United States mail or personal communication from the committee chairperson. (Written record of the communication by the chair or the phone conversation followed by written confirmation.)

(G) The committee will conduct a review of the written appeal made by the student.

The instructor will also have the opportunity to provide a written response. Each party should have the assurance that no written materials were submitted to the committee without their knowledge or opportunity to review in advance. All information provided to the Appeals Committee, whether requested by the committee or not, will be given to both the student and faculty member at least one work week prior to the hearing.

#### **IV. APPEAL HEARING PROCEDURES**

If the committee decides to hold a hearing to hear witness testimony on the matter, the chairperson of the committee will set the date, time, and place of the hearing. The instructor and student have the right to be present at the meeting. The chairperson or designee will preside over the hearing. Also persons requested by the instructor and/or student and who are approved by the chair of the Appeals Committee may be

present during the hearing. The chair shall provide the above list of participants to both the faculty member and the student at least two class days in advance of the hearing.

- (A) The student and instructor of the course will each be afforded the following rights:
  - (1) An orderly hearing conducted in a civil manner by all participants of the hearing.
  - (2) The right to present oral and written information.
- (B) At the hearing, student and instructor will not be allowed to:
  - (1) Have legal representation.
  - (2) Call witnesses unless permitted by the chairperson.
  - (3) Cross-examine the other party.
- (C) The order of the hearing:
  - (1) Testimony and presentation of evidence by the student.
  - (2) Questions by board members.
  - (3) Response and presentation of evidence by the instructor.
  - (4) Questions by board members.
  - (5) Response by the student.
  - (6) Response by the instructor.
- (D) The committee may request additional evidence and/or witnesses as well as conduct separate questioning and statement interviews with each party solely within the discretion of the committee.
- (E) The instructor, student and committee should recognize that the process is in place to provide a fair and impartial mechanism to resolve differing opinions regarding the assignment of course grades.

## **V. COMMITTEE RECOMMENDATIONS**

- (A) After consideration of the evidence and testimony presented at the hearing, the committee will make one of the following recommendations on the matter to the Provost.
  - 1. Uphold the final course grade given by the instructor.
  - 2. Change the final course grade.
  - 3. Recommend alternative resolution.
  - 4. Continue the hearing and request additional information and/or witness testimony.
- (B) The recommendation will be by simple majority vote of the committee.
- (C) The recommendation of the committee will include a recitation of the basic or underlying facts relied upon by the committee in reaching its recommendation.
- (D) The committee will notify the student and instructor of its recommendation within five (5) class days by certified mail, restricted delivery, return receipt requested. A copy of the recommendations will be sent to the dean and department chair through campus mail.
- (E) Notice of the committee's recommendation.
  - (1) If the committee recommends to uphold the grade given by the instructor, the chairperson of the committee will notify the student, instructor, and the Provost.
  - (2) If the committee recommends changing the grade given by the instructor, the chairperson of the committee shall notify the student and the instructor. Upon said notification, the instructor will have up to five (5) class days to:
    - (a) change the grade of the student pursuant to the recommendation of the committee; or
    - (b) notify the committee chairperson of said instructor's decision not to change the student's grade per the committee's recommendation.
- (F) If the instructor elects not to change the student's grade per the committee's recommendation, the committee chairperson will immediately submit a complete report of the committee's findings,

recommendation, and the instructor's response to the committee's recommendation to the Provost. All recommended grade changes (if any) will be made by the Provost. Records of these proceedings shall be kept on file in the office of the Provost.

## **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT**

In compliance with the Family Educational Rights and Privacy Act of 1974 (commonly called the Buckley Amendment), Southwestern Oklahoma State University hereby institutes the following policies effective November 19, 1974. These policies shall be published annually in the Update on Contemporary Issues. Additional copies are available to any student or interested party, on request, in the Registrar's Office.

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. These rights include:

(1) The right to inspect and review the student's education records within 45 days of the day the University receives a request for access. Students should submit to the registrar, dean, head of the academic department, or other appropriate official, written requests that identify the record(s) they wish to inspect. The University official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

(2) The right to request the amendment of the student's education records that the student believes is inaccurate. Students may ask the University to amend a record that they believe is inaccurate. They should write the University official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate. If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. Parents of dependent students as documented by the most recent federal income tax form are entitled to see the educational records.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the University discloses education records without consent to officials of another school in which a student seeks or intends to enroll.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by *Southwestern Oklahoma State University* to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-4605  
202-260-3887

## DIRECTORY INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, SWOSU identifies the following numbered items as "directory information." This information can be released to interested parties on a "need to know" basis unless the custodian of the record is notified in writing to the contrary by the tenth class day at the beginning of each semester:

1. Student's name
2. Local and permanent address
3. Telephone number
4. Date and place of birth
5. Major and field of study
6. Academic classification
7. Participation in officially recognized organizations, activities and sports.
8. Weight and height of participants in officially recognized sports
9. Educational institutions previously attended
10. Dates of attendance at SWOSU
11. Degrees and awards granted
12. Degree(s) held, date(s) granted and institution(s) granting such degree(s)
13. Part or full-time enrollment status
14. Photographs of enrolled students

### M. INCOMPLETE GRADE POLICY

The School of Nursing adheres to SWOSU policy regarding incomplete course grade. (See SWOSU Student Handbook.)

### N. RESPONSIBILITY REGARDING LEARNING EXPERIENCES

1. Faculty Supervision  
The learning experiences of a student are supervised and/or authorized by a faculty member of the School of Nursing who is assigned to the course in which the experience(s) occur.
2. Travel Arrangements  
Travel arrangements, living arrangements, meals, registration and entry fees, and similar concerns associated with obtaining access to learning experiences ARE THE RESPONSIBILITY OF THE INDIVIDUAL STUDENT.
3. Grading
  - a. To pass a nursing course a student must receive at least 75% test average.
  - b. Student must achieve 75% average in all clinical courses.
  - c. Other requirements are established in individual courses and outlined in course syllabi.

Grading Criteria (effective Fall 2000):

A = 90 – 100  
B = 80 - 89  
C = 75 - 79  
D = 74 - 67  
F = 66 and below
4. Attendance  
Students in nursing, as responsible and accountable persons, are expected to attend all classes, laboratory and clinical experiences.
5. Absence or Tardiness  
In the event a student must be late in arriving or must be absent from clinical, the agency persons responsible for the client's care and the clinical instructor are to be notified by the student prior to the time established for beginning the experience. The student is responsible for mastery of the didactic, laboratory, and clinical content of each course in nursing

including that which is offered when the student is late or absent. Compensatory learning experiences may be provided at the discretion of the coordinator of the course in the event of a student absence in class, laboratory, or clinical is necessary.

#### O. ATTIRE

1. The uniform attire will consist of navy blue top/pants, white hosiery/socks, and all white leather tennis shoes or white uniform shoes (no sandals or Crocs). A white only T-shirt or turtleneck may be worn under the top. Pants may have an elastic or drawstring waist. Denim blue jeans and capris are not permitted in the clinical area.
2. A white (mid-or-full-length) laboratory coat is worn in any health care agencies where patient contact is limited, and as designated by faculty.
3. Course coordinators will designate in what setting the student uniform is to be worn.
4. Students are to wear name tags when acting in a professional student role.
5. School patches are to be worn two inches below the shoulder on the left sleeve of uniform top and laboratory coat.
6. Conservative jewelry may be worn in the clinical areas such as engagement and/or wedding rings and stud earrings. Pierced jewelry is limited to a stud or post in each ear.
7. Manufactured nails and fingernail polish are not permitted in the clinical area. Fingernails should be short and rounded.
8. Use of smoke/smokeless tobacco is not permitted in clinical areas except in those designated by the facility. Chewing gum is prohibited during clinical practice.
9. Shoulder length and longer hair is to be worn pulled back from the face and neatly secured.
10. Students are responsible for presenting a professional appearance, including good personal hygiene, and well-maintained uniform and shoes.
11. Students who are pregnant are to wear a white or current school color maternity nursing uniform with the school patch on the left sleeve of the uniform top.

#### P. CELL PHONE POLICY

1. The purpose is to establish guidelines for use of cell phones and PDAs by students in the School of Nursing while in class, lab, and clinical facilities.
2. All cell phones utilized by students will be kept on silent or vibrate during classroom or lab settings.
3. PDAs and cell phones or any device that allows communication between students and others will not be used or visible during quizzes or exams in classroom or lab settings.
4. Cell phones will not be allowed in clinical settings.
5. PDAs can be used in clinical settings to augment learning objectives but will not replace individual preparation for clinical experiences.
6. Violation of cell phone or PDA policies can result in disciplinary action by faculty.
7. Use of cell phone or PDA device during exams or quizzes will be dealt with according to the School of Nursing Policy on cheating.
8. Cell phones and PDAs with camera function will not be used in classroom, labs, or clinical settings.
9. Recording of classroom lectures or labs requires permission from individual faculty.

#### Q. SCHOOL OF NURSING PIN

1. Purchase of the SWOSU, School of Nursing pin by the senior student is optional.
2. If the student wishes to purchase a pin, he/she will make his/her own arrangements with the Recognition Company representative in January for ordering, purchasing and payment.
3. The pin is presented at the Awards/Pinning Ceremony.

#### R. STUDENT EMPLOYMENT

1. Students in nursing who are enrolled in 12 or more semester hours of course work during a semester or in 6 or more semester hours of course work in a summer session are encouraged to work no more than 16 hours per week.
2. Students in nursing who are employed by health care agencies to provide client care are employees of the respective agencies. As an employee, neither the faculty nor the administration of the School of Nursing or the University are responsible for the student's performance in the employment situation.  
Such students may neither wear the attire adopted by the School of Nursing to denote student status nor may they append S.N. (Student Nurse) to their respective signatures.
3. Neither pre-nursing nor upper School nursing students will be employed in any capacity in the School of Nursing.

#### S. STANDARDS FOR WRITTEN WORK

1. All work, written or typed, is grammatically correct, properly punctuated, spelled correctly and legible. Strikeovers on type-written work are unacceptable.
2. Appropriate, descriptive terminology will be used.
3. Papers received after specified time and due date will be accepted/evaluated according to the specific course syllabus.
4. All written work must follow the specified format, according to the *American Psychological Association Manual for Publication*.

#### T. VOLUNTEER SELF-IDENTIFICATION

If any student feels that he/she has a disability and is in need of special academic accommodations, the School will work with you and Student Services to provide reasonable accommodations. This will ensure that you have an equal opportunity to perform in class. Please advise the School of such disability and the desired accommodations at some point before, during or immediately after junior orientation.

#### U. STUDENT CODE OF CONDUCT

In keeping with the policies of SWOSU, the School of Nursing subscribes to SWOSU's Student Code of Conduct as set forth in the SWOSU Student Handbook, p. 48-55. In addition, the faculty have identified policies relative to the following areas:

- a. Confidentiality Policy (Appendix H)
- b. Policy on Cheating (Appendix I)
- c. Take Home Examination Policy (Appendix J)
- e. Unsafe Nursing Practice Policy (Appendix L)

#### V. STUDENT COMMUNICATION

1. Individual student files are located in the lobby of the School of Nursing and are used to facilitate communication of policy and procedure changes, communications to students from faculty, and the return of student papers. Students are encouraged to check their boxes regularly.
2. Students may give written communication for faculty to the departmental administrative assistant.

#### W. STUDENT MEMBERSHIP ON SCHOOL OF NURSING COMMITTEES

1. Each Junior, Senior and RN-BSN class will select a student to represent their peers in the following School of Nursing standing committees:

- A. Student Affairs Committee
  - B. Curriculum Committee
  - C. Resources and Facilities Committee
  - D. RN-BSN Committee (RN student only)
  - E. Recruitment Committee
2. Student will maintain membership on any one committee for one year.
  3. Students have all rights of membership except in instances defined by committee faculty outlined in School of Nursing By-laws.

X. PHARMACOLOGY EXAM POLICY

Each student must complete required Pharmacology Exams with 90% accuracy. (See Appendix M)

**Appendix A**  
**Southwestern Oklahoma State University**  
**School of Nursing**

**Oklahoma Bureau of Investigation Clearance Policy**

1. Students requesting admission to the SWOSU School of Nursing, will provide an OSBI clearance including the sexual offender portion, as part of the admission procedure.
2. Repeat OSBI checks may be required as a deemed necessary by faculty or clinical agencies during the course of the student's tenure in the School of Nursing.
3. OSBI non-clearance may hinder the student's admission and or completion of clinical requirements.
4. Students with arrests/convictions after OSBI clearance are required to report the arrest/conviction to the Associate Dean, School of Nursing.

**Appendix B**  
**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY**  
**SCHOOL OF NURSING**

Financial Assistance Information-for Nursing Students  
Revised 4/08

**BASS BAPTIST HEALTH CENTER:** Financial assistance for tuition, books, room and board, travel expenses. Contact Personnel Department (405) 548-1373. Deadline for application is June 15.

**BEVERLY COOK, RN MEMORIAL SCHOLARSHIP:** An annual cash award presented to a non-traditional (>40 at the start of nursing program), senior-level student who is pursuing nursing as a second career.

**BEYOND THE CALL OF DUTY AWARD:** An award for a junior or senior nursing student who is in good standing. Multiple winners may be designated. Presentation of this award is at the discretion of the School of Nursing, This award can be self nominated or nominated by peers or faculty. Evidence of achievement of nominee in community service while attending nursing school must be provided. Nominees will be evaluated by the Student Affairs Committee and winners submitted for faculty approval.

**ASSOCIATE DEAN LIST:** An intraschool letter of recognition for nursing students who are enrolled in 12 or more hours per semester. Students must possess a GPA of 3.5 or higher with no grade below a "C".

**CHARLENE DOPSON AWARD - Scholarships** awarded to junior or senior level nursing students meeting the following criteria: Established financial need and achievement of a 2.5 GPA.

**GOLDEN STETHOSCOPE AWARD:** An award for a senior student is good standing with a GPA of 3.0 or better in clinical courses. Student may be nominated by self, faculty, or peer and must provide a peer or faculty witness to provide anecdotes relating caring behaviors exhibited by the candidate. Caring examples must be provided by the voters for the award. Nominees will be voted on by faculty and seniors by secret ballot and confirmed by Student Affairs faculty.

**GRANTS/LOANS WITH WORK PAY BACK - PHYSICIANS MANPOWER TRAINING**

**COMMISSION:** Application may be made to several area hospitals which will grant up to \$1500.00 per semester of matching or non-matching funds for the junior or senior years. These grants/loans are repaid through work obligation, with full benefits, following graduation.

**HELENE FULD HEALTH TRUST "FELLOWSHIP PROGRAM":** Applicants are selected by nursing faculty and must possess a 3.4 GPA. Application information is available through the Student Affairs Committee.

**LAMPLIGHTER AWARD:** Awarded to a senior student in good academic standing with a GPA of 2.5 or above in nursing courses. The student must have demonstrated involvement in community service and be working at least 16 hours/month. The student must be involved in civic, or church, or community projects for an average 4 hours/month. Nominees must have significant family responsibilities such as child or family member caregiver. They must be involved in specific activities to promote their own physical, emotional, or spiritual health at least weekly. Nominees will be voted on by seniors by secret ballot and confirmed by Student Affairs faculty.

**NATIONAL COLLEGIATE NURSING AWARDS:** Outstanding student leaders in nursing are nominated annually for this.

**NATIONAL STUDENT NURSES ASSOCIATION SCHOLARSHIPS:** Applicants must be NSNA members. The sponsors may set other eligibility requirements. Applications are available from the National Student Nurses Association, 10 Columbus Circle, New York, NY 10019.

**NURSING SCHOOL ALUMNI OF THE CLINTON HOSPITAL SCHOLARSHIP:** Two \$250.00 scholarships are awarded annually. Students must be full time regularly enrolled students in good standing, perform satisfactory work toward their degree, must be a junior or senior nursing major, a U.S. citizen with home residence in Oklahoma and demonstrate financial need.

**EVELYN HUEBERT SHEPARD NURSING SCHOLARSHIP:** This scholarship is available to a junior or senior nursing student regularly enrolled at Southwestern Oklahoma State, must be a U.S. citizen with a home residence in Oklahoma.

**OKLAHOMA STATE MEDICAL ASSOCIATION AUXILIARY: (Ann Garrison Award) –** This scholarship is available to a Junior nursing student. An applicant from SWOSU is selected by faculty based on scholarship (must possess a 3.0 GPA), leadership and service.

**OUTSTANDING JUNIOR NURSING STUDENT:** An annual award given to a nursing student who has completed 2 semesters with a GPA of 3.0 or better in both theory and clinical performance; is an active member of SOSUNSA; exhibits a caring concerned attitude dealing with clients; and participates in community service.

**OUTSTANDING SENIOR NURSING STUDENT:** An annual award given to a nursing student who has completed 4 semesters with a GPA of 3.0 or better in both theory and clinical performance; is an active member of SOSUNSA; exhibits a caring concerned attitude dealing with clients; and participates in community service.

**PERSONAL EVOLUTION AWARD:** This is awarded to a senior and a junior who may be peer or faculty nominated. These students must be participants in SOSUNSA and show a significant improvement in one of the two areas: GPA and grades over a minimum of one year and or social skills demonstrated by anecdotal reports of improved communication or assertiveness. Nominees must be voted on by secret ballot by faculty and the appropriate class.

**SOSUNSA SCHOLARSHIP:** The recipient must be a member of SOSUNSA and possess a GPA of 2.5. The student must demonstrate financial need.

**SWODA:** Reimbursement is available for tuition, books, and supplies necessary to complete the nursing program. Applicant must be economically disadvantaged or displaced. Call 580.323.2261.

**SWOSU FOUNDATION SCHOLARSHIPS:** Applications are available in the Institutional Advancement Foundation & Alumni Office located in Administration 201.

**U.S. ARMED FORCES:** All three branches of the armed forces offer scholarships for students who pre-list.

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES NURSING EDUCATION LOAN REPAYMENT PROGRAM FOR REGISTERED NURSES:** Registered nurses interested should contact the Student Affairs Committee for more information.

**VETERANS ADMINISTRATION SCHOLARSHIPS:** Selected Ready Reserves interested in careers in nursing are eligible for \$400/month for full-time study. Repaid by 2-year work commitment in a VA medical center.

**WINONA MADISON NURSING SCHOLARSHIP:** The scholarship program was established by Dr. and Mrs. Robert O. Raulston in recognition of the distinguished forty-one year nursing career of Winona Madison. Their perpetual fund will provide scholarship assistance for junior and senior nursing students.

**FEE WAIVER:** Students desiring fee waiver information should contact student financial services.

**Appendix C**

**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY  
SCHOOL OF NURSING**

**AWARD QUESTIONNAIRE**

NAME: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_ Standing: Senior \_\_\_\_\_  
Junior \_\_\_\_\_  
Registered Nurse \_\_\_\_\_

Number of clinical semesters completed: \_\_\_\_\_

1. Describe your participation in the Student Nurse Association or the Nurse Association.
  
2. Describe your financial need.
  
3. Describe any community service you have completed during nursing school.  
Include dates and your role in the service. Please include the number of hours per month.
  
4. Describe leadership roles you have taken in the community.
  
5. Describe leadership roles you have taken among your peers.
  
6. State evidence that your peers respect you.
  
7. Describe how you perceive your role in baccalaureate nursing.
  
8. State your professional goals for the next five years.

Procedure for selection: Return completed form by August 31 to Betty Walters, Chair, Student Affairs Committee and provide any updates by February 1. Selection is made according to identified criteria and is available upon request from the Chair, Student Affairs Committee.



**Appendix E**  
**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY**  
**SCHOOL OF NURSING**

NOTICE OF PROBATION

TO:

This is to inform you that you have been place on probation in

\_\_\_\_\_ as of \_\_\_\_\_ for the following reasons:

You are required to see me as soon as possible to discuss the terms of your probation.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

Copy: Student  
Student File  
Faculty Member  
Associate Dean, SON Course Coordinator  
Chair, Admissions, Promotion

**Appendix F**  
**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY**  
**SCHOOL OF NURSING**

**COURSE PROBATION CONTRACT**

Student: \_\_\_\_\_

Course Number & Name: \_\_\_\_\_

Probation Period: \_\_\_\_\_

Reason(s) for Probation: \_\_\_\_\_

Conditions to be completed during probationary period:

Consequences if conditions are not satisfied:

Student Comments:

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Copy: Student  
Student file  
Faculty Member



**Appendix H**  
**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY**  
**SCHOOL OF NURSING**

**CONFIDENTIALITY POLICY**

To maintain the Right of the Client to Privacy, it is necessary for the student to be constantly diligent in refraining from dissemination of confidential information. This applies to verbal, written and non-verbal information.

**SPECIFIC POINTS:**

1. Never use client names, or any identifying information in notes, reports, or conversations.
2. Client information may be shared and discussed with others only on a need to know basis.
3. Faculty may decide some client problems are not appropriate for student involvement. In these instances you will NOT be allowed to participate.
4. When discussing cases with other health professionals on-site, care should be taken to prevent clients, families, and other visitors from overhearing the conversation.
5. Conduct in all facilities and sites should always be professional. Examples of poor conduct which will not be tolerated include: smoking or eating where prohibited, loud talking or laughing, negative or inappropriate comments regarding facilities, clients, or health care professionals.
6. Students may NOT call clinical sites and request client information over the telephone.
7. Institutional and client consent must be obtained in writing prior to any photographs being taken.
8. Recording devices shall NOT be used during any clinical site rotation.
9. It is inappropriate to ask questions in front of the client. When collaborating with health care professionals, do so when the client is not present.
10. NO information from the client's chart may be photocopied.
11. Charts in facilities must always be kept intact.
12. Students are to ask staff permission before taking the chart from a designated area.
13. All client data removed from the hospital MUST be handwritten by the student. DO NOT keep or remove from hospitals/clinical sites copies or originals of ANY client reports.

**I have read and fully comprehend the above information. I agree to abide by these guidelines.**

**PRINT** Name \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**FACULTY SIGNATURE** \_\_\_\_\_

Accepted, 1-95  
Reviewed 4/03, 4/06,

**Appendix I**  
**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY**  
**SCHOOL OF NURSING**

**POLICY ON CHEATING**

1. Cheating, as defined by the School of Nursing includes any dishonest act involving examinations, lecture and/or laboratory assignments, or papers. It may include, but is not confined to, such actions as:
  - Looking at another student's paper during an exam.
  - Changing answers on an answer sheet after the test has been graded.
  - Removing parts or an entire exam from a classroom, faculty office or review area.
  - Having in your possession at anytime a test which has not been sanctioned by the faculty involved.
  - Having books, notes or other study helps in sight during a test.
  - Having notes or other data written on paper, desks, hands, arms etc.
  - Talking, whispering or gesturing to other students during exam.
  - Handing in duplicate or similar work as another student or data published in any form by someone other than yourself without citing the source.
  - Sharing with another student, or future student, content or answers from any exam.
  - Discussing with the Administrative assistant or student worker the contents or possible contents on an exam or how the same might be secured.
2. Determination of whether an act is cheating is the sole discretion of the faculty or proctor.
3. A maximum penalty for a first offense for cheating is a course grade of "F", dismissal from the course, and suspension from the Nursing program.
4. The student may appeal his/her case under the grievance policy of the University.
5. A statement of the incident shall be retained in separate, sealed file for five (5) years after the incident has been resolved, and then destroyed.
6. If the student is readmitted after the one-year suspension, the student is placed on permanent probation.
7. Repetition of any dishonest incident shall result in permanent suspension from the program.
8. Handing in a paper that has included data published in any form by someone other than yourself without quoting and/or citing the source according to APA.

I HAVE READ AND UNDERSTAND THIS POLICY AND THE CONSEQUENCES OF ANY VIOLATION OF THE SAME

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

Approved 2-18-95  
Revised 4/97  
Reviewed 4/03, 4/06



**Appendix K**  
**SOUTHWESTERN OKLAHOMA STATE UNIVERSITY**  
**SCHOOL OF NURSING**

**STANDARD PRECAUTIONS POLICY AND PROCEDURE**\*

The Southwestern Oklahoma State University School of Nursing believes students and faculty should be protected from all foreseeable hazards in the clinical care of clients. The School of Nursing has made efforts to insure that current information concerning the growing threat of infectious disease is provided to our students and faculty, and that a rational policy and procedure have been developed.

Direct exposure of students and/or personnel to blood or other body fluids via skin, mucus membranes or parenteral contact represents a hazard for transmission of blood-borne and other infections. To decrease the likelihood of transmission of those infections, and to minimize student nurses' and faculty contact with blood and body fluids, the following policy is in effect.

Purpose:

To provide a consistent approach to managing body substances from all clients regardless of diagnosis. To prevent transmission of potentially infectious agents.

Policy:

Since medical history and examination cannot reliably identify all clients infected with HIV, Hepatitis B, or other blood-borne pathogens, blood and body fluid precautions will be consistently used for all clients. This approach, recommended by The Center for Disease Control(CDC), and referred to as all "guidelines for isolation precautions: standard precaution" will be used in the care of all clients, especially those in emergency care settings in which the risk of blood exposure is increased and the infection of the client is usually unknown.

1. All persons presenting to a health care setting with a known diagnosis of an infectious disease will continue to be placed in proper category-specific isolation, and the student will use those precautions indicated.
2. All clients' blood, body fluids or tissues will be considered to be potentially infectious, and Universal Precautions will be used on all clients regardless of other isolation status.
3. Standard precautions are to include the following procedures:
  - a. All student nurses will routinely use appropriate barrier precautions to prevent skin and mucus-membrane exposure when contact with blood or other body fluids of any client is anticipated. Hands will be washed, gloves will be worn for touching blood and body fluids, mucus membranes, or non-intact skin of all clients, for handling items or surfaces soiled with blood or body fluids and for performing venipuncture and other vascular access procedures. Gloves will be changed after contact with each client. Masks and goggles or face shields will be worn during procedures that are likely to generate splashes of blood or other body fluids to prevent exposure of mucus membranes of the mouth, nose and eyes. Gowns or protective aprons will be worn during procedures that are likely to generate splashes of blood or other body fluids.
  - b. Hands and other skin surfaces will be washed immediately and thoroughly with an antimicrobial soap if contaminated with blood or other body fluids. Hands will be washed immediately after gloves are removed.

- c. All student nurses will take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments' during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle-stick injuries, used needles will not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, as well as discontinued IV equipment, scalpel blades, and sharp items will be placed in puncture-resistant containers which should be located as close to the client care area as possible.
- d. Although saliva has not been implicated in HIV transmission, disposable mouthpieces, resuscitation bags and other ventilation devices will be used if the need for resuscitation arises.
- e. Student nurses who have exudative and/or open lesions or weeping dermatitis will report this to the clinical instructor and may be required to refrain from all direct client care and from handling client care equipment until the condition resolves.
- f. Pregnant health care workers are not known to be at increased risk of contracting HIV infection than health care workers who are not pregnant, however, if a student nurse develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant student nurses should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV infection.
- g. All clients' blood, body fluids, or tissue specimen spills will be cleaned up promptly with a bleach solution diluted 1:10. For large spills, call Housekeeping personnel. When removing internally placed tubes (enteral tubes, urinary drainage tubes), discard in a trash container provided in the client's room. Dispose of small dressings in the glove as it is removed, and discard larger dressings in plastic bags.
- h. Any needlestick, mucus membrane or cutaneous blood/body fluid exposure to a student nurse will be reported promptly to the clinical instructor and be reported to Employee Health Service promptly so investigation and any necessary follow-up can be instituted.
- i. If a student nurse sustains a splash of blood or other body fluid on his/her uniform or lab coat, the student will remove the soiled clothing and apply a scrub uniform from the clinical area. The student will carry soiled clothing home in a plastic bag, and will wash any soiled uniforms/lab coat separately in the appropriate wash cycle. If the fabric can be bleached, an additional safeguard is to launder in a 1:10 bleach/water solution. Scrub uniforms will be returned to clinical facility.

All students and faculty will use individual judgment based on the Standard Precautions guidelines in determining when barriers are needed. Orientation to the Standard Precautions will be provided for all new students prior to their first clinical assignment and updates will be provided as necessary for all students in the program. Students caring for clients in the community setting will use protective gear as indicated by the nature of the care:

- gloves
- disinfectant hand cleaner (such as Betadine)
- plastic bags
- masks
- goggles
- gowns or aprons

The faculty will be responsible for insuring students' understanding and appropriate use of the guidelines as well as for monitoring student adherence to guidelines.

- I. For the following skills the student will:
- a. wear non-sterile gloves on both hands
  - b. change gloves after caring for each client
  - c. discard gloves in wastebasket in the client's room
  - d. wash hands thoroughly (10 seconds) with Betadine soap or other antimicrobial hand scrub after glove removal
    1. oral/rectal temperatures
    2. injections (all types, IM, sub q, intradermal, IV)
    3. specimen collection/testing (urine, glucometer, stool, throat culture, wound culture, blood collection)
    4. dressing changes (all types - medical and surgical asepsis)
    5. oral hygiene, administration of P.O. meds if mucous membrane touched, teeth and denture care, feeding, handling of used eating utensils
    6. handling of contact lenses, administration of eye gtts.
    7. changing of perineal pads, changing of diapers
    8. insertion/irrigation of nasogastric tubes, NG/enteral feedings
    9. administration of rectal/vaginal suppositories
    10. urethral catheterization (sterile procedure)/irrigation of bladder, handling of external catheters
    11. topical medication administration to rashes, open skin lesions, burns.
    12. discontinuation of IV/changing tubing
    13. assisting with breastfeeding
    14. assisting with sitz bath
    15. handling of oxygen delivery systems (cannula, mask, tubing)
    16. starting IV's
    17. emptying Foley bag, hemovac, gomco, ostomy bags
    18. surgical prep
    19. drawing blood specimens from vein or IV catheter
- II. For the following skills it is recommended that the student will follow the above gloving procedure plus:
- A. wear a gown or protective apron
  - B. discard gown in specified container following care
    1. incontinence/peri care/emesis disposal if soiling of uniform is likely
    2. administration of enema or douche
    3. assisting with lumbar puncture, bone marrow aspiration
    4. handling newborn prior to bathing
    5. handling blood and blood products
- III. For the following skills that are likely to generate air-borne droplets of blood or other body fluids, the student will follow the above I & II plus:
- A. Wear mask and protective eye wear or face shields.
  - B. Discard mask and protective eye wear in specified container following care.
    1. assisting with invasive procedures where splattering, spraying of blood and/or body fluids is likely
      - a. insertion/removal of chest tube
      - b. insertion/removal of central venous lines or arterial lines
      - c. cutting/removing tissue
      - d. assisting with delivery of newborn, placenta
      - e. dialysis
      - f. nasal and endotracheal and tracheal suctioning
    2. basic life support using mouthpiece

## AIDS

- 1) Acute respiratory infections
- 2) Open lesions or weeping dermatitis

These conditions may impair students' functional capacity to provide safe care. Students will be exempt from direct care to the HIV/AIDS client until these conditions are resolved

### Student refusal of clinical assignment to an HIV/AIDS client:

Various studies suggest that the risk to health care workers of occupational transmission of HIV is very low. When proper hygiene/isolation techniques are practiced the chances of a health care worker becoming infected with the AIDS virus is almost non-existent. Students have a moral obligation to care for both the sick and well. If a student refuses to care for an HIV-infected client, faculty will provide education and counseling in this area, to ensure that the student has factual understanding of HIV transmission. Persistent refusal will result in further counseling regarding the appropriateness of his/her career choice.

If a student does become exposed to HIV through blood and/or body fluids in the clinical laboratory setting, the following procedure is to be used:

#### A. The student will:

1. Notify the clinical instructor of the exposure.
2. Student must contact his/her private physician for health assessment to be completed within 48 hours, at 6 weeks, 12 weeks and 6 months.
3. Student will submit verification to the clinical instructor that testing has been completed at the specified times.

#### B. The clinical instructor will:

1. Report the exposure to the health care agency and the associate dean of the School of Nursing.
2. Collaborate with the nursing supervisor to assess the incident to determine if the client's history is indicative of HIV exposure and to obtain consent for client testing.
3. Direct the student to arrange with clinical agency for HIV testing within 48 hours, at 6 weeks, 12 weeks, and 6 months.
4. Counsel the student about protection from transmission.
5. Write anecdotal notes of the exposure, the follow-up testing of the student and information regarding adherence to recommendations.

#### C. The Associate Dean of the School of Nursing will:

1. Counsel with the instructor as necessary regarding the exposure of the student.
2. Secure the anecdotal records of exposure and follow-up for strict confidentiality.

### References for Policy on AIDS:

American College Health Association Task Force on AIDS. (Dec. 1985) General Statement of Institutional Response to AIDS.

ANA Cabinet on Economic and General Welfare (Nov. 12, 1988). Statement on Serologic Testing of Health Care Workers for Human Immunodeficiency Virus Antibody.

CDC. (1985) Recommendations for preventing transmission of infection with human T-lymphotropic virus type II/Lymphadenopathy associated virus in the workplace. Morbidity and Mortality Weekly Report. 34:681-695. Atlanta, GA.

CDC. Hospital Infection Control Practices Advisory Committee (HICPAC), 1996.

Conte, J.E. (1986) Infection with human immunodeficiency virus in the hospital. Annals of Internal Medicine, 105:730-736.

Hirsch, M.S., et al. (1985) Risk of nosocomial infection with human T-cell lymphotropic virus III (HTLV-III). The New England Journal of Medicine , 312:1-4.

McCray, E. (1986) Occupational risks of the acquired immunodeficiency syndrome among health care workers. The New England Journal of Medicine, 314:17, pp. 1127-1132.

Weiss, S.H., et.al. (1985) HTLV-III infection among health care workers: association with needlestick injuries. Journal of the American Medical Association, 54:2089-2093.

National League for Nursing (Aug. 1988) AIDS guidelines for schools of nursing. New York. National League for Nursing.

National League for Nursing and Association of Nurses in AIDS Care. NLN AIDS Guidelines. New York. National League for Nursing.

The policy is reviewed by the Student Affairs Committee every year for competency with CDC/NLNAC recommendations.

**APPENDIX L**  
**Southwestern Oklahoma State University**  
**School of Nursing**

**UNSAFE NURSING PRACTICE POLICY**

**DEFINITION:** Unsafe nursing practice is jeopardizing a client's life, health or safety, engaging in unprofessional conduct, or violating the ethical code for nurses. Unsafe nursing practice is defined to include, but is not limited to, the following behaviors of a nursing student:

- Jeopardizing a client's life, health or safety by conduct that shall include but not be limited to the following:
  - A. Failure to supervise adequately the performance of acts by any person working at the nursing students direction.
  - B. Delegating or accepting the delegation of a nursing function or prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective client care.
  - C. Unauthorized alterations of medications.
  - D. Failure to utilize appropriate judgment or clinical preparation in administering safe nursing practice.
  - E. Failure to exercise technical competence or seek out instructional advice prior to carrying out an unfamiliar procedure.
  - F. Performing new nursing techniques or procedures without proper education, and preparation, or supervision.
  - G. Failure to report through the proper channels the unsafe or illegal practice of any person who is providing nursing care.
  - H. Engaging in activities which do not fall within the realm of standardized nursing practice.
  - I. Endangering the welfare of the client through own physiological or mental health status.
  - J. Providing nursing care while under the influence of alcohol or illegal substances .
  
- Engaging in unprofessional conduct. Unprofessional conduct is nursing behavior (acts, knowledge, and practices) which fails to conform to the accepted standards of the nursing profession and which could jeopardize the health and welfare of the people which shall include, but not be limited to, the following:
  - A. Inaccurate recording, reporting, falsifying or altering client records
  - B. Verbally or physically abusing clients, staff, peers, or faculty
  - C. Falsely manipulating drug supplies, narcotics or client records
  - D. Appropriating without authority medications, supplies or personal item of the client or agency:  
or
  - E. Falsifying documents submitted to the School of Nursing
  - F. Leaving a nursing assignment without properly advising appropriate personnel
  - G. Violating the confidentiality of information or knowledge concerning the client
  - H. Conduct detrimental to the public interest
  - I. Discriminating in the rendering of nursing services
  - J. Aiding and abetting the practice of practical nursing, registered nursing or advanced practice nursing by any person not licensed as a Licensed Practical Nurse or a Registered Nurse or recognized as an Advanced practitioner
  - K. Impersonating a licensed practitioner, or permitting another person to use her/his nursing student identification for any purpose
  - L. Aiding, abetting or assisting any other person to violate or circumvent any law or rule or regulation intended to guide the conduct of a nurse or nursing student.

- M. Forging a prescription for medication/drugs
  - N. Presenting a forged prescription
  - O. Selling or attempting to sell a controlled dangerous substance or otherwise making such drugs available without authority to self, friends, or family members.
  - P. While caring for a client, engaging in conduct with a client that is sexual or may reasonably be interpreted as sexual, or in any verbal behavior that is seductive or sexually demeaning to a client, or engaging in sexual exploitation of a client.
  - Q. Obtaining money, property or services from a client through the use of undue influence, harassment, duress, deception or fraud.
  - R. Engaging in fraudulent billing practices, including violations of federal Medicare and Medicaid laws state medical assistance laws.
  - S. Allowing own value system to interfere with client care/well-being.
- Violating the ethical code for nurses which shall include but not be limited to the following:
    - A. Lack respect for human dignity and the uniqueness of the client, restricted by considerations of social or economic status, personal attributes, or the nature of health problems.
    - B. Fails to safeguard the clients right to privacy.
    - C. Fails to act to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.
    - D. Fails to assume responsibility and accountability for individual nursing judgments and actions.
    - E. Fails to exercise informed judgment and use individual competence and qualifications when seeking consultation, accepting responsibilities, and delegating nursing activities to others.

(Adapted from the Nurse Practice Act of the State of Oklahoma and the Code of Ethics by the American Nurses Association.) (permission from University of Tulsa)

A nursing student is a student and not a nurse and is therefore subject to the academic standard review of the Unsafe Nursing Practice Policy. A violation of the Unsafe Nursing Practice Policy is a violation of academic standards. Conduct which falls under the Unsafe Nurses Practice Policy may also be subject to disciplinary action under the applicable of SWOSU conduct code.

**SANCTIONS IMPOSED FOR UNSAFE NURSING PRACTICE:** If a nursing student demonstrates unsafe behavior in a course or courses, the nursing faculty may impose any of the following sanction(s):

Immediate suspension from the setting.

Additional learning assignments designed by the faculty to contribute to the achievement of course objectives and change unsafe behavior.

Grade of "F" for course and dismissal from the School of Nursing.

Immediate dismissal from course.

Place on probation.

Reviewed 4/03, 5/06

**Appendix M**  
**Southwestern Oklahoma State University**  
**School of Nursing**

Policy: Mastery of Pharmacology Calculation Examination

Purpose: To facilitate students' proficiency in drug calculations.

Procedure: A pharmacology calculation mastery examination will be given to all generic students each semester. A score of 90 must be obtained on the test for mastery. Tests will be scheduled before going to clinicals, in that semester's competency course. Tutorial work is given to students not making a 90 on their examinations. The student cannot administer medications without completing the mastery exam and passing.

Faculty Will:

1. Create the test
2. Administer the tests
3. Set up tutorial work with students

Students Schedule for Examinations:

Juniors

First Semester: First exam is given before fall break.

Second Semester: First exam is given the first week in the semester.

Seniors

First Semester: First mastery exam are given the first week in the semester.

Second Semester: First mastery exam are given the first week in the semester.

If a student does not pass the first mastery, tutorial work must be completed before the second test can be taken. Every semester, each student has 3 opportunities for mastery of test.

Approved Spring 02

Reviewed 4/03, 5/06

**Appendix N**  
**Southwestern Oklahoma State University**  
**School of Nursing**

**Exam Not Taken at Scheduled Time**

Class absences or non-participation will be reflected in the overall course grade. Students are responsible for all assignments and information given during their absence from on-campus meetings. Faculty must be notified prior to an exam if students are unable to take the exam at the scheduled time. There will be a 10% decrease in the exam grade if the test is not taken at the scheduled time and an additional 10% decrease for each day late taking the exam. No exam will be given greater than 5 days after it was scheduled. Situations in which grade deductions will not be made include documented deaths and funerals in the immediate family and health situations requiring emergency department visits and/pr hospitalization for the student or immediate family.

**Late Assignments**

All written assignments must be submitted by the time and date designated by the faculty. There will be a 5% decrease in the assignment grade if not submitted at the scheduled time and then an additional 5% decrease for each day late. No assignment will be accepted greater than 5 days after the due date. Situations in which grade deductions will not be made include documented deaths and funerals in the immediate family and health situations requiring emergency department visits and/or hospitalization for the student or immediate family.

**Clinical Absences**

Clinical absences will be reflected in the clinical grade. The student will receive a 5% deduction for each day missed. Depending on the situation and available clinical sites, the hours may or may not be made up. Even though time may be made up, the student will still receive the 5% deduction for the original clinical absence. Students missing greater than 3 or more clinical days in a semester will be administratively dropped from the program. Situations in which the absences will be evaluated on a case by case basis are for those situations in which there is a death in the immediate family and health situations requiring emergency department visits and/or hospitalization for the student or immediate family.

**Clinical Tardiness**

Tardiness to clinical is not allowed. Students must be prepared for the clinical assignment and at their assigned location at the time designated by the instructor. Students who are not prepared and in the clinical area at the designated time will be counted tardy. Three tardies will equal one clinical absence. Excessive tardiness may result in an administrative withdrawal from the program. Students not prepared for clinical will be asked to leave the clinical site and receive a zero for the day and a clinical absence.

I read and understand this information:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date