



# BERRY COLLEGE

Division of Nursing

Student Handbook

2023-2024

## PREFACE

*Welcome to the Berry College Division of Nursing*



The faculty at Berry welcome you to the Division of Nursing. Your decision to become a Berry nurse will open doors for your future. Friends you meet while at Berry will last a lifetime and your nursing colleagues will always be remembered as you go through your life.

The profession of Nursing is exciting! Opportunities for care in numerous settings are in your future. Berry nurses are in high demand!

You are starting your journey at Berry, first completing the necessary foundational and prerequisite courses and now embarking on your final two years of focused student for a baccalaureate degree. Once you graduate, you will be eligible to challenge and hopefully pass on your first attempt the National Licensing Exam for Registered Nurses (NCLEX-RN). The Berry nursing faculty and staff are dedicated to helping you meet this goal. However, you will need to set priorities as the program is demanding of your energy and time. You will need to make good decisions in your study habits. Your responsibility is to stay informed about degree requirements, enroll in the arranged coursework, and do your best. Your strong foundation of liberal arts will provide you with the knowledge needed to promote intellectual, moral, and spiritual growth and challenge you to devote your head, heart, and hands to help our community.

But from here, learning so that you can give the best possible care to those you serve will never end. We encourage you to pursue further education and certification. And we will support you now and, in the future, as you work to make a difference.

This handbook, prepared by our faculty, has extremely important information you will need to complete your journey through the Berry nursing program. This handbook supplements other Berry College documents such as the College Catalog and the Viking Code.

I am honored to offer you a solid prelicensure education. We take pride in our students and their ability to be passionate about their work, take pride in nursing, and not only communicate with—but be present with people who need them.

Know that I am always available to you,

Dr. Reilly

## **Communication and Collegiality Between Faculty and Students**

Berry College Division of Nursing believes that open communication between students, faculty, and staff is an integral component of the teaching learning process.

Our dream would be that we have many more hours together beyond our allotted hours per week; but this will likely not occur, so let us use our time together well. The faculty members will maintain an open-door policy and encourage visits during office hours and can share coffee or tea together in the cafeteria or in the simulation lab gathering area. We do acknowledge the value of setting up appointments to avoid conflicts or disappointments with not connecting. Students may expect a response to all e-mails within 48 hours unless the e-mail is sent late Friday or during holidays.

The classroom will be a safe, learning place where all voices can be heard and valued. All learners are expected to fulfill individual and group responsibilities, contributing to learning together the subject at hand. We want everyone to participate and speak in class and support those less likely to speak out. We want to encourage and listen respectfully to each other's voice and create a climate that enhances our intellectual development and our capacity to live more fully in the world. The last student learning outcome for every course is: Demonstrate collegiality when interacting with peers and faculty and participating in creating a caring, learner-centered academic community environment in the classroom.

Communication and collegiality will be a cornerstone for the BSN academic environment that not only embraces learning but ensures that remembering your years here brings happiness.

### **Communication via E-mail**

E-mail is an important communication tool used in the Division of Nursing. Upon admission to Berry, all students are assigned an e-mail address that is accessible from any computer via webmail at <https://vikingweb.berry.edu/ics/>.

The Berry assigned e-mail address is the **only** address used by the Division of Nursing faculty to communicate with students via e-mail. Students are responsible and accountable for information sent via this e-mail address and should frequently check e-mails. Faculty in the Division of Nursing may use e-mail to communicate information, announcements, and memoranda. Course information such as assignments, handouts, and schedule changes may also be communicated through the email function in Viking Web.

Students should communicate any problems with e-mail directly to a faculty member and/or Berry College Help Desk by calling 706-238-5838. The ability to receive and read e-mail, open attachments, and access online information is vital to success in the Division of Nursing program.

## Berry College Division of Nursing Foundations

### **Institutional Mission Statement**

Berry College is a comprehensive liberal-arts college with Christian values. The college furthers our students' intellectual, moral, and spiritual growth; proffers lessons that are gained from worthwhile work done well; and challenges them to devote their learning to community and civic betterment. Berry emphasizes an educational program committed to high academic standards, values based on Christian principles, practical work experience, and community service in a distinctive environment of natural beauty. It is Berry's goal to make an excellent private liberal-arts education accessible to talented students from a wide range of social and economic backgrounds.

### **Berry's Comprehensive Educational Plan**

From its inception, Berry College has pursued an unusual path. Berry's educational plan combines challenging academic programs with meaningful work experience to foster in students a sense of direction and seriousness of purpose. It fosters personal confidence and personal responsibility. The Berry Plan guides students to acquire a rich variety of experiences relevant to their interests and strengths. It also calls them to consider how to live a life that is of lasting value. To augment the quality of its Comprehensive Education Plan, Berry will:

1. Invest in academic programs that inspire and challenge students intellectually.
2. Grow in size and diversity to improve the educational quality and critical mass in targeted academic areas.
3. Build the nation's premier four-year work experience program.
4. Foster initiative, intentionality, and integration in students and encourage them toward lives of lasting value and purpose.

### **Division of Nursing Mission Statement**

In accordance with the Mission and Purpose of Berry College, the Mission of the Division of Nursing is to engage in exemplary education for the advancement of health and wellness through clinical excellence and scholarship. Faculty, staff, and students will positively impact local and global communities through leadership and service.

### **Core Values**

Our core values support the mission and vision of the Division of Nursing. We are committed to:

- **Caring** for the needs of all people with **cultural humility** and **compassion** in a holistic manner;
- **Collaborating** with the interdisciplinary team for the promotion of person-centered care;
- Achieving **competence** while striving for **excellence**;
- Fostering **creativity** and **innovation** in our nursing practice; and
- **Serving** others by ministering with **integrity** and **respect**.

### **Vision Statement**

The Division of Nursing at Berry College will be recognized for our commitment to excellence in nursing education and passion for health, leadership, and service in our community and profession.

### **Division of Nursing Goals**

1. Prepare excellent nurses to deliver care in areas of prevention/promotion of health and wellbeing, chronic disease care, regenerative (critical/trauma) care, and hospice/palliative care.
2. Invest in faculty who serve others through actively participating in an innovative learner-centered, caring, academic community built on moral, ethical, and spiritual values.
3. Embrace interprofessional collaboration, scholarship, creativity, and nursing professional practice to improve health.
4. Facilitate the application of knowledge from a liberal-arts education into practice of professional nursing.
5. Incorporate evidenced based practice and professional engagement to promote safe, high-quality, and cost-effective care.
6. Embrace a learning environment that supports the service aim of Berry College, “Not to be ministered unto but to minister.”

### **Program Philosophy and Belief**

The Division of Nursing faculty are in agreement and support the mission and educational principles of Berry College. By emphasizing an educational program committed to high academic standards based on interdenominational Christian principles and values within an academic, caring community, students will develop professional competence and acquire knowledge, skills, and attitudes to assume professional nursing roles. Both the Division of Nursing and Berry College are dedicated to meeting the intellectual, moral, and material needs of our students as the foundation for teaching and learning. Additionally, both Berry College and

the Division of Nursing affirm its support of academic integrity, as reflected in founder Martha Berry's commitment to educating the head, heart, and hands. We believe that mutual trust and respect among Berry's students, faculty, and staff are essential to the operation of the college and school. All members of the Berry College community are responsible for working together to establish and uphold an environment conducive to an honorable academic endeavor.

The professional practice of nursing is an art and a science, grounded in knowledge obtained through a liberal-arts education. An educational foundation, which includes the advanced analytical skills of critical thinking and clinical reasoning, communication, problem-solving, and decision-making, is essential for the professional nurse to meet the health care realities of the twenty-first century. Competent nursing practice requires possessing the knowledge, skills, and attitudes necessary to provide safe and effective care to patients, including individuals, families, groups, communities, and populations. Using critical thinking and clinical reasoning students will collaborate with members of the health care team to deliver safe competent care in a setting that reflects a revised culture of communication. Person-centered care demands awareness and non-judgmental acceptance of diversity. Sensitivity to these differences allows the nurse to practice with compassion and respect for the inherent dignity and worth of every individual regardless of age, gender, race, culture, sexual orientation, or health care beliefs.

Nurses will assume the roles of provider of care, manager of care, member of a profession, and member/leader of an interdisciplinary team. Nurses providing direct care are responsible for coordinating and managing nursing care (assuming the role of manager, coordinator of care), collaborating with other health team members (assuming role of interdisciplinary member), and being aware of socio-political-economic factors affecting health care delivery and the health care system (assuming the role of member of a profession). The Division of Nursing believes students must acquire knowledge, skills, and attitudes that support basic competencies of safety as defined by Quality Safety Education in Nursing (QSEN) and the roles of the nurse as defined by American Association of Colleges of Nursing (AACN). The QSEN competencies are person-centered care, interdisciplinary teamwork and collaboration/communication, safety, quality improvement, inclusion of evidence-based practices, and using technology and informatics to manage data. Fundamental to nursing is the belief that person-centered care is characterized by compassion, respect for patient preferences, values and needs, and recognition of the patient as the source of control and full partner in health

care decision-making to enhance patient satisfaction and safe health outcomes.

Person-centered nursing care demands a cultural change in communication that includes a no-blame approach. This no-blame approach is essential to providing safe care and identifying, implementing, and evaluating goals and outcomes. The individual's right to autonomous decision-making is an integral part of person-centered care. Nurses must be committed to providing person-centered care that considers and examines a variety of political, social, economic, cultural, religious/spiritual, technological, and historical issues influencing health care. Principles and values of compassion, respect for others, altruism, social justice, freewill, veracity, and protection from harm complement person-centered care.

Safe quality care that minimizes harm and mitigates error is dependent on a cultural of collegiality, open communication, mutual respect, and skills of collaboration, negotiation, and conflict resolution. Nurses must demonstrate clinical expertise by integrating the analytical skills of critical thinking, clinical reasoning, problem-solving, decision making, and evidence-based practice while incorporating patient preferences to deliver optimal, safe health care and improve outcomes. A key to improving health care quality, both locally and global, is for the professional nurse to become increasingly comfortable and proficient in the use of technology, informatics, economics, and genetic information.

Curriculum development is a faculty responsibility. Faculty must design, implement, and evaluate a curriculum and learning environment that assist the students in acquiring the knowledge, skills, and attitudes necessary to assume the role of the professional registered nurse. The faculty believes that nursing is best taught in a caring academic environment that is learner-centered just as health care is patient-centered. The faculty believes that students are full partners in teaching and learning and that the faculty's role is to facilitate learning, encourage student control, and value their needs. The faculty embraces their responsibility in the utilization of evidence-based practice by exploring and utilizing evidence-based teaching learning strategies to enhance learning, meet established educational outcomes, and maximize quality education. The faculty agrees that nursing education demands equal attention in face-to-face classroom activities, virtual and simulated activities, and clinical learning opportunities. The faculty has a responsibility to understand and utilize technology and informatics to enhance teaching and learning, monitor quality, and manage data.

The faculty recognizes that considerable effort must be expended for the curriculum to



remain current as they identify the essential content imperative to professional nursing practice. To ensure students acquire knowledge, skills, and attitudes of professional nursing, faculty must consult and incorporate best practices, nationally published standards of essential skills, national areas of health care priority, and the reality of a health care delivery system that is, at best, constantly changing, and at times chaotic, uncertain, and ambiguous.

The faculty accepts the responsibility of working with local, national, and global health care providers when selecting and evaluating clinical learning experiences. Clinical experience will be in a variety of agencies: public, private, faith-based, and community settings serving diverse populations and age groups. The faculty believes that institutions/agencies selected for clinical learning must support advancing safe, quality patient care. Faculty is responsible for evaluating the effectiveness of the planned curriculum by collecting, analyzing data, and evaluating the educational outcomes of the program.

The faculty values working with core faculty members of Berry College who are dedicated to assisting students in obtaining a balanced educational program in the sciences, arts, and humanities. In addition, they share the responsibility of creating and entering into a learning environment that embraces the aim of Berry as service to humanity, which is best expressed in Berry's motto, "Not to be ministered unto, but to minister."

### **Program Learning Outcomes**

At the completion of the program, the graduate of the Berry College Division of Nursing will be able to demonstrate competency in:

1. Applying knowledge for nursing practice and clinical judgement that involves the integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, knowledge from other disciplines, and the foundational knowledge provided by the liberal arts and natural and social sciences.
2. Delivering person-centered care focused on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate.
3. Providing population health care that spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public

health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.

4. Advancing the scholarship of nursing, integrating best evidence of nursing practice to provide person-centered and population-focused care, and promoting the ethical conduct of scholarly activities.
5. Employing established and emerging principles of safety and improvement science through application of quality improvement principles in care delivery, contribution to a culture of patient safety, and contribution to a culture of provider and work environment safety.
6. Collaborating intentionally across professions to facilitate partnership with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.
7. Coordinating resources effectively and proactively to provide safe, quality, and equitable care to diverse populations.
8. Utilizing information and communication technologies and informatics processes to provide, manage and improve safe, high-quality, and efficient care in accordance with best practice and professional and regulatory standards.
9. Formulating and cultivating a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.
10. Employing activities and self-reflection to foster personal health, resilience, and well-being; contributing to lifelong learning; and supporting the acquisition of nursing expertise and the assertion of leadership.

### **Organization of the Curriculum**

The Philosophy of the Division of Nursing guides the organizing framework for the BSN curriculum. In organizing a future-oriented curriculum to prepare nurses to work in an increasingly complex and ambiguous world, many references and reports were consulted. Among these were AACN The Essentials: Core Competencies For Professional Nursing Education, AACN Impact of Education on Nursing Practice, AACN Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults, AACN Cultural Competency in Baccalaureate Nursing Education, the IOM Reports, *Teaching*

*IOM: Implications of the Institute of Medicine Reports for Nursing Education*, sources on the QSEN (Quality and Safety Education for Nurses) web site and reports and the Georgia Board of Nursing Rules and Regulations.

The baccalaureate nursing curriculum is built on two years of foundation/core courses that provide the graduate with the advanced analytical skills of critical thinking and clinical reasoning, communication, problem-solving, and decision-making essential for the professional nurse to meet the health care realities of the twenty-first century. The baccalaureate nursing graduate will use the liberal arts foundation courses such as English, Communication, Psychology, Sociology, Life-span Developmental Psychology, History, Government, and Fine Arts to provide a foundation for the diverse complex health care needs of today. The in-depth knowledge acquired from selected courses in natural sciences, statistics, religion, and philosophy will prepare the graduate for the increased complexity of practice. Liberal arts and basic science courses will be incorporated and serve as the base for professional nursing course work. The combination will result in a more educated nurse prepared for practice challenges.

The nursing curriculum of Berry College Division of Nursing is uniquely futuristic, as it prepares nurses to work in an increasingly complex and ambiguous world. The overall aim of the baccalaureate program will be to prepare nurses who have the knowledge, skills, and attitudes necessary to assume the role of the professional registered nurse and improve the quality and safety of the health care systems in which they work. The nursing curriculum will follow the American Association of Colleges of Nursing (AACN) and the Quality and Safety Education for Nurses (QSEN) initiative by incorporating quality and safety competencies into the curriculum framework. The six competencies are Person-centered Care, Interdisciplinary Teamwork & Collaboration, Evidence-based Practice, Quality Improvement, Safety, and Informatics. The roles of the BSN prepared nurse generalist are direct caregiver, manager/designer/coordinator of care, member of a profession, and member of an interdisciplinary team.

In line with the New Essentials, Berry's Nursing program emphasizes care that is delivered within the four spheres of care: 1) disease prevention/promotion of health and well-being, which includes the promotion of physical and mental health in all patients as well as management of minor acute and intermittent care needs of generally healthy patients; 2) chronic disease care, which includes management of chronic diseases and prevention of negative sequelae; 3) regenerative or restorative care, which includes critical/trauma care,

complex acute care, acute exacerbations of chronic conditions, and treatment of physiologically unstable patients that generally requires care in a mega-acute care institution; and 4) hospice/palliative/supportive care, which includes end-of-life care as well as palliative and supportive care for individuals requiring extended care, those with complex, chronic disease states, or those requiring rehabilitative care (Lipstein et al., 2016; AACN, 2019).

In addition to preparing a nurse for quality safe practice, the educational experience of Berry College Nursing students will include preparing them for service, leadership, and person-centered care that exemplifies the interdenominational Christian values of Berry College. The nurses of the future must be prepared to look beyond the acute health care environment and traditional roles of the nurse. Special emphases for the Berry College BSN program will include health care informatics, health care economy, gerontology, cancer care, cultural diversity, spiritual dimensions, and community health promotion.

To enrich the education of students and the life of the college as a whole, Berry offers a variety of international study options. Depending on the student's individual interest, nursing students will participate in a short-term cross-cultural immersion. Through this experience, they will continue the Martha Berry tradition "of the head, heart and hands" approach to education. The nursing curriculum is designed to ensure the professional nurse of the twenty-first century is prepared to contribute to transforming the health care system to one focused on safety and quality care. The nursing curriculum introduces and expects the student to apply to nursing practice the six safety and quality competencies as described by QSEN and 10 AACN domains adapted from the interprofessional work initiated by Englander (2013) and tailored to reflect the discipline of nursing. These 10 domains have been adapted into the program outcomes and the six safety and quality competencies remain threaded throughout the curriculum as follows:

Person-centered Care is introduced in NUR 311-Professional Nursing Practice (PNP)-Foundations and is included in each of the nursing practice courses as students are expected to create a safe and compassionate environment for patients, their families, groups, and population areas. Students gain competence in communication with patients, families, and others in identifying expected outcomes and measuring progress toward obtaining desired goals. The foundational clinical experiences include adult acute care; management of minor acute and intermittent care needs of generally healthy patients; chronic disease care, which includes management of chronic diseases and prevention of negative sequelae; and regenerative or

restorative care.

Evidence-based Practice (EBP) is included in every nursing course as students consider best practices related to the clinical experiences for each practice course. In NUR 311-Professional Nursing Practice-Foundations students are introduced to EBP and best practices in discussion of pain management, infection control, and patient teaching. In NUR 412-Evidence-based Practice, students learn to critique research, complete an EBP project, and explore a variety of databases, integrative studies, and technological support systems for managing data and nursing care.

Communicating and Collaborating as a member of an interdisciplinary team is introduced in NUR 311-Professional Nursing Practice-Foundations. In NUR 311, students communicate and collaborate with health team members when providing care in clinical agencies and are introduced to the responsibility of the roles of a variety of health care team members. The case studies and simulations used in NUR 311 provide opportunities for students to work with an interdisciplinary team including the physician and other team members. All nursing practice courses include simulated experiences which incorporate interdisciplinary communication and collaboration. In NUR 324-Professional Nursing Practice- Local and Global Community, students will begin planning and implementing community health promotion and prevention programs by collaborating with local community resource personnel. In NUR 422-Senior Internship, students have an advanced opportunity to improve their interdisciplinary communication, collaboration, and delegation skills.

The process of Quality Improvement is introduced in NUR 311-Professional Nursing Practice- Foundations as a major responsibility of the registered nurse. Students are introduced to the major processes of quality improvement and key terms used in the quality improvement process. As students progress through each course, Nurse Sensitive Quality Indicators are included as part of the evaluation process of nursing care. Case studies include the occurrence of adverse events so that students can complete variance reports, generate root cause analysis, and identify changes needed to improve care and mitigate error. NUR 423-Quality of Care-Capstone Course provides an opportunity for students to complete a senior thesis project focusing on the impact of quality improvement on the health care system and or patient outcomes.

Safety, as a quintessential part of competent nursing practice, is introduced in all courses in the first semester nursing courses, NUR 311-Professional Nursing Practice-Foundations, NUR

312-Physical Assessment, and NUR 313-Pathophysiology and Pharmacology. Case studies used in each practice course include issues related to safety and simulated safety risks will be staged for identification by students. For example, in NUR 322-Professional Nursing Practice-Vulnerable Populations, students consider risk identification scales such as the Braden Scale in determining best practices related to prevention of pressure ulcers in the older adult. A Capstone Course, NUR 423, emphasizes the nurse's role in participating in activities related to safe care and quality improvement as students complete a senior poster presentation focusing on quality and safety competencies in clinical practice.

Informatics will be introduced during the liberal arts sequence for all Berry College students. The use of informatics and technology in nursing will be introduced in NUR 311-Professional Nursing Practice-Foundations. Students will be expected to use a variety of data management programs throughout the program including EMR-Electronic Medical Records, CPOE-Computerized Physician Order Entry, POES-Physician Order Enter System, and computerized medication distribution programs.

The role of member/leader of an interdisciplinary team and the competencies of teamwork and collaboration is introduced in NUR 311-Professional Nursing Practice-Foundations, as students work with nurses, physicians, and other staff to provide and manage the care of one patient. Methods of collaborative communication are explored as well as documentation of nursing care given. This role of team member continues to be explored in each nursing practice course as students provide and manage care for parents and children, vulnerable populations, and adult health patients.

Involvement in community/global interdisciplinary teams, disease prevention/promotion of health and well-being, and the promotion of physical and mental health in all patients is emphasized in NUR 324-Professional Nursing Practice-Local and Global Community Health and NUR 410-Cross Cultural Immersion. The professional nurse's role as member/leader of an interdisciplinary team is emphasized in NUR 424-Professional Nursing Practice- Leadership and Management. The roles of the generalist baccalaureate prepared nurses are introduced in NUR 311-Professional Nursing Practice-Foundations. That course focuses on providing a broad base for the role of care giver, as well as beginning knowledge about managing the care of one patient and collaboration with other health team members. The role of member of profession is

introduced and legal and ethical principles of nursing care are included as well as professional responsibilities related to accountability, professional dress, and behavior.

As students focus on the role of caregiver in NUR 311-Professional Nursing Practice-Foundations, they are involved in the first critical step of providing and managing care - assessment of health care problems, NUR 312-Physical Assessment. NUR 313-Pathophysiology and Pharmacology provides students with necessary knowledge of basic classifications of drugs, administration of drugs, and other information necessary to assume the role of provider of care. In the spring semester of the first year, emphasis on NUR 323-Pathophysiology and Pharmacology II continues to reinforce the basic knowledge as a provider of care applied to family care and vulnerable populations. The nurse's role as a member of the health care team and member of an interdisciplinary team is introduced, as well as concepts related to safe, effective care and the measurement of quality of care and patient outcomes.

The role of care giver and manager of care is emphasized in each of the following semesters with the Nursing Practice courses, NUR 311-Professional Nursing Practice-Foundations, NUR 321-Professional Nursing Practice-Family, NUR 322-Professional Nursing Practice-Vulnerable Populations, NUR 324-Professional Nursing Practice-Local/Global Community Health, NUR 411-Professional Nursing Practice-Adult Health I, and NUR 421-Professional Nursing Practice-Adult Health II. In each of these courses, students focus on the provider and manager of care roles for parents and new babies, children, geriatric patients, and those with severe and persistent mental health problems. Particularly in NUR 322-Professional Nursing Practice-Vulnerable Populations, students are provided opportunities for delivering care to persons needing hospice/palliative/supportive care, including end-of-life care, extended care, and rehabilitative care. The cross-cultural immersion-NUR 410 provides an opportunity to provide care for patients in diverse cultures and settings and promotes a sense of how nurses "fit" in the global perspective of providing healthcare. The senior courses focus on providing complex acute care, acute exacerbations of chronic conditions, and treatment of physiologically unstable patients that generally requires care in a mega-acute care institution. Students progress to caring for more than one patient and providing care for a group of patients in the senior internship experience. All nursing practice courses focus on management of commonly occurring adult health problems, particularly those problems identified by the IOM as "Priority Areas of Care" (Teaching IOM, p. 136-137).

and 4) (Lipstein et al., 2016; AACN, 2019).

The role as member of a profession is emphasized in the second semester in NUR 324-Professional Nursing Practice-Local/Global Community Health. In this course, students explore health care problems related to population areas and health care problems associated with poverty, lack of resources, and warfare. Students begin to identify their role as a member of a global community and explore the concept of “one’s place in the world.” Students explore the concepts of respect, human dignity, and social justice for all humans as well as volunteerism and service. Professional obligations are also explored in NUR 424-Professional Nursing Practice-Leadership and Professional Issues in Nursing, as students examine a variety of political, socio-economic, technological, ethical, legal, and professional issues. Legal and ethical issues of care are included in appropriate areas of the curriculum. For example, issues related to end-of-life decision making and care giving are discussed in NUR 322-Professional Nursing Practice-Vulnerable Populations as well as ethical and socioeconomic issues related to homelessness and poverty. In NUR 321-Professional Nursing Practice-Families Care, ethical and legal issues related to conception, family violence, and community violence are included in case studies.

Cultural competencies will be introduced in NUR 311-Professional Nursing Practice-Foundations, NUR 312-Physical Assessment, and NUR 313-Pathophysiology and Pharmacology as students begin to understand cultural preferences in Person-centered Care, cultural variations in physical assessment, and cultural issues in pharmacological responses. Students will also learn to apply knowledge of social and cultural factors that affect nursing and health care. In NUR 322-Professional Nursing Practice-Vulnerable Populations, students consider care of vulnerable populations as they utilize research studies from racial and ethnic specific research journals. In NUR 324-Professional Nursing Practice-Local and Global Community, students conduct community assessments in diverse communities, provide culturally appropriate interventions, and design health teaching plans for culturally diverse patients. In NUR 410- cross cultural immersion as students participate in a cultural immersion experience, they compare and contrast examples of behavior by health care team members that are appropriate, respectful, and inclusive; and behavior that is insensitive, lacks cultural understanding, or reflects prejudice. Students discuss how the nurse can intervene in interpersonal situations to improve adherence to professional standards of respect and civility. Students have opportunities to participate in



campus wide cultural celebrations and religious ceremonies conducted by the cultural center events coordinator at Berry College.

Gerontological Competencies are introduced in NUR 311-Professional Nursing Practice-Foundations and NUR 312-Physical Assessment. Students apply special needs assessment tools to the older adult, assess barriers for older adults receiving, understanding, and giving information during teaching and learning, and assess the living environment as it relates to functional, physical, cognitive, psychological, and social needs of older adults. Students also use online guidelines and resources/programs to prevent, identify, and manage geriatric syndromes and promote wellness. In NUR 322-Professional Nursing Practice-Vulnerable Populations and NUR 323-Pathophysiology and Pharmacology, students implement and monitor strategies to prevent risk and promote quality and safety (e.g., medication management, falls) in the nursing care of older adults. Students learn to facilitate non-coercive decision making in older adults. In NUR 411-Professional Nursing Practice-Adult I, students recognize the complex interaction of acute and chronic co-morbid physical and mental conditions and associated treatments common to older adults.

Oncological Competencies are introduced in NUR 312-Physical Assessment when students study cancer screenings for breast and testicular cancer. In NUR 322-Professional Nursing Practice-Vulnerable Populations, students learn about how intractable pain, grief, loss, terminal illness, and palliative care relate to the care of the cancer patient. In NUR 421-Professional Nursing Practice-Adult II, students study the process of hematological disorders and the nursing care associated with oncological diseases. Special emphasis is placed on cancers with higher incidence including lung, colon, breast, and prostate.

**Curriculum Checklist  
NEW FOUNDATIONS**

Foundation Learning Goals (42 hours)	Hours	Required Foundations for Nursing (additional 15 hours)				
<b>1. Communications</b>		<b>Course</b>	<b>Course Description</b>	<b>Prerequisites</b>	<b>Hours</b>	<b>Semester</b>
a. RHW 102	3	BIO 206	Human Anatomy & Phys I	BIO 111	4	F
b. COM 203 or 204	3	BIO 207	Human Anatomy & Phys II	BIO 111, BIO 206	4	S
<b>2. Mathematical Inquiry</b>		BIO 201 or 301	Microbiology	BIO 111	4	201 F only 301 F, S
a. MAT 111	3	PSY 221	Life-span Development Psych	PSY 101	3	F, S, Su
<b>3. Intercultural Learning</b>				Total	15	
<b>NUR 410</b> EDU 222 ECON 150, 190 ENV 150 HIS 375 LCS 200 REL 328 FRE 101, 102, 200 GER 101, 102, 200 SPA 101, 102, 200, 300	3	<b>Bachelor of Science in Nursing (60 HOURS)</b>				
		NUR 311	PNP Foundations	Admission to BSN program	8	F
		NUR 312	Physical Assessment	Admission to BSN program	4	F
		NUR 313	Patho/Pharm I	Admission to BSN program	4	F
		NUR 321	PNP Families	NUR 311, 312, 313	6	S
		NUR 322	PNP Vulnerable Pops	NUR 311, 312, 313	6	S

ECON 201 ENG 214 HIS 154 155, 375 REL 100, 200, 328 ANT 200 SOC 200 WNS 210, 323		NUR 323	Patho/Pharm II	NUR 313	2	S
		NUR 324	PNP Local/Global Community	NUR 311, 312	3	S
		NUR 411	PNP Adult I	All 300-level nursing	9	F
		NUR 412	Evidence-based Practice	All 300-level nursing	3	F
		NUR 424	Leadership & Management	All 300-level nursing	2	F
<b>4. Foundations of Knowledge</b>		NUR 421	PNP Adult II	NUR 410, 411, 412	6	S
a. Humanities (3 Disciplines/Departments) ENG 201, 210, 214, 220, 221, 240 HON 201 REL 100, 101, 103, 200, 202, 207 or PHL 150, 152 SPA 310, 311 FRE 303 GER 303 HIS 120, 154, 155	9	NUR 422	Senior Internship	NUR 411, 412	6	S
		NUR 410	Cross Cultural Immersion	All 300-level nursing	3	May or June Summer
		NUR 423	Capstone: Quality of Care	NUR 411, 412	1	S
				<b>Total</b>	<b>63</b>	
b. Arts ART 201, 202 CRW 250 DAN 206 MUS 215, 240, 246 or 3 credits in 111, 121, 130 or 131	3	<b>Electives (hours to equal 120 total)</b>		<b>Hours</b>	<b>Semester</b>	
		Elective				
		Elective				
		Elective				

THE 201						
c. Social & Behavioral Sciences <i>(3 Disciplines/Departments)</i> ECO 110, 150, 160, 170, 190 EDU 201 POL 207, 211, 217 HON 203 <b>PSY 101</b> SOC 200, ANT 200, 210 KIN 230	9	<b>Other Degree Requirements</b>				
		<b>Berry College Courses-Required of All Students Prior to Graduation</b>				
		BCC 099	BCC 099-transfer students only	0		
		BCC 100	First year students	1		
d. Natural Sciences <i>(2 Disciplines)</i> ANS 105, 106, 107, 120, 121 <b>BIO 103, 105, 106, 107, 108, 111, 180</b> <b>CHEM 102, 108 or 150</b> ENG 101 EVS 104 GEO 101, 102, 155 HON 205 PHY 101, 111, 211	8	Cultural Events	3 CEs for every full-time semester enrolled	24		

**Traditional BSN Curriculum Course Sequence: 2016- present**

<b>Fall Semester, Year One</b>	<b>Hours</b>	<b>Spring Semester, Year One</b>	<b>Hours</b>
CHM 150 (or CHM 108)		<b>RHW 102</b> English	4
<b>MAT 111</b> Elementary Statistics	3	<b>BIO 111</b> Biology	4
<b>SOC 200</b> Sociology OR <b>ANT 200</b> Anthropology	3	<b>PSY 101</b> Psychology	3
<b>Humanity</b> (student choice)	3	<b>COM 203</b> Communications	3
<b>BCC 100</b> Freshman Seminar	1	<b>KIN</b> Kinesiology Activity	1
<b>Total</b>	<b>14</b>	<b>Total</b>	<b>15</b>
<b>Fall Semester, Year Two</b>	<b>Hours</b>	<b>Spring Semester, Year Two</b>	<b>Hours</b>
<b>BIO 206</b> Human Anatomy & Physiology I	4	<b>BIO 207</b> Human Anatomy & Physiology II	4
<b>Humanity</b> (student choice)	3	<b>BIO 301</b> Microbiology	4
<b>PSY 221</b> Life-Span Development	3	<b>ART 201, 202, MUS 215</b> or <b>THE 201</b>	3
<b>ECO 110</b> or <b>GOV 207, 211, 217</b>	3	<b>Elective</b>	3-4
<b>Humanity</b> (student choice)	3	<b>KIN 220, 221, 222, or 223</b> Kinesiology	1
<b>Total</b>	<b>16</b>	<b>Total</b>	<b>15-16</b>
<b>Fall Semester, Year Three</b>	<b>Hours</b>	<b>Spring Semester, Year Three</b>	<b>Hours</b>
<b>NUR 311</b> PNP Foundations 6-6-8	8	<b>NUR 321</b> PNP Families 4-6-6	6
<b>NUR 312</b> Physical Assessment 3-3-4	4	<b>NUR 322</b> PNP Vulnerable Pops 4-6-6	6
<b>NUR 313</b> Patho/Pharmacology I 4-0-4	4	<b>NUR 323</b> Patho/Pharmacology II 2-0-2	2
<b>Total</b>	<b>16</b>	<b>NUR 324</b> PNP Local/Global Community 3-0-3	3

		<b>Total</b>	<b>17</b>
<b>Maymester</b>			
<b>NUR 410</b> Cross Cultural Immersion 1-4-3	<b>3</b>		
<b>Fall Semester, Year Four</b>	Hours	<b>Spring Semester, Year Four</b>	Hours
<b>NUR 411</b> PNP Adult I 5-12-9	9	<b>NUR 421</b> PNP Adult II 6-0-6	6
<b>NUR 412</b> Evidenced-Based Practice 3-0-3	3	<b>NUR 422</b> Senior Internship 0-6-6	6
<b>NUR 424</b> PNP Leadership & Management 2-0-2	2	<b>NUR 423</b> Capstone: Quality of Care 1-0-1	1
<b>Total</b>	<b>14</b>	<b>Total</b>	<b>13</b>

For example: CHM 108 may be taken in the fall and BIO 111 may be taken in the spring of the first year. COM 203 may be taken in any semester.

**Total Credit Hours for the BSN Major = 120 credit hours**

Notes: **PNP** = Professional Nursing Practice

PNP Foundations: 1-6 hour clinical day per week

PNP Vulnerable Populations: 2-6 hour clinical days for 6 weeks

PNP Family: 2-6 hour clinical days for 6 weeks

PNP Adult I: 12-12 hour clinical days

Senior Internship: 180 clinical hours

## American Nurses Association Code of Ethics for Nurses

- Provision 1: The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
- Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
- Provision 3: The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
- Provision 4: The nurse has authority, accountability and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.
- Provision 5: The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.
- Provision 6: The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.
- Provision 7: The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.
- Provision 8: The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
- Provision 9: The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

**Source: American Nurses Association. (2015). Code of ethics with interpretative statements. Silver Spring, MD: Author. Retrieved from <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html>**

## Glossary of Terms

***Altruism:*** A concern for the welfare and well-being of others. In professional practice, altruism is reflected by the nurse's concern and advocacy for the welfare of patients, other nurses, and other healthcare providers.

***Autonomy:*** The right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about their health care.

***Caring:*** Caring is a total way of being, of relating, of acting; a quality of investment and engagement in the other-person, idea, project, thing as "other" – in which one expresses the self fully and through which one touches most intimately and authentically what it means to be human. (Roach, 2002, pg. 39). To care for another person is to help them to grow and through caring for others meaning is given to one's own life (Mayeroff, 1971).

***Christian values:*** Are the values included in the teachings of Christ and include but are not limited to compassion, respect for others, altruism, service, social justice, freewill, veracity, and protection from harm.

***Collaboration:*** Functioning effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality person-centered care. (Cronenwett et al, 2007)

***Compassion:*** The awareness of and sympathy for suffering of another coupled with a desire to offer help.

***Competence:*** The ability to do something well and includes having necessary knowledge (cognitive ability), skills (psychomotor abilities), and attitudes (commitment to or valuing of something).

Competence is usually judged by identified or understood standards.

***Critical Thinking:*** All or part of the process of questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity (AACN, 1998). Critical thinking underlies independent and interdependent decision making.

***Clinical Judgment:*** The outcomes of critical thinking in nursing practice. Clinical judgments begin with an end in mind. Judgments are about evidence, meaning, and outcomes achieved (Pesut,



2001).

**Clinical Reasoning:** The process used to assimilate information, analyze data, and make decisions regarding patient care (Simmons, Lanuza, Fonteyn, & Hicks, 2003).

**Cultural humility:** one construct for understanding and developing a process-oriented approach to competency. Hook, Davis, Owen, Worthington and Utsey (2013) conceptualize cultural humility as the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]” (Hook, J. N., Davis, D. E., Owen, J., Worthington Jr., E. L., & Utsey, S. O., 2013, p. 2.)

**Cultural Sensitivity:** Cultural sensitivity is experienced when neutral language, both verbal and non- verbal, is used in a way that reflects sensitivity and appreciation for the diversity of another. Cultural sensitivity may be conveyed through words, phrases, and categorizations that are intentionally avoided, especially when referring to any individual in ways that may be interpreted as impolite or offensive (American Academy of Nursing Expert Panel on Cultural Competence, 2007).

**Diversity:** The range of human variation, including age, race, gender, disability, ethnicity, nationality, religious and spiritual beliefs, sexual orientation, political beliefs, economic status, native language, and geographical background.

**Evidence-based Practice:** Care that integrates the best research with clinical expertise and patient values for optimum care (IOM, 2003b).

**Health Care Economy:** Addresses how societies allocate resources to meet health care needs of the individuals and communities. In an era of rising medical costs and concerns, how to reform health care systems, tame costs and cover the uninsured becomes a critical component on health of the individual and populations.

**Healthcare Team:** The patient plus all of the healthcare professionals who care for the patient. The patient is an integral member of the healthcare team.

**Human Dignity:** The respect for the inherent worth and uniqueness of individuals and populations. In professional practice, concern for human dignity is reflected when the nurse values and respects all patients and colleagues.

**Integrity:** Acting in accordance with an appropriate code of ethics and accepted standards of

practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession.

**Information Technology:** The study, design, development, implementation, support, or management of computer-based information systems, particularly software applications and computer hardware.

**Integrative Strategies for Learning:** Coherent organization of educational practices that integrate general education concepts throughout the major, through the widespread use of powerful, active, and collaborative instructional methods. (Association of American Colleges and Universities, 2004).

**Inter-professional:** Working across healthcare professions to cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. The team consists of the patient, the nurse, and other healthcare providers as appropriate. (IOM, 2003b).

**Intra-professional:** Working with healthcare team members within the profession to ensure that care is continuous and reliable.

**No-blame environment:** Refers to belief that identifying root causes for a practice variance (e.g., medical mistake, medication error, re-admission to the hospital, or student's failure of an exam) is more effective than assigning blame.

**Nurse Sensitive Indicators:** Measures of processes and outcomes - and structural proxies for these processes and outcomes (e.g., skill mix, nurse staffing hours)—that are affected, provided, and influenced by nursing personnel, but for which nursing is not exclusively responsible (National Quality Forum, 2003).

**Outcome:** Broad performance indicator, related to the knowledge, skills, and attitudes, needed by a baccalaureate graduate.

**Patient:** The recipient of nursing care or services. This term was selected for consistency and in recognition and support of the historically established tradition of the nurse-patient relationship. Patients may be individuals, families, groups, communities, or populations. Further, patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care.

Depending on the context or setting, patients may, at times, more appropriately be termed clients, *consumers*, or *customers* of nursing services (AACN, 1998, p. 2).

***Person-Centered Care:*** Includes actions to identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health (IOM, 2003b).

***Population Health Interventions:*** Actions intended to improve the health of a collection of individuals having personal or environmental characteristics in common. Population health interventions are based on population-focused assessments.

***Professional Nurse:*** An individual prepared with a minimum of a baccalaureate in nursing but is also inclusive of one who *enters* professional practice with a master's degree in nursing or a nursing doctorate (AACN, 1998).

***Quality Improvement:*** Refers to the use of data to monitor outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems (Cronenwett et al, 2007)

***Respect:*** To show consideration or thoughtfulness in relation to somebody or something, to refrain from violating something or someone.

***Simulation:*** An activity that mimics the reality of a clinical environment and is designed to demonstrate procedures, decision-making, and critical thinking through techniques such as role-playing and the use of devices (e.g., interactive videos, mannequins) (National Council of State Boards of Nursing, 2005).

***Social Justice:*** Acting in accordance with fair treatment regardless of economic status, ethnicity, age, citizenship, disability, or sexual orientation.

***Spirituality:*** Speaks to what gives ultimate meaning and purpose to one's life. It is that part of people that seeks healing and reconciliation with self or others (Puchalski, 2006).

***Unique nature of individuals:*** Refers to the belief that all human beings are different and are greater than the sum of the parts. Although human beings have mutual experiences, i.e., pain,

happiness, love, loneliness, each individual responds to these experiences in a distinctive way.

***Vulnerable Populations:*** Refers to social groups with increased relative risk (i.e., exposure to risk factors) or susceptibility to health-related problems. The vulnerability is evidenced in higher comparative mortality rates, lower life expectancy, reduced access to care, and diminished quality of life (Center for Vulnerable Populations Research, UCLA Division of Nursing, 2008).

### **Academic Policies**

#### **Traditional Student**

First-time college students who complete the first two years at Berry College and then apply for admission to the Division of Nursing for the upper-division nursing curriculum are considered traditional students.

- Work with an Academic Advisor during the first year at the college. They will be assigned a Nursing Advisor in their first or second year at Berry.
- Students who complete their prerequisites at Berry College are eligible for priority consideration for admission to the upper-division nursing curriculum.

#### **Transfer Student**

Students who transfer from another university or two-year community college and complete all foundation and prerequisite courses elsewhere, must gain admission first to Berry College and then make application to the Division of Nursing for the upper-division nursing major.

- BSN foundational and general studies courses are the same as those taken by students who complete all course work at Berry College.
- Two separate applications are required: one to Berry College and the second to the Division of Nursing.
- After meeting with the Academic Advisor for the initial meeting, students will be assigned a Nursing Advisor who will assist them in determining eligibility for application into the upper- division nursing major.

#### **Second Degree**

Students who have completed a previous undergraduate degree outside of the nursing discipline and who meet the Berry College criteria for regular undergraduate admission.

- Applicants must have at least a baccalaureate degree in a non-nursing major that was earned at an accredited school or university, and the first degree must have been based upon at least 120 semester hours of earned credit.

- Students in this option must first gain admission to Berry College and meet with the Academic Advisor for an initial meeting. They will be assigned a Nursing Advisor who will assist them in determining eligibility for application to the upper division major.

### **Direct Admission**

The opportunity for direct admission to the Nursing program is available for highly qualified students. Direct admission will require a Berry calculated high school GPA of 3.6. As a direct admit nursing student you are guaranteed space in the nursing program. Direct Admit Students must maintain a Berry GPA of 3.5 and meet all other admission requirements for nursing. (See Berry Catalog) If a direct admission nursing student does not maintain a Berry GPA of 3.5 while enrolled in core courses, the student will need to apply to the Nursing Program by following the standard nursing admission process.

### **Nursing Program Admission Process**

To apply to the BSN program in the Division of Nursing at Berry College, two different applications are submitted: Berry College application for admission and the Berry Division of Nursing BSN application. Current Berry Undergraduate students need to submit only the Division of Nursing BSN application.

Admission as a degree-seeking student through the Office of Admissions is the first step toward a major in nursing. Admission is based on a holistic review including performance in high school, college entrance examination score, prior college course work, and other factors deemed appropriated by the Admission Committee. The application for the Office of Admissions is available online at <https://www.berry.edu/admission/how-to-apply/>.

Once admitted as an undergraduate student, the student is notified through an offer-of-admission letter. Advisement with the assigned Nursing Advisor is a requirement for application to the Division of Nursing. At the scheduled appointment, the advisor will review the student's academic record, including an evaluation of any previous college course work to establish a plan for the sequencing of the prerequisite courses that need to be completed before admission to the Division of Nursing. The advisor will also explain the requirements and process for admission to the BSN Program.

When the student has either completed the required pre-requisite courses or is in the last semester of prerequisite courses, the student is issued the Division of Nursing BSN application

by their assigned advisor. The student completes the Division of Nursing application and submits it and all additional application materials to the Division of Nursing Office by the application deadline of February 1. Applications are accepted October 1 – February 1. The nursing courses begin each fall semester.

### **Part-Time Study**

Student may enroll in part-time study while completing the core courses. Once admitted and enrolled in nursing courses, students must be enrolled in full-time study to progress and graduate with their fall admission cohort.

### **Accelerated or Advanced Placement Options**

Accelerated or Advanced Placement Options are not available in the Berry College BSN program.

### **Advising**

Academic advising by designated Division of Nursing faculty is provided to maintain the standards of the Program and to guide each student. All students are assigned a Division of Nursing faculty advisor. The purpose of academic advising is to assist the student in his/her academic progression throughout the program. The role of the advisor is to assist students with adjustment to the Division of Nursing and facilitate a smooth progression through the program.

### **Responsibilities of the Academic Advisee**

- You are responsible for knowing and complying with the academic policies and procedures of the college. You will learn about these through orientation sessions, correspondence, newsletters, meetings, and through information found in the College Catalog, the Viking Code, the Registrar's website, and Viking Web.
- Students must also regularly check their campus e-mail accounts and postal boxes to ensure they receive communication from their advisors, faculty and/or administrative staff. The final responsibility for meeting requirements for a degree rests with the student.
- Obtain the necessary forms and signatures from the advisor(s) and other academic officers as needed and keep a copy of all forms returned to you that document your academic activity.
- Comply with the requirements of one College Catalog, either the catalog in effect at initial registration or the catalog in effect when you declare the major, provided that the catalog is no more than seven years old.

- Complete the Undergraduate Degree Plan with the registrar and your advisor once 60 hours are attained and complete an Application for Graduation once 90 hours have been attained.
- Consult the advisor and others as needed when considering academic decisions such as course selection or change, declaration of major and/or minor, withdrawal from a course or institution, application for internship or special program, or completion of the undergraduate degree plan and application for graduation.
- Seek advice and referral from the advisor and other academic officers as needed.

### **Responsibilities of the Academic Advisor**

- Learn academic policies and procedures and communicate them to advisees. *Consult the Berry College Catalog, Viking Code, Viking Web, and this handbook for information. The Registrar's Intranet site and Internet sites offer helpful information as well.*
- Guide advisees toward satisfactory academic progress. Current information about your advisees' progress may be found on the Berry College Viking Web. Completion of the PLAN4WARD, the Undergraduate Degree Plan and the Application for Graduation forms will offer specific checkpoints for progress.
- Maintain accurate advising files for each advisee that may contain:
  - Viking web and registrar's reports
  - Academic standards correspondence
  - PLAN4WARD individual plans
  - Undergraduate degree plans
  - Graduation application
  - High-school or other academic transcripts

*If an advisee withdraws from the college, his/her folder should be returned to the Associate Provost's office.*

- Comply with requirements of the Federal Education Rights and Privacy Act and other college regulations. *A FERPA overview is available in this handbook; additional information is available from the Registrar.*
- Maintain regular office hours of 10 hours each week.
- Approve all designated academic procedures, such as course changes, declaration or

change in advisor or major/minor status, and so forth, after consultation with the student, and clear the advisee for registration.

- Refer advisee to appropriate resources as needed.

*The handbook offers detailed information about the variety of academic and student-life resources available.*

- Strengthen advising skills by regularly participating in training activities.

*You will be notified by email and campus mail about the opportunities.*

- Support the growth and development of advisees through active advising habits.

### **Semester Fees for Nursing Students**

Accepted students will incur fees for assessment evaluation, background screening, and/or drug screening. Fees will also be assessed each semester for supplies, computer learning programs, standardized exams, onboarding fees of hospitals, and random drug screening. A detailed list of additional expenses can be found in the nursing student handbook underestimated program expenses.

### **Cross Cultural Immersion**

A two-week study will be required of all nursing students during the summer between their junior and senior year. Students will earn three semester hours of credit while advancing their understanding of world cultures, uniqueness, and similarities. The REQUIRED 2-week cultural immersion trip in Summer (typically May-June) will cost approximately \$4000-5000. Final costs will not be known until fall semester of Junior Year so price is approximate but includes tuition for NUR 410. If international travel is precluded with acceptable documentation, a limited domestic experience will be arranged in the month of late June or early July. Regardless of international or domestic experience, dates cannot be changed, and the costs and expectations for participation apply to both. **Nursing Program Admission Requirements**

The minimum cumulative GPA for all BSN applicants is 3.0 at the time of application for students. Admission is competitive and is based on space available. Application to the program does not guarantee admission to the Division of Nursing.

**Students are eligible to apply when they have successfully completed a minimum of 41 semester credit hours** at the time of application and 64 hours at the time of enrollment in the first clinical nursing course. All Science, Math, and English courses must have a “C-” or better and be completed prior to beginning the nursing sequence.



Students admitted to the Division of Nursing who are enrolled in prerequisite course work must make a "C-" or better in every core course for the nursing major.

Admission decisions are competitive and based on the applicant's academic record and application at the time of the application deadline. \*All grades (Berry and other colleges/universities) from previous terms must be posted on the applicant's Berry College transcript by the application deadline.

Applicants to the Division of Nursing are strongly recommended to demonstrate a **record of full- time study** and a minimum number of course repeats/grade forgiveness options.

### **Nursing Program Admission Decisions**

Admission decisions will be based on the applicant's academic record, supporting documents, and BSN application at the time of the application deadline. Admission to the BSN program is competitive and space is limited. Applicants for admission will be ranked according to number of hours earned, overall GPA, and an adjusted GPA calculated from the Math, Science, and English courses required in the BSN core. (*Math 111, Biology 111, 206, 207, 201/301, Chemistry 108 and English 101, 102 or RHW 102*) ***\*All Science classes must be current within 6 years of application date and students must earn a "C-" or better in each course.***

### **Nursing Program Admission Notification**

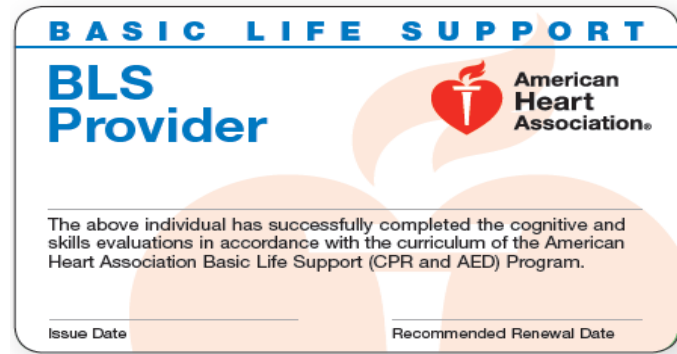
Applicants will receive an admissions decision a minimum of four weeks after the application deadline of February 1. Please provide the full four weeks to allow thoughtful decisions of all the applicants.

### **Prior to Registration for Upper-Division Nursing Courses**

Upon acceptance into the nursing program students will need to meet additional program requirements prior to enrollment in upper-division nursing courses. Students must demonstrate the following:

1. Clinical education is a requirement of the nursing curriculum and that the provision of such is obtained through Clinical Facilities such as Atrium Floyd and Advent Redmond Medical Centers. As we are guests at these facilities, **we are required to meet their contractual requirements for nursing students which include:**
  - a. Legal authorization to work in the United States;

- b. Compliance with Medical Clearance and all vaccinations requirements as listed below;
  - c. Satisfactory completion of all background, criminal checks, and drug screening;
  - d. Maintenance of certification American Heart Association's Healthcare Provider Course (Course C or BLSC); and
  - e. Maintenance of health and accident insurance.
2. Medical clearance is required prior to enrollment in all upper-division nursing courses. To be cleared, the following health documentation must be on file in the Division of Nursing prior to June 1:
- a. physical exam,
  - b. TDAP,
  - c. proof of varicella vaccine,
  - d. two doses of MMR vaccine or proof of positive immune titers,
  - e. Hepatitis B vaccine (series of three), **AND** positive immune titer,
  - f. Hepatitis A vaccine (series of two),
  - g. Tuberculosis (Mantoux) skin test (**MUST BE PROVIDED ANNUALLY**),
  - h. Varicella vaccine, history of disease with proof of immunity
  - i. Covid vaccines current with CDC recommendations or documented exemption.



### **Nursing Program Dismissal Policy**

Failure to achieve the established academic standards shall constitute reason for the student to be dismissed from the program. The faculty and administration of the Division of Nursing reserve the right to dismiss any student enrolled in the program for unethical, dishonest, unprofessional, or illegal conduct that is inconsistent with the ANA Code for Nurses.

### **Nursing Program Re-Admission Policy**

The Division of Nursing acknowledges the responsibility of readmitting to the program those students who, in the judgment of the faculty, satisfy the requirements of scholarship,

health, and professional suitability for nursing. Students requesting readmission to the program must apply in writing to the Nursing Admissions and Progression Committee. Each student's situation is reviewed on an individual basis. Requests for readmission for fall must be submitted by February 1st of the year in which readmission would occur in the fall, or by October 1st for readmission that would occur the following spring. Readmission is not guaranteed to any student. Students following the curriculum plan without interruption have priority for course enrollment.

Specific guidelines for readmission include the following:

1. Course repetition policies:
  1. Only one course may be repeated.
  2. The course must be repeated successfully with a B- or better.
  3. Students may remain in courses which do not require the repeated course as a pre-requisite.
  4. The course must be repeated within the next academic year following the original course enrollment.
  5. Students may appeal decisions based on course repetition policies in writing to the Division of Nursing Admission and Progression Committee with concurrence or recommendation of the academic advisor or course instructor. Decisions on appeal requests are the responsibility of the Admission and Progression Committee and may be approved or denied based on individual circumstances and an evaluation of the request.
2. Any student readmitted to the program will be required to:
  1. Meet Berry College readmission criteria.
  2. Have at least a GPA of 3.0 upon readmission or as the catalog of your entrance year.
  3. Demonstrate a satisfactory level of knowledge from nursing courses in the previous successfully passed semester as determined by all course level faculty and with the approval of the Director of the DON. This demonstration of knowledge must be done prior to beginning the repeated course and can be

repeated up to three times to achieve success (see 1d). If additional expense is incurred during the process of demonstrating knowledge (i.e., additional proctored ATI exams, PrepU, or PassPoint), the student will assume the additional cost.

3. A readmitted student must meet graduation requirements in effect at the time of readmission and follow the baccalaureate degree nursing policies in effect for that academic year.
4. A student must have a cumulative grade point average of 3.0 for readmission consideration.
5. Students must complete all program admission requirements prior to readmission.

### **Sequential Progression Policies**

1. Enrollment in entry level nursing courses will be permitted only if the student:
  - a. completes all pre-requisite courses and earns a grade of “C-” or above in all required Science, English, and Mathematics courses; and
  - b. reports a minimum cumulative grade point average of 3.0.
2. Students may continue to progress according to the curriculum plan if they:
  - a. complete all pre-requisite courses prior to enrollment in any senior nursing course; (64 hours) unless an exemption is made by the Director.
  - b. earn a grade of “C-” or above in all nursing major courses;
  - c. report a cumulative grade point average of 2.5 prior to enrolling in 400 level nursing courses;
  - d. demonstrate satisfactory performance of designated nursing skills;
  - e. earn a satisfactory grade in both the theory and clinical components of the nursing courses; In the event that the earned clinical grade is unsatisfactory, the course grade assigned will not be higher than the letter grade of “D”;
  - f. pass the medication calculation competency test at 90% accuracy each semester;
  - g. demonstrate full compliance with all standards of the nursing profession as defined by the ANA standards of practice, the ANA Code for Nurses, and

Georgia Nursing Practice Act; and

- h. maintain current health requirements/CPR.
3. If a student fails or withdraws from any nursing course, he or she must petition the Admission and Progression Committee of the Division of Nursing to be re-admitted.
4. Students having withdrawn from or earned less than a “C-” in a nursing course may be re- admitted to the program one time only.
5. Students are accountable to follow all policies in the current handbook.
6. All program requirements must be completed within five (5) years of first enrollment of the program. Due to curriculum changes, a student not progressing in the program in a continuous manner may be required to complete additional courses.

Baccalaureate program policies that describe standards for progression are listed in detail in the Division of Nursing Student Handbook. The handbook is distributed at the beginning of each academic year and available in an online format. It is the students’ responsibility to obtain a copy of the policies and to be familiar with the policies. The policies are a guide as the student progresses through the program.

### **Graduation**

Berry College grants a Bachelor of Science with a major in nursing to those candidates who have completed the credit requirements as described in the nursing curriculum course plan and who have met all degree requirements of Berry College.

Students intending to graduate should file an application with the Registrar the semester before they expect to graduate. The student is responsible for ensuring that their academic record is in order.

Admission to and graduation from the Berry College Division of Nursing does not guarantee eligibility for licensure. Prior to Division of Nursing approval for the candidate’s licensure (NCLEX) application, an exit interview with the Division of Nursing is required. Additionally, all student financial accounts must have a zero balance.

The College subscribes to the Family Educational Rights and Privacy Act of 1974 and is committed to a policy of nondiscrimination based on race, creed, color, sex, national and ethnic origin, or handicap in all of its programs and offerings. The College does not discriminate against any person or persons based on creed or religion in admissions policies or college-

administered programs.

### **Board of Nursing Policies**

After completion of the program and graduation, students are eligible to apply for licensure by examination (National Council Licensure Examination for Registered Nurses - NCLEX-RN). Licensure to practice as a Registered Nurse is granted by the Board of Nursing in the state of intended practice (See Georgia Board of Nursing Rules & Regulations <https://rules.sos.ga.gov/GAC/410>). Beginning April 15, 2009, all new graduates must submit to a background check process as required by Georgia Law §46-26-7-4-(4) when applying for licensure in Georgia. An applicant who passes the licensing examination and is under investigation for possible violation of the Nurse Practice Act (arrested or convicted of a crime other than a minor traffic violation) may not be issued a license until the matter is resolved to the satisfaction of the Board. If the charges are substantiated, the license may be denied or sanctioned despite the applicant meeting all other criteria for licensure.

The Georgia Board of Nursing has the right to refuse to grant a registered nurse license to any individual regardless of his/her educational credentials under circumstances of:

- a. Falsification of application for licensure.
- b. Conviction of a felony or crime of moral turpitude.
- c. Other moral and legal violations specified in Georgia Law.

### **Academic Integrity**

The Berry College community affirms its support of academic integrity as reflecting founder Martha Berry's commitment to educating the head, heart, and hands, and as the foundation of college life and experience. We believe that mutual trust among Berry's students, faculty, and staff is essential to the operation of the college and that all members of the Berry College community are responsible for working together to establish and uphold an environment conducive to honorable academic endeavor.

*Academic dishonesty* includes, *but is not limited to*, the following: cheating, unauthorized collaboration, plagiarism, fabrication, multiple submissions, and aiding and abetting.

**Cheating:** using or providing unauthorized information or aids on any examination or other graded assignment; altering a graded work prior to its return to a faculty member; doing another's work or allowing another person to do one's work and submitting it for grading.

**Unauthorized Collaboration:** working with another person on a project, assignment, examination, tests, or quiz, unless collaborative work has been stipulated by the instructor.

**Plagiarism:** submitting material that in part or whole is not one's own work without properly attributing the source(s) of its content.

**Fabrication:** inventing or falsifying information, data, or citations; altering or creating any document or record affecting the grade or academic standing of oneself or others.

**Multiple Submissions:** submitting identical or substantially similar papers or course work for credit in more than one course without prior permission of the instructor(s).

**Aiding and Abetting:** providing material, information, or other assistance which violates any of the above standards for academic integrity; providing false information in connection with any inquiry regarding—academic integrity.

Where there is suspected violation of academic integrity policy, the concerned faculty member should:

- a) Discuss the suspected infraction directly with the student(s) involved. At the faculty member's or the student's discretion, the division director or faculty colleague may be present during this discussion as a witness.
- b) Make copies of relevant materials before returning them to the student(s) for any approved amendment or revision.
- c) Discuss the suspected infraction and the documented evidence with the division director or a colleague if collegial advice is desired. In all such cases, the privacy of the student(s) involved must be protected.
- d) Make a decision based on the evidence and determine appropriate sanctions; sanctions may include warning the student, or reducing the assignment, exam, or course grade; if sanctions are imposed, discuss these and the appeal process with the student.
- e) If a student is found to have violated the academic integrity policy, notify the provost in writing. This document should include:
  1. Information about the course, the faculty involved, and the student(s) involved.
  2. The time and date of the incident, and a description of the incident and any evidence that indicates an infraction of academic integrity.
  3. Any sanctions imposed by the faculty member in response to this incident; and

4. A confirmation that the faculty member has discussed with the student the incident, any sanctions imposed, and the student's right to appeal the faculty member's decision.

Students seeking to appeal the sanction concerning academic integrity may appeal to a subcommittee consisting of equal numbers of faculty and students of Academic Council that will be convened by the provost or associate provost. Students who are sanctioned for violating academic integrity policy forfeit the right to withdraw from the class with a grade of "W".

### **Grievance Policy**

Students at Berry College are guaranteed all the rights, privileges, and freedoms granted to a citizen of the United States. Two documents available to students provide information to assist the students, 1) Berry College Catalog online and/or 2) Berry College's Viking Code.

Berry College nursing students have the right and the responsibility to keep open communications with the faculty, staff, and administration. A variety of options have been established to facilitate these lines of communication: Student/faculty dialogues, student/advisor meetings, faculty evaluations, course evaluations, electronic communications, and student representation on committees.

Students with concerns are encouraged to seek assistance from their advisor or another member of the faculty or staff in evaluating the nature of their concerns or deciding on an appropriate course of action. Any concern should first be directed to the person or persons whose actions have given rise to the problem and should be initiated within three weeks of the incident. If the concern or problem cannot be resolved, please complete a Division of Nursing Concern/Grievance form provided and submit it to the Director's office.



**Berry College - Division of Nursing  
Concern/Grievance Form**

Submitted by \_\_\_\_\_ Date: \_\_\_\_

Please describe the concern: \_\_\_\_\_

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What actions have you taken to resolve the concern? \_\_\_\_\_

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What were the results of your actions/intervention? \_\_\_\_\_

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What recommendation do you have to resolve the concern? \_\_\_\_\_

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## **Academic Appeal Process**

Refer to the Berry College academic appeal process.

## **Chemically Impaired Student Policy**

Policy Statement: Berry College and the Division of Nursing require that students provide safe, effective, and supportive client care. Students who are chemically impaired are less capable of making important judgments and maintaining a safe environment for clients under their care. Students who are chemically impaired in the clinical setting may in fact jeopardize the lives of their clients. In addition, chemical impairment has a negative effect on the personal health of the student.

The Division of Nursing defines the chemically impaired student as a person who, while in the classroom, laboratory, or clinical setting, is under the influence of, or has abused, either separately or in combination: alcohol, over-the-counter medication, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs. Abuse of the substances includes episodic use or misuse, or chronic use that has produced psychological and/or physical signs and symptoms. This includes the abuse of impairment using prescription medication. It is the position of the Division of Nursing that chemical dependency is a treatable disease. With the proper treatment, monitoring, and support, students can become safe, competent professionals. The American Association of Colleges of Nursing (AACN) has issued a position statement on substance abuse in nursing education (AACN, 1996). Among their assumptions and principles are the statements that:

- Substance abuse compromises both the educational process and patient care and must be addressed by schools of nursing.
- Academic units in nursing have a commitment to and a unique role in the identification of abuse intervention, referral for treatment, and monitoring of recovering individuals.
- Addicted persons need help to recognize the consequences of their substance use.
- Addiction is a treatable illness, and rehabilitative and therapeutic approaches are effective in facilitating recovery; and
- Individuals with addictive illnesses should receive an opportunity for treatment in lieu of, or before, disciplinary action. (AACN, 1996, p.254)

The American Physical Therapy Association's Position on Substance Abuse (HOD 06-

93-25-49) recognizes that alcoholism and other drug addictions adversely affect health and professional roles. The House of Delegates encourages the identification and supportive assistance of professionals who experience substance abuse and recommends treatment so that re-entry into the profession is possible.

It is the policy of the Division of Nursing that students must be free of chemical impairment during participation in any part of their program including classroom, laboratory, and clinical activities. The Division of Nursing faculty members will intervene with a chemically impaired student as outlined in the established procedure of the school. Until the problem has been satisfactorily resolved, the student will not participate in any clinical or field activities where they would have patient/client contact. It is the policy of the Division of Nursing that students may be required to leave the clinical/fieldwork setting immediately if chemical impairment is suspected. Students may be required to undergo a urine drug screen and evaluation by an outside professional expert to assess for chemical impairment. Treatment as indicated by the substance abuse professional will be required as well as follow-up, aftercare, and ongoing monitoring. Failure to abide by the treatment plan as outlined will result in suspension and/or dismissal from the program. Procedure: If, in a faculty member's professional judgment, a student participating in any classroom, laboratory, or clinical activity is exhibiting signs of chemical impairment, the following procedure will be implemented.

1. The student will be removed to a private area to discuss the behavior(s) observed. The student will be allowed to provide a verbal explanation of the behavior. The faculty member will specifically inquire about the use of any substances and, if used, what, when and how much was used and what route it was taken. The faculty member may require a urine drug screen test to be done immediately. Transportation will be arranged to take the student home if dismissal from the classroom, laboratory, or clinical experience is deemed necessary.
2. The faculty member will prepare a written report carefully documenting the observed student behaviors indicative of chemical impairment and submit it to the Director of the Division of Nursing, Dean, and Vice President of Student Affairs within one working day or as soon as possible. The Director will inform other appropriate faculty members also involved with the student during that semester on a "need to know" basis. A copy of this report will be placed in the student's academic file.

3. A meeting will be arranged with the student, the faculty member(s) who identified the problem, the Director or one additional appropriate faculty member in the Director's absence. At this meeting, the faculty members will:
  - a. Review the documentation of the alleged chemical impairment.
  - b. Provide the student an opportunity to explain her or his conduct and to provide any other relevant information.
  - c. Discuss the procedures that will be followed if the decision is made to carry forward with the policy.
  - d. Discuss the academic consequences related to the alleged policy violation.
4. The Director and involved faculty member(s) will then meet separately to decide based on the meeting with the student and the faculty member's professional observations as to whether to carry forward with the policy.
  - a. If the student's explanation is satisfactory and no further process is deemed appropriate at this time, the student will be notified, and all records of the alleged event will be removed from the student's file. The Director will be responsible addressing students who are confronted more than once.
  - b. If there is evidence of possible chemical impairment, the student will be notified that the policy will be carried forward and the Director or involved faculty member will secure the student's written agreement to seek a comprehensive substance abuse evaluation. A written, individualized agreement will be drawn up for each student involved in this process (see sample contract attached). The substance abuse evaluation will be at the student's expense and a copy will be provided to the Division of Nursing, Dean and referred to the Vice President of Student Affairs.
5. The student may not participate in any part of the nursing program until the substance abuse evaluation is obtained. If the student refuses to obtain an evaluation, he or she will be administratively dismissed from the Division of Nursing.
6. Possible outcomes from the substance abuse evaluation include:
  - a. The substance abuse evaluation does not substantiate the alleged substance abuse by the student. If this occurs, all documentation related to the alleged incident is removed from the student's file and the student may return to all courses without

negative academic consequences.

- b. The substance abuse evaluation does substantiate the alleged substance abuse by the student, but the student refuses to abide by the policy of enrollment in a treatment program and ongoing monitoring. If this occurs, the student is dismissed from the Division of Nursing.
  - c. The substance abuse evaluation does substantiate the alleged substance abuse by the student and the student agrees to abide by the policy. If this occurs, the student signs an agreement to participate in a treatment program and to have his or her progress monitored by the Division of Nursing. The student may not participate in any Division of Nursing learning activities until the treatment program is successfully completed.
7. Once the treatment program is successfully completed, the student may return to classes in the subsequent semester while continuing to have his or her progress monitored by the Division of Nursing or an appointed affiliate. Monitoring (through blood, urine, or other testing) will continue during the student's enrollment in the Division of Nursing.
  8. Following graduation, information about the student's diagnosis and treatment program will be shared with the Professional Assistance Program in the state in which the student seeks licensure.

## Reporting Form for Alleged Chemically Impaired Student

Date: \_\_\_\_\_

Faculty: \_\_\_\_\_

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

Observed behaviors: (see attached checklist)

Faculty comments:

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Student comments:

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Faculty recommendations:

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Conference date and time with student and faculty member filing report: \_\_\_\_\_

Faculty signature: \_\_\_\_\_

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

(Adapted from Clark, C. Boise State University, Boise, Idaho University of health Sciences,  
Department of Nursing Policy Statement Regarding the chemically Impaired Nursing Student)

## Specific Observations to Support Reporting Form for Alleged Chemically Impaired Student Nurse

Review the following list of overall behaviors of chemically impaired student nurse and make a check mark next to each situation that applies to the student about whom you are concerned.

### Appearance

- Decreasing attention to personal appearance and hygiene
- Odor of alcohol on breath
- Glassy, red eyes
- Altered pupil dilation or constriction
- Tremors
- Flushed complexion
- Slurred or rapid speech
- Diaphoresis
- Unsteady/staggering gait
- Persistent rhino rhea
- Altered mental status
- Other (please describe): \_\_\_\_\_

### Absenteeism

- Instances of leaving without permission
- Excessive sick days
- Frequent Monday and/or Friday absence
- Repeated absences, particularly if they follow a pattern
- Lateness to clinical/class, especially on Monday morning; and/or returning from lunch/break
- Leaving clinical/class early
- Peculiar and increasingly unbelievable excuses for absences or lateness
- Absent more often than other students for colds, flu, gastritis, etc.
- Frequent unscheduled short-term absences (with or without medical explanation)

### Clinical Absenteeism

- Continued absences from the clinical area more than job requires



- Long coffee breaks, lunch breaks
- Repeated physical illness while in the clinical area
- Frequent trips to the restroom
- Unexplained absences during clinical shift

### **High Accident Rate**

- Accidents while on the clinical unit
- Accidents off the clinical unit (but affecting job performance)
- Horseplay, which causes unsafe conditions

### **Difficulty in Concentration**

- Work requires greater effort
- Jobs take more time
- Repeated mistakes due to inattention
- Making bad decisions or poor judgment
- Errors in charting
- Forgetfulness
- Blackouts
- Inappropriate responses

### **Confusion**

- Difficulty following instructions
- Increasing difficulty handling complex assignments
- Altered mental status or cognition

### **Problems with Memory**

- Difficulty in recalling instructions, details, conversations, etc.
- Difficulty recalling one's own mistakes

### **Poor Relationships in the Clinical/Class Area**

- Failure to keep promises and unreasonable excuses for failing to keep promises
- Over-reaction to real or imagined criticism
- Borrowing money from fellow students/staff/faculty
- Unreasonable resentments
- Avoidance of associates
- Lying and exaggerating

- Complaints from students, staff, patients, others
- Blames other for problems
- Isolation/withdrawal from the group

### **Reporting to Clinical/Class**

- Coming to/returning to the clinical area/class in an obviously altered condition

### **General Lowered Job Efficiency**

- Missed deadlines, unreliable
- Complaints from patients, family members, other students, faculty
- Improbable excuses for poor job performance
- Cannot be depended on to be where he/she said or do what he/she said he/she would do
- Shuns job assignments, incomplete assignments
- Is found on units where he/she does not belong
- Frequent medication errors or errors in documentation
- Excessive use of PRN medications
- Frequent un-witnessed medication wasting or loss
- Frequent complaints from patients of inadequate pain relief

### **Uneven Work Pattern**

- Alternate periods of high and low productivity

### **Other Behaviors**

- Sleeping in the clinical area or class
- Withdraws from others isolates self
- Mood swings
- Increasing irritability
- Relates problems at home, with relationships, with finances, etc.

### **The Student Who May Be Diverting Drugs**

- Always volunteers to give medications
- Patient complaints of no relief-discrepancies on records
- Always give IM (PRN) and maximum dose when other nurses do not
- Has frequent wastage, such as spilling drugs or breaking vials, etc.
- Un-observed wastage or no co-signature
- Is working on a unit where drugs are missing or have been tampered with

- Frequently volunteers for additional shifts and on unit where not assigned

**Others**

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Review the items checked. The student’s work performance and behaviors may be affected using alcohol/other drugs or a personal/emotional problem. Document each occurrence in an anecdotal note, and when appropriate, conduct a conference. When the performance deficit or adverse situation cannot be attributed to a management problem, follow the WSON of Nursing Policy for the Chemically Impaired Student. Interventions need to include discussion and referral to an experienced professional who can assist the nurse to obtain the appropriate help. (Adapted from Catanzarite, A. (1989) and Dunn, D. (2005))

### **Criminal Background Check/Drug Screen**

All students are required to complete a criminal background check and drug screen both years of the nursing program prior to the fall semester. Students 21-years or older prior to the junior or senior year must also complete an employment verification for an additional fee. This requirement is based on recommendations from the Georgia Hospital Association and the clinical agencies regarding the safety of patients and the liability risk if a student harms a patient in a clinical setting. All students are responsible for ordering and paying for the criminal background checks and drug screens. The student will be required to give access to the results of the background check and drug screen to clinical facilities to gain clinical placement. If a student is denied clinical placement for any reason relating to the facility's review of the background check and drug screen, a Division of Nursing faculty member will make an attempt to place the student in another facility. If the student is denied placement by the second facility, the student cannot progress in the nursing program.

### **Disability Policy**

Berry College provides accommodations for students who qualify under the disability guidelines. Students with disabilities who believe that they may need accommodations in this class are encouraged to contact the Academic Success Center at [testing@berry.edu](mailto:testing@berry.edu) as soon as possible to ensure that such accommodations are implemented in a timely fashion. Accommodations cannot be applied retroactively.

### **Employment Recommendation Policy**

The faculty and the college assume NO RESPONSIBILITY for students working as a paid employee of any institution. While working as an employee, Berry College students should never wear the Berry College student uniform or name pin. The student should follow the employer's policy and procedure regarding activities which may be performed assumed by an unlicensed employee. When charting, the student should never sign the chart as "SN." Likewise, the student should never administer any kind of medications, take physician's orders, be "in charge," or do any other activity usually assumed by a licensed person. The student should chart only if other unlicensed personnel chart or if the job description explicitly states this is expected. When charting, the student should never sign the chart as "SN." The faculty and the college assume NO RESPONSIBILITY for students working as a paid employee of any institution.

## **Estimated Program Expenses**

The following list of estimated costs is designed to allow students to anticipate and plan for them in a timely manner. We hope this information will be helpful.

1. Travel to clinical activities - Students are individually responsible for obtaining transportation to and from clinical activities. At times this may require travel to cities other than Rome. Students are reminded that this is an additional expense, and they must arrange their own transportation to these distant facilities. Please keep in mind that carpooling is a cost-effective option.
2. Books - The cost of textbooks varies from semester to semester and is difficult to forecast. Because nursing textbooks tend to be expensive, efforts have been made to keep the number of required books at a minimum. In general, the first clinical semester will require the purchase of the greatest number of books and therefore the greatest cost for a semester. Many of the courses require the purchase of an eBook package called CoursePoint. All texts may be needed during the time the student studies for the registered nurse licensing exam (NCLEX). It is recommended that students keep nursing textbooks until after graduation.
3. A laptop computer updated to be compatible with testing software will be required for testing and clinical assignments.
4. A cross cultural immersion experience during the May-semester is required of every nursing student. Students will earn three semester credit hours required in the nursing program while completing the immersion experience. The cost of the three semester hours of tuition is included in the expected cost of the two-week trip. The projected cost is approximately \$4000- \$5,000. This will provide air transportation, hotels, travel insurance, and two meals per day. If students are responsible for paying for their food, the anticipated cost of food will be deducted from the total. The cultural immersion is billed to the student's account and payments can be made by the student at the business office in installments as set up each year. Syllabi - Syllabi and handouts are available on Canvas. Students will be expected to have access either online or printed for class.
5. Uniforms, stethoscope, scissors, shoes, blood pressure cuff, hemostat, and penlight. - Approximately \$300.

6. Course fee - \$1000 per semester, when enrolled in clinical courses. Fee includes liability insurance, assessment testing, practice exam questions, clinical applications, and Electronic Medical Records.
7. Student Nursing Association (NSNA-\$25) and Georgia Association of Nursing Students membership (GANS-\$10) and Berry College (\$10) memberships for first year students is \$45/year for new members and \$50/year for renewals. Berry Nursing students are strongly encouraged to participate in this pre-professional organization.
8. Nursing pin (optional) - About \$60
9. Licensure expenses - Application fee to Georgia Board of Nursing and NCLEX registration fee (due at graduation) \$300.
10. iPads or tablets are encouraged for note taking in class but are not required.

### **Grading Policies**

Students must satisfactorily complete all clinical learning activities and associated written assignments to pass the course. Students with unsatisfactory clinical performance will receive an “F” or “U” in the course (as appropriate for the course), regardless of grades earned on exams. Students may also be required to “make up” clinical absences that compromise their ability to meet learning goals.

Students must achieve a 75% average on examinations. Only if a 75% average on examinations obtained will other assignment such as written assignments, group work, or posters be added to the calculated final course grade. Students must have a course average of 75% to earn a “C-” in all nursing courses. Numerical averages below 75 will not be rounded up.

### **Exams**

If a student must miss an examination, he/she must notify the instructor prior to the examination and have an excused absence for the exam period. If excused, he/she may be given an alternative exam in an altered format. Exams will be given the first hour of class. If the student arrives late, the exam must still be completed within the first hour. Once the exam is attempted, the exam will be graded.

Beginning with test three in the junior year, each exam will have four clinical calculation problems. If a student answers more than one clinical calculation problem incorrectly, the student will be required to complete a total of 50 clinical calculation problems and submit them to the instructor. The student will be required to answer 90% (45 problems of these problems)

correctly. If less than 90% are answered correctly, then the student must complete 50 additional problems. The student will repeat this process until he/she obtains 90% of the problems correct. The final exam schedule will be posted with the course schedule in Canvas.

### **Collaborative Testing**

For increased ability to critically think about test items in each exam, a collaborative testing method will be used. After each exam is taken individually, students will have the opportunity to increase their individual grade by 1-2 points with a collaborative group test grade. Students will complete their individual test and then stay seated until all students have completed the individual testing. The professor will assign collaborative testing groups. There should be no talking between groups, only within groups. Each group will complete the exact same test taken as an individual. In small groups, using critical thinking and collaboration within the group to select best answers, one student from the group will take the exam again for the entire group. If a student is unable to attend the scheduled exam time, he/she will forfeit the option of collaborative testing.

If the group together makes an A, 2 points will be awarded to each group members individual score. If the group makes a B, 1 point is awarded to each group member's individual score. If below a B is made by the group, no points are awarded.

Collaborative testing scores will not be included in the required 75 examination average; however, they will be calculated into the final grade if the student's individual examination average is 75 or above. The final exam will be taken individually with no collaborative testing. Upon completion of the collaborative exam, students will have an opportunity to review any questions answered incorrectly by accessing the ExamSoft review with rationales.

### **Mastery Level Quizzes**

The purpose of PrepU Mastery Level Quizzes (MLQ) is to encourage students to stay current in reading and review content prior to class. MLQ will not be included in the examination average; however, they will be calculated into the final grade. To ensure success in this course and on NCLEX, the student must complete ALL PrepU Mastery Level Quizzes to a mastery level of 4 or higher as assigned prior to class. These quizzes will NOT be the only content covered in class or on the course exams. If a mastery level of 4 or higher is not reached prior to the assigned date/time, the student will receive a zero for that quiz grade. No quiz grades will be dropped, and no make-up quizzes will be given.

## **Classroom Preparation**

Students will be expected to be prepared for class by completing the assigned readings, PrepU questions and case studies as instructed. Reading assignments are consistent throughout the semester. To actively participate in classroom activities and maximize your individual learning, it is vital that the classroom preparation be done. Also, it has been shown that if PrepU questions are utilized, the questions prepare students for excellence on the National Licensure Exam.

### **Clinical Calculations Exam:** 1 exam /plus 2 optional attempts

Three opportunities to earn 90% will be granted on a 10-item medication calculation exam. After the second unsuccessful attempt, the student will be required to make an appointment for remediation before the third attempt will be allowed. Performance less than 90% on the third attempt will result in a failing grade for the course. A passing grade will not be averaged into the final grade for the course. A missing test score counts as one attempt.

## **Grading Criteria**

A= 90-100

C = 76-77

B+ = 87-89

C- = 75

B = 83-86

D = 65-74

B- = 80-82

F = <65

C+ = 78-79

## **Classroom Attendance**

Each course in the Division of Nursing contains significant academic content that builds on previous content, making attendance at each class meeting essential to the student's success. Students are expected to attend every lecture session, clinical lab orientation, labs and clinical punctually and prepared to discuss the day's assignment. Roll will be taken; however, no points will be assigned for attendance alone. It is the student's responsibility to keep current notes from class meetings. Except in the case of death of a family member or illness of the student or of a student's minor child, all absences will be considered unexcused or "unsatisfactory". The consequence of unexcused absences may result in deduction of points from tests or assignments, additional written assignments, and payment for additional clinical faculty time for make-up



clinical.

### **Career Day**

- Complete the Career Day Visit Form in Viking Web
- Student and faculty signatures are required on the Career Day Visit form.
- Signature of potential job site is required, along with a copy of pertinent emails from potential job site confirming interview.
- Visits will be at the faculty's discretion.

**Career Day Visit Form**  
Berry College of Nursing

**Part I** – To be completed by student.

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

Course \_\_\_\_\_

Potential Job Site:

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Date of Visit \_\_\_\_\_

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

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

**Part II** – Student secures the appropriate signature from the potential job site and returns this form to the course faculty.

Potential Job Site Contact Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Potential Job Site Contact Signature \_\_\_\_\_

Date of Visit \_\_\_\_\_

## **Civility Policy**

Respect for persons is an ethical principle and is very important in becoming a professional nurse. Each individual, whether a patient, friend, colleague, fellow student, or faculty member has moral worth and deserves to be treated with respect. Lack of respect sometimes leads to incivility. The nursing curricula includes evidence-based strategies so students can learn about aspects of respect and civility.

One objective in every nursing course states that students will: *Demonstrate collegiality when interacting with peers and faculty and participating in creating a caring, learner-centered academic community environment in the classroom.* Collegiality is defined as respect for others and treating others with civility. Further explanation of civility can be seen in the items of The Clark Civility Index for Students and Classmates (2017). These items are discussed in detail in the orientation and students sign a contract for civility at that time. Also, faculty discuss civility at the beginning of each course as a reminder of actions that are respectful and civil toward others. The need for civility among students will be required during all types of teaching and learning environments including clinical settings, classroom, and teamwork participation.

Incivility will not be tolerated. Students who are showing acts of disrespect to others by being uncivil toward others will first be notified of this behavior as disrespectful in a conference note with the faculty who experienced the behavior. If the action does not change, the Student Improvement Plan (SIP) process will begin with incivility as the concern. If a pattern of this behavior continues, the student may be subject to probationary letter and/or dismissal from the DON program.

## Student Civility Contract

I, \_\_\_\_\_, understand respect for persons is an ethical principle and is very important in becoming a professional nurse. Each individual, whether a patient, friend, colleague, fellow student, or faculty member has moral worth and deserves to be treated with respect. Lack of respect sometimes leads to incivility. The nursing curricula includes evidence-based strategies so I can learn about aspects of respect and civility.

I also understand: one objective in every nursing course states that I will *Demonstrate collegiality when interacting with peers and faculty and participating in creating a caring, learner-centered academic community environment in the classroom*. Collegiality is defined as respect for others and treating others with civility. Further explanation of civility can be seen in the items of The Clark Civility Index for Students and Classmates (2017) which are listed below. These items were discussed in detail in the junior orientation, and I will sign this document to show I will act with civility. The need for my civility will be required during all types of teaching and learning environments including clinical settings, classroom, and teamwork participation.

I also understand: Incivility will not be tolerated. If I show acts of disrespect to others by being uncivil toward others, I will first be notified of this behavior as disrespectful in a conference note with the faculty who experienced the behavior. If I do not change my actions, the Student Improvement Plan (SIP) process will begin with incivility as the concern. If my pattern of uncivil behavior continues, I may be subject to probationary letter and/or dismissal from the DON program. The Clark Civility Index (2017) lists items that I will be expected to use regularly. They are:

- Role-model civility, professionalism, and respectful discourse.
- Add value and meaning to the educational experience.
- Communicate respectfully (by email, phone, face-to-face) and really listen.
- Avoid gossip and spreading rumors.
- Avoid making sarcastic remarks or gestures (staged yawning, eye-rolling).
- Pay attention and participate in class discussion and activities.
- Use respectful language (avoid racial, ethnic, sexual, gender, religiously biased terms).
- Avoid distracting others (misusing media, devices, side conversations) during class.

- Avoid taking credit for someone else’s work or contributions.
- Co-create and abide by classroom and clinical norms.
- Address disruptive student behaviors and promote a safe, civil learning environment.
- Take personal responsibility and stand accountable for my actions.
- Speak directly to the person with whom I have an issue.
- Complete my assignments on time and do my share of the work.
- Arrive to class on time and stay for the duration.
- Avoid demeaning make-up exams, extensions, grade changes, or other special favors.
- Uphold the vision, mission, and values of my organization.
- Listen to and seek constructive feedback from others.
- Demonstrate an openness to other points of view.
- Apologize and mean it when the situation calls for it.

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Student Signature

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Student printed name

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Date

## **Classroom Conduct**

Please do not allow your cell phone or other electronic device to disrupt the class. If these devices are brought into the classroom, they must be turned off and put away for the duration of the class. You will be asked to leave the class if you cannot comply with this policy. You may use a PC or tablet to take notes in classes where permitted. Please **DO NOT** play games, surf the internet, etc., during class.

## **Clinical Attendance**

Students must satisfactorily complete all assigned clinical laboratory experiences and associated written assignments to pass the clinical portion of each clinical course. Failure to satisfactorily meet the objectives of the clinical rotation listed on the Clinical Evaluation Tool will result in failure of the course regardless of the course grade. Specific criteria necessary to obtain a satisfactory rating in clinical are explained on the Clinical Evaluation Tool (CET) Guidelines. Attendance and punctuality are required for clinical and post-clinical conferences. Any unexcused absence will result in clinical failure for the course. A pattern of tardiness will also result in clinical failure. All clinical absences are to be made up at the discretion of the clinical faculty. Excused absences greater than 10% of the total clinical hours for the course will be evaluated by the clinical instructor for the possibility of meeting course objectives and/or making up the clinical activities with alternate assignments. All students must provide appropriate documentation for any clinical absence. This would include, but is not limited to, health care provider excuse, legal documents, or professional documents. Determination of an excused absence is at the discretion of the faculty.

## **Clinical Conduct**

It is imperative that Berry College Division of Nursing students demonstrate a positive professional appearance to our valued community supporters. This means you must be dressed in professional attire, clean, neat, alert, and interested (as addressed in the Uniforms and Personal Attire section of this handbook). If you are not interested in a particular clinical site, you are to be gracious and keep your opinion to yourself. You will have the opportunity to evaluate all the clinical sites at the end of the semester. We depend on the good will of the community contacts to make this the best program possible. What one student does today will impact what future Berry nursing students will be allowed to do tomorrow.

If you have a problem while in clinical in an acute care site or a community clinic site or

you are lost, you cannot connect with your assigned nurses, and or any other issue not listed here, you are expected to contact your assigned faculty member on their cell phone immediately. The faculty member will help you resolve the issue. If you cannot make direct contact with the assigned faculty, the next step is to call the Division of Nursing. To successfully meet student learning outcomes, students must care for all patients. Patients are defined as men, women, and children.

- **DO NOT** handle a crisis without help.
- **DO NOT** leave a clinical assignment without permission.
- **DO NOT** leave a community assignment to go to lunch (bring nourishment with you for a short break in your day).
- **DO NOT** arrive late and **DO NOT** leave early.
- **DO NOT** send text messages while in clinical unless it is to your instructor.
- **DO NOT** answer personal phone calls while in clinical.
- **DO NOT** smoke or use smokeless tobacco while in clinical.

### **Medication Administration or Skills Performance in Clinical**

Students who have demonstrated satisfactory proficiency in nursing skills, including medication administration, may be allowed to perform these skills in the clinical setting with the supervisor and/or approval of the clinical faculty. To ensure patient safety, the clinical faculty or the licensed healthcare worker must supervise any nursing skills performed by the student which are usually performed by a licensed person. The student should NEVER independently perform any activity usually performed by a licensed person, including medication administration.

Students who perform any activity usually performed by a licensed person, including medication administration, without the supervisor and/or approval of the clinical faculty will be subject to disciplinary action at faculty discretion and per the student handbook's nursing program policy.

### **Confidentiality Policy**

Nursing students and faculty are frequently privileged to confidential information during clinical and classroom experiences. Students and faculty have access to medical records, obtain personal information from patients and families, and participate in formational assessments, personnel issues, continuous quality improvement and financial or strategic planning. Faculty are often privileged to personal information about students during advisement and during clinical conferences. Because confidentiality is a legal and ethical expectation of students and faculty,

the Berry College Division of Nursing has developed the following policy to clarify the scope and significance of maintaining confidentiality. All nursing students and faculty in the Division of Nursing at Berry College are expected to abide by the following guidelines:

1. All written, verbal electronic information regarding a patient or institution is to be kept in strict confidence.
2. Verbal or written disclosure of information about patients or agencies including pictures and postings to social media to any unauthorized person is prohibited.
3. Any written information about a patient must only contain the patient's initials and should be secured and shared only with students and faculty participating in the care of the patient.
4. The reporting of information specific to agencies may include the department or individual titles; however, it may not include the names of agencies or persons involved. Data must be summarized and reported collectively to ensure confidentiality for the participants.
5. Any written communication (proposal or report) between the student and preceptor/agency must be approved by the faculty before it is presented to the preceptor.
6. Any verbal or written communication whether in the classroom, seminar, lab, or clinical settings is for the sole purpose of learning and is also considered under this confidentiality policy.
7. Students and faculty participating in teaching/learning activities are expected to maintain confidentiality regarding personal information shared. Relevant academic information regarding a student may be shared on an “as needed” basis within the Division of Nursing to provide the support and assistance to enhance the student’s potential for success in the program.
8. Students and faculty should continue to keep all privileged information obtained during enrollment or employment at Berry College confidential, even after graduation or termination.
9. Students in violation of this policy will be reviewed by the faculty and the Director and may receive a failing course grade. Faculty in violation of the policy will be reviewed by other faculty and the school Director and a plan of action will be decided at that time.
10. Students will renew this contract annually after review of the policy by faculty. Relevant



academic information regarding a student may be shared on an “as needed” basis within the Division of Nursing to provide the support and assistance to enhance the student’s potential for success in the program.

11. Students and faculty should continue to keep all privileged information obtained during enrollment or employment at Berry College confidential, even after graduation or termination.
12. Students in violation of this policy will be reviewed by the faculty and the Director and may receive a failing course grade. Faculty in violation of the policy will be reviewed by other faculty and the school Director and a plan of action will be decided at that time. Students will renew this contract annually after review of the policy by faculty.

### **Unsafe Practice**

Nursing students are legally responsible for their own acts, commission, or omission, in the clinical area. It is the responsibility of the nursing faculty to evaluate unsafe student behavior and initiate dismissal from the clinical setting when appropriate. Unsafe clinical behavior is any act, practice, or omission that fails to conform to the accepted standards of nursing care which result from a disregard for the health and welfare of the public and of the patient under the student’s care, and includes, but is not limited to, the following offenses:

1. Violation of safety in patient care
  - a. Falsification of patient records
  - b. Commission or omission of patient care that endangers a patient’s life or negatively impacts a patient’s recovery and/or wellbeing
2. Violation of confidentiality
3. Physical/verbal abuse of patient, peer, faculty, or clinical staff
4. Evidence of substance abuse (possession, use, sale, or delivery)
5. Theft from patient, clinical sites, or school

A student who is unsafe in nursing practice by a panel of nursing faculty may be asked to, but is not limited to, the following outcome(s):

- a) Remediation
- b) Academic withdrawal
- c) Counseling
- d) Dismissal from the course, nursing program, or Berry College

## **Procedure**

When a student's behavior endangers the safety of a patient, peer, staff member, **or** clinical faculty, the instructor will immediately dismiss the student from the clinical setting. The student will not be allowed to continue in the clinical component of the program until a decision is made by a panel of nursing faculty within **five** working days of dismissal from the clinical setting.

In 2014, The American Nurses Association wrote a position statement about nurse fatigue *Addressing Nurse Fatigue to Promote Safety and Health: Joint Responsibilities of Registered Nurses and Employers to Reduce Risks*.

This statement recommends Registered Nurses not work more than 12 hours in a 24-hour period and sleep 7-9 hours within a 24-hour period. The ANA has deemed this action to be unsafe and the DON faculty agree. Any student found to be unsafe by a panel of nursing faculty will be subject to the actions listed in the definition of unsafe practice.

## **Appeals Process**

The student has the right to appeal any ruling according to the procedure outlined in the Berry College Catalog.

## **Social Media Policy**

Social networks and the Internet provide unparalleled opportunities for rapid knowledge exchange and dissemination among many people, but this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior have the potential to enhance or undermine not only the individual nurse's career, but also the nursing profession. Berry College Division of Nursing will follow the recommendations provided by the American Nurses Association.

## **ANA's Principles for Social Networking**

1. Nurses must not transmit or place online individually identifiable patient information.
2. Nurses must observe ethically prescribed professional patient — nurse boundaries.
3. Nurses should understand that patients, colleagues, institutions, and employers may view postings.
4. Nurses should take advantage of privacy settings and seek to separate personal and professional information online.

5. Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
6. Nurses should participate in developing institutional policies governing online conduct.

### **6 Tips to Avoid Problems**

1. Remember that standards of professionalism are the same online as in any other circumstance.
2. Do not share or post information or photos gained through the nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs this boundary.
4. Do not make disparaging remarks about patients, employers, or co-workers, even if they are not identified.
5. Do not take photos or videos of patients on personal devices, including cell phones.
6. Promptly report a breach of confidentiality or privacy.

### **Student Illness**

Students should not participate in any clinical activities if they are experiencing any of the following: elevated temperature, diarrhea, vomiting, open wound drainage, respiratory infections, or active and visible Herpes Simplex. Clinical instructors should be contacted concerning any of these problems. If an injury should occur in a clinical facility during a clinical activity, the student can be seen in the nearest emergency room. The student is responsible for any expenses incurred for treatment received in a clinical facility.

### **Student Success Plan and ATI and NCLEX Preparation Policy**

**Purpose:** To establish effective practice and policy for the use of Assessment Technology Resources, LLC ("ATI") resources and standardized preparation for the NCLEX examination. The ultimate purpose is to improve student knowledge for successful mastery of content and challenge of standardized exams. To assure the highest probability of success in passing NCLEX, the faculty will integrate study preparation activities throughout the curriculum. Prior to forwarding graduates' names to the licensing boards, the School of Nursing requires each student demonstrate proficiency and a high probability for passing the NCLEX-RN examination. Proficiency determination includes, but is not limited to, achieving the predictor score benchmark on the ATI Comprehensive Predictor examination, course grades, and satisfactory ratings in all clinical practicum courses. Full implementation of the ATI Content

Master Series with a Level 2 or greater scored on each of the proctored examinations, completion of all focus review, and completion of the ATI review course enhances the students' probability to pass the NCLEX-RN exam.

Berry College Division of Nursing requires the ATI Assessment Testing for students enrolled in the BSN program. In the student's junior year, the Critical Thinking Assessment Entrance Exam is given prior to class beginning. Content specific examinations are given throughout the program as the content is learned. The examinations at the junior level are: Fundamentals of Adult Health Nursing, Nutrition, Nursing Care of Children, Maternal Newborn, Mental Health, and Community Health. The examinations at the senior level are: Pharmacology, Leadership, and Adult Medical Surgical, and Comprehensive. The Critical Thinking Assessment exit exam is given at the end of the last semester. ATI testing is used in some course syllabi as part of the grading criteria. Course syllabi outline individual grading criteria for individual student success.

**Procedure:**

1. For any proctored assessment, the goal is a Level 2 (or a >90% chance of passing NCLEX for the Comprehensive Predictor) or greater. Failure to achieve a Level 2 (or 90%) will necessitate completion of a focused review for a documented time of at least 2 hours, completion of an ALT (or ALT alternative) for each item, and a retake of the proctored assessment during finals week.
2. If a student does not achieve Level 2 on the retake Proctored Exams listed above for Semester 2 and 3, a required remediation course must be completed during the subsequent semester.
3. The credit hours required for the remediation course will be dependent upon the number of CMS assessments the student needs to remediate. If 2 or less, a 1 semester course will be required. If 3 or more, a 2-semester course will be required to allow for the proper amount of instruction and remediation time.
4. For Juniors, the remediation will occur over the summer semester and for Seniors, it will be during the Spring semester. A remediation plan of self-study utilizing the ATI and Lippincott NCLEX review and PassPoint materials will be created, culminating with a retake of the Proctored Exam.

5. In the final semester of the program, students are required to:
  - a. Attend the entirety of the 3-day ATI Review; and
  - b. Complete ATI Comprehensive Predictor Test, scoring a score equal to achieving a 90% predicted pass rate. A student failing to achieve the 90% predicted pass rate (score of 71.3% on 2019 Comprehensive Predictor) will meet with the faculty to develop an individualized plan of remediation that may include completion of an alternative review course and prescribed focused review. They will rechallenge the exam until this score is achieved, no sooner than 5 days after each unsuccessful attempt. If the >90% predicted pass score is not achieved prior to the semester ends, students will receive an earned course grade of an incomplete (I) until the 90% can be achieved.

### **Promoting Student Success**

Students are responsible for developing a plan for improvement when successful coursework and ATI results are lower than expected in the junior year. Students should use the following steps: Identify strengths and weakness based on ATI testing, class examinations, or clinical performance.

Students are responsible for completing Student Self-Assessment for ATI Content Mastery Exams and PassPoint Remediation form (see below). Percentage scores include the competency areas of management of care, safety and infection control, health promotion and maintenance, psychosocial integrity, basic care and comfort, physiological adaption, reduction of risk, and pharmacological and parenteral.

Berry College Class of	Student Self-Assessment for ATI Content Mastery Exams and PassPoint Remediation									
	Student's name:									
	Community	Mental Health	Maternal Newborn	Children	Funda- mentals	Pharma- cology	Leadership	Adult Med Surg	Predictor	NCLEX Result
Year taken										
Level reached										
<b>Competencies below 65%</b>										
Management of Care										
Safety and Infection Control										
Health Promotion and Maintenance										
Psychosocial Integrity										
Basic Care and Comfort										
Physiological Adaptation										
Reduction of Risk										
Pharmacological and Parenteral										

## **Course Exams**

Students who score below 80% on any course exam should schedule an appointment with the course faculty for a course specific student success plan. Students are responsible for completing the success plan.

## **Student Conference-Remediation Note**

The Student Conference-Remediation Note (SCRN) is intended to help the student identify and correct areas of concern and to promote a higher standard of professionalism in clinical settings and/or success in the classroom. This process is initiated whenever faculty identify an area of concern. When a faculty member deems it necessary for a student conference-remediation meeting, the student will attend the conference to discuss the issue(s) and the appropriate form will be completed and signed. The student is required to complete any areas addressed in the SCRN as instructed by the faculty, including but not limited to, any established deadline and/or proficiency level. In the event the student does not comply with the requirements on this form, a Student Improvement Plan may be initiated.

**Berry College Division of Nursing  
Student Conference Remediation Note**

Student:

Date:

Reason for Conference

- Routine Advising
- Disruptive classroom behavior
- Unprepared for class
- Excessive absences/tardiness
- Inappropriate dress
- Unprepared for clinical
- Violation of policy
- Test score under 80%
- Other

Notes:

Faculty Recommendations:

- Policy review
- Doctor's note required
- Study habits reviewed
- Remediation required
- Recommend the Academic Success Center as needed

Notes:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## **Student Improvement Plan**

The Student Improvement Plan (SIP) is intended to help the student identify and correct areas of concern and to promote a higher standard of professionalism in clinical practice. The process is initiated following an infraction of one or more policies contained in the DON Student Handbook. There are three steps in the SIP which may be applied at any time and remain in effect throughout the baccalaureate programs.

**Step I:** Written documentation (SIP form) and includes a conference with faculty

**Step II:** Step I and includes a letter of probation

**Step III:** Dismissal from the Division of Nursing

When a faculty member deems it necessary for a student to enter the SIP, the appropriate form (attached) must be completed and signed as indicated. The student will be invited to a conference to review and discuss the SIP. If a student enters the SIP, documentation shall be retained in the records.

**Berry College – Division of Nursing  
SIP Form - Clinical Performance**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Course Title: \_\_\_\_\_

Area(s) of Concern

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Goals for Improvement

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Requirements

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Student Comments

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

## **Transportation**

Students provide their own transportation or decide to share this expense with fellow students in the same course/clinical.

1. Tickets and Fines
  - a. Tickets and/or fines received are the driver's responsibility.
  - b. Georgia law requires that seatbelts be worn by drivers and passengers.
2. All students owning/driving autos for clinical experiences must have automobile liability insurance.

## **Pregnancy Disclosure Policy**

A student who is pregnant is strongly encouraged to notify the Director of the Berry Division of Nursing as soon as possible. By doing so, the student and Berry DON administration can collaborate and develop an appropriate plan for the continuation of the student's education. Pre-planning can also help with challenges a student may face while pregnant or when recovering from childbirth (e.g., missed classes, make-up work, etc.). However, the choice to declare a pregnancy is voluntary, and a student is not required to disclose this information to the College. Voluntarily disclosing a pregnancy by a nursing student may be particularly beneficial due to the unique nature of the nursing program and its clinical requirements.

Options After Disclosure: Once a student has voluntarily decided to disclose a pregnancy to Berry College, the student will have several options, as described below.

- Continue at the College: If a student decides to continue in her program and desires to have any adjustments to her academic program due to the pregnancy, the student should contact the Director of the Division of Nursing to discuss any reasonable adjustments that may be necessary to continue in the program. Adjustments that have been agreed upon, if any, will be documented and signed by both the student and a College representative.
- Request a leave of absence: A leave of absence due to pregnancy may be for various amounts of time depending on a student's particular circumstances. Such a leave may be extended if deemed medically necessary by the student's doctor. Due to the structure of the Berry nursing program, the timing and/or length of a student's leave of absence may result in the student being required to re-take or finish course(s) in a future term. If taking a leave of absence due to a pregnancy, an Education Plan will be discussed and signed by the student and a college representative.

- **Withdraw from the College:** The student may, in her sole discretion, determine that she must withdraw from the College for an indefinite period of time or permanently due to her pregnancy. Normal College withdrawal procedures, and readmission procedures (if applicable), apply.

Questions or Concerns: A student who has questions about this policy or who is concerned about its implementation should contact the Division of Nursing Director.

### **Pathogens Exposure Policy**

This policy is necessary for the education and prevention of the spread of blood-borne pathogens to students. These recommendations are based on the most current information from the Center for Disease Control (CDC), the Georgia Department of Human Resources (GDHR), the American Hospital Association (AHA), and the Occupational Health and Safety Administration (OSHA). The Code for Nurses states, "The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems." In accordance with the Code, the Division of Nursing believes nursing professionals, including faculty and students, have a fundamental responsibility to provide care to all patients assigned to them and that refusal to care for patients with infectious diseases is contrary to the code of ethics of the nursing profession especially in light that strict adherence to isolation of blood and body fluids is considered sufficient to substantially reduce client/patient nurse and nurse client/patient transmission.

Just as nursing professionals have a moral commitment to care for all patients; faculty members have a special responsibility to exemplify the standards of ethical behavior and compassion as role models for their students. In addition, faculty members have an obligation to stay informed about new developments in infectious disease. No prospective student, faculty member, or staff member will be refused admission or employment solely because of positive results on diagnostic tests for a blood-borne infectious disease. Further, no screening of potential candidates will be required for either admission or employment.

The primary goal of blood-borne pathogens education is prevention; therefore, it is expected that upon entry into the Division of Nursing that each person will participate in the initial and annual education plan.

In the event of an exposure to a blood-borne pathogen, by student, the Blood and Body

Fluid Post-Exposure Plan will be stringently followed. Situations, which arise, will be handled individually to provide maximum support to the affected individual. There are certain situations that may warrant the relief of student and or faculty responsibility from working with a client with an infectious disease. They are as follows:

1. A student with an infection that can be communicated to a patient with AIDS or any immunosuppressed patient,
2. An immunosuppressed student, and
3. Other situations not covered by the above. In such a case, the faculty and student will determine the assignment.

The following guidelines will be adhered to when working in a clinical facility and the College laboratory setting for students. The above policy will be reviewed and/or revised annually.

### **Blood and Body Fluid Post-Exposure Management**

Blood/body fluid exposure is defined as any of the following:

- Percutaneous inoculation (needle stick or sharp injury).
- Non-needle percutaneous exposure (open cuts and/or abrasions).
- Direct mucous membrane contact (accidental splash).
  - Direct contact with large amounts of blood and/or body fluids without glove protection (hands frequently have small nicks or cuts, which act as a portal of entry for microorganisms).

**In the event of an exposure to blood and/or body fluid, the affected student will immediately:**

1. Wash the exposed area. Report the incident to the clinical faculty. In addition, the student will notify the head nurse on the unit to which she/he has been assigned for clinical.
2. Receive a confidential medical exam (can be provided by the facility if feasible or student will use private family MD, at student's own expense). If the student does not have a usual source of medical care, she/he may choose a physician from the Berry College listing of Workers Compensation Physician Panel.
3. Test for HBV immune status and HIV on the day of the needle stick. If the student refuses the blood test or physical examination, the waiver attached to this policy must be signed.
4. Receive counseling from your personal healthcare providers. In addition, the exposed

student will be referred to his/her healthcare for ongoing counseling and follow up.

5. Cooperate in an investigation of the incident with the clinical facility and complete an incident report within 24 to 48 hours. The report and all subsequent information will be kept in a confidential file in the Director of Division of Nursing office.
6. Follow through with any additional testing and investigations as directed by healthcare provider.

**When a student reports an accidental exposure, the faculty will:**

1. Verify that the exposed site has been washed.
2. Determine the extent of exposure by asking the student to describe the incident thoroughly.
3. Assist the student in securing immediate medical follow up and blood tests.
4. Immediately, or as soon as feasible, investigate the source's status (usually a patient) related to blood-borne pathogens. If this information is NOT available from a previous laboratory study, the faculty will follow the individual agency procedures for obtaining the necessary testing.
5. Inform affiliating agency representatives of the school's policies and procedures related to pathogen exposure.
6. Complete the Division of Nursing Incident Report and submit within 24-48 hours.
7. Maintain confidentiality regarding the incident.

**Guidelines for the Management of Exposures to HBV, HCV, and HIV**

The Centers for Disease Control (CDC) has documented only 56 cases of occupationally acquired HIV infection. This is an extraordinarily low number in light of 600,000 to 800,000 occupational exposures to potentially infectious body fluids that occur annually in the health care setting. Blood borne pathogens are potentially life-threatening and standard precautions should be employed when caring for patients. In the event of an exposure to potentially infectious body fluids, the following procedure will be implemented.

The guidelines for this policy were developed using updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-Exposure Prophylaxis, published in the MMWR, June 29, 2001. "Avoiding occupational blood exposures is the primary way to prevent transmission of hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) in health-care

settings. However, hepatitis B immunization and post-exposure management are integral components of a complete program to prevent infection following blood borne pathogen exposure and are important elements of workplace safety" (MMWR, 2001). For this procedure, health-care personnel (HCP) are defined as students, both graduate and undergraduate students, of the Division of Nursing.

For this procedure "an exposure that might place HCP at risk for HBV, HCV, or HIV infection is defined as a percutaneous injury (e.g., a needle stick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g., exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other body fluids that are potentially infectious" (MMWR, 2001). All body fluids except sweat are considered potentially infectious.

### Checklist: Blood and Body Fluid Post-Exposure Management

Name: \_\_\_\_\_

Date of exposure: \_\_\_\_\_

Student ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Date/Initials	Checklist
	1. Exposed area washed.
	2. Received immediate medical examination.
	3. Reported incident to nurse-in-charge of assigned area. Name: _____ Title: _____ Location: _____ Phone: _____
	4. Completed incident report.
	5. Completed necessary hospital documentation (e.g., Incident Report) and obtained a copy.
	6. Counseled student regarding the need for medical care.
	7. Received medical examination, testing for HBV and HIV, or obtained declination statements if student/faculty refused medical examination or testing.
	8. Notified Division of Nursing.
	9. Submitted Incident Report to Division of Nursing.



## **Post-Exposure Prophylaxis**

**Hepatitis C Virus:** HCV (Hepatitis C Virus) is not transmitted efficiently through occupational exposures to blood. "Data upon which to base a recommendation for therapy of acute infection are insufficient because:

- a) No data exist regarding the effect of treating patients with acute infection who have no evidence of disease,
- b) treatment started early in the course of chronic infection might be just as effective, and would eliminate the need to treat persons who will spontaneously resolve their infection, and
- c) the appropriate regimen is unknown" (MMWR, 2001).

**Hepatitis B Virus:** All nursing students are required to be immunized against HBV (Hepatitis B Virus). HBV infection is a well-recognized occupational risk for health care providers.

**Human Immunodeficiency Virus:** Prospective studies of health care workers demonstrate that after percutaneous exposure to HIV infected blood, the transmission rate is less than 1%. After mucus membrane exposure, the transmission rate is less than 0.1%. Students who sustain an exposure to potentially infected body fluids should follow the following steps:

1. Decontaminate the injured area; if skin, with soap and water; if mucous membranes, with copious amounts of water.
2. Immediately report the exposure to the clinical faculty member. Also, immediately report the exposure to the head nurse of the clinical area.
3. The source patient will be identified and asked to submit to a blood test, to test for HIV and HBV.
4. As soon as possible, the student will report to the Urgent Care for testing to identify the student's base line HIV status and HBV status and counseling.
5. If the source patient is found to be HIV negative and HBV negative, no further action is required.
6. If the patient is found to be HbsAB positive or unknown, we will follow the procedure.

7. If the patient is found to be HIV positive, we will follow the procedure.
8. For mucus membrane exposure or non-intact skin, we will follow the procedure in the form below.
9. \*The initial health care provider will provide all follow up contacts.

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

Today's date: \_\_\_\_\_ Date of exposure: \_\_\_\_\_

Explanation of exposure (*please be as specific as possible*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	<b>Student Name</b>	<b>Initial</b>	<b>3-months</b>	<b>6-months</b>	<b>12-months</b>
<b>HIV</b>					
<b>HbsAB</b>					

CRNP Signature: \_\_\_\_\_

Source Patient Initials: \_\_\_\_\_

HIV Antibody: \_\_\_\_\_

HbsAB: \_\_\_\_\_

## Post-Exposure Counseling Checklist

Name: \_\_\_\_\_

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

Date of exposure: \_\_\_\_\_

Clinical site: \_\_\_\_\_

I have read and understand the information provided by the clinical facility regarding recommendations for evaluation and treatment following clinical exposure to blood or body fluids. The risks and benefits of HBV, HCV, and HIV testing and prophylaxis have been explained to me. I have indicated my wishes below:

- I want my blood tested for HBV.
- I do not want my blood tested for HBV.
- I want my blood tested for HCV.
- I do not want my blood tested for HCV.
- I want my blood tested for HIV (agency must provide HIV counseling and obtain written consent before blood may be drawn).
- I do not want my blood tested for HIV.
- I want to have a sample of my blood drawn and stored for 90 days, but not tested at this time. I understand that I may request HBV, HCV, and/or HIV testing of this blood sample at any time within 90 days.
- I have been offered and accepted HBV prophylaxis.
- I have been offered and do not want HBV prophylaxis.
- I have been offered and accepted HIV prophylaxis (**women:** To the best of my knowledge, I am not currently pregnant).
- I have been offered and do not want HIV prophylaxis.

To prevent the possible transmission of HBV, HCV, and HIV, I agree to abstain from sexual relations, or if I choose to have sexual relations, to inform my partner of my possible exposure and use barrier precautions (latex condom with spermicide until I know the results of the 6-month follow-up. I will not donate blood, semen, or organs until completion of the follow-up period (**women:** I agree to avoid pregnancy for a minimum of 6 months. If currently breastfeeding I will cease for a minimum of 6 months).

I accept responsibility for all fees associated with post exposure testing and prophylaxis. I understand that extended post exposure testing and prophylaxis may be completed at the health center or a personal health care provider of my choice.

I understand that I should report any acute illness causing fever, rash, lymphadenopathy, persistent cough, or diarrhea within the next 3 months to my health care provider.

If participating in the HBV and/or HIV prophylaxis, I agree to adhere to the monitoring requirements. I understand that the results of my testing will remain confidential. I will not disclose the name and infectious status of the source patient.

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Student signature

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Date

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Faculty Signature

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Date

## **Professional Appearance**

The nursing student's professional appearance and attire influences patient care as well as the public's image of nursing. Whether the nursing student is providing care for the acutely ill patient in a hospital setting or teaching the family in the home, she or he is being scrutinized by others who are forming mental images about nurses and nursing. The public's perception of nurses and nursing may influence the effectiveness of nursing practice and should be considered as the nurse provides care. At Berry College, it is expected that uniforms will contribute to a professional image and that generally accepted standards will be adhered to by all students. Uniforms vary by the context in which nursing is practiced and, in some settings, uniforms are not worn. In most settings, however, some type of standard clothing is required or expected and will be determined by the faculty. The student will maintain a professional appearance and attire that is neat, clean, and appropriate. In the event of unprofessional appearance, a student may be withdrawn from the clinical/lab setting. The student uniforms legally identify one as a student nurse.

In keeping with these commitments, the school has adopted the following standards:

**Shoes:** White, gray, or black, solid color with minimal trim. They should be always clean. Must be closed toed and heel.

**Hair and Tattoos:** Keep hair out of your face, above your collar, or secured in a way that avoids hair falling over the shoulders. Unnatural hair colors do not portray a professional image and should not be worn. Dreadlocks or braids, if worn, must be clean, well maintained and, if below the collar, must be secured. Hair ornaments are not appropriate unless limited to a plain device to keep hair out of the way. Men keep facial hair shaved or neatly trimmed. Body art and tattoos may be uncovered and visible if the images or words do not convey violence, discrimination, profanity, or sexually explicit content. Tattoos containing such messages must be covered with bandages, clothing, or cosmetics. Facial tattoos, and tattoos covering the front of the neck and under the chin are not allowed under this guideline. Berry Division of Nursing reserves the right to judge the appearance of visible tattoos.

**Jewelry:** Jewelry is not permitted, except for a religious reason which should be discussed with the director of the Division of Nursing. Students may use a clear retainer for removed piercings.

**Student Identification:** The monogram uniform and name badge must (by legal standards as well as ethical concerns) be prominently visible on the outer garment.

**Fingernails and fragrances:** Keep nails short, not beyond fingertip length and clean. No artificial nails or nail polish is permitted. **Be respectful of those in your care.** Gum chewing, smoking, wearing of perfume, cologne or fragrances is not allowed in clinical settings.

### **Professional Attire Standards**

1. The following standards apply to professional attire when the student is in the clinical/lab setting to obtain clinical assignments or participating in clinical or other activities outside the hospital setting:
  1. Students must wear an approved student uniform as discussed below. An approved white or gray lab coat with a Berry monogram is acceptable. Uniforms must be clean and pressed. The Berry nursing student name badge must be visible. The Berry patch must be sewn onto the right sleeve 1/4 inch from the seam.
  2. In clinical settings outside of the hospital, students must wear clothing that is neat, clean, and professional in appearance. Inappropriate attire includes, but is not limited to jogging suits, sweatshirts, jeans, shorts, leggings, capri pants or clothing that exposes any portion of the breasts or midriff. Shoes must enclose both the toes and heel. Heels must be no greater than 2," and no platform shoes may be worn. Skirts must be no shorter than 4" above the middle of the knee.
  3. Students inappropriately attired will be asked to leave the clinical/lab setting. Faculty/staff members at clinical facilities may ask students to leave the clinical area if, in their judgment, the student is dressed inappropriately.
2. The following standards apply to the student uniform that is worn during clinical activities in the community, hospital setting, or campus simulation:
  1. Standardized pants/shirt style uniform, properly fitted, freshly laundered, and ironed. Information regarding ordering uniforms will be provided. The nursing student name badge must be visible.
  2. Support hose are recommended for comfort. Professional white, gray, or black shoes must enclose the toes and heel and may include shoes. Shoes and laces must be clean.
  3. Undergarments, including bra, panties, briefs, or shorts must not be visible.
  4. A shirt may be worn under the uniform top. Official Berry branding colors or

white, black, gray is acceptable.

### 3. Standard Equipment

1. Stethoscope, pen light, and bandage scissors
2. Pens and note pad
3. PDA's or resource materials
4. Cell phones may not be used for sending or receiving personal calls or texts

### **Ordering Uniforms**

Uniforms can be purchased from a local Rome company, Lynn's Uniforms. The uniform color is steel, with Berry College BSN Nursing monogrammed on the front of the uniform top and the white/gray lab coat. Students must purchase a Berry patch and have it sewn onto their nursing top, opposite side of the monogram. We have chosen a design by 'Urbane' for the women and 'Landau' for the men. The required Berry Monogram and patch are an extra cost to the student.

### **Women's**

Ladies Landau Forward #LT101 Pewter Top w/one pocket or #LT100 w/ two pockets

Ladies Landau Forward #LB400 Pewter pants

Women's White Healing Hands Lab coat #5053, White

### **Men's**

**Men's Tops 1 Pocket Style#LT111, 3 Pocket top LT110 Pewter**

**Pant style #LB410 Men's Landau Forward #LB400 Pewter pants**

Men's Healing Hands Lab coat #5150, White

Berry Nursing logo on left chest= \$4.00

Name Badge= Ordered via Division of Nursing \$12-\$21

Normal alterations (hem, darts, slits). Lynn's Uniforms will alter for students. Please stop by at your convenience to be fitted.

Monogram fee = \$5.00

Uniform Contact information: Daina Silvers- 706-291-7266 244 Broad Street, Rome, GA 30161

Textbooks are primarily electronic and a link and instructions will be provided to students.

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### **Forms**

#### **Acknowledgement Form – MUST BE SIGNED BY STUDENT**

I acknowledge access to a complete copy of the Nursing Student Handbook. I accept that I am responsible for all information provided in the handbook as it relates to the policies and procedures of the Berry College Division of Nursing. The Nursing Student Handbook is available for personal download on [Berry's Nursing Webpage](#).

Print Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please print a copy of this page, sign it, and return to Kay Simms.**

## **Confidentiality Policy – MUST BE SIGNED BY STUDENT**

Nursing students and faculty are frequently privileged to confidential information during clinical and classroom experiences. Students and faculty have access to medical records, obtain personal information from patients and families, and participate in formational assessments, personnel issues, continuous quality improvement and financial or strategic planning. Faculty are often privileged to personal information about students during advisement and during clinical conferences. Because confidentiality is a legal and ethical expectation of students and faculty, the Berry College Division of Nursing has developed the following policy to clarify the scope and significance of maintaining confidentiality.

All nursing students and faculty in the Division of Nursing at Berry College are expected to abide by the following guidelines:

1. All written, verbal electronic information regarding a patient or institution is to be kept in strict confidence.
2. Verbal or written disclosure of information about patients or agencies to any unauthorized person is prohibited.
3. Any written information about a patient must only contain the patient's initials and should be secured and shared only with students and faculty participating in the care of the patient.
4. The reporting of information specific to agencies may include the department or individual titles; however, it may not include the names of agencies or persons involved. Data must be summarized and reported collectively to ensure confidentiality for the participants.
5. Any written communication (proposal or report) between the student and preceptor/agency must be approved by the faculty before it is presented to the preceptor.
6. Any verbal or written communication whether in the classroom, seminar, lab, or clinical settings is for the sole purpose of learning and is also considered under this confidentiality policy.
7. Students and faculty participating in teaching/learning activities are expected to maintain confidentiality regarding personal information shared. Relevant academic information regarding a student may be shared on an “as needed” basis within the Division of Nursing in order to provide the support and assistance to enhance the student’s potential for

success in the program.

8. Students and faculty should continue to keep all privileged information obtained during enrollment or employment at Berry College confidential, even after graduation or termination.
9. Students in violation of this policy will be reviewed by the faculty and the Director and may receive a failing course grade. Faculty in violation of the policy will be reviewed by other faculty and the School Dean, and a plan of action will be decided at that time.
10. Students will renew this contract annually after review of the policy by faculty.

**Student:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Witness:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please print a copy of this page, sign it, and return it to Kay Simms.**

**Consent Form for Use of Student Materials – MUST BE SIGNED BY STUDENT**

**Berry College - Division of Nursing**

I, \_\_\_\_\_, give consent to the Division of Nursing at Berry College to collect,  
(Print Name)

archive, and showcase my graded course work for such purposes as accreditation site visits, student recruitment, and as examples of work for new students and to use these materials otherwise as the faculty deem appropriate. The faculty may also examine for scholarly purposes selected course work and report the results in the aggregate, thereby maintaining my anonymity.

This consent is valid until I withdraw it in writing through the Director of the Division of Nursing.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please print a copy of this page, sign it, and return it to Kay Simms.**

**Health & Professional Requirements Checklist**

Documentation/Evidence of all the health and professional requirements listed below must be submitted to Kay Simms by June 4<sup>th</sup>. These records are required by clinical agencies prior to your participation in any clinical/practicum activity. **YOU WILL NOT BE ALLOWED INTO THE CLINICAL SITES WITHOUT THIS COMPLETED DOCUMENTATION.**

Please make a file copy as you may need this in the future.

**Documentation Deadline: June 5<sup>th</sup>**

**Student Name:** \_\_\_\_\_

After initial clinical file is verified for all documents, files will be checked each month for upcoming expiring documents and students will only be notified via email by Kay Simms. Failure to provide this documentation by the expiration/deadline dates will result in the student being dropped from all clinical and co-requisite courses. Also, a registration hold will be placed on the student's record. If completed documents are then received by the first day of classes, the hold will be removed and the student may then register for classes.

- 1. **PHYSICAL EXAM REQUIREMENTS FORM** - This verifies the student's physical ability to perform clinical activities. This physical form **must be completed and signed** by a nurse practitioner, physician assistant, or a medical doctor and must not expire during the clinical experience. A physical ability form can be printed from Viking Web.
- 2. **TUBERCULOSIS TEST (PPD)** - Proof of a negative TB skin test must be obtained **EVERY YEAR** and must not expire during the clinical experience. Form can be found on in the Student Handbook. Students with positive TB skin tests must receive follow-up assessment and treatment as recommended by the Centers for Disease Control and Prevention (CDC). **Initial documentation for students with a positive PPD must include:** Most recent positive PPD, most recent chest x-ray summary, current and/or past treatment record, as well as a letter from a nurse practitioner, physician assistant, or medical doctor stating that the student is able to participate in clinical activities. A doctor's note must be obtained each year for students with a positive PPD record.
- 3. **TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)** - If your Tetanus booster is older than two years, the tetanus/diphtheria/pertussis (**Tdap**) is required one time only. A two-

year time period is suggested but not required between tetanus/diphtheria (**Td**) and tetanus/diphtheria/pertussis (**Tdap**). (*Please allow your physician to decide.*)

- 4. **VARICELLA (CHICKEN POX)** - If you have a history of varicella, your physician may choose not to vaccinate, therefore you must have a titer drawn showing immunity to the disease. Students must provide one of the following:
  1. Date of disease (year only) AND date of positive titer (blood test) results showing "immunity".
  2. Documentation of two doses of varicella vaccine, at least four (4) weeks apart.
    - Dose 1 - Need date of immunization
    - Dose 2 - Need date of immunization
- 5. **MMR (MEASLES, MUMPS, & RUBELLA)** - **Recommend copy of immunization record;**

**For students born 1957 or after,** proof of two MMR's is required as in #1, or provide evidence of measles, mumps, and rubella immunity (titer) as in #2, #3 and #4 below.

1. MMR (Measles, Mumps, Rubella)

- Dose 1 - Need date of immunization
- Dose 2 - Need date of immunization

2. MEASLES

- Had disease, confirmed by nurse practitioner, physician assistant or a medical doctor diagnosis in office record.
- Has laboratory proof of immune titer (documentation must specify date of titer)

3. MUMPS

- Had disease, confirmed by nurse practitioner, physician assistant or a medical doctor diagnosis in office record.
- Has laboratory proof of immune titer (documentation must specify date of titer)

4. RUBELLA

- Has laboratory proof of immune titer (documentation must specify date of titer)

- 6. **HEPATITIS B & POSITIVE TITER** - The Division of Nursing's contracted clinical agencies are requiring all students receive the Hepatitis B (three shot) series **AND** show immunity from a positive titer (blood test).

If you have completed the series and you have not had a titer drawn for Hepatitis B, **you must do so, NO EXCEPTIONS!** If you test negative for immunity, you will need to retake the series and provide evidence of immunity after each injection. A positive titer result will be required following the series. Please turn in all supporting documentation to Kay Simms regarding this immunization.

The series of three shots should be received in this order: 1<sup>st</sup> shot prior to beginning nursing course work, 2<sup>nd</sup> shot should be received one month after 1<sup>st</sup> shot, and 3<sup>rd</sup> shot should be received 5 months after 2<sup>nd</sup> shot. The series must be completed 6 months after the first shot in order to continue in clinical activities. **You must also obtain a titer 1-2 months after dose #3 to show immunity to Hepatitis B.**
- 7. **HEPATITIS A** is required for study abroad/healthcare mission locations.
- 8. **INFLUENZA VACCINE** will be required before entering clinical areas. (*Must receive when vaccine becomes available in the fall.*)
- 9. **HEALTH INSURANCE** - Proof of personal medical health insurance coverage. A copy (front and back) of a current medical health insurance card is acceptable. (*If you do not have health coverage, you may visit [www.getinsured.com](http://www.getinsured.com) for individual rates. You are only required to have accidental injury coverage.*)
- 10. **CPR (CARDIOPULMONARY RESUSCITATION)** - Proof of current certification in "Basic Life Support (BLS) for healthcare providers" by the **American Heart Association**. No other CPR course or certification association will be accepted. A copy of your signed CPR card, front and back is required. You must attain CPR certification from a certified American Heart Association trainer ([www.americanheart.org](http://www.americanheart.org)).
- 11. **CRIMINAL BACKGROUND CHECK & DRUG SCREENS** - Healthcare facilities are requiring nursing students to have a certified criminal background check and drug screen. Students enrolled at the Division of Nursing must complete the background check and drug screen through Professional Screening & Information (PSI). The instructions for this process can be found in the Division of Nursing Student Handbook, listed as "Background Check & Drug Screen Instructions. **PLEASE DO NOT TURN IN ANY**



**DOCUMENTATION REGARDING YOUR BACKGROUND CHECK OR DRUG SCREEN RESULTS TO US AT THE DON.** Students will be instructed to “share” their report with health care facilities on an as-needed basis.

- 12. **LICENSURE** – Any student who is currently licensed by any board in the state of Georgia must provide the official name under which he/she is licensed and area of licensure. (For example: LPN, Respiratory Therapy, etc.)

Name \_\_\_\_\_ Licensure type: \_\_\_\_\_

- 13. **CONFIDENTIALITY POLICY FORM** – This form can be found in your Student Handbook. Please read the confidentiality policy in its entirety, sign it and turn it in to Kay Simms along with the other forms listed on this checklist. Please be aware that your signature indicates that you understand all confidentiality rules and policies of the Division of Nursing.

- 14. **HANDBOOK STATEMENT FORM and STUDENT MATERIALS RELEASE** – These forms can be found in your Student Handbook. Please read this form, sign it and turn it in to Kay Simms along with other forms listed on this checklist. Please be aware that your signature indicates that you understand the policies and procedures in your Student Handbook. The Handbook is available on the Division of Nursing website.

- 15. **COVID VACCINES & BOOSTER**  
All students must have a copy of their Covid vaccines and boosters turned in to Kay Simms along with other forms listed on this checklist. If there is a medical reason that you cannot have the vaccine, a signed letter from your physician must be turned in to Kay Simms.

Individual contracting clinical agencies may impose additional health and professional requirements that the student must meet before participating in clinical activities in that clinical agency. The Administrative Assistant or Director will inform the student if additional requirements are needed and will provide instructions on how to complete requirements. The absence of any required document may prevent the student from progressing in the nursing program and may result in student losing his/her placement in the program.

**BY SIGNING YOUR NAME, YOU ARE STATING THAT YOU HAVE SUBMITTED**

**ALL REQUIRED DOCUMENTATION TO THE DIVISION OF NURSING.**

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

- *Accepted 3/10, Revised 3/11, 1/12, 4/14, 9/14*

**CERTIFICATE OF IMMUNIZATION (REQUIRED)**

<b>IMMUNIZATIONS REQUIRED</b>	<b>REQUIREMENT</b>	<b>REQUIRED FOR:</b>
<b>MMR (Mumps, Measles, Rubella) combined immunization</b> ----- <b>OR</b> -----	2 Doses 1) _____ 2) _____  <b>OR</b> -----	All students  -----
<b>Mumps</b>  -----	2 Doses 1) _____ 2) _____  <b>or</b> Titer _____  -----	All students  Attach titer results, if no record of immunizations.
<b>Measles (Rubeola)</b>  -----	2 Doses 1) _____ 2) _____  <b>or</b> Titer _____  -----	
<b>Rubella (German Measles)</b>  -----	1 dose _____  <b>or</b> Titer _____	
<b>Varicella (Chicken Pox)</b>	2 Doses 1) _____ 2) _____  <b>or</b> History of Chicken Pox or Shingles Year of disease _____  <b>and</b> Titer _____	All students  Attach titer results if year of disease is noted. If titer is negative, please take the 2 dose vaccine.
<b>Tetanus, Diphtheria, Pertussis (Tdap)</b>	1 dose _____	All students
<b>Hepatitis B</b>	3 Doses 1) _____ 2) _____ 3) _____  <b>and</b> Titer _____	All students  Attach titer results, <b>REQUIRED.</b>  If titer is negative, you must

		retake series.
<b>PPD (TB skin test)</b> <i>*if PPD is positive, chest x-ray required.</i>	1 dose 1) _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Chest x-ray included	All students
<b>COVID Vaccine</b>	2 Doses 1) _____ 2) _____  Booster _____ _____  <input type="checkbox"/> Exemption	All students
<b>Hepatitis A</b>	2 Doses 1) _____ 2) _____	All students
<b>Signature of Physician, Physician Assistant, or Nurse Practitioner REQUIRED</b>		
Printed _____		Name: _____
Address: _____		
Phone: _____		
Signature: _____		
Date: _____		

**\*Return ALL forms to: Kay Simms in the Division of Nursing\***

Students: **Prior** to your visit to your provider, fill in **ALL** blanks on this form. Do not write, “**See attached.**” Berry College Division of Nursing requires documentation and you must complete the form in its entirety and sign it.

**ADULT HEALTH HISTORY INFORMATION**

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

Date of Birth: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Describe reaction to allergy:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are your immunizations up-to-date?  Yes  No

<b>Have you had/have any of the following? If yes, please explain.</b>	<b>Yes</b>	<b>No</b>	<b>Date/Explain:</b>
Anemia			
Asthma			
Autoimmune disorders			
Blood clots in lungs or legs			
Blood in urine or stool			
Cancer			
Depression or nervous			

disease			
Diabetes			
Gallbladder disease			
Heart disease or murmur			
Hepatitis or liver disease			
High blood pressure			
Seizures			
Severe headaches			
Stroke			
Thyroid disease			
Trouble with vision or hearing			
Tuberculosis			
Ulcers			

Any other disorder/disease not mentioned?

\_\_\_\_\_

Have you ever been hospitalized or had surgery?  Yes  No

Date:	Explanation:
Date:	Explanation:
Date:	Explanation:
Date:	Explanation:

I attest that the information I have provided is true and correct to the best of my knowledge. I understand that these records are required by the clinical agencies prior to Berry nursing students attending clinical and that I will **NOT** be allowed into the clinical site without this documentation. I am aware that clinical agencies may request a copy of any or all of my student health records in certain situations. In addition, I am aware that Berry College will review all information provided.

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

Date: \_\_\_\_\_

## PHYSICAL EXAM REQUIREMENTS

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

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Body mass index: \_\_\_\_\_ Blood pressure: \_\_\_\_\_

Examined	Normal	Abnormal – Please include explanation of abnormality
Abdomen		
Extremities		
Heart		
HEENT		
Lungs/Chest		
Thyroid		

Healthcare Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider's name (**Print**): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_