



**School of Nursing**

**Undergraduate and Graduate  
Student Handbook**

**2016-2017 Academic Year**

*Policies in this handbook apply to all graduate and undergraduate students  
in the School of Nursing*

In addition to this handbook, students should refer to the College of Health  
and Human Services Student Handbook.

Date of last review and update:  
**8/1/2016**

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**School of Nursing  
College of Health and Human Services  
UNC Charlotte**

**Vision Statement**

Vision: The SON aspires to become nationally recognized in improving the health of diverse populations by providing the highest quality nursing education, scholarship, and practice at the baccalaureate, master's, and doctoral levels.

**Mission Statement**

Mission: The SON prepares diverse and highly competent nursing professionals to serve as leaders by offering excellent, accessible, and relevant programs to the greater Charlotte region and beyond. The School achieves excellence through a commitment to community partnerships, service, educational advances, and knowledge generation with its translation into nursing practice.

**Values**

Values: The SON embraces the following five (5) core values: Integrity, Innovation, Collegiality, Diversity, and Scholarship.

Created 5/03

Revised 04/10/10; 08/01/2016

## **School of Nursing Philosophy**

The philosophy of the UNC Charlotte nursing programs is consistent with the mission statement of the University. The University and the College of Health and Human Services provide opportunities for each student to develop knowledge of self, understanding of human diversity, and competencies relevant to individual, societal, and professional goals.

Nursing is a learned discipline. Professional nursing practice is based on both interdisciplinary and discipline-specific knowledge and built on a foundation of liberal education. The discipline specific knowledge that guides nursing practice includes concepts of person, health, environment, and nursing and theories that describe their interrelationships. The philosophy of the School of Nursing is based on a pluralistic, inclusive perspective of these central concepts. The teaching-learning process in a University-based nursing program requires faculty integration of research, scholarship, and service related to these concepts.

Professional nurses function as autonomous, accountable individuals in collaborative relationships with other health care providers and consumers. Minimum preparation for the professional practice of nursing is a baccalaureate education in nursing, utilizing nursing and other theories as the frameworks for nursing practice and building on knowledge from scientific and humanistic disciplines.

Learning is a life-long process that results in changes in beliefs and behaviors. This process occurs through self-discovery, critical thinking and intellectual inquiry and is facilitated through the learner's active, self-directed participation. Teaching is a creative, collaborative process that facilitates learning. Lifelong learning requires abilities to use a variety of resources, including print, audiovisual equipment, computers, and other technological media. A major component of students' learning experience is goal-directed clinical practice in which the cognitive, affective, and psychomotor domains are integrated.

### **Nursing at the Baccalaureate Level**

The faculty of the School of Nursing believes that the nurse prepared at the baccalaureate level contributes to the betterment of humankind and the advancement of nursing by:

- 1) Providing professional nursing care for individuals, families, and groups in a context of community; and
- 2) Continuing personal and professional development.

### **Nursing at the Master's Level**

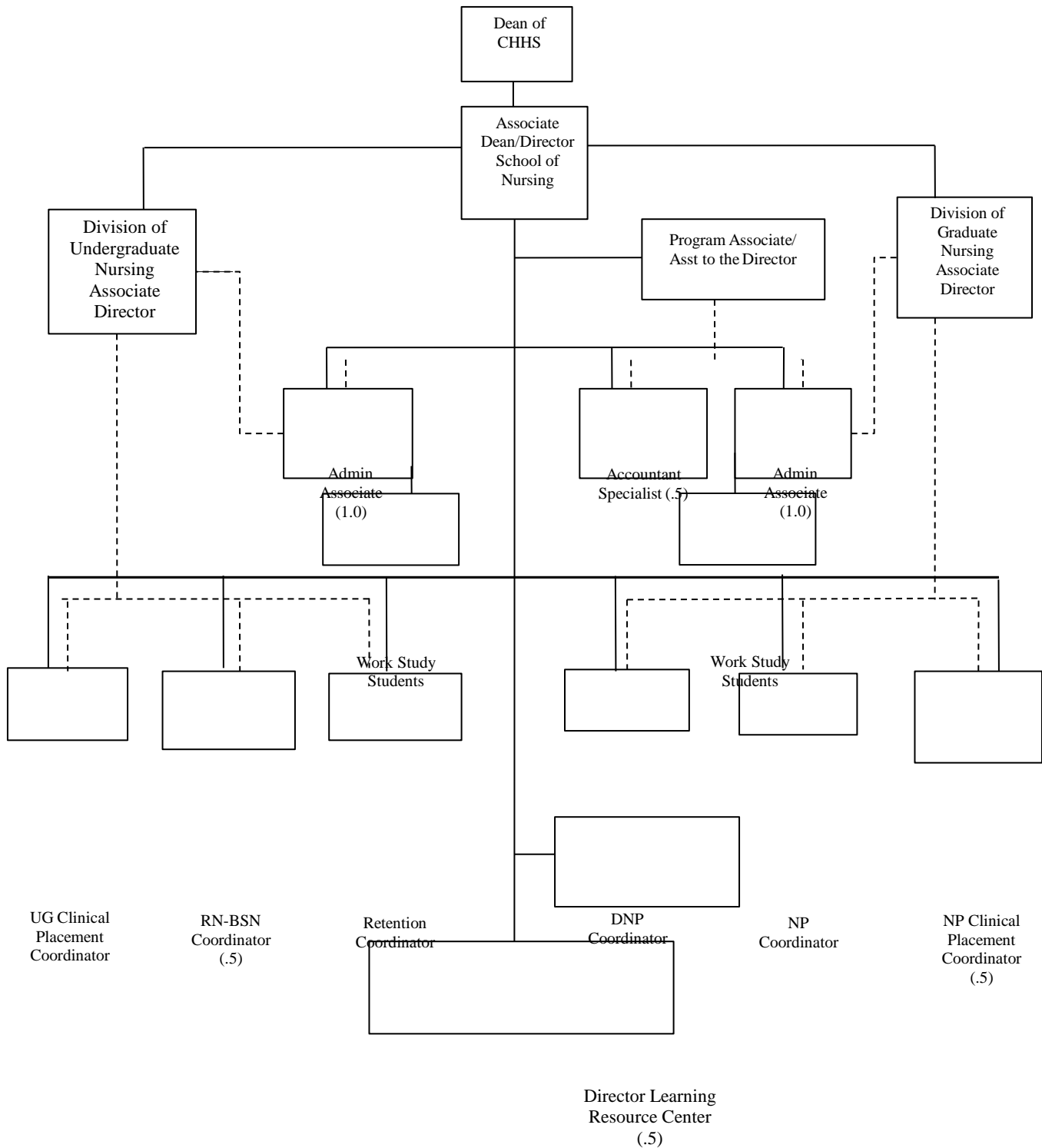
The faculty believes that the nurse prepared at the master's level contributes to the betterment of humankind and the advancement of nursing by:

- 1) Clarifying and strengthening healthcare practice through inquiry and the application of pertinent knowledge;
- 2) Assuming professional roles and responsibilities congruent with standards of advanced practice and leadership in the profession;
- 3) Contributing productively to the profession and to society through effective utilization of organization, social, technological, and political processes; and
- 4) Continuing personal growth and professional development in accord with a career plan.

Date of Implementation: 7/02

Reviewed: 6/03, 2/06, 7/07, 7/08, 06/10, 07/11, 08/16

### School of Nursing Organizational Chart 2016-2017



Updated 8/11/2016



## SON Curriculum Framework

The undergraduate and graduate nursing curricula are based on a framework synthesized from this philosophy and the central concepts presented in the publications, [The Essentials of Baccalaureate Education for Professional Nursing Practice](#) (1998, 2008) and [The Essentials of Masters Education for Professional Nursing Practice](#) (1996), by the American Association of Colleges of Nursing, and [Nursing: Scope and Standards of Practice](#) (2000) American Nurses Association. There is a broad consensus within nursing that four concepts of central concern to the discipline are person, health, environment, and nursing (Fawcett, 1994). The definitions of person, health, environment, and nursing derived from this synthesis and used in the creation of the framework are as follows.

### Person

The concept of person encompasses the interrelationship of diverse individuals, families, communities, and organizations. The holistic nature of the person involves complex processes that may be characterized as developing, adapting, becoming, relating, and caring. Inherent in this view of person is a profound respect for human diversity, freedom of expression, and self-determination.

### Health

The concept of health encompasses multiple meanings based on individual and social belief systems. Health is individually, socially, and culturally interpreted. The discipline of nursing characterizes health in terms of well-being, optimal functioning, a relative state of balance, adequate role performance, harmony of mind-body-spirit, patterns of becoming, and in other ways.

### Environment

The concept of environment encompasses physical, metaphysical, social, economic, political, cultural, and technological dimensions. Persons participate in creating their environments in accord with their interests and values. Environmental change evolves through the mutuality of human relationships and the dynamic interaction of myriad forces.

### Nursing

Nursing, as a noun, denotes a learned discipline concerned with the interrelationship of person, health, and environment. The discipline of nursing continues to develop as nursing theories are tested and implemented. Nursing, as a process, denotes the activities and methods through which nurses serve people. This process, based on humanistic values and scientific inquiry, is deliberative, goal-directed, and interactive. Nursing service is extended based on need rather than privilege, and the nurse-client relationship is guided by the recognition of human dignity and mutual responsibility. The goals of nursing include health promotion, quality of life, collaboration with individuals, families, and communities, and enhancing adaptation to changes in health status.

Date of Implementation: 7/02

Reviewed: 6/03, 6/04, 2/06, 7/07, 7/08, 06/11, 08/16

**CHHS Student Organizations**

Please refer to the College of Health and Human Services Student Handbook.

**Academic Advising Policy**

Please refer to the College of Health and Human Services Student Handbook.

**Code of Student Academic Integrity**

Please refer to the College of Health and Human Services Student Handbook.

**Religious Accommodation**

The School of Nursing recognizes and respects the diverse religions of our student body and acknowledges the associated celebrations. Students with sincerely held religious beliefs must notify faculty within one week of the first day of class of religious observances that may conflict with course attendance, participation, or exam schedules. Faculty will provide reasonable accommodations to students for planned absences for religious observances. Students will be responsible for course work, assignments, or exams that are missed. For further information on the University's policy related to religious accommodations, please visit the [Office of Legal Affairs](#).

**Consent for Letter of Recommendation**

Before requesting a reference from any faculty or staff member, at UNC Charlotte, students must complete a [Consent for Letters of Recommendation/Evaluation](#) form giving permission for an individual to divulge academic information to the person or agency requiring the reference.

## **School of Nursing Academic Dismissal Policy**

The UNC Charlotte School of Nursing has adopted the American Nurses' Association (ANA) Code of Ethics as its standard for ethical conduct by students and faculty. The Code is a key element of the SON Academic Dismissal Policy:

### **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 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 promote health and to provide optimal 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.

- I. The faculty members of the UNC Charlotte School of Nursing have an academic, legal, and ethical responsibility to protect members of the public and of the health care community from unsafe or unprofessional nursing practices. A violation of the guidelines set forth in the School of Nursing Course and Activities Behavior Guidelines may be grounds for removal from class or clinical.
  
- II. **Standards:** A student may be removed from class or clinical if he or she:
  1. Demonstrates behavior which conflicts with safety essential to nursing practice
  2. Presents physical or emotional problems which conflict with safety essential to nursing practice and do not respond to appropriate treatment or counseling within a reasonable period of time
  3. Engages in conduct which violates the North Carolina Nursing Practice Act
  4. Engages in conduct which violates the Code of Ethics for Nurses of the American Nurses' Association.
  5. Engages in nursing practice for which the student has not been authorized or for which the student has not been educated at the time of the incident
  6. Engages in conduct which threatens or has the potential to threaten the physical, emotional, mental, or environmental health or safety of a client, a client's family member or substitute familial person, another student, a faculty member, another health care provider, or the student himself or herself
  7. Substantially disrupts the programs of the School of Nursing or its affiliates
  8. Fails to participate in or complete clinical work for any reason or fails to perform clinical work which is consistent with professional nursing practice, including satisfactory performance of all critical behaviors specified on the evaluation tool for each course
  9. Fails to adhere to College, School and clinical site policies and procedures.

All students are regularly evaluated against the above standards in relation to clinical practice and may be removed from any course or from the nursing program upon violation of any of the stated standards, regardless of course grades.

- III. **Action:** Where the Associate Dean/Director of the School of Nursing or his/her designee determines that a student may have violated one or more of the standards defined in Section II, that administrator will determine whether the violation warrants program removal (Section IV), or should be addressed through warning and follow-up (Section V). The Associate Dean/Director of the School of Nursing may temporarily suspend the student from further clinical activity pending the outcome of the procedure for removal (Section IV), or issuance of the written and oral warning (Section V).
- IV. **Program Removal:** Where the Associate Dean/Director of the School of Nursing or designee determines that the procedure for removal from the program should be invoked, he or she will provide the student a written statement of the facts upon which the proposal to remove is based. The unsafe or unprofessional behavior shall be corroborated by a second person, a staff member on the nursing unit, another faculty member, or by documentation of unsafe or unprofessional behavior in a prior course evaluation. The student will have the opportunity to appear before the Associate Dean/Director of the School of Nursing and a panel of faculty members of the School of Nursing to refute the facts, offers other information, or makes any other statement concerning the proposed program removal. The Associate Dean/Director of the School of Nursing and panel will consider that information together with the information upon which the proposal to remove was based and determine whether adequate cause for removal has been established. The Associate Dean/Director of the School of Nursing will notify the student of the decision.
- V. **Warning:** Where the Associate Dean/Director of the School of Nursing or designee determines that violation of any of the standards should be addressed through warning and follow-up, the faculty member involved will provide the student with oral and written warnings outlining the exact nature of the behavior and possible consequences. The unsafe or unprofessional behavior shall be corroborated by a second person, a staff member on the nursing unit, another faculty member, or by documentation of unsafe or unprofessional behavior in a prior course evaluation.

In appropriate circumstances the student may be afforded an opportunity to correct the behavior, as agreed upon by the faculty member, in consultation with the Associate Dean/Director of the School of Nursing. Written evaluation of each clinical day's work by the student shall be carried out by the faculty member involved and shared with and signed by the student. Should the student subsequently fail to meet any of the academic standards stated, dismissal from the course with a failing grade and/or from the School of Nursing may be invoked.

The review of students' behaviors related to the above shall be carried out in a course team meeting.

- VI. **Post-Dismissal Procedure:** Upon dismissal from a course or from the School of Nursing, the student may invoke the "[Academic Grievance Policy](#) of the College of Health and Human Services." The written grievance must be submitted within seven (7) working days of receipt of the written dismissal and be sent to the Associate Dean of Academic Affairs of the College of Health and Human Services.

Date of Origin: 12/85

Revised: 4/94, 2/96, 7/02, 6/03

Reviewed: 5/00, 6/04, 2/06, 7/07, 7/08, 06/10, 07/11, 6/12, 8/14, 8/16

#### **UNC Charlotte Student Grievance Procedure**

[Please refer to the College of Health and Human Services Student Handbook](#)

#### **CHHS Academic Grievance Policy & Procedure**

[Please refer to the College of Health and Human Services Student Handbook](#)

#### **Grade Replacement Policy**

[Please refer to the College of Health and Human Services Student Handbook](#)

#### **Appeals of Final Course Grades**

[Policy and Procedures for Student Appeals of Final Course Grades](#)

# **Clinical Requirements for ALL School of Nursing Programs**

## SON Course and Activities Behavior Policy

All UNC Charlotte students have the responsibility to know and observe the University policies governing student conduct, which includes the UNC Charlotte [Code of Student Academic Integrity](#) and the UNC Charlotte [Code of Student Responsibility](#).

Nursing is a practice discipline. In addition to complying with University policies and regulations, students and faculty in the School of Nursing are responsible for protecting patients, clients, and affiliated agencies. Behaviors that will result in disciplinary action by the UNC Charlotte School of Nursing include, but are not limited to:

1. Falsifying a patient/client record;
2. Disregarding or breaching patient/client or agency confidentiality or Health Insurance Portability and Accountability Act (HIPAA) privacy standards;
3. Denying responsibility for one's own deviation from standard practice;
4. Engaging in actions that subject the patient/client and/or the patient's/client's family to risk of harm;
5. Engaging in actions that subject the student, colleague, agency or University to unreasonable risk of harm or liability;
6. Engaging in abusive behavior toward patients, clients, patient's/client's family members, agency, staff, peers, or faculty.
7. Ignoring the need for obtaining essential information before conducting nursing intervention(s);
8. Misrepresenting one's role in the health care setting;
9. Audiotaping or videotaping classroom activities or anything in the clinical setting, via the use of camera, cell phone, iPad, or other electronic devices, without prior approval from the School of Nursing;
10. Using social media (YouTube, Facebook, Twitter, etc.) inappropriately such as: posting photos, audio or video recordings of classroom or clinical activities; commenting on other nursing students, faculty, staff, clinical agencies, and patients/clients.

Approved: 4/7/03 (SONFO), University Attorney's Office 4/21/03, 2/13/04, 8/20/12

Implemented: 8/1/04

Revised: 2/06

Reviewed: 7/07, 7/08/ 06/10, 07/11, 08/12, 8/14, 8/16



## Guidelines for the Use of Social Media

The rapid growth of social media technologies combined with their ease of use and pervasiveness make them attractive channels of communication. However, these technologies also hold the possibility of a host of unintended consequences. The Guidelines presented are to help you recognize the implications of participation in social media and to identify and avoid potential issues.

### GENERAL GUIDELINES

- **Maintain confidentiality:** Use good ethical judgment and follow HIPAA and (Family Educational Rights and Privacy Act (FERPA) guidelines.
- **Maintain privacy:** Do not discuss a situation involving named or pictured individuals; do not post anything that you would not present in any public forum.
- **Do no harm:** To the SON, University or yourself.
- **Understand your personal responsibility** for the content that you post on Facebook or any other type of social media. Be mindful that what you publish will be public for a long time.
- **Be aware of liability:** You are responsible for what you post on your own site as well as others' sites.
- **Maintain transparency:** The line between professional and personal business is sometimes blurred. Be thoughtful about your content and potential audiences.
- **Correct mistakes:** If you make a mistake, admit it. Make it clear when you modify a previous posting.
- **Respect others:** Be constructive and respectful.
- **Think before you post:** There is no such thing as a “private” social media site. Comments can be forwarded and copied. Archival systems save information even if you delete a post. If you are frustrated, angry or passionate about something, delay a posting until you are calm and clear-headed.

### SOCIAL MEDIA GUIDELINES WHEN POSTING AS AN INDIVIDUAL

- **Be authentic:** Be honest with your identity. If you identify yourself as a UNC Charlotte faculty or student, be clear that you are sharing your personal views and are not speaking as a formal representative of UNC Charlotte. Ensure that your profile and related content are consistent with how you wish to present yourself to colleagues. A common practice among individuals who write about the industry in which they work (or study) is to include a disclaimer on their site, usually on their “About Me” page. If you discuss higher education on your own social media site, we suggest you include a sentence similar to this:

“The views expressed on this [blog, Web site] are mine alone and do not necessarily reflect the views of the UNC Charlotte.” This is particularly important if you could be perceived to be in a leadership role at UNC Charlotte.

- **Use a disclaimer:** If you publish content to any website outside of UNC Charlotte and it has something to do with the work you do or subjects associated with UNC Charlotte, use a disclaimer such as the: “The postings on this site are my own and do not represent UNC Charlotte’s positions, strategies, or opinions.”
- **Do not use the UNC Charlotte logo:** Do not use any of the UNC Charlotte logos or images on your personal online sites. Do not use the UNC Charlotte name to promote or endorse any product, cause, political party or candidate. Be aware of the [UNC Charlotte logo and trademark guidelines](#).
- **Take the high ground:** If you identify yourself with UNC Charlotte in your comments, readers may associate you with the University, even with the disclaimer that your views are your own. Remember that you are most likely to build a high-quality following if you discuss ideas and situations civilly. Do not pick fights online.
- **Do not use pseudonyms:** Never pretend to be someone else. Tracking tools enable supposedly anonymous posts to be traced back to the authors.
- **Protect your identity:** Do not provide personal information that scam artists or identity thieves could use. Do not list your home address or telephone numbers. It is a good idea to create a separate e-mail address that you use only with social media.
- **Does it pass the publicity test?** If the content of your message would not be acceptable for face-to-face conversation, over the phone, or in another medium, it will not be acceptable for a social networking site. Ask yourself, “Would I want to see this published in the newspaper or posted on a billboard tomorrow or ten years from now?”
- **Respect your audience:** Do not use ethnic slurs, personal insults, obscenity, or engage in any conduct that would not be acceptable in the UNC Charlotte community. Also show proper consideration for others’ privacy and for topics that may be considered sensitive, such as politics and religion.
- **Monitor comments:** While most people who maintain social media sites welcome comments (to build credibility and community), you may be able to set your site so that you can review and approve comments before they appear. This allows you to respond in a timely way to comments, to delete spam, and to block any individuals who repeatedly post offensive, insensitive, or frivolous comments.

## SAFETY & PRIVACY TIPS FOR SOCIAL MEDIA NETWORKING

The internet is open to a world-wide audience. When using social media channels, ask yourself:

1. Did I set my privacy setting to help control who can look at my profile, personal information and photos? You can limit access somewhat but not completely, and you have no control over what someone else may share.
2. How much information do I want strangers to know about me? If I give them my cell phone number, address, email, class schedule, a list of possessions how might they use it? With whom will they share it? Not everyone will respect your personal or physical space.
3. Is the image I am projecting by my materials and photos the one I want my current and future friends to know me by? What does my profile say to potential faculty members/advisors? Future graduate school/internship interviewers? Potential employers? Neighbors? Family? Parents? Which doors am I opening and which am I closing?
4. What if I change my mind about what I post? For instance, what if I want to remove something I posted as a joke or to make a point? Have I read the social networking site's privacy and caching statements? Removing material from network caches can be difficult. Posted material can remain accessible on the internet until you've completed the prescribed process for removing information from the caching technology of one or multiple (potentially unknown) search engines.
5. Have I asked permission to post someone else's image or information? Am I infringing on their privacy? Could I be hurting someone? Could I be subject to libel suits? Am I violating network use policy or FERPA or HIPAA privacy rules?
6. Does my equipment have spyware and virus protections installed? Some sites collect profile information to SPAM you. Others contain links that can infect your equipment with viruses that potentially can destroy data and infect others with whom you communicate. Remember to back up your work on an external source in case of destructive attacks.

Source: University of Michigan. Voices of the Staff (2010). *Guidelines for the Use of Social Media*. The Regents of the University of Michigan, Ann Arbor, MI. [www.voices.umich.edu](http://www.voices.umich.edu). Permission granted from Laurel Thomas Gnagey, University of Michigan, January 13, 2012.

Implemented: 7-3-12

Reviewed: 8/16

## SON Clinical Agency Compliance

**Policy:** To achieve and maintain compliance with clinical agencies, students must complete each agency's clinical mandates. No clinical placement will occur and/or students will be removed from clinical unless compliance is verified.

**Procedure(s):** The UNC Charlotte School of Nursing uses Certiphi Screening and MyRecordTracker (MRT) as the primary means of ensuring compliance with School and clinical agency mandates. Additional mandates are communicated to students each semester and include, but are not limited to, (1) electronic health care record training, (2) completion of confidentiality statements, and (3) documentation requirements specific to additional community partners during the course of the program. Any additional forms required by other agencies, will be provided on the School of Nursing website and should be submitted to faculty (BSN students) or the designated Administrative Assistant. By submitting documents to Certiphi Screening and MyRecordTracker, the student acknowledges that consent is being given for information to be released to the School of Nursing and to limited community partners who require access to ensure compliance.

These documents are updated annually, thus it is the student's responsibility to ensure that all forms are completed and submitted to the respective Administrative Assistant. No clinical placement will be completed until these documents are submitted.

Upon receipt of a "Conditional Letter of Acceptance," students are required to attend a mandatory 2-day orientation. During this orientation, students are provided with instructions related to the completion of clinical agency mandates. Additionally, instructions related to accessing Certiphi and MyRecordTracker, may be found on the School of Nursing website under "Student Resources." Students will be notified at 30, 15 and 7 days, via MyRecordTracker, when a compliance mandate is about to expire.

Baccalaureate nursing students found to be out of compliance with clinical agency requirements will (1) be removed from clinical, (2) given an unsatisfactory grade for clinical, (3) not allowed to return to clinical until compliance is achieved, and (4) have holds placed on any further registration at UNC Charlotte. Note that missing more than 10% of a clinical experience, including time scheduled in the Learning Resource Center, constitutes a failure in that clinical.

**Compliance Deadlines (BSN):** July 15<sup>th</sup> for  
Fall clinical placement November 15<sup>th</sup> for  
Spring clinical placement

Nurse Anesthesia students complete all Clinical Agency Compliance forms at CMC per the Nurse Anesthesia Clinical Handbook.

Date of origin: 10/1/01

Revised: 2/06, 07/09

Reviewed: 6/03, 7/07, 8/08, 06/10, 07/11, 6/12, 8/14, 8/16

## **Clinical or Affiliated Agency Requirements**

All students are required to be in compliance with Clinical Health and Agency requirements. These requirements include at a minimum the following items. Others may be added by clinical agencies at any time and students must comply with those added mandates.

### **I. Immunizations**

- a. University-required immunizations for **ALL** students
  - 2 MMR: Measles, mumps and rubella
  - Polio vaccine
  - TD: Tetanus within 10 years after the age of 18
  - 3 DPT: Diphtheria, pertussis and tetanus
  
- b. SON and Agency requirements for **ALL** students
  - 2-Step TB required upon admission and annually, if allowed to expire. If the 2-Step TB is not allowed to expire, a 1-Step TB will be accepted for the **annual** requirement
  - Hepatitis B (3 doses), a positive antibody titer or a signed statement of declination. If titer is negative, evidence of a booster is sufficient
  - Varicella, a positive titer, vaccine or documentation of disease from provider
  - Influenza vaccine required **annually**

### **II. Other Required Tests**

- a. Criminal background check
- b. Drug Screen
- c. CPR – current-**American Heart ONLY**
- d. Blood Borne Pathogens – **annual**
- e. Professional Liability Insurance – for MSN and DNP students (**annual**)
- f. NC Registered Nurse license – RN to BSN and MSN students

Date of Origin: 7/08

Revised: 06/10; 07/13, 8/14

Reviewed: 07/11, 6/12, 7/13, 8/14, 8/16

### **BSN Clinical Compliance Measures Policy**

1. Undergraduate students must meet all clinical compliance measures outlined in the CHHS Handbook and the SON Student Handbook to participate in a clinical practicum. **Please note that the Learning Resource Center (LRC) is considered a clinical site** and ALL clinical policies apply when in the LRC. These measures must be met in a timely manner to facilitate clinical placement and communication with faculty and the clinical sites.
  - a. Undergraduate students who fail to meet the due dates, as stated in the Compliance Table, will:
    - i. Be excluded from practicum until compliance is achieved, resulting in an unexcused absence.
    - ii. Jeopardize their progression in the program as students missing more than ten percent (10%) of clinical hours in a clinical course may not pass the course.
    - iii. Have holds placed on registration at UNC Charlotte
  - b. No clinical makeup time will be offered to undergraduate students and they may not attend another section of the practicum for this purpose.
2. All students are required to be in compliance with Clinical Health and Agency requirements. These requirements include at a minimum the items listed on previous page (other requirements may be added by clinical agencies at any time and students must comply with those added mandates).

### **School of Nursing Cardiopulmonary Resuscitation (CPR) Policy**

**CPR Certification is a part of the compliance process. The *only* CPR certifications accepted by the School of Nursing are:**

- BLS (Basic Life Support) for Healthcare Providers (American Heart Association)\*
- Professional Rescuer (Red Cross)

\*Note: The school **does not** accept American Heart Association's "Heart Saver"

Students (BSN) must upload proof of CPR certification to MyRecordTracker prior to the deadline for achieving compliance prior to the compliance deadline. Certification must be such that it will not expire prior to the end of the clinical experience in the semester for which the student is registered. **Students who do not provide proof of certification will (1) lose conditional acceptance into the upper-division major, thereby forfeiting his or her seat in the program or (2) if already enrolled in the program, the student will not be permitted to participate in any nursing courses.**

## MSN Clinical Compliance Measures Policy

### POLICY:

1. Graduate students must meet all clinical compliance measures outlined in the CHHS handbook and the SON student handbook to participate in a clinical practicum. These measures must be met in a timely manner to facilitate clinical placement and communication with faculty and the clinical sites.
  - a. All students must sign the College of Health and Human Services policy regarding Criminal Background Checks and Drug Screens.
  - b. All students must complete the Criminal Background Check and Drug Screening procedures using CHHS vendors.
  - c. Students must have all measures completed and documentation presented to the CHHS Advising Center NO LATER THAN **August 1** of **each** academic year. These compliance measures are required for “observational” experiences as well.
  - d. Students are not allowed in ANY clinical agency/site if the compliance measures are incomplete.

### PROCEDURE:

1. The Associate Director for the Graduate Division will send a list with all students scheduled for Clinical Placements to the CHHS Advising Center.
2. The CHHS Advising Center will notify the Associate Director of the Graduate Division when student are not in compliance with clinical practice requirements.
3. Preceptor contracts will not be processed until student has provided documentation of compliance with all agency requirements.

Date of Origin: 2/06

Revised 8/08, 07/09, 8/14

Reviewed 06/10, 07/11, 6/12, 8/14, 8/16

## Student Liability Insurance

All School of Nursing students enrolled in clinical nursing courses must have liability insurance.

1. BSN: A charge per semester is automatically added to the University bill for pre-licensure undergraduate students registering for clinical courses.
2. RN-BSN and RN-MSN: Students must carry individual liability insurance of not less than \$1 million individual and \$3 million aggregate with the policy in effect for the duration of any course with a clinical component, including research activities.
3. MSN and DNP: Students must carry individual liability insurance of not less than \$1 million individual and \$3 million aggregate with the policy in effect for the duration of enrollment in all clinical graduate courses and any research activities.

### Liability Insurance Companies

- [NSO](#) –or call 1-800-247-1500
- [HPSO](#) –or call 1-800-982-9491
- [PROLIABILITY](#) (MARSH) – or call 1-800-621-3008

Licensed students are required to provide the Student Advising Center in the College of Health and Human Services with annual proof of liability insurance.

Date of Origin: 4/88

Revised: 1/90, 11/92, 2/96, 7/02

Reviewed: 5/00, 6/03, 6/04, 7/07, 7/08, 06/10, 07/11, 6/12, 8/14, 8/16



## School of Nursing Undergraduate Health History Form

A completed health history form must be submitted to the School by the appropriate compliance date.

July 15<sup>th</sup> for Fall clinical placement  
November 15<sup>th</sup> for Spring clinical placement

**Students who fail to submit updated Health History information will lose conditional acceptance into the upper division major and forfeit their space in the class.**

Date of Origin: 4/88

Revised: 11/92, 5/94, 5/00, 7/02, 6/03, 2/06

Reviewed: 6/04, 7/07, 7/08, 06/10, 07/11, 6/12, 8/14, 8/16

**Criminal Background Check and Drug Screening Policy  
Student**

[Please refer to the College of Health and Human Services Handbook.](#)

**Drug Screening and Criminal Background Check  
Acknowledgement and Agreement**

[Please refer to the College of Health and Human Services Handbook.](#)

**Drug Screening and Criminal Background Check Procedure**

[Please refer to the College of Health and Human Services Handbook.](#)

**UNC Charlotte School of Nursing  
Bloodborne Pathogen Exposure Control Plan**

**Purpose:** The purpose of the School of Nursing Exposure Control Plan is to minimize or reduce student and faculty exposure to bloodborne pathogens. This plan is in accordance with OSHA Standard 29:CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens. This plan applies to all students and faculty participating in any clinical activity, including those in the Learning Resource Center. The School of Nursing (SON) is within the College of Health and Human Services of the University of North Carolina at Charlotte, hereafter referred to as the “University”.

**I. Exposure Determination:** Addresses OSHA item (c) (2)

All students and faculty of the School of Nursing, as a result of performing their learning and instructional duties, must engage in activities where exposure to blood or other potentially infectious materials is reasonably anticipated. Students and faculty are therefore considered to have the potential for occupational exposure. This includes, but is not limited to, activities in both the clinical setting and labs within the school. Examples of potential exposure include, but are not limited to: invasive procedures, blood glucose monitoring, obtaining blood samples, starting IVs, exposure to urine, stool, amniotic and spinal fluid, and handling contaminated sharps or equipment.

Students and faculty take necessary precautions to avoid direct contact with fluids and shall not, except when absolutely necessary for the performance of duties, participate in activities nor enter areas that will require them to come in contact with body fluids, needles, or other instruments or surfaces that are contaminated with other potentially infectious materials. Any procedure that can be avoided is not to be undertaken. **The School of Nursing forbids the performance of invasive procedures by students or faculty on any other member of the healthcare team, including other students, faculty, or employees of clinical agencies.** Moreover, even in cases of occupational exposure (i.e. unavoidable contact with contaminated equipment or sharps), extreme caution must be observed.

*Occupational Exposure* is defined as any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the student’s or faculty member’s duties. This definition is without regard to the use of Personal Protective Equipment.

**II. Schedule and Methods of Implementation:** Addresses OSHA item (c) (1) (ii) (B)

**A. Methods of Compliance:**

*(1) Universal Precautions:* Addresses OSHA item (d) (1)

Universal precautions shall be observed by all students and faculty to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious material.

(2) *Engineering and Work Practice Controls*: Addresses OSHA item (d) (2)

Engineering and work practice controls shall be used to eliminate or minimize exposure. Where engineering controls will reduce exposure, either by removing, eliminating, or isolating the hazard, they must be used. (CPL 2-2.44D) Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

- a. Hand washing facilities are available in the labs and are to be provided by affiliated clinical facilities.
- b. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either non-antimicrobial soap and water or antimicrobial soap and water.
- c. If hands are not visibly soiled, use an alcohol based hand rub for routinely decontaminating hands in all other clinical situations as listed. Decontaminate hands:
  - Before having direct contact with patients
  - Before donning sterile gloves when inserting a central intravascular catheter
  - Before inserting indwelling urinary catheters, peripheral vascular catheters or other invasive devices that do not require a surgical procedure.
  - After contact with a patient's intact skin (i.e. when taking a pulse or blood pressure, and lifting a patient).
  - After contact with body fluids or excretions, mucous membranes, non- intact skin and wound dressings if hands are not visibly soiled.
  - If moving from a contaminated-body site to a clean-body site during patient care.
  - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
  - After removing gloves and/or personal protective equipment.
- d. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
- e. Antimicrobial-impregnated wipes (i.e. towelettes) may be considered as an alternative to washing hands with non-microbial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of health care workers, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap.
- f. Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if exposure to *Bacillus anthracis* is suspected or proven. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors and other antiseptic agents have poor activity against spores.
- g. Students and faculty shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

- h. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (1) and (2) below. Shearing or breaking of contaminated needles is prohibited.
- (1) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the School of Nursing or clinical agency can demonstrate that no alternative is feasible or that such action is required by a specific procedure.
  - (2) Such bending, recapping or needle removal must be accomplished through the use of mechanical device or a one-handed technique.
  - (3) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
    - Puncture resistant
    - Labeled or color-coded in accordance with this standard
    - Leak proof on the sides and bottom
  - (4) In accordance with the requirements set forth for reusable sharps: Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires students or faculty to reach by hand into the containers where these sharps have been placed.
- i. Specimens of blood or other potentially infectious materials shall be placed in an appropriate container that prevents leakage during collection, handling, processing, storage and transport.
- j. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in lab and clinical areas where there is a reasonable likelihood of occupational exposure.
- k. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, desktops or countertops where blood or other potentially infectious materials are present.
- l. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
- m. Mouth pipetting and suctioning of blood or other potentially infectious materials is prohibited.
- n. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the School of Nursing can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
- o. A readily observable label shall be attached to contaminated equipment stating which portions remain contaminated.
- p. Information about equipment contamination is to be conveyed to all affected students, faculty, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipment so that appropriate precautions will be taken.
- q. Selection of equipment: addresses 1910.1030(c) The labs and clinical facilities have a wide variety of sharps and engineering

controls. At the clinical agencies, selection of equipment is done by the individual agency, based upon their Bloodborne pathogen policy. In the Labs:

- The School of Nursing will institute changes in technology that reduce/eliminate exposure
  - There will be annual documentation of consideration and implementation of safer medical devices
  - There will be solicitation of input from non-managerial employees to identify, evaluate and select work place controls.
  - The School of Nursing will select and implement appropriate engineering controls to reduce or eliminate exposure.
  - New devices must be implemented as appropriate and available, following employee training.
- r. Clinical agencies may have additional Engineering and Work Practice Controls. The students and faculty are to follow the policy that provides the highest level of protection.

(3) *Personal Protective Equipment:*

- a. Provision: When there is the anticipated risk of occupational exposure, the affiliated clinical facility (or nursing lab for on-campus clinical labs) shall provide, at no cost to the student or faculty, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the student or faculty member’s work clothes, uniform, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- b. Use: Students and faculty shall use appropriate personal protective equipment unless the School of Nursing shows that the students or faculty briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the students or faculty member’s personnel judgment that in the specific instance, its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the student or faculty member. When the student or faculty member makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- c. Accessibility: The School of Nursing (for on campus clinical labs) or clinical agency shall ensure that appropriate personal protective equipment in the appropriate sizes is readily available on site or is issued to the student or faculty member. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives shall be readily accessible to those individuals who are allergic to the gloves normally provided.
- d. Cleaning, Laundering, and Disposal: The School of Nursing (for incidents in School of Nursing campus labs) shall red bag contaminated items and contact the University Safety Office. At the clinical site, the clinical

agency shall clean, launder and dispose of personal protective equipment as needed to maintain its effectiveness, at no cost to the student or faculty member.

- (1) If a garment is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
  - (2) All personal protective equipment shall be removed prior to leaving the work area, using care not to expose the wearer to contamination from the equipment itself.
  - (3) When personal protective equipment is removed, it shall be placed in an appropriate designated area or container for storage, washing, decontamination or disposal
- e. Gloves: Gloves shall be worn when an exposure can be reasonably anticipated. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Re-use of disposable (single use) gloves is prohibited.
- (1) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- f. Masks, Eye Protection and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- g. Gowns, Aprons and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinical jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated. (i.e. surgery, delivery rooms)
- (4) Housekeeping: The School of Nursing shall ensure the labs are maintained in a clean and sanitary condition. The cleaning schedule and method of decontamination will be implemented by the Director of Nursing Labs based upon the procedures being performed in the labs.
- a. All equipment and environmental and working surfaces shall be cleaned and decontaminated immediately after contact with blood or potentially infectious materials.
  - b. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
  - c. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental

surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

- d. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
  - e. Broken glassware shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps and disposed of in an appropriate puncture proof container.
- (5) Regulated Waste: Contaminated Sharps Discarding and Containment: (on campus labs)
- a. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
    - (1) Closable
    - (2) Puncture resistant
    - (3) Leak proof on sides and bottom and
    - (4) Labeled or color-coded in accordance with the biohazard label
  - b. During use, containers for contaminated sharps shall be:
    - (1) easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.
    - (2) Maintained upright throughout use and
    - (3) Replaced routinely and not be allowed to overfill.
  - c. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
  - d. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose a person to the risk of percutaneous injury.
  - e. The Director of Nursing Labs is responsible for making arrangements for the disposal of full and/or sealed sharps containers.
- (6) Contaminated Laundry: (on campus labs)
- a. Contaminated laundry is to be handled as little as possible with a minimum of agitation or movement.
  - b. Contaminated laundry is to be bagged at the location where it was used.
  - c. Contaminated laundry shall be placed and transported in bags or containers labeled with biohazard symbol or colored red.
  - d. Wet contaminated laundry is to be placed and transported in bags or containers that will prevent soaking through and/or leakage of fluids to the exterior.
  - e. Persons handling contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.
  - f. Garments penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as possible by the user. This includes if contamination occurs at the clinical site.



B. HIV and HBV Research Laboratories and Production Facilities-  
Addresses OSHA item (e) - Not applicable

C. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up - Addresses OSHA item (f):

(1) *General:* For faculty: The University shall make available the hepatitis B vaccine and vaccination series to all SON faculty who have the potential for occupational exposure, and post-exposure evaluation and follow-up to all SON faculty who have had an exposure incident.

a. The University shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis:

- (i) are made available at no cost to the faculty member at the Student Health Center
- (ii) are performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional
- (iii) are provided according to recommendations of the U.S. Public Health Service current at the time the evaluations and procedures take place
- (iv) and include that all laboratory tests are conducted by an accredited laboratory at no cost to the faculty member.

(2) *Hepatitis B Vaccination – Faculty - Addresses OSHA item (f) (2) –*

- Hepatitis B vaccination is available after the faculty has received training and within 10 working days of initial assignment unless the faculty member has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.
- If the faculty member initially declines the hepatitis B vaccination, but at a later time while employed by the University decides to accept the vaccination, the University shall make available hepatitis B vaccination at that time.
- Faculty members who decline to accept the hepatitis B vaccination must sign the Hepatitis B Declination Form (Appendix A).
- If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health service at a future date, such booster dose(s) shall be made available.
- Faculty members will not be permitted to participate in any clinical activities until they are in the process of receiving the vaccine series or have signed the declination statement.

(3) *Hepatitis B Vaccine – Students*

- Upon admission to the upper division undergraduate program or to any graduate nursing program, students are notified of the requirement to obtain the Hepatitis B vaccine or the option to sign the Hepatitis B Vaccine declination statement.
- Students shall obtain counseling and the vaccine from their private health care provider or the Student Health Center.
- Students will assume the cost for the Hepatitis B Vaccine.

- Students who choose to decline the vaccine shall be directed to the Director of the Nursing Labs before signing the Hepatitis B Declination. The Director will review the rationale for the vaccine and discuss the students concerns before the student signs the declination statement.
- Students will not be permitted to participate in any clinical activities until they are in the process of receiving the vaccine series or have signed the declination statement.

(4) *Post-exposure Evaluation and Follow-up: Addresses OSHA (f) (3)*

- Exposure incidents for students and faculty may occur on campus or at one of the affiliated clinical facilities. The location of the exposure will dictate the post exposure plan. All critical elements of the Post-exposure Evaluation must be followed, regardless of where post-exposure evaluation and follow-up are received. (Appendix B).
- Post exposure treatment for needle stick or sharps injury or exposure of eyes, nose, mouth or broken skin to blood or other body fluid includes:
  - a. Flood the exposed area with water and clean any wound with soap and water or a skin disinfectant if available.
  - b. Irrigate the eyes with clean water, saline or sterile irrigant
  - c. Seek immediate medical attention
  - d. Report immediately to the appropriate supervisor:
    - (1) students report to their clinical or lab faculty member, who is then responsible for reporting exposure to the Associate Dean/Director of the School of Nursing.
    - (2) faculty, as per policy, report the incident to Associate Dean/Director of the School of Nursing using the Clinical Incident Form.
- If possible, provide a copy of the facility incident report to the Associate Dean/Director of the School of Nursing. If the facility will not provide a copy of the incident report, complete a School of Nursing Incident Report.
- Students or faculty with an occupational exposure shall seek immediate treatment at the facility in which the exposure has occurred. If the facility is unable to provide treatment, the exposed individual is to seek immediate treatment at the nearest Emergency Department, Urgent Care facility, or their private physician.
- Theoretically, initiation of antiretroviral Post Exposure Prophylaxis for HIV soon after exposure might prevent or inhibit systemic infection by limiting the proliferation of virus in the initial target cells or lymph nodes. It is recommended that treatment begin as soon as possible, and when possible, within two hours of exposure.
- Cost of evaluation for faculty will be covered by the university's Worker Compensation policy. Cost of evaluation for students will be paid for by the student.
- If initial blood work is completed at the agency where the exposure occurred, the student or faculty member may choose to continue with follow-up care at their private health care provider (students) or at the Student Health Center (students at their own cost, faculty under the University's Workmen's Compensation policy).

Faculty members who choose to follow-up with their private physician will be subject to the university's Worker's Compensation policy).

- Essential elements for post-exposure evaluation:
  - (a) Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred
  - (b) Identification and documentation of the source individual unless identification is infeasible
  - (c) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV or HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained.
  - (d) When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
  - (e) The exposed individual's blood shall be collected as soon as feasible and tested after consent is obtained
  - (f) Results of the source individual's testing shall be made available to the exposed student or faculty member, and the exposed individual shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
  - (g) If the exposed individual consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
  - (h) Post-exposure prophylaxis, when medically indicated, will be completed as recommended by the U. S. Public Health Service.
  - (i) The agency that completes initial blood work will provide counseling to the exposed individual.
  - (j) The agency that completes initial blood work will provide evaluation of reported illnesses.

(5) *Information Provided to the Healthcare Professional:* Addresses OSHA (f) (4)

- The University will ensure that the healthcare professional responsible for the faculty member or healthcare provider's Hepatitis B vaccination is provided a copy of the OSHA Bloodborne Pathogen Regulatory text. Students may obtain a copy for their private physician on the internet at [www.osha.gov](http://www.osha.gov) – Standard 1910.1030.
- The University shall ensure that the healthcare professional evaluating a faculty member or student after an exposure incident is provided the following information:
  - A copy of the OSHA Bloodborne Pathogen regulatory text
  - A description of the exposed employee's duties as they relate to the exposure incident
  - Documentation of the route(s) of exposure and circumstances under which exposure occurred
  - Results of the source individual's blood testing, if available. The results may need to be obtained from the clinical agency where the exposure occurred.

- All medical records relevant to the appropriate treatment of the exposed individual including vaccination status that are maintained by the University.

(6) *Healthcare Professional's Written Opinion.* (c) (1) (ii) (f) (5)

The University shall obtain and provide the faculty member or healthcare provider with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. Students shall obtain a copy from the healthcare provider that drew the original lab work and proceeded with the follow-up evaluation.

- The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for the exposed individual and if the exposed individual has received such vaccination.
- The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - a. That the exposed individual has been informed of the results of the evaluation; and
  - b. That the exposed individual has been told about any medical conditions resulting from exposure to blood and other potentially infectious materials which require further evaluation or treatment.
- All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(7) *Medical Recordkeeping* - Addresses OSHA item (f) (6) Medical records required by this standard shall be maintained in accordance with OSHA item (h) (1)

D. Communication of Hazards to Faculty, Healthcare Providers and students:

- *Labels:* addresses OSHA item (g) (1)
  - (i) Warning labels shall be affixed to containers of regulated waste used to store, transport or ship blood or other potentially infectious materials, except when red bags or red containers are substituted.
    - (a) Labels shall include the following legend:



- a. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
- b. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- c. Red bags or red containers may be substituted for labels.
- d. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

- e. Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment are contaminated.
- (2) *Signs*: addresses OSHA item (g) (1) (ii)– not applicable
- (3) *Information and Training*: addresses OSHA item (g) (2)
- The School of Nursing shall ensure that all faculty and students with the potential for occupational exposure participate in a training program that is provided at no cost and is available during working hours.
  - Training shall be provided:
    - At the time of initial assignment to tasks where occupational exposure may take place.
    - Within 90 days after the effective date of the standard; and
    - At least annually thereafter.
  - For faculty and students who have received SON training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need to be provided.
  - Annual training for all faculty and students shall be provided within one year of their previous training. In the School of Nursing, annual training takes place during the month of August for all faculty and returning students. Newly admitted upper division pre-licensure students receive training during the first month of the fall semester and then subsequently in August. Any other student must complete Bloodborne Pathogen training within one month of admission and prior to attending any clinical course, whichever comes first, and subsequently in August.
  - The School of Nursing shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
  - The training program shall consist of the following elements:
    - A copy of the [OSHA Bloodborne Pathogens Regulatory text](#) standard
    - A general explanation of the epidemiology and symptoms of bloodborne diseases
    - An explanation of the modes of transmission of bloodborne pathogens
    - An explanation of the School of Nursing exposure control plan – available on the School of Nursing website.
    - An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
    - An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
    - Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
    - An explanation of the basis for selection of personal protective equipment.

- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination is offered free of charge to faculty. (Students are responsible for the cost of their vaccine.)
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made.
- Information on the post-exposure evaluation and follow-up that the School of Nursing is required to provide for the exposed individual following an exposure incident
- An explanation of the signs and labels and/or color coding required by D1 and D2.
- An opportunity for interactive questions and answers with the person conducting the training sessions is provided. In the School of Nursing, all questions should be directed to the Director of Nursing Labs. Questions can be submitted by E-mail, phone or personal contact.
- The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. In the School of Nursing, the Director of Nursing Labs is responsible for training.

E. Recordkeeping: *Medical Records*: addresses OSHA item (h) (1)

- The University will establish and maintain an accurate record for each faculty member.
- The School of Nursing will establish and maintain an accurate record for each student with an occupational exposure. This record will include:
  - The name and social security number of the student
  - A copy of the student's hepatitis B vaccination status including the dates of all the hepatitis B vaccination and any medical records relative to the student's ability to receive vaccination as required by paragraph C.
  - A copy of all results of examination, medical testing and follow-up procedures as required by paragraph C.
  - The SON copy of the healthcare professional's written opinion as required by paragraph C (6).
  - A copy of the information provided to the healthcare professional as provided in paragraphs C (5).
- Confidentiality: The School of Nursing and University shall ensure that faculty and student medical records are:
  - Kept confidential
  - Not disclosed or reported without the faculty member or student's express written consent to any person within or outside the University except as required by this section or as may be required by law.
  - The University shall maintain the records required by OSHA item h (employee with Occupational Exposure) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(2) *Training Records*: addresses OSHA item (h) (2)

- Training records shall include the following information:
  - The dates of the training sessions
  - The contents or a summary of the training sessions
  - The names and qualifications of persons conducting the training
  - The names and job titles of all persons attending the training sessions
- Training records shall be maintained for 3 years from the date on which the training occurred. Student records are kept in the School of Nursing student academic file. Faculty records are maintained in the Office of the Associate Dean/ Director of the School of Nursing. Trainees shall retain a photocopy of their training verification form for 3 years.

(3) *Availability*: Addresses OSHA item (h) (3)

- Upon request, both medical and training records will be made available to the Director of the National Institute for Occupational Safety and Health (NIOSH) and to the Assistant Secretary of Labor for Occupational Safety and Health.
- Training records required by this paragraph will be made available to students, or faculty upon request for examination and copies will be available for the student or faculty or their representative from the Associate Dean/ Director of the School of Nursing.
- A faculty member's medical records can be obtained by that employee or anyone having to treat the employee with the employee's written consent.

(4) *Transfer of Record*: Addresses OSHA item (h) (4)

- If the SON ceases to do business, medical and training records will be transferred to the successor employer. If there is no successor employer, the SON must notify the Director, NIOSH, U.S. Department of Health and Human Services, for specific directions regarding disposition of the records at least 3 months prior to intended disposal.

(5) *Sharps Injury Log*: addresses OSHA item (h) (5)

The University shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the exposed individual

- The sharps injury log shall contain, at a minimum:
  - a. The type and brand of device involved in the incident.
  - b. The department or work area, including clinical agency site, where the exposure incident occurred.
  - c. An explanation of how the incident occurred.
- The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

Reviewed 06-10

Revised: 8/16

## School of Nursing

### CLINICAL INCIDENT REPORT POLICY & PROCEDURE

#### Policy

Incident reports for patient care incidents occurring in student clinical practice situations shall be made in accord with the procedure as developed in collaboration with the University Safety Office and the University Attorney.

An incident is defined as any occurrence in the clinical setting that could potentially cause injury, illness or property damage. The involved parties may be students, faculty, clients or employees of the clinical agency. A reportable incident is any incident for which a written incident is filed at the clinical agency or any incident not reportable under clinical agency policy/procedures but which is perceived by faculty as having an actual or potential negative impact, outcome, or reaction.

#### Procedure

1. A School of Nursing Clinical Incident Report Form or a copy of the agency's incident report form is to be completed and delivered (by hand or electronically) to the Associate Dean/Director of the School of Nursing within 24 hours of the incident or on the first working day following the incident. If there is any doubt whether a UNC Charlotte incident report should be made, always resolve doubt in favor of submitting a report
2. The Associate Dean/Director of the School of Nursing will investigate the incident and forward to the appropriate University office.
3. Faculty members and students have no authority to make any oral or written statement to the patient or patient's family or representative which assumes any degree of liability, or promise, any treatment or payment on the part of the University or the members of its staff. Any such inquiries from the patient or otherwise should be directed to the university Office of General Counsel.
4. Avoid any discussion of the incident. If a situation arises which appears to require such discussion, contact the Office of the Associate Dean/Director of the School of Nursing.

Date of Origin: 10/90

Revised: 11/97, 7/03

Reviewed: 8/05, 6/08, 06/10, 7/11, 8/16



## SCHOOL OF NURSING CLINICAL INCIDENT REPORT FORM

Incident Date and Time: \_\_\_\_\_

Incident Location:

\_\_\_\_\_  
(Institution, Agency, City, Room Number, home, etc.)

Patient/Client's Name and Age: \_\_\_\_\_

SON Student, Faculty or Nursing Center for Health Promotion health care provider involved in incident:

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

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

Current Telephone Number: \_\_\_\_\_

If incident involves a student, SON faculty member responsible for student at time of incident:

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

Department: \_\_\_\_\_

Name(s) of all persons present at the time incident occurred and/or involved in incident:

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

Title: (in agency) or relationship to patient/client \_\_\_\_\_

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

Title: (in agency) or relationship to patient/client \_\_\_\_\_

Description of incident (give full facts but avoid placing blame or reaching conclusions about who is responsible or why incident occurred):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Status of patient/client (diagnosis, treatment, etc.) at time of and following incident:

Prior to incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Following incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## **School of Nursing Policy for Care of Clients with Bloodborne Pathogens**

The Code of Ethics for Nurses states:

“A fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity and human rights of every individual. . . The need for health care is universal, transcending all individual differences. The nurse establishes relationships and delivers nursing service with respect for human needs and values and without prejudice.”

(Retrieved 06/08/10 from: <http://www.nursingworld.org>)

Therefore:

- All students and faculty participating in any clinical activity, including those in the Learning Resource Center involved will be instructed in and expected to follow the Bloodborne Pathogen Exposure Control plan.
- Following instruction, students, under faculty supervision, will care for clients with HIV, AIDS, Hepatitis and other bloodborne pathogens as part of their clinical experience.
- All faculty and students are professionally and ethically obligated to provide patient care with compassion and respect for human dignity. No faculty member or student may ethically refuse to care for a patient solely because the patient is at risk of contracting, or has, an infectious disease such as HBV, HIV or AIDS. Faculty and students will understand and follow rules of confidentiality. In cases when continuing clinical practice/research activities present more than a minimal risk, such as when a student is immunosuppressed, the student may be temporarily reassigned

Reviewed 06/10, 8/16

Revised 8/16

**SON Bloodborne Pathogen Exposure Control Plan****Appendix A: Hepatitis B Vaccine Declination – Faculty**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, *at no charge to myself*. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. *If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.*

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Employee's Name (please print)

---

Employee's Signature

---

Employee Identification Number

---

Signature of Witness

---

Date

**SON Bloodborne Pathogen Exposure Control Plan****Appendix B: Hepatitis B Vaccine Declination - Student**

I understand that due to my (occupational/educational) exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, *at my own expense*. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. *If in the future I continue to have occupational/educational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at my own expense.*

---

Student's Name (please print)

---

Student's Signature

---

Student Identification Number

---

Signature of Witness

---

Date

Form approved by SAAC – 3/5/01  
Reviewed: 7/02, 8/04, 8/05, 06/10, 8/16  
Revised: 6/03, 8/08, 8/16

## School of Nursing Bloodborne Pathogen Exposure Control Plan

### Glossary

**Blood:** human blood, human blood components and products made from human blood.

**Bloodborne Pathogen:** pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Contaminated:** the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item of surface.

**Contaminated Laundry:** laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps:** any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination:** the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**Engineering Controls:** controls (e.g. sharps disposal container, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident:** a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

**HBV:** hepatitis B Virus

**HCV:** hepatitis C virus

**HIV:** human immunodeficiency virus

**Needleless System:** a device that does not use needles for (1) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) the administration of medication or fluids; or (3) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**Occupational Exposure:** reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's (student or faculty) duties.

**Other Potentially Infectious Materials:** (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead) and (3) HIV-containing cell or tissue cultures, organ cultures and HIV or HBV containing culture medium or other solutions and blood, organs or other tissues from experimental animals infected with HIV or HBV.

**Parenteral:** piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment (PPE):** specialized clothing or equipment worn by a person for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.

**Regulated Waste:** liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Sharps with Engineered Sharps Injury Protection (SESIP):** a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Source Individual:** any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure. Examples include but are not limited to hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains and individuals who donate or sell blood or blood components.

**Sterilize:** the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions:** an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

**Work Practice Controls:** controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).

## School of Nursing Bloodborne Pathogen Exposure Control Plan References

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[Centers for Disease Control and Prevention \(2001\) \*Morbidity and Mortality Weekly Report: Recommendations and Reports – Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis \(6/29/01, vol. 50, No. RR-11\)\*.](#)

[Centers for Disease Control and Prevention. \(2002\). \*Morbidity and Mortality Weekly Report: Recommendations and Reports – Guideline for Hand Hygiene in Health-Care Settings \(10/25/02, vol. 51, No. RR-16\)\*.](#)

[Occupational Safety and Health Administration. \(2011\). \*Safety and Health Topics: Bloodborne Pathogen and Needle stick Prevention\*.](#)

[Occupational Safety and Health Administration. \(n.d.\). \*Quick Reference Guide to the Bloodborne Pathogens Standard\*](#)

[Occupational Safety and Health Administration. \(2012\) \*OSHA CFR 1910.1030 – Bloodborne Pathogens Regulatory Text\*.](#)

[Occupational Safety and Health Administration. \(2003a\). \*Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazards Communications Standard \(2003 3186-06R\)\*.](#)

[Occupational Safety and Health Administration. \(2003b\). \*Personal Protective Equipment\*.](#)

[Occupational Safety and Health Administration. \(2011\). \*OSHA Fact Sheet Personal Protective Equipment \(PPE\) Reduces Exposure to Bloodborne Pathogens\*.](#)

[Occupational Safety and Health Administration. \(2014\). \*Bloodborne Pathogen Self-Inspection Checklist\*.](#)

[Occupational Safety and Health Administration. \(2016\). \*Emergency Needlestick Information\*.](#)

[Occupational Safety and Health Administration. \(2011\). \*OSHA Fact Sheet Protecting Yourself When Handling Contaminated Sharps\*.](#)

[Occupational Safety and Health Administration. \(2004c\) \*Subject Page for Needle sticks/Sharps Injuries\*.](#)

[Occupational Safety and Health Administration. \(n.d.\) \*How to Prevent Needlestick Injuries: Answers to Some Important Questions\*.](#)

**Effective Dates: Addresses OSHA item (i)**

Standard: March 6, 1992

Exposure Control Plan, May 5, 1992

Reviewed: 5/98, 7/99, 5/01, 7/06, 06/10, 7/13

Revised: 1/93, 4/96, 7/97, 5/00, 7/02, 6/03, 8/04, 8/05, 8/07, 8/08, 07/13

Standard Specific: Engineering and Work Practice Controls, Personal Protective Equipment, Housekeeping, Hepatitis B Vaccination and Post-Exposure Follow-up, Labels and Signs –

Effective 7/6/92

Revised: 7/02, 6/03

Reviewed 06/10, 07/11, 6/12, 8/16



## School of Nursing Latex Response Plan

When working in the clinical setting or nursing skills labs, students may be exposed to latex and other allergens.

### **Procedure:**

For students with known sensitivity/allergy to latex or any other element in the lab or clinical environment, it is recommended that you:

- obtain consultation from your health care provider about your sensitivity/allergy, risks and treatment.
- inform the lab faculty and your clinical instructor of your sensitivity.
  - Latex-free gloves can be provided. However, the lab environment and clinical facilities are not latex free.
- inform the faculty member of your plan to handle a reaction.

In case of a life-threatening reaction in a nursing lab, an ambulance will be summoned.

- Any faculty member or student may **dial 911 on the phone in either lab, state that you have a life threatening “Latex emergency” and need an ambulance. State the lab location: Skills Lab – CHHS 306 or Health Assessment Lab – CHHS 308. Epinephrine will be needed.**
- Do not handle the victim with any latex products.
- Student/faculty member will be transferred to a hospital in the community by ambulance. It is helpful for the ambulance personnel to know the victim’s allergies, current medications and any medical conditions.
- Neither emergency transportation nor health care is provided at Student Health Center.

Lab Faculty with known sensitivities must inform the Director of Nursing Labs and other appropriate faculty.

If a student or faculty member has a reaction requiring medical attention, a SON Incident Report needs to be completed and forwarded to the Director of Nursing Labs.

Date of Origin: 7/02

Reviewed: 6/03, 7/07, 8/16

Revised: 6/04, 2/06, 7/08, 06/10, 07/11, 6/12, 8/14, 8/16

## School of Nursing Technical Standards

Technical standards define the attributes that are considered necessary for students to possess in order to complete their education and training, and subsequently enter clinical practice. These technical standards are determined to be prerequisites for entrance to, continuation in, and graduation from a student's chosen program in the University of North Carolina at Charlotte College of Health and Human Services.

Students must possess aptitude, ability, and skills in four areas: Psychomotor (coordination/mobility); Senses (visual, auditory, tactile, olfactory); Communication (verbal, nonverbal, written); Behavioral/Social Attributes.

The technical standards described by a student's chosen program are critically important to the student and must be autonomously performed by the student. Contact specific programs for detailed technical standards. Reasonable accommodation of disability will be provided after the student notifies the program of the disability and appropriate professionals have documented the disability.

<b>Standard</b>	<b>Definition</b>
Psychomotor (Coordination/Mobility)	Physical ability sufficient to move within the client environment; gross and fine motor skills sufficient to provide safe & effective services.
Senses (Visual, auditory, tactile, olfactory)	Sensory ability necessary to observe and perform skills essential in providing safe & effective services.
Communication	Communication abilities sufficient for interaction with others in verbal and written form in classroom, lab and service settings.
Behavioral/Social Attributes	Ability to fulfill professional behavioral and social responsibilities in the role of a student, with faculty, professional staff, clients and peers.

Date of Origin: April 24, 2000

Revised: 8/02 (DK), 1/1/03 (SON)

Reviewed: 6/04, 2/06, 7/07, 7/08, 06/10, 07/11, 6/12, 8/14, 8/16

### **SON Inclement Weather Policy**

The School of Nursing will abide by the university's decision to cancel or delay classes due to inclement weather. This includes any course related to the School of Nursing and any related clinical experiences. When classes are cancelled by the university, "Students who miss scheduled activities shall be allowed to make up any work missed." Please see [University Policy 701](#)

At times, classes will be held when road and weather conditions may vary across the area. The decision to travel to campus or clinical sites during inclement weather ultimately rests with the students and faculty members. Students are responsible for academic work they miss due to these absences. The make-up of the work will be individualized to the course as best determined by the course faculty.

Date of Origin and Approval: 4/7/03

Reviewed: 6/04, 8/05, 2/06, 7/07, 7/08, 06/10, 07/11, 6/12, 8/14, 8/16

## **BSN Student Handbook**

Policies in this portion of the handbook apply to students in the Bachelor of Science program in the School of Nursing

## BSN Program Outcomes

1. **Caring:** Provides compassionate, sensitive, and competent care to diverse patient/clients.
2. **Ethics:** Uses an ethical decision-making process in practice that incorporates respect for diverse values and beliefs
3. **Professionalism:** Applies a value based system incorporating professional and legal standards to guide interaction with patients/clients, colleagues, faculty, other health professionals, and the public.
4. **Health Promotion:** Uses strategies for health promotion, risk reduction and disease prevention across the life span.
5. **Illness/ Disease Management:** Assesses and manages physical and psychosocial signs and symptoms related to disease and treatment across the lifespan to enhance quality of life.
6. **Design and Coordination of Care:** Develops, coordinates and manages care in conjunction with the patient/client and other disciplines.

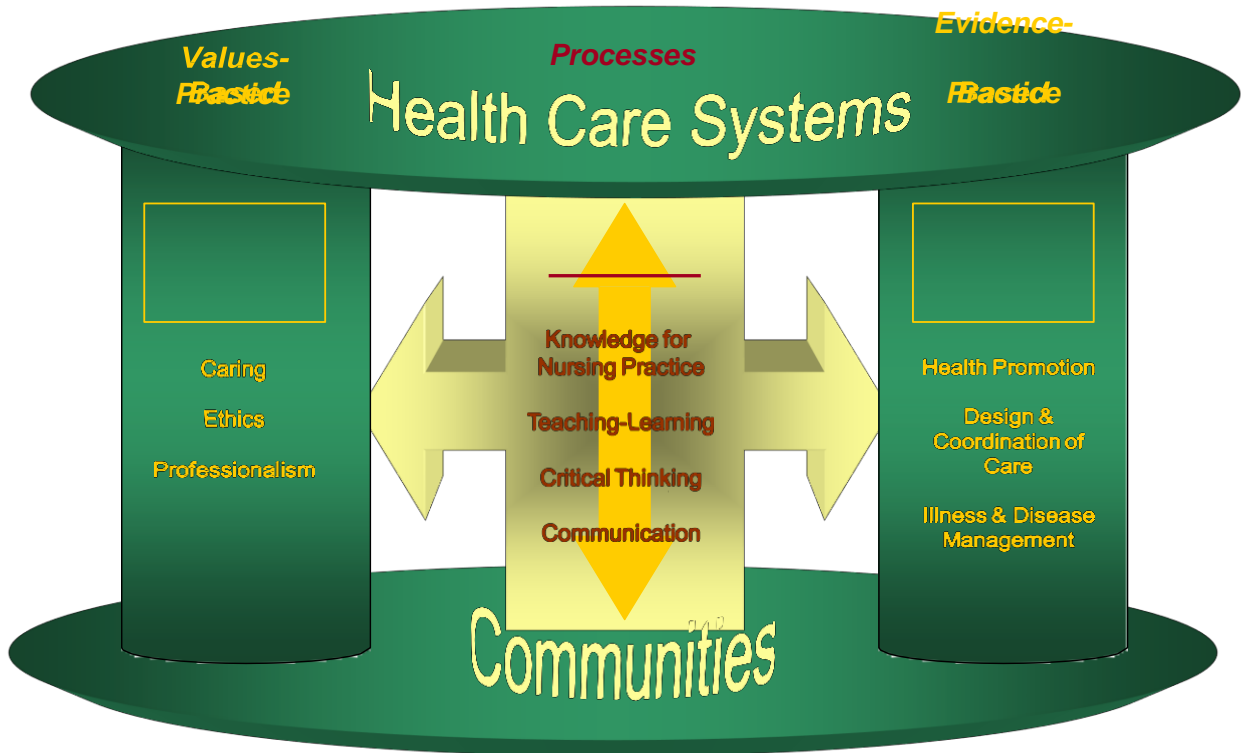
Date of Origin: 8/04

Revised: 8/05

Reviewed: 2/06, 7/07, 7/08, 06/10, 07/11, 6/12, 8/14, 8/16



# Environment - Process - Outcome Nursing Curriculum Framework



Graphic  
created February 2001  
David Langford  
Revised: T. Morris  
2010

## BSN Curricular Framework

ENVIRONMENT					
CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
<b>Healthcare Systems</b>	<i>Socioeconomic organizations and processes designed to deliver services that promote, improve, and restore health, prevent and treat disease, and promote quality of life. They are shaped by policies which help determine accessibility, accountability, and affordability.</i>	<ul style="list-style-type: none"> <li>• Policy</li> <li>• Political process</li> <li>• Continuum of care</li> <li>• Public health</li> <li>• Epidemiology</li> <li>• Healthcare economics &amp; Finance</li> <li>• Global healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Students participate in a variety of didactic and clinical experiences that impart information and understanding about the structure and function of healthcare systems.</li> <li>• Students articulate in a fundamental way the ethical and political dimensions of healthcare issues in a context of social justice.</li> </ul>	<ul style="list-style-type: none"> <li>• Portfolios demonstrate that graduates are able to guide clients through a wide variety of common healthcare systems in all settings to effectively meet their healthcare needs.</li> <li>• Graduates effectively collaborate with other health and human service providers to optimize utilization of healthcare services.</li> </ul>	<ul style="list-style-type: none"> <li>• Graduates remain employed in healthcare.</li> <li>• At least 25% of graduates have progressed from graduation to a position of greater responsibility or greater specialization.</li> <li>• At least 25% of graduates report participating in policy making.</li> </ul>
<b>Community</b>	<i>People in interaction with one another, together with their environmental context. May be geographic (spatial), population-based, ethnic, political, professional, common interest, or phenomenological (personal connections). May be seen as either the context of nursing service, the recipient/client of nursing service, or both. A community includes and reflects affiliations, commonalties, and shared meanings and purposes among its members.</i>	<ul style="list-style-type: none"> <li>• Human diversity</li> <li>• Lifespan perspectives on health &amp; caring (e.g., aging)</li> <li>• Populations</li> <li>• School health</li> <li>• Outreach</li> <li>• Partnerships for health</li> <li>• Environmental health</li> <li>• Crime &amp; violence</li> </ul>	<ul style="list-style-type: none"> <li>• Students identify cultural patterns, health status, resources, concerns, and needs of communities (e.g., “windshield survey”); analysis of morbidity &amp; mortality statistics; conduct a focus group) through environmental context experiences.</li> <li>• Students demonstrate respect for the values of the communities and populations they serve.</li> <li>• Students function in an autonomous professional nursing role in direct interaction with the community under the supervision a clinical instructor.</li> </ul>	<ul style="list-style-type: none"> <li>• Portfolios demonstrate that graduates carry out a basic community assessment utilizing appropriate quantitative and qualitative data sources.</li> <li>• Graduates design and provide or coordinate appropriate preventive and restorative healthcare interventions and programs for individuals, families and communities.</li> </ul>	<ul style="list-style-type: none"> <li>• At least 10% of graduates are employed in community health nursing roles and functions, with documented employer satisfaction with their performance.</li> <li>• At least 10% of graduates express interest in pursuing graduate education in community health nursing or primary care now or later.</li> <li>• Of those graduates employed in community health nursing, at least 40% are employed in rural or healthcare professional underserved areas.</li> </ul>

PROCESS					
CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
<b>Communication</b>	<i>An interpersonal activity involving verbal and nonverbal behavior, and written and technological methods, for the purposes of sharing and receiving information.</i>	<ul style="list-style-type: none"> <li>Information technology</li> <li>Collaboration / Group process / Negotiation</li> <li>Nursing &amp; healthcare taxonomies</li> </ul>	<ul style="list-style-type: none"> <li>Students record and analyze interpersonal relations transactions (IPRs) in various settings.</li> <li>Students document assessments of clients and descriptions of care provided.</li> <li>Students participate in group projects to accomplish learning objectives.</li> <li>Students create and implement teaching plans appropriate to the clients receiving care.</li> <li>Students convey health or healthcare information to others via written and/or oral methods.</li> </ul>	<ul style="list-style-type: none"> <li>Portfolios and clinical evaluation by faculty demonstrate that students accurately document assessments and care rendered.</li> </ul>	<ul style="list-style-type: none"> <li>100% of graduates report proficiency in using information technology in their daily work.</li> <li>80% of graduates report believing themselves to have been adequately prepared for the interdisciplinary collaboration necessary to be developed following entry into practice.</li> </ul>
<b>Critical Thinking</b>	<i>Modes of thinking which include questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application and creativity. Critical thinking involves the ability to critique, rationalize and debate an issue or point of view.</i>	<ul style="list-style-type: none"> <li>Assessment</li> <li>Diagnostic process</li> <li>Data analysis</li> <li>Evaluation</li> <li>Critique of research and theory</li> <li>Nursing process</li> <li>Differential diagnosis</li> <li>Strategic planning</li> </ul>	<ul style="list-style-type: none"> <li>Students complete ATI examinations per policy.</li> <li>Students participate in a variety of settings and situations where they assess and plan for clients.</li> </ul>	<ul style="list-style-type: none"> <li>Aggregate NCLEX pass rates show that 94% of graduates pass on first-time writing the NCLEX exam</li> </ul>	<ul style="list-style-type: none"> <li>Employer satisfaction surveys reflect employers are satisfied with the clinical performance of 90% of graduates.</li> </ul>



CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
<b>Nursing Knowledge</b>	<i>Generating, representing, and applying the data, understandings, skills, behaviors, and beliefs necessary to practice nursing safely, effectively, and ethically. Encompasses discipline-specific knowledge (nursing theories) and interdisciplinary knowledge.</i>	<ul style="list-style-type: none"> <li>• Nursing theories of interpersonal interaction, self-care, cultural care human caring and caring as nursing; also health systems, adaptation, unitary human beings, human becoming, and health as expanding consciousness</li> <li>• Interdisciplinary knowledge that interfaces with nursing practice</li> <li>• Nursing history</li> <li>• Research and scholarship</li> <li>• Data management</li> </ul>	<ul style="list-style-type: none"> <li>• Students understand and articulate the UNC Charlotte curriculum framework.</li> <li>• Students apply physical and social science knowledge to plan, implement, and evaluating care in a variety of clinical situations.</li> <li>• Students professionally articulate using their nursing science and humanities knowledge base to understand clients and serve in the clinical environment.</li> </ul>	<ul style="list-style-type: none"> <li>• Graduates will be able to articulate a personal philosophy of nursing and a theoretical perspective underpinning their practice.</li> <li>• Graduates will be able to articulate a rationale, supported by reputable sources, for all interventions they implement (or withhold for reason).</li> </ul>	<ul style="list-style-type: none"> <li>• At least 25% of graduates will indicate present or future plans to pursue higher education in nursing.</li> </ul>
<b>Teaching-Learning</b>	Teaching is the process of guiding and facilitating learning; that is, increasing knowledge and understanding, and changing behavior. Learning is a life-long process of personal development in understanding human values, reasoning, problem solving, and integration and application of knowledge; it requires guidance, exposure to diversity, and personal reflection.	<ul style="list-style-type: none"> <li>• Life-long learning</li> <li>• Personal growth</li> <li>• Self-discovery</li> <li>• Self-directedness</li> <li>• Instructional design and methods</li> </ul>	<ul style="list-style-type: none"> <li>• Students plan and implement health teaching that demonstrates discrimination in selecting content and methods appropriate to learner characteristics and needs.</li> <li>• Students develop competence in assessing learner readiness.</li> <li>• Students demonstrate openness to others and self as life-long learners.</li> <li>• Students demonstrate self-directedness in attaining knowledge necessary to provide safe and effective nursing care.</li> </ul>	<ul style="list-style-type: none"> <li>• Graduates are able to plan, implement and evaluate appropriate health and medication teaching for individuals, families, and groups in a variety of settings.</li> <li>• Graduates indicate an intention to continue their personal and professional development through life-long learning.</li> </ul>	<ul style="list-style-type: none"> <li>• At least 25% of graduates indicate on survey that they are now or will in the future pursue graduate education in nursing.</li> </ul>

OUTCOMES CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	PROGRAM OUTCOMES	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
<b>Caring</b>	<i>Empathy for an intentional, altruistic connection with the other, together with the ability to translate these characteristics into compassionate, sensitive, and competent care.</i>	<ul style="list-style-type: none"> <li>• Cultural competence</li> <li>• Client-centered care (client as individual, family, group, or community)</li> <li>• Nurse-client relationship</li> <li>• Quality of care</li> </ul>	<ul style="list-style-type: none"> <li>• Students develop interpersonal relationships with peers and clients through group work and clinical practice.</li> <li>• Students demonstrate empathy in caring for others.</li> <li>• Students use self therapeutically in caring for others</li> <li>• Students demonstrate respect for individuality and human dignity of clients regardless of race, ethnicity, socioeconomic status, religion, sex, sexual orientation, or the nature of health problems or health risks.</li> </ul>	Provides compassionate, sensitive, and competent care to diverse patients/ clients.	<ul style="list-style-type: none"> <li>• Graduates demonstrate (by portfolio and clinical evaluation) competence in developing interpersonal relationships with a wide variety of individuals in various settings.</li> <li>• Graduates demonstrate (by portfolio and clinical evaluation) beginning level cultural competence in providing care to a variety of persons and populations in a variety of settings.</li> <li>• Graduates demonstrate (by portfolio and clinical evaluation) the ability to evaluate quality of care in relation to established clinical standards, ethical standards of conduct, and concepts of social justice.</li> </ul>	<ul style="list-style-type: none"> <li>• Employer satisfaction surveys show employers satisfied with the clinical provider of care performance of at least 90% of graduates.</li> <li>• 25% of graduates report active participation in QI activities in their workplace.</li> </ul>

<b>Ethics</b>	<i>Values, codes and principles that govern decisions in practice, conduct and relationships. The professional nurse working within healthcare systems upholds principles of social justice which promote fair and equal treatment and access to care.</i>	<ul style="list-style-type: none"> <li>• Altruism</li> <li>• Beneficence</li> <li>• Values</li> <li>• Autonomy / Freedom / Choice</li> <li>• Humanism</li> <li>• Human dignity</li> <li>• Integrity</li> <li>• Social justice</li> <li>• Equity</li> </ul>	<ul style="list-style-type: none"> <li>• Students participate as informed professionals in dialogues concerning ethical issues in patient care.</li> <li>• Students seek understanding of demonstrate respect for, and communicate clients values to the multidisciplinary team.</li> <li>• Students maintain client confidentiality.</li> <li>• Students examine client access to care, barriers to treatment, and distribution of healthcare resources within a context of social justice.</li> </ul>	<p>Uses an ethical decision-making process in practice that incorporates respect for diverse values and beliefs.</p>	<ul style="list-style-type: none"> <li>• Graduate is knowledgeable about Nursing Code of Ethics</li> <li>• Graduate functions in a clinical setting as an ethical practitioner given appropriate resources for decision making.</li> </ul>	<ul style="list-style-type: none"> <li>• At least 50% of graduates report participation in collaboration with clients and colleagues on ethical issues and feeling well prepared to do so on those occasions.</li> </ul>
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CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	PROGRAM OUTCOMES	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
<b>Professionalism</b>	<i>The conduct and qualities related to membership in a profession, requiring specialized knowledge, intensive preparation, and identification with its values. Professionalism is characterized by adherence to technical and ethical standards, responsibility for one's professional development, and accountability for one's actions.</i>	<ul style="list-style-type: none"> <li>Accountability</li> <li>Performance appraisal (of self, others)</li> <li>Collegiality</li> <li>Regulatory processes</li> </ul>	<ul style="list-style-type: none"> <li>Students develop a personal nursing philosophy to guide practice.</li> <li>Students use <i>ANA: Scope and Standards of Performance in clinical practice.</i></li> <li>Students take responsibility for their own professional development.</li> <li>Students are responsible and accountable for their performance in clinical practice.</li> </ul>	Applies a values-based system incorporating professional and legal standards to guide interaction with patients/clients, colleagues, faculty, other health professionals, and the public.	<ul style="list-style-type: none"> <li>Graduates articulate their awareness of the need and willingness to practice with personal accountability for their own actions.</li> <li>Graduates consistently perform in adherence to technical and professional/ethical standards.</li> </ul>	<ul style="list-style-type: none"> <li>Graduates continue to be employed in the profession</li> <li>Graduates continue to hold unencumbered licensure.</li> <li>Graduates report at least 8 hours per year of professionally relevant Continuing Education.</li> </ul>
<b>Health Promotion</b>	<i>Using knowledge from nursing and the physical and social sciences, the provision of all aspects of care to a client in any setting to establish or maintain the highest level of health functioning and quality of life.</i>	<ul style="list-style-type: none"> <li>Holism / Body-mind-spirit</li> <li>Disease prevention</li> <li>Pain</li> <li>Pain management</li> <li>Health indicators</li> <li>Risk reduction</li> <li>Exercise, fitness</li> <li>Nutrition</li> </ul>	<ul style="list-style-type: none"> <li>Student's role model health promotion behaviors.</li> <li>Students demonstrate health promotion activities as intrinsic part of patient care.</li> <li>Students demonstrate patient teaching to selected populations.</li> </ul>	Uses strategies for health promotion, risk reduction and disease prevention across the lifespan.	<ul style="list-style-type: none"> <li>Portfolio of student reflects participation in planning, implementation, and evaluation of at least 3 health promotion activities in various settings.</li> </ul>	<ul style="list-style-type: none"> <li>By self report on the alumni survey, performed at least 2 health promotion activities either within their employment or in community service.</li> </ul>
<b>Illness / Disease Management</b>	<i>Using knowledge from nursing and the physical and social sciences, the provision of all aspects of care to a client in any setting to treat or minimize the effects of disease or illness (or an imbalance of the state of health.)</i>	<ul style="list-style-type: none"> <li>The nurse as provider of care</li> <li>Technical skills</li> <li>Outcome evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Students demonstrate safe and knowledgeable performance of psychomotor skills.</li> <li>Students demonstrate safe and knowledgeable care according to the <i>ANA Scope and Standards of Practice.</i></li> </ul>	Assesses and manages physical and psychosocial signs and symptoms related to disease and treatment across the lifespan to enhance quality of life.	<ul style="list-style-type: none"> <li>Evidence of the provision of safe, competent care as evaluated by clinical faculty and/or preceptor.</li> <li>Student portfolio documents one clinical incident per clinical course reflecting competence in illness/disease management.</li> <li>Students as a group achieve 95% pass rate on first-time writing of NCLEX.</li> </ul>	<ul style="list-style-type: none"> <li>Employer satisfaction surveys reflect employer satisfaction with graduates in illness/disease management.</li> </ul>

CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	PROGRAM OUTCOMES	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
<b>Design &amp; Coordination of Care</b>	<i>Using knowledge from nursing and the physical and social sciences, the methodology used to establish a plan of care in conjunction with a client or population to meet their Health Promotion or Illness and Disease Management needs. The plan is logical, systematic, achievable, and oriented toward specific outcomes.</i>	<ul style="list-style-type: none"> <li>• Goal-directed practice</li> <li>• Outcomes</li> <li>• Research utilization</li> <li>• Leadership</li> <li>• Resource utilization</li> <li>• Delegation</li> <li>• Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Students coordinate care in a variety of settings.</li> <li>• Students coordinate and delegate tasks to licensed and unlicensed personnel.</li> <li>• Students integrate research and evidence based outcomes into professional practice.</li> </ul>	Develops, coordinates and manages care in conjunction with the patient/client and other disciplines.	<ul style="list-style-type: none"> <li>• Evidence of safe, effective direct care, delegation, and supervision is documented in student portfolio.</li> <li>• Student portfolio documents one clinical incident per clinical course reflecting competence in design and coordination of care.</li> </ul>	<ul style="list-style-type: none"> <li>• Employer satisfaction surveys reflect employer satisfaction with graduates in design and coordination of care.</li> <li>• graduates report believing themselves to have been adequately prepared at a beginning level of competence in delegation and supervision (of aides, techs, etc.)</li> <li>• At least 50% of graduates report having had a successful experience in a formal “charge” or leadership role in their workplace.</li> </ul>

## Pre-Licensure BSN Curriculum

### *Freshman - 1st semester (17 credits)*

UWRT 1101 - English Composition (3 credits)  
SOCY 1101 or ANTH 1101 - Intro to Sociology or Anthropology (3 credits)  
CHEM 1203 or 1251 - General Chemistry or Principles of Chemistry (3 credits)  
CHEM 1203L or 1251L - Chemistry Laboratory (1 credit)  
MATH 1100 - College Algebra and Probability (3 credits)  
LBST 1100 series - The Arts & Society\* (3 credits)  
HAHS 1000 – Prospect for Success in Health and Human Services (1)

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### *Freshman - 2nd semester (16 credits)*

UWRT 1102 - Writing in the Academic Community (3 credits)  
CHEM 1204 or 1252 - General Chemistry or Principles of Chemistry (3 credits)  
CHEM 1204L or 1252L - General Chemistry Laboratory (1 credit)  
STAT 1220, 1221, or 1222 - Statistics (3 credits)  
LBST 2101\* - Western Culture & Historical Awareness (3 credits)  
Elective (or BIOL 1110 - Prerequisite to BIOL 2273 and 2259) (3 credits)

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### *Sophomore - 3rd semester (15 credits)*

BIOL 2273 - Human Anatomy and Physiology (3 credits) (or KNES 2168)  
BIOL 2273L - Human Anatomy and Physiology Laboratory (1 credit) (or KNES 2168L)  
NURS 2100 - General Nutrition (2 credits)  
NURS 2200\* - Growth and Development (3 credits) - Human Development Through the Life Span or a comparable course  
LBST 2102\* - Global & Intercultural Connections (3 credits)  
Elective (3 credits)

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### *Sophomore - 4th semester (14 credits)*

BIOL 2274 - Human Anatomy and Physiology II (3 credits) (or (KNES 2169)  
BIOL 2274L - Human Anatomy and Physiology II Laboratory (1 credit) (or KNES 2169L)  
BIOL 2259 - Bacteriology (3 credits)  
BIOL 2259L - Bacteriology Laboratory (1 credit)  
LBST 2200 series\* - Ethical Issues & Cultural Critique (3 credits)  
PSYC 1101 - General Psychology (3 credits)

\* While they are not pre-requisite courses, it is recommended that all LBST and elective courses be completed prior to admission to the upper division major.

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*Upper Division Nursing Major – 5th semester (14 credits)*

- NURS 3102 - Introduction to Nursing Science (3 credits)  
 NURS 3105 - Concepts of Professional Nursing (3 credits)  
 NURS 3107 - Pathophysiology (3 credits)  
 NURS 3108 - Health Assessment (3 credits)  
 NURS 3425 - Practicum Concepts of Professional Nursing (2 credits)
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*Upper Division Nursing Major – 6th semester (16 credits)*

- NURS 3205 - Pharmacology (3 credits)  
 NURS 3230 - Illness and Disease Management (3 credits)  
 NURS 3430 - Practicum in Illness and Disease Management (3 credits)  
 NURS 3250 - Nursing Care of the Childbearing Family (2 credits)  
 NURS 3260 - Nursing Care of Children (2 credits)  
 NURS 3440 - Practicum in Nursing Care of Children and the Childbearing Family (W) (3 credits)
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*Upper Division Nursing Major – 7th semester (15 credits)*

- NURS 4100 - Nursing Care of the Aging Adult (3 credits)  
 NURS 4120 - Psychiatric Mental Health Nursing (3 credits)  
 NURS 4420 - Practicum in Psychiatric Mental Health Nursing (3 credits)  
 NURS 4130 - Complex Illness and Disease Management (3 credits)  
 NURS 4430 - Practicum in Complex Illness and Disease Management (O) (3 credits)
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*Upper Division Nursing Major – 8th semester (16 credits)*

- NURS 4203 - Leadership in Informatics in Nursing Practice (3 credits)  
 NURS 4240 - Population Focused Nursing (3 credits)  
 NURS 4440 - Practicum in Population Focused Nursing (2 credit)  
 NURS 4450 - Design and Coordination of Care (W) (3 credits)  
 NURS 4900 - Research in Nursing Practice (2 credits)  
 NURS 4600 – Professional Nursing: Trends, Issues and Licensure (3 credits)

\*Note: NCLEX Review course is required in this semester

**Total credits for program..... 122**

### BSN Course Grading Scale

The following grading scale is used in all nursing courses that constitute the BSN program.

90% to 100%	A	Excellent
80% to 89.99%	B	Good
70% to 79.99%	C	Fair
60% to 69.99%	D	Failing
≤60	F	Failing

All grade calculations during the semester will be rounded to two decimal places (i.e. 93.589 – 93.59).  
**Extra credit will not be provided.**

Date of Origin: 4/88

Revised: 4/99, 8/16

Reviewed: 5/00, 7/02, 6/03, 6/04, 8/05, 2/06, 7/07, 7/08, 06/10, 07/11, 6/12, 7/13, 8/14, 8/16



**UNC Charlotte School of Nursing**  
**Undergraduate Pre-licensure Program Policy on Test/Exam Administration**

As stated in the [University's Code of Student Academic Integrity](#), Statement of Principles, "faculty members are responsible for transmitting knowledge and the methods by which it is acquired. To do so, they must be able to examine and test student work. The faculty also sets academic standards, awards academic credit and confers degrees when the standards are met. To carry out these responsibilities, faculty members must ensure that student work submitted for academic credit is authentic as well as consistent with established academic standards. Therefore, the academic evaluation includes a judgment that the student's work is free from academic dishonesty of any type..." Also, "it is the duty of faculty members to take measures to preserve and transmit the values of the academic community...through the learning environment which they create for their students."

The learning environment includes the testing environment. In order to facilitate a testing environment that preserves academic integrity, to the highest extent possible, faculty will implement the following strategies during administration of tests and exams. These strategies will apply in the regular classroom and in the computer labs/classrooms.

1. All student possessions must be left at front or side of room. Possessions include hats, coats, book bags, satchels, laptop computers, iPads, phones, drinks/food, etc.
2. Students will be assigned seating for each test/exam and the seating will be different for each test/exam within a course. As much as the classroom allows, students should be seated at every other desk with an empty seat in between each 2 students.
3. Students may only have a pencil, calculator (provided by the SON), and blank piece of note paper (provided by the instructor) during testing.
4. There will be no communication or answering student questions during the examination. Students may write their questions on the notepaper provided and submit it with the exam for the faculty to respond to.
5. Once a test/exam has begun, students may not leave the room until they have completed the test/exam.
6. Students who are absent and are allowed to make up the test/exam will take a different test than the rest of the class.
7. On-campus classroom computerized testing:
  - a. Major tests/exams (unit tests, midterm exam and final exam) are to be administered in the computer classrooms.
  - b. Randomized test items.
  - c. Randomized item answers.
  - d. Lock-down browser
  - e. Release answer only (post-test)
  - f. Proctor per room

Implemented: August 2014

Revised: 9-4-14

Reviewed: 8/16

## BSN Nurse Aide II Listing Eligibility

As part of the upper level nursing curriculum at the University of North Carolina at Charlotte, students will be eligible to apply for Nurse Aide II listing in the State of North Carolina.

**Nurse Aide I:** Upon admission to the upper division of the nursing curriculum, students must be listed as a Nurse Aide I on the North Carolina Nurse Aide I Registry with no substantiated findings of abuse, neglect, or misappropriation of property.

Students are **not required** to maintain NA I Certification while in the upper division major. However, students must maintain NA I Certification if opting to apply for NA II Certification.

### **Nurse Aide II: Educational Requirements**

Level II nurse aide programs shall include a minimum of 80 hours of theory and 80 hours of supervised clinical instruction consistent with the legal scope of practice as defined by the Board of Nursing in Rule .0403(b). The Nurse Aide II Training Program shall consist of classroom, laboratory, and clinical components. The student must successfully complete all components in order to be eligible to apply for listing on the North Carolina Board of Nursing Nurse Aide II Registry. A list of content and tasks is available on the [State Board of Nursing](#) Web site.

At UNC Charlotte, students who have previously been listed as a Nurse Aide I and have successfully completed the following courses in the upper division (NURS 3105, NURS 3425, NURS 3230, NURS 3430, NURS 3250, NURS 3260, and NURS 3440) are eligible to apply for Nurse Aide II.

Upon completion of these course, students will be required to submit their name to the Associate Director for the Undergraduate Division in the School of Nursing. Names will be provided N.C. Board of Nursing CNA II **in May ONLY**, and verification of course completion submitted. Once names have been submitted, students will have 30 business days from the date of submission, to submit their application for the CNA II credential.

To apply, students should go the [North Carolina Board of Nursing](#) website. Within the Licensure/Listing tab, students will see the links for Nurse Aide II (NA II). Click on *NA II Initial Listing Application*, read the instructions carefully and follow directions for applying.

Date of Origin: 7/02

Reviewed: 6/03, 6/04, 7/07, 7/08, 7/11, 6/12, 7/13, 8/14

Revised: 8/05, 2/06, 06/10, 8/14, 8/16

## Cost Information

The University of North Carolina at Charlotte  
 School of Nursing  
 Bachelor of Science in Nursing Program  
 2016-2017

### **ESTIMATED COST FOR NURSING STUDENTS IN UPPER DIVISION MAJOR (Final 2 years ONLY)**

Year	Credit Hours	Tuition		University Fees	Books	*Miscellaneous
		Resident	Non-Resident			
<b>Junior Year-Fall</b>	14	1,868.50	8,545.00	\$1513.00	\$800.00	\$905.00
<b>Junior Year-Spring</b>	16	1,868.50	8,545.00	\$1513.00	\$350.00	
<b>Senior Year-Fall</b>	15	1,868.50	8,545.00	\$1513.00	\$200.00	
<b>Senior Year-Spring</b>	13	1,868.50	8,545.00	\$1513.00	\$550.00	\$625.00
<i>Estimated Totals</i>		<b>\$7474.00</b>	<b>\$34,180.00</b>	<b>\$6052.00</b>	<b>\$1900.00</b>	<b>\$1530.00</b>

\*MISCELLANEOUS:

### **REQUIRED JUNIOR YEAR (FIRST SEMESTER)**

<b>Student ID</b>	\$15.00	<b>Criminal Background Check</b>	\$25.00 Certiphi <b>ONLY</b>
<b>Uniforms</b>	\$100.00	<b>Drug Screen</b>	\$36.00 (price varies)
<b>Lab coat</b>	\$25.00	<b>MyRecordTracker</b>	\$24.00
<b>Watch w/second hand</b>	\$30.00 (price varies)	<b>Vaccines</b>	<b>\$100-300.00 (price varies)</b>
<b>Nursing Shoes</b>	\$60.00 (price varies)		
<b>Stethoscope</b>	\$60.00 (price varies)		
<b>Physical</b>	\$200.00 (price varies)		
<b>CPR Certification</b>	\$30.00		

\* TB skin tests and influenza vaccines are an annual requirement and therefore, all students will incur a cost for these each year.

**REQUIRED SENIOR YEAR (SECOND SEMESTER)**

<b>ATI NCLEX-RN Live Review</b>	\$350.00
<b>NCLEX-RN Application Fee</b>	\$75.00
<b>NCLEX-RN Registration and Payment</b>	\$200.00

**OPTIONAL SENIOR YEAR**

<b>Nursing Pin</b>	\$50-\$400.00
<b>Senior Photo</b>	Price varies

An explanation of University Fees may be found on the [Financial Services website](#).

Revised: 2/06, 06/10, 8/16

Reviewed: 7/07, 7/08, 07/11, 6/12, 7/13, 8/14, 6/15, 8/16

## UNC Charlotte School of Nursing

### BSN Pre-Licensure Academic Assessment and Support Program

**Policy:** All students enrolled in the BSN Pre-Licensure program will participate in the School of Nursing's Academic Assessment and Support Program. As a part of the support program, the SON uses Assessment Technologies Institute (ATI) Comprehensive Assessment and Review Program (CARP) which provides nationally standardized exams at various times during the nursing program. Participation is required of all students. The goal for the student is to achieve acceptable benchmark scores as established by ATI and the School of Nursing.

The School of Nursing has chosen to use Assessment Technologies Institute (ATI)'s Assessment-Driven Review program which is designed to provide students with various learning tools that assist them in reviewing course content, identifying strengths and weaknesses, improving test taking abilities, and ultimately successfully passing the NCLEX-RN® for licensure. Research demonstrates that the use of ATI products are positively associated passing the NCLEX-RN on the first attempt, as well as program success (Alameida, et al., 2011; Chen, 2014; McCarthy, Harris & Tracz, 2014).

An assessment of nursing knowledge is completed after core nursing courses and a comprehensive NCLEX-RN® readiness examination is administered in the senior year, prior to graduation (see testing timeline). Results of the content-specific course examinations, administered after core nursing courses, are used to assess content mastery and to identify those students who will be referred to the School of Nursing Retention Coordinator for additional required support sessions.

As part of the overall testing program, students receive study guides with a DVD in the content areas of fundamentals of nursing, pharmacology, medical/surgical nursing, maternal/ newborn nursing, nursing care of children, mental health, community health, and nursing leadership. Students have an opportunity to take the two course specific non-proctored or practice tests as many times as they wish prior to taking the course specific proctored assessment test at the end of each course. To achieve the best results from taking practice tests, students must wait a minimum of 72 hours between practice sessions. **Students must achieve a minimum of 90% on one course specific practice test, that has been completed at least 72 hours after a previous practice session, and bring their test result and diagnostic report as their "admission ticket" to the proctored assessment. All students are required to complete each course specific proctored assessment test. Students that fail to present the required "admission ticket," forfeit the opportunity to take the proctored assessment and receive a zero for the assessment which is a part of the course grade.**

Feedback about test results is provided to the students as part of the overall program. Students receive a detailed assessment of their individual performance on each test and scores for mastery of nursing content areas, nursing process, critical thinking phases, therapeutic intervention, communication skills and cognitive levels.

ATI® proctored assessments will be included in objective testing measures for the following courses: (1) NURS 3230, *Illness and Disease Management*, (2) NURS 3205, *Pharmacology*, (3)

NURS 3250, *Nursing Care of the Childbearing Family*, (4) NURS 3260, *Nursing Care of Children*, (5) NURS 4120, *Psychiatric Mental Health Nursing*, (6) NURS 4130, *Complex Illness and Disease Management*, (7) NURS 4203 *Leadership and Informatics for Nursing Practice*, (8) NURS 4240, *Population Focused Nursing* and NURS 4600, *Professional Nursing: Trends, Issues and Licensure*. Students in NURS 3105, *Concepts of Professional Nursing*, will take non-proctored ATI® practice assessments as an introduction to computerized adaptive testing (CAT).

The proctored ATI content-specific course exam grades will count for 10% of the final grade in each core course. ATI proctored and practice test grades may not to be used as a substitute for a lower course grade or for the purpose of extra credit in a course. ATI content-specific course exam grades are not rounded. Instead, grades for content-specific ATI exams are based on proficiency levels:

- Proficiency Level 3—ATI exam grade 100%
- Proficiency Level 2—ATI exam grade 90%
- Proficiency Level 1—ATI exam grade 80%
- Below Level 1—ATI exam grade 70%
- Failure to test—ATI exam grade 0%

*\*Exception, NURS 4600 Professional Nursing: Trends, Issues and Licensure in which grade is based on predicted probability of passing NCLEX-RN.*

### **Criterion Referenced Proficiency Levels Guidelines**

Performances on content-specific course mastery examinations are based on Criterion Referenced Proficiency Levels. The Criterion Referenced Proficiency Levels are as follows:

The student meeting the criterion established for Level 3 is:

- Very likely to exceed NCLEX standards in this content area.
- Demonstrates a higher than expected level of knowledge in this content area that confidently supports academic readiness for subsequent curricular content.
- Exceed most expectations for performance in this content area.
- Demonstrates achievement of a level of competence needed for professional nursing practice in this content area that exceeds most expectations.
- Meets benchmark and does not require additional academic support in the content area.

The student meeting the criterion established for Level 2 is:

- Fairly certain to meet NCLEX standards in this content area.
- Demonstrates a level of knowledge in this content area that more than adequately supports academic readiness for subsequent curricular content.
- Exceed minimum expectations for performance in this content area.
- Demonstrates achievement of a satisfactory level of competence needed for professional nursing practice in this content area.
- Meets benchmark and does not require additional academic support in the content area.

The student meeting the criterion established for Level 1 is:

- Is likely to just meet NCLEX standards in this content area.
- Demonstrates the minimum level of knowledge in this content area required to support academic readiness for subsequent curricular content.
- Meets the absolute minimum expectations for performance in this content area.
- Demonstrates achievement of a minimum level of competence needed for professional nursing practice in this content area.
- Does not meet benchmark and requires mandatory academic support in the content area.

The student scoring below the Proficiency Level 1 recommended cut score did not meet the criterion established for Level 1.

- Does not meet benchmark and requires mandatory academic support in the content area.

Minimum scores for proficiency levels vary for each assessment in the RN Content Mastery Series. The National Standard Setting Study – ATI establishes each assessment score based on the NCLEX-RN® Test Plan.

### **Parameters for Referral to Remediation Coordinator**

Students achieving Proficiency Level 2 or higher will be exempt from participating in the School of Nursing Academic Support program. All students achieving Proficiency Level 1 or below Proficiency Level 1 on ATI content-specific course mastery examinations will be required to meet with the Retention Coordinator, establish a learning contract, and adhere to a specific, individualized plan of study, designed to improve proficiency in the select content areas.

Students achieving Proficiency Level 2 or above on the 1<sup>st</sup> proctored course-specific assessment are not required to participate in the academic support program, however, they may self-select to participate in the program as well.

Within 48 hours of administering a proctored, content-specific ATI® examination, faculty are required to submit an online referral to the Retention Coordinator (see form). This action initiates the referral, the subsequent contract and student remediation.

Identifying students at potential risk for not achieving NCLEX-RN® success is an ongoing process. At the end of the first semester of the senior year, students will take the ATI® content-specific exam associated with NURS 4130. Students not achieving a Level 2 on this exam will be required to enter into a learning contract, with the Retention Coordinator, to work on identified areas of concern prior the first proctored administration of the ATI-Comprehensive Predictor in NURS 4600 (second semester senior year). **Only students achieving a Level 2 or above on the NURS 4130 Proctored ATI exam, will be considered for specialty unit placement in NURS 4450, Design and Coordination of Care.** Students that fail to adhere to the contract will be referred to the Associate Director for the Undergraduate Division for follow-up and contract revision which will include additional, on campus, face-to-face remediation sessions.

Throughout the academic support process, a variety of learning resources may be used,

including the case study approach to focus on critical thinking and application of the nursing process, selected components of ATI Content Mastery Series review modules, non-proctored online practice assessments, the ATI® PLAN DVD nursing review disk, course materials, simulations, custom assessments. The School of Nursing Retention Coordinator is responsible for organizing the academic support process. However, faculty members who are subject matter experts in select areas will be expected to work with the Retention Coordinator to enhance the remediation process.

### **ATI® RN-Comprehensive Predictor Examination**

The Comprehensive Predictor tests knowledge acquired throughout the nursing program and NCLEX-RN® readiness. The examination will be given to students during the second semester of the senior year while enrolled in NURS 4600 (refer to testing timeline). Students who do not achieve a 90% predicted probability score or greater on the 1<sup>st</sup> exam are required to develop an academic support contract with the Retention Coordinator, as part of NURS 4600 requirements, and obtain approval from the Coordinator prior to taking the **2<sup>nd</sup> ATI® RN-Comprehensive Predictor at the end of the 12<sup>th</sup> week of the second semester** senior year. Students who achieve a 90% predicted probability score or higher on their 2<sup>nd</sup> attempt will have met the desired testing outcome for the ATI® RN-Comprehensive Predictor. The highest predicted probability of passing the NCLEX-RN achieved between the 1<sup>st</sup> and 2<sup>nd</sup> proctored **ATI® RN-Comprehensive Predictor** will be used to determine the NURS 4600 course exam grade (10%) (Probability and Expectancy Table, ATI 2016).

**If, after 2 attempts, a student has not achieved a predicted probability score of at least 90%, he/she will be placed under contract with the Retention Coordinator, for the remainder of the semester, to complete additional NCLEX-RN® preparation activities.** Students that fail to adhere to the contract will be referred to the Associate Director for the Undergraduate Division for follow-up and contract revision which will include additional, on campus, face-to-face remediation sessions.

### **ATI® RN-Comprehensive Predictor Examination-Testing Timeline**

Administration of a practice ATI® RN-Comprehensive Predictor will occur during **week #4** of NURS 4600. The **first administration** of the **proctored** ATI® RN-Comprehensive Predictor will occur during **week # 8 of the second semester senior year** in NURS 4600. Students who achieve a 90% predicted probability score or higher on the 1<sup>st</sup> exam will have met the desired testing outcome (benchmark) for the ATI® RN-Comprehensive Predictor. However, students achieving benchmark may opt to take the Comprehensive Predictor again, for additional practice, as an alternate version will be administered the 2<sup>nd</sup> time.

Date of Origin: 8/05

Revised: 2/06, 7/08, 06/10 Reviewed: 7/07, 07/11, 6/12, 7/13, 8/14; 8/16



## RN Comprehensive Predictor 2016 Probability of Passing Expectancy Table

RN COMPREHENSIVE PREDICTOR 2016 INDIVIDUAL SCORE	PREDICTED PROBABILITY OF PASSING THE NCLEX-RN	RN COMPREHENSIVE PREDICTOR 2016 INDIVIDUAL SCORE	PREDICTED PROBABILITY OF PASSING THE NCLEX-RN
80.0% – 100.0%	99%	58.0%	49%
79.3%	98%	57.3%	46%
78.7%	98%	56.7%	43%
78.0%	98%	56.0%	40%
77.3%	98%	55.3%	37%
76.7%	97%	54.7%	34%
76.0%	97%	54.0%	31%
75.3%	97%	53.3%	28%
74.7%	96%	52.7%	25%
74.0%	96%	52.0%	23%
73.3%	95%	51.3%	21%
72.7%	95%	50.7%	19%
72.0%	94%	50.0%	17%
71.3%	93%	49.3%	15%
70.7%	92%	48.7%	13%
70.0%	91%	48.0%	12%
69.3%	90%	47.3%	11%
68.7%	89%	46.7%	9%
68.0%	87%	46.0%	8%
67.3%	86%	45.3%	7%
66.7%	84%	44.7%	7%
66.0%	82%	44.0%	6%
65.3%	80%	43.3%	5%
64.7%	78%	42.7%	5%
64.0%	76%	42.0%	4%
63.3%	73%	41.3%	4%
62.7%	71%	40.7%	3%
62.0%	68%	40.0%	3%
61.3%	65%	39.3%	2%
60.7%	62%	38.7%	2%
60.0%	59%	38.0%	2%
59.3%	56%	37.3%	2%
58.7%	53%	0.0%-36.7%	1%

## ATI Definition of Terms

### Tutorials

- **NurseLogic:** This tutorial assists students in expanding their abilities in critical thinking and problem solving while also improving test taking skills. It is highly recommended that students begin this tutorial during the first semester of their junior year.
- **Learning Systems:** Provides pre-made practice tests that cover a broad range of nursing topics with flexible features, including rationales and optional scoring. Students are encouraged to use Learning Systems throughout the program to expand their understanding of select topics and to increase exposure to application level questions.

### Practice Tests: Online Practice (Non-Proctored) Assessments.

- **Practice Tests:** These are unsupervised, information assessments typically designed as a learning experience. Students may take practice tests as often as needed; however, prior to taking a proctored ATI exam, students will be required to achieve a 90 on the corresponding practice test, with 72 hours between attempts to improve test re-test reliability.

### Focused Review:

- Allows students to remediate after each practice and/or proctored assessment. Required for every student after a proctored examination, regardless of score. Assists in the creation of a study plan and provides application exercises and media content.

### Proctored Assessment:

- Supervised or monitored standardized assessment that compares student performance to other students nationally. The assessment is administered on campus and monitored by faculty or designee. The results of the proctored assessment constitute 10% of a student's overall course grade.

### Skills Modules:

- Each module contains terminology, an accepted practice section, step-by-step video of proper skill performance, evidence-based research, practice challenges, a documentation guide and skills status progress report. These modules are assigned to correlate with topics covered in select classes.

### Targeted Medical Surgical Tests:

- Provides an assessment of the student's basic comprehension and mastery of adult medical surgical topics. ATI Nursing identified content is based on the most current NCLEX-RN test plan. These tests are provided in correlation with appropriate content and/or in the academic support plan.

### Proficiency Levels:

- Define performance on Content Mastery Series Proctored Assessments

### Comprehensive Predictor:

- Predicts students' probability of passing the NCLEX-RN on the first attempt

### ATI Live Review:

- All-inclusive, live study session covering essential content aligned with the NCLEX-RN test plan. Required last semester senior year. Student purchased (\$300.00).

<b>ACADEMIC ASSESSMENT AND SUPPORT PROGRAM</b>				
Testing Timeline (Semester of study and completion of associated nursing course)	Assessment	Desired Testing Outcome	School of Nursing Interventions if Testing Outcome < Desired	Desired Program Outcome
During orientation to nursing program	Nurse Logic	Completion of Nurse Logic Program	Required meeting with Retention Coordinator	Early introduction to test taking strategies and critical thinking in nursing.
First Semester – Junior 1	Content Mastery Series: Fundamentals of Nursing	90% of higher	Notification of individual students to establish remediation plan; feedback to faculty for possible course curricular modifications	NCLEX-RN first-time pass rate - minimum of 90% annually
First Semester – Junior2	Content Mastery Series: Pharmacology; Fundamentals; Nursing Care of Children; Maternal Newborn	Proficiency level 2	Notification of individual students to establish remediation plan; feedback to faculty for possible course curricular modifications	NCLEX-RN first-time pass rate - minimum of 90% annually
Second Semester – Senior 1	Content Mastery Series: Mental Health; Focused Adult Medical Surgical	Proficiency level 2	Notification of individual students to establish remediation plan; feedback to faculty for possible course curricular modifications	NCLEX-RN first-time pass rate - minimum of 90% annually
Second Semester – Senior 2	Content Mastery Series: Leadership & Management; Community Health; Comp Predictor	Proficiency level 2	Notification of individual students to establish remediation plan; feedback to faculty for possible course curricular modifications	NCLEX-RN first-time pass rate - minimum of 90% annually
Weeks 6 and 10 (approximate) of Second Spring Semester –	Content Mastery Series: Comprehensive Predictor	Predictive probability score of 90% minimum	Notification of individual students to identify areas of weakness and establish remediation plan; feedback to faculty for possible course curricular modifications	NCLEX-RN first-time pass rate - minimum of 90% annually

## BSN Progression Policy

### Criteria for Progression in the Major

1. Students must earn a grade of C (2.0) or higher in all courses beginning with the NURS prefix.
2. Failure to earn a grade of C (2.0) or higher will result in course failure.
3. Only one (1) nursing course failure and one (1) repeat attempt to pass that nursing course will be permitted throughout the program.
4. Students will be required to repeat the failed nursing course during the next available offering.
5. Students achieving less than a C (2.0) in more than one nursing course are no longer eligible to continue in the UNC Charlotte School of Nursing's upper division major and will be advised to pursue other options both within and outside of the university.

### Repeating a Failed Nursing Course

1. Students failing to achieve a C (2.0) in a course will meet with the Associate Director for the Undergraduate Division prior to enrolling to repeat the course.

### Failure to Repeat

1. Students who do not take the failed nursing course during the next available offering will be considered withdrawn from the program.
2. Any consideration for re-entry will be addressed on an individual basis in accordance with the University's appeal process.

### Withdrawal

1. Withdrawals (grade of W or WE) from nursing courses will be issued to students wishing to withdraw from any or all courses in accordance with the University's [withdrawal policies and procedures](#).
2. Withdrawal from any course requires withdrawal from the corresponding co-requisite courses (if applicable).
3. Students may request to return to the program once, following withdrawal from course(s), or from the program, with the understanding that re-entry is on a space available basis.
4. Students out of the program for more than 12 months, must reapply for admission to UNC Charlotte and to the School of Nursing through the competitive admission's process, for entry into the program's first semester.

### Academic Integrity

1. Issues associated with academic integrity violations will be addressed in accordance with University policy 407, [The Code of Student Conduct](#).

### Violations of Ethics

The UNC Charlotte School of Nursing adheres to the American Nurses' Association Code of Ethics as its guiding framework for ethical practice. Students found to be in violation of one or

more provisions of the [ANA Code of Ethics](#), will be ineligible to continue in the upper division major.

### **Unsafe Practice**

The School of Nursing recognizes that making mistakes is a part of the learning process. However, we are also aware of nursing's responsibility to provide safe, timely, efficient, effective, equitable, patient-centered care (IOM, 2001).

On the occasion when a student has engaged in unsafe practice, faculty will evaluate the system for causative factors (Ross, 2013; Zieber & Williams, 2015; Armitage, 2009). The student will be advised by faculty and appropriate measures to remediate the behavior will be taken. However, repeated unsafe behaviors, will make the student ineligible to continue in the upper division major.

Date of Origin: 5/05

Revised: 10/05, 6/10, 8/16

Reviewed: 2/06, 7/07, 7/08, 07/11, 6/12, 7/13, 8/14, 8/16

The UNC Charlotte School of Nursing collaborates with its community partners to provide students with high-quality clinical experiences that meet the educational needs of the student. Therefore, students should be aware that clinical rotations may occur **any day or time of the week, including weekends and evenings** and that the SON offers **no guarantee that travel to a clinical placement site will be constrained by mileage.**

### **BSN Pre-licensure Student Terms and Conditions for Clinical Practice**

In consideration of the opportunity for nursing practicum experiences provided by the University and its clinical affiliates, I accept and agree to the following terms and conditions for those experiences.

1. I understand that in order to begin and remain enrolled in practicum courses, I must provide throughout my enrollment in the School of Nursing (SON) and at my own expense a current, completed Student Health History Form provided by the SON. I must also provide at my expense evidence of annual TB screening and CPR certification. I must complete Bloodborne Pathogen training, annually, provided by the SON.
2. I understand that neither the clinical facilities to which I may be assigned, nor the University will, as a result of that assignment, be responsible for any costs of first aid, emergency treatment, or other treatment that I may receive which is provided by such clinical facilities, and that it is my responsibility to provide for these costs, whether by a program of private medical insurance or otherwise.
3. I hereby consent to disclose to any clinical facility to which I may be assigned personally identifiable information from my University educational records, including but not limited to the Student Health History Form, professional liability insurance, annual Bloodborne Pathogen training, CPR certification, Drug Testing results and results of a Criminal Background Check, as may be necessary to permit the University or the clinical facility to evaluate my fitness to begin or to continue in the clinical experience
4. I agree to disclose to my practicum instructor any medical, psychological or psychiatric conditions I have that may affect my ability to provide safe clinical care.
5. I agree to provide to my practicum instructor, upon request, a medical release statement from my health care provider, verifying that I am able to participate in clinical assignments in a way that is consistent with safe clinical practice and not pose a threat to the health and safety of others. Health conditions for which a medical release may be requested include, *but are not limited to*, infectious diseases, fractured limbs/limbs in casts or immobilizers, hospitalization for any reason, and pregnancy/postpartum (care of clients with certain conditions may be prohibited for pregnant care providers).
6. I understand that I am responsible for providing my own transportation to assigned clinical facilities at my own expense.
7. I understand the University or the clinical facility may withdraw me from or reject me for further clinical practice if I demonstrate or engage in any unsafe or unprofessional behavior.

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

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

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

Date of Origin: 7/99

Reviewed: 6/03,6/04, 8/05, 8/08,6/10,7/13, 8/14, 8/16

Revised: 8/00,7/02,2/06, 8/12 with approval of University Counsel (8-10-12), 8/16

## BSN Pre-Licensure Student Uniform Policy

The official uniform for the UNC Charlotte School of Nursing includes the following:

Top-women: Landau hunter green women's tunic (v-neck; double pockets on lower front left and right). SON monogram is on left chest area.

Top-men: Landau hunter green men's unisex scrub (v-neck; 1 pocket on left chest). SON monogram is on left chest area above pocket.

Pants-women: Landau hunter green cargo drawstring pants or Landau hunter green flare leg pants.

Pants-men: Landau hunter green cargo pants.

White socks (no footies) or stockings.

**White leather shoes** with white soles and *small* white, navy or gray lettering (no brand logos).  
**No clogs or crocks.**

UNC Charlotte name tag : UNC Charlotte logo, student's legal first and last name and the title "UNC Charlotte Nursing Student."

Agency-specific ID badge. This ID will substitute for the UNC Charlotte name tag only at that agency.

Designated long sleeve lab coat with UNC Charlotte monogram.

Optional: warm-up jacket for warmth in the clinical area: Landau hunter green warm-up jacket, with SON monogram on the left chest area for women and on the left chest pocket for men.

### **Purchasing Uniforms**

Uniforms (shirts, pants, and lab coats) **must be purchased** from the distributor selected by the School of Nursing. Substitutions will not be permitted. Maternity uniforms and skirts are available upon request.

### **Other Considerations**

Uniforms are to be freshly laundered and neat in appearance. No waist or midriff skin is to show when standing, bending or reaching.

If needed to prevent breast cleavage from showing, female students may wear a white tee shirt under the uniform top.

If needed for warmth, students may wear a long-sleeve white tee shirt under the uniform top.

Acrylic and knit sweaters are not to be worn in clinical areas.

If permitted by agency policy, students may wear their lab coats on the unit but not while providing direct care to patients.



### **Exceptions**

For certain courses and experiences in clinical courses, student will be required to wear street clothes. Street clothes, including shoes, are to be professional in appearance and what is referred to as “business casual.” For women, business casual means tailored slacks or skirts and tailored shirts, blouses or knit sweaters, or dresses. Women should wear stockings with skirts or dresses. For men business casual is defined as slacks and either a long-sleeved button-down shirt or a nice short-sleeved polo shirt. Men should wear socks with their slacks. Other considerations include:

- Pants or slacks must reach the ankle/shoe.
- Dresses and/or skirts must reach the knee when standing and cover the thighs when sitting.
- Blouses, shirts, sweaters must not be tight-fitting.
- The following are NOT permitted:
  - Jeans
  - Shorts
  - Halters
  - Sleeveless shirts
  - Camisoles worn alone or shirts with spaghetti straps
  - Clothing made from denim or sheer material
  - Open-toe shoes, sandals, flip-flops, clogs or crocks
  - Items with logos

UNC Charlotte name tag or designated agency name tag must be worn.  
Lab coats may be required. Check with course instructor or syllabus.

### **Accessories**

Jewelry is restricted to one wedding ring and no more than two (2) pairs of small post earrings (no dangling or loop earrings) in the ear lobe.

No jewelry is to be worn in other visible areas of the body, such as, but not limited to, the nose, lip, eyebrow, tongue, etc.

No necklaces may be worn with the uniform.

Tattoos must not be visible. Students with visible tattoos must meet with the Associate Director of the School of Nursing Undergraduate Division for a decision on how to cover.

The nose and the mouth are not to be covered unless clinically appropriate.

Cosmetics should be simple.

No perfume or scented aftershave is to be worn.

Chewing gum, chewing tobacco and smoking cigarettes/cigars are not permitted while students are in uniform for a course/clinical experience. Many clinical facilities are Smoke-free Environments and do not allow smoking anywhere on their campuses, including parking decks. Students will be held accountable to such restrictions.

**Hair, Beards and Nails**

Hair should be worn in a simple style, off of the face and shoulders and without decoration.

Shoulder-length or longer hair, for women and men, must be pulled back and off the shoulders.

Beards should be short and neatly trimmed.

Nails should be clean, short (nail should not be visible over the finger edge if looking at the palm side of the hand), neatly trimmed, and with no nail polish.

Acrylic and artificial nails are not permitted in the clinical setting.

**Other**

The logo displayed on the UNC Charlotte School of Nursing student uniform or other items is the property of the School of Nursing. Unauthorized use, distribution, sale, or alteration of the uniform or other items including the logo is considered a trademark violation. Uniforms or other items including the logo may not be donated, loaned, or sold to anyone unaffiliated with the School of Nursing without written permission from the Associate Dean/Director of the School of Nursing. Please report lost, stolen, or misused uniforms or other items including the logo to the Associate Dean/Director of the School of Nursing.

Facilities may have additional dress code requirements that students must meet. Students will be held accountable to the most restrictive guidelines.

Faculty may dismiss students from the clinical area with a rating of unsatisfactory performance for the day when this policy is not followed.

Date of Origin: 4/91

Revised: 11/97, 4/98, 7/02, 6/03, 9/03, 7/07

Reviewed: 6/04, 8/05, 2/06, 8/08, 06/10, 07/11, 6/12, 7/13, 8/14, 8/16

## Student Guidelines for Formal Papers

**Policy:** All formal papers are to be written and presented in accordance with the current APA Publication Manual. Please refer to the [Code of Student Academic Integrity policy](#) regarding plagiarism

Date of Origin: Fall/85

Revised: 4/88, 2/96, 5/00, 5/01, 7/02, 2/06, 06/10

Reviewed: 6/03, 6/04, 8/05, 7/07, 7/11, 6/12, 7/13, 8/14, 8/16

## **RN-to-BSN Student Handbook**

*Policies in this portion of the handbook are for all RN-to-BSN  
Students in the School of Nursing.*

## **RN-to-BSN Credit for Prior Learning**

### General Statement

1. An RN-to-BSN undergraduate student will be given credit only for those courses in which s/he attains a grade of C or better.
2. Credit for prior learning for RN-to-BSN students:

RN-to-BSN students will receive credit for prior learning upon completion of NURN 3103, Concepts of Professional Nursing Science, the bridge course in the RN-to-BSN curriculum. Thirty-nine (39) semester credit hours will be awarded.

### **RATIONALE:**

RN-to-BSN students are already licensed as professional nurses, and by passing the NCLEX Licensure exam have demonstrated competency regarding the material covered in the courses for which they will be given credit.

April 18, 1988, October, 1995

Reviewed: 6/04, 2/06, 7/07, 7/08, 06/10, 07/11, 6/12, 7/13, 8/14, 8/16

### **RN-to-BSN Clinical Courses**

There are two clinical courses in the RN-to-BSN curriculum, NURN 4440 Community Health and NURN 4450 Design and Coordination of Care. In the third semester of the program, NURN 4450 requires you to have access to a “clinical environment”. Your work site (regardless of type) is a clinical environment. If you are NOT working as a Registered Nurse please contact the RN-to-BSN Coordinator as soon as possible as we will need to find you a preceptor to complete the clinical components of the course. If you live outside the Charlotte area and are NOT working, we will need to discuss the availability of preceptors in your area or you may need to travel to the Charlotte area to complete clinical requirements. If you do not notify the program of your status, or any change of status during the program, your progression in the program may be jeopardized or delayed.

If you need to have a preceptor, students will be required to complete all mandatory education and compliance required by the agency, including and not limited to drug screening and criminal background check, blood borne pathogen training, immunization and health history forms, and individual agency policy education. Please see the Clinical Agency Requirements outlined at <http://nursing.uncc.edu/student-resources/clinical-agency-requirements>

Date of Origin: 6-8-15

Reviewed: 8/16

## Student Guidelines for Formal Papers

### **Policy:**

All formal papers are to be written and presented in accordance with the current APA Publication Manual. Please refer to the [Code of Student Academic Integrity](#) policy regarding plagiarism.

Date of Origin: Fall/85

Revised: 4/88, 2/96, 5/00, 5/01, 7/02, 2/06, 06/10

Reviewed: 6/03, 6/04, 8/05, 7/07, 7/11, 6/12, 7/13, 8/14, 8/16

## RN-to-BSN

### Progression, Re-Entry and Readmission Policy

#### Criteria for Progression in the Major

1. Students must earn a grade of C (2.0) or higher in all courses beginning with the NURN prefix.
2. Failure to earn a grade of C (2.0) or higher in any course, with the NURN prefix will result in course failure.
3. Students will be required to repeat the failed nursing course prior to progressing in the program.
4. Students achieving less than a C (2.0) on more than one nursing course are no longer eligible to continue in the UNC Charlotte School of Nursing's RN to BSN program and will be advised to pursue other options both within and outside of the university.
5. Exceptions to continuation may be pursued through the University's Academic Appeals process.

#### Re-entry after Withdrawal or Failure

1. Students failing to achieve a C (2.0) in a course are required to meet with the RN to BSN Coordinator prior to repeating the course.

#### Priority for re-entry of students who fail or withdraw:

1. First Priority: Those students who have been out of the program for the longest period of time (based on withdrawal date)
2. Second Priority: Highest nursing GPA based on all courses with NURN prefix
3. Third Priority: For two or more students having identical nursing GPAs, the student with the highest cumulative GPA for all courses required to meet graduation requirements for nursing at UNC Charlotte will receive priority

#### -Withdrawal

1. Withdrawals (grade of W or WE) from nursing courses will be issued to students wishing to withdraw from any or all courses in accordance with the University's [withdrawal policies and procedures](#).
2. Withdrawal from any course requires withdrawal from the corresponding co-requisite courses (if applicable).
3. Students may request to return to the program once, following withdrawal, with the understanding that re-entry is on a space available basis.
4. Students out of the program for more than 12 months, must reapply for admission to the University and to the RN-to-BSN program, through the competitive admission's process.

#### Academic Integrity

1. Issues associated with academic integrity violations will be addressed in accordance with University policy 407, [The Code of Student Conduct](#).



**Violations of Ethics**

The UNC Charlotte School of Nursing adheres to the American Nurses' Association Code of Ethics as its guiding framework for ethical practice. Students found to be in violation of one or more provisions of the [ANA Code of Ethics](#), will be ineligible to continue in the upper division major.

**Unsafe Practice**

The School of Nursing recognizes that making mistakes is a part of the learning process. However, we are also aware of nursing's responsibility to provide safe, timely, efficient, effective, equitable, patient-centered care (IOM, 2001).

On the occasion when a student has engaged in unsafe practice, faculty will evaluate the system for causative factors (Ross, 2013; Zieber & Williams, 2015; Armitage, 2009). The student will be advised by faculty and appropriate measures to remediate the behavior will be taken. However, repeated unsafe behaviors, will make the student ineligible to continue in the upper division major.

## **MSN Student Handbook**

*Policies in this portion of the handbook are for all Graduate students  
in the School of Nursing*

Nurse Anesthesia Students are provided a Carolinas Healthcare System/UNC Charlotte Nurse Anesthesia Student Handbook. Students are responsible for policies in this handbook in addition to the policies provided by the College and School of Nursing.

DNP Students are provided an additional Handbook. Students are responsible for the policies in both.

### **Master of Science in Nursing Program Outcomes**

1. Synthesize advanced knowledge from Nursing and related disciplines in the delivery of advanced nursing practice.
2. Demonstrate competence in providing evidenced-based healthcare to diverse populations.
3. Demonstrate leadership activities to influence health policy and/or improve the healthcare delivery system
4. Advance the discipline and practice of nursing through participation, interpretation and translation of research into practice
5. Demonstrate continued professional and ethical development

Date of Origin: 5/03

Reviewed: 8/16

### MSN Course Grading Scale

The following grading scale is used throughout the nursing courses that constitute the MSN and DNP programs\*.

90% to 100%	A	Commendable
80% to 89.9%	B	Satisfactory
70% to 79.9%	C	Marginal
≤ 69.9%	U	Unsatisfactory

\*Nurse Anesthesia Students: Please refer to the Nurse Anesthesia Student Handbook for grading policies.

### Student Guidelines for Formal Papers

**Policy:** All formal papers are to be written and presented in accordance with the current APA Publication Manual. Please refer to the Code of Student Academic Integrity policy regarding plagiarism (<http://www.legal.uncc.edu/policies/ps-105.html>).

Date of Origin: Fall/85

Revised: 4/88, 2/96, 5/00, 5/01, 7/02, 2/06

Reviewed: 6/03, 6/04, 8/05, 7/07, 7/08, 6/10, 7/11, 6/12, 7/13, 8/14

## MSN Progression Policy

All students must meet Graduate School progression requirements. There are additional progression requirements for MSN students enrolled in specific majors in the School of Nursing.

### **Nurse Anesthesia Students:**

Please refer to the Nurse Anesthesia Student Handbook for progression policies.

### **Nurse Practitioner Students:**

1. A minimum of 600 hours of supervised clinical experience as a Nurse Practitioner student is required.
2. Students may receive no more than one “C” grade in any graduate course. The second “C” will result in suspension from the program.
3. In order to progress in the specialty, a grade of “B” is required in the following courses:
  - a. BIOL 6274 Advanced Human Pathophysiology (3)
  - b. NURS 6220 Pharmacotherapeutics in Advanced Nursing Practice (3)
  - c. NURS 6230 Health Assessment and Diagnostic Reasoning for Advanced Practice (3)
  - d. NURS 6430 Advanced Health Assessment Practicum (1)
  - e. All required courses with a NUNP prefix.

### **Adult-Gerontology Acute Care Nurse Practitioner:**

1. A minimum of 600 hours of supervised clinical experience as a Nurse Practitioner student is required.
2. Students may receive no more than one “C” grade in any graduate course. The second “C” will result in suspension from the program.
3. In order to progress in the specialty, a grade of B or above is required in the following courses:
  - a. BIOL 6274 Advanced Human Pathophysiology (3)
  - b. NURS 6220 Pharmacotherapeutics in Advanced Nursing Practice (3)
  - c. NURS 6230 Health Assessment and Diagnostic Reasoning for Advanced Practice (3)
  - d. NURS 6430 Advanced Health Assessment Practicum (1)
  - e. All required courses with a NUNP prefix.

### **Nurse Educator Students:**

1. A total of 360 clinical hours is required to complete the program.
2. A total of 15 hours of supervised classroom teaching experience, individually arranged, is required.
3. It is expected that the student will develop a portfolio demonstrating expertise in a specialization during this program of study.
4. Students must maintain a minimum 3.0 (“B”) GPA in their graduate courses, and may not accumulate more than two “C” grades.

### **Community/Public Health Nursing Students:**

1. A total of 540 clinical hours is required to complete the program.
2. Students must maintain a minimum 3.0 (“B”) GPA in their graduate courses, and may not accumulate more than two “C” grades.

**Nurse Administrator Students:**

1. A total of 360 clinical hours is required to complete the program.
2. Students must maintain a minimum 3.0 (“B”) GPA in their graduate courses, and may not accumulate more than two “C” grades.

From Graduate Catalog

Reviewed: 7/08, 7/09, 06/10, 7/11, 6/12, 7/13,  
8/16

### **School of Nursing Appeal Procedure for the Progression Policy**

Students wishing to petition for an exception to a progression policy of the School of Nursing may do so by submitting the UNCC Special Request form accompanied by a letter detailing the request to the Chairperson of the Graduate Curriculum and Admissions Committee. The Special Request form and letter must be signed by the student's academic advisor indicating support or no support for the appeal.

The Committee will review the Special Request form, letter, any supporting documentation and the student's academic standing. If the solution is uncomplicated (e.g., a misinterpretation of policy) a decision will be made at that time and forwarded to the student with communication to the Associate Dean/Director of the School of Nursing and academic advisor.

After review of the Special Request form, letter and student folder, if the solution appears to be more complex, (requiring judgment of the subjective information) additional fact finding will be initiated by the Committee. This includes input from the affected faculty, the student's advisor, and the Associate Dean/Director of the School of Nursing, if necessary.

In those instances in which a student or a faculty member wishes to have a formal hearing, a date for such a hearing will be set. The conduct of the hearing will be structured and the structure of the hearing will be known to and agreed upon by all participants prior to the hearing. Student representatives to the curriculum may be present for the hearing, if desired by the petitioner.

Following presentation of the hearing evidence, the Committee will meet privately to consider the matter and reach a decision. The committee's decision, including rationale, will be forwarded in writing to the student, the Associate Dean/Director of the School of Nursing, and the academic advisor. A copy will be placed in the student's folder.

In the event that a student chooses to appeal the Committee's decision, he/she should address a letter of appeal to the Associate Dean/Director of the School of Nursing who will then consider the appeal and make a decision. The result of the Associate Dean/Director of the School of Nursing's decision is final and will be communicated to the Committee, including rationale, if it differs from the Committee's decision. The Committee will forward the Associate Dean/Director of the School of Nursing's decision in writing to the student, the College of Health and Human Services Associate Dean of Academic Affairs, and the academic advisor.

Members of each Committee shall maintain the privacy of all affected parties by not openly discussing any aspect of the petition.

Date of Origin: 5/83

Reviewed: 5/00, 6/03, 6/04, 2/06, 7/07, 7/08, 06/10, 07/11, 7/13

Revised: 11/86, 4/88, 5/90, 2/96, 7/02, 2/06, 7/08, 6/12, 8/14, 8/16

## Nurse Practitioner Student Clinical Dress Policy

All Nurse Practitioner students are expected to show good professional judgment in personal attire and hygiene while at the clinical site. All clothing should be clean and in good repair. Business casual with a white lab coat is the standard of dress.

For female students, business casual means tailored slacks or skirts, tailored shirts, blouses or knit sweaters, or dresses. Stockings should be worn with skirts or dresses. For male students, business casual is defined as slacks and either a long-sleeved button-down shirt or a short-sleeved polo shirt.

Male students should wear socks with their slacks.

Other considerations include:

1. Pants or slacks must reach the ankle/top of shoe. (No Capri's)
2. Dresses or skirts must not be any higher than one inch above the knee and must cover the thighs when sitting.
3. Blouses, shirts, sweaters must not be tight-fitting.
4. Clothing should not expose the bare-midriff or display cleavage.
5. Undergarments should not be visible.
6. Shoes must have a solid top surface and be closed toe.
7. Denim clothing is not acceptable.
8. Use of jewelry and other accessories should be conservative. The following guidelines should be followed:
  - a. Earrings should not exceed 1 ½ inches diameter in size and should not extend more than 1 ½ inches below the edge of the ear.
  - b. Maximum of 3 rings total for both hands.
  - c. No jewelry that will dangle into the patient's care space—bracelets or necklaces.
  - d. Dental jewelry should not be worn while in the clinical setting.
9. Visible body piercing, other than earrings, is not allowed.
10. Tattoos should be covered or be smaller than 1" in diameter.
11. Personal hygiene is important as well. Please follow these recommendations:
  - a. Excessive use of cologne or perfumes should be avoided.
  - b. Student should not have any recognizable odor of tobacco while in the clinical setting.
  - c. Nails should be clean and neatly trimmed.
  - d. Nail colors should be neutral.
  - e. No acrylic nails are allowed.

Created 4/2010

Reviewed: 6/12, 8/16



### **MSN Nurse Anesthesia Student Handbooks**

In addition to the on-line handbooks provided by the College of Health and Human Services, and the School of Nursing, Nurse Anesthesia students are provided a Carolinas Healthcare System/UNC Charlotte Nurse Anesthesia Student Handbook. Students are responsible for policies in this handbook in addition to the policies provided by the university.

Date of Origin: 7/02

Reviewed: 6/03, 8/05, 4/06, 7/07, 7/08, 7/09, 06/10, 07/11, 6/12. 7/13, 8/16

## **MSN and Certificate Graduation Information**

### **DegreeWorks**

The UNC Charlotte School of Nursing uses DegreeWorks to assist students in monitoring progress towards degree completion. While not a substitution for consultation with a professional academic advisor, DegreeWorks does provide a visual, web-based platform to track program progress.

Students may access DegreeWorks through their MY UNC CHARLOTTE page.

### **Graduation Information**

Before any graduate student can receive his/her degree, they must completed an Application for Degree and/or Certificate. The Application must be completed online via the Graduate Schools website. The student will then be billed by Student Accounts for the Application for Degree.

Graduation announcements may be ordered through the campus bookstore. Caps, gowns, and hoods may either be rented or purchased through the campus bookstore. Nursing pins are ordered through:

Jim Coleman, Ltd.  
*The Nursing Pin Company*  
1500 S. Hicks Road  
Suite 400  
Rolling Meadows, IL 60008  
847-963-8100 ext. 227

Updated from Graduate School 8/08, 07/09  
Reviewed: 06/10, 07/11, 6/12, 7/13, 8/14, 8/16



Graphic  
created February 2001  
David Langford

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<b>ENVIRONMENT</b>						
<b>CONCEPT</b>	<b>DEFINITION</b>	<b>RELATED CONTENT</b>	<b>ACTIVITIES</b>	<b>GRADUATE PROGRAM OUTCOME</b>	<b>OUTCOME EVALUATION (GRADUATION)</b>	<b>OUTCOME EVALUATION (3 YRS OUT)</b>
<b>Healthcare Systems</b>	<i>Socioeconomic organizations and processes designed to deliver services that promote, improve, and restore health prevent and treat disease, and promote quality of life. They are shaped by policies which help determine accessibility, accountability, and affordability.</i>	<ul style="list-style-type: none"> <li>• Policy</li> <li>• Political process</li> <li>• Continuum of care</li> <li>• Healthcare economics &amp; Finance</li> <li>• Global healthcare</li> <li>• Community and population-based systems</li> </ul>	<ul style="list-style-type: none"> <li>• Students participate in a variety of didactic and clinical experiences that impart information and understanding about the structure and function of healthcare systems.</li> <li>• Students articulate the ethical and political dimensions of healthcare issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates leadership activities to influence health policy and/or improve the health care delivery system</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates ability to function in the health care system relevant to their specialized practice role.</li> <li>• Graduates effectively collaborate with other health and human service providers to optimize utilization of healthcare services.</li> </ul>	<ul style="list-style-type: none"> <li>• Graduates remain employed in healthcare.</li> <li>• Graduates report having progressed to a position of greater responsibility or greater specialization.</li> <li>• Graduates report participating in organizational decision making or are politically active.</li> </ul>
<b>Community</b>	<i>People in interaction with one another, together with their environmental context May be geographic (spatial), population-based, ethnic, political, professional, common interest, or phenomenological (personal connections). May be seen as either the context of nursing service, the recipient/client of nursing service, or both. A community includes and reflects affiliations, commonalties, and shared meanings and purposes among its members.</i>	<ul style="list-style-type: none"> <li>• Human diversity</li> <li>• Lifespan perspectives on health &amp; caring (e.g., aging)</li> <li>• Populations (e.g. school health)</li> <li>• Partnerships for health</li> <li>• Environmental health</li> <li>• Social Issues</li> </ul>	<ul style="list-style-type: none"> <li>• Students identify cultural patterns, health status, resources, concerns, and needs of communities and their members</li> <li>• Students demonstrate respect for the values of the communities and populations they serve through professional practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate competence in providing evidence-based healthcare to diverse populations</li> </ul>	<ul style="list-style-type: none"> <li>• Graduates design and provide or coordinate culturally appropriate preventive and restorative healthcare interventions and programs for individuals, families or communities.</li> <li>• Preceptor Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Students are employed in their area of expertise.</li> <li>• Establish a baseline of percentage of students who work with underserved or vulnerable populations</li> </ul>

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<b>OUTCOMES</b>						
<b>CONCEPT</b>	<b>DEFINITION</b>	<b>RELATED CONTENT</b>	<b>ACTIVITIES</b>	<b>GRADUATE PROGRAM OUTCOME</b>	<b>OUTCOME EVALUATION (GRADUATION)</b>	<b>OUTCOME EVALUATION (3 YRS OUT)</b>
<b>Diversity and Social Issues</b>	Global awareness is necessary to understand and appreciate human diversity in health and illness to assure delivery. Current social factors impact health and quality of life	<ul style="list-style-type: none"> <li>Culturally competent care</li> <li>Quality of care</li> <li>Multicultural work force</li> <li>Social determinants of health</li> </ul>	<ul style="list-style-type: none"> <li>Students incorporate respect for individuality and human dignity of clients regardless of race, ethnicity, socioeconomic status, religion, sex, sexual orientation, or the nature of health problems or health risks into their practice.</li> </ul>	Demonstrate competence in providing evidence-based healthcare to diverse populations	<ul style="list-style-type: none"> <li>Papers and logs demonstrate diversity of clients and social issues that influence interventions and collaborations.</li> </ul>	<ul style="list-style-type: none"> <li>Graduates report working with diverse populations.</li> <li>Graduates report collaboration with multicultural professionals</li> </ul>
<b>Ethics</b>	<i>Values, codes and principles that govern decisions in practice, conduct and relationships. The professional nurse working within healthcare systems upholds principles of social justice which promote fair and equal treatment and access to care.</i>	<ul style="list-style-type: none"> <li>Benevolence</li> <li>Autonomy</li> <li>Human dignity</li> <li>Integrity</li> <li>Social justice</li> <li>Ethical frameworks and moral principles</li> <li>Nursing Code of Ethics</li> </ul>	<ul style="list-style-type: none"> <li>Students participate as informed professionals in dialogues concerning ethical decision making.</li> <li>Students maintain client confidentiality.</li> <li>Students examine client access to care, barriers to treatment, and distribution of healthcare resources within a context of social justice.</li> </ul>	Demonstrate continued professional and ethical development	<ul style="list-style-type: none"> <li>Graduate is knowledgeable about Nursing Code of Ethics</li> <li>Logs and projects show evidence of ethical practice.</li> <li>Obtains IRB approval for projects</li> </ul>	<ul style="list-style-type: none"> <li>Graduates report they were adequately prepared to use ethical analysis and decision making</li> </ul>
<b>Professionalism</b>	<i>The conduct and qualities related to membership in a profession, requiring specialized knowledge,</i>	<ul style="list-style-type: none"> <li>Accountability</li> <li>Collaboration</li> <li>Regulatory processes</li> <li>Certification</li> </ul>	<ul style="list-style-type: none"> <li>Students use ANA: <i>Scope and Standards of Practice</i> and specialty standards</li> </ul>	Demonstrate continued professional and ethical development	<ul style="list-style-type: none"> <li>Graduates consistently perform in adherence to technical and professional/ethical</li> </ul>	<ul style="list-style-type: none"> <li>Graduates continue to be employed in the advanced practice role</li> <li>Graduates maintain</li> </ul>

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	<i>intensive preparation, and identification with its values. Professionalism is characterized by adherence to technical and ethical standards, responsibility for one's professional development, and accountability for one's actions.</i>	<ul style="list-style-type: none"> <li>Advanced Practice specialty roles</li> <li>Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>Students take responsibility for their own professional development.</li> <li>Students are responsible and accountable for their performance in clinical practice.</li> <li>Interdisciplinary collaboration</li> </ul>	Advance the discipline and practice of nursing through participation, interpretation and translation of research into practice	<p>standards.</p> <ul style="list-style-type: none"> <li>Obtains and maintains certification in specialty area where regulated.</li> </ul>	<p>certification</p> <ul style="list-style-type: none"> <li>Graduates report they participate in professional activities</li> </ul>
<b>Health Promotion</b>	<i>Using knowledge from nursing and the physical and social sciences, the provision of all aspects of care to a client in any setting to establish or maintain the highest level of health functioning and quality of life.</i>	<ul style="list-style-type: none"> <li>Holism /Body-mind-spirit</li> <li>Disease prevention</li> <li>Health indicators</li> <li>Risk reduction</li> <li>Quality of life</li> <li>Wellness</li> <li>Holism</li> </ul>	<ul style="list-style-type: none"> <li>Students demonstrate health promotion activities as intrinsic part of patient care.</li> <li>Students demonstrate health teaching to selected clients.</li> <li>Discuss health policy issues relative to Healthy People 2010</li> </ul>	<p>Demonstrate leadership activities to influence health policy and/or improve the healthcare delivery system.</p> <p>Synthesize advanced knowledge from Nursing and related disciplines in the delivery of advanced nursing practice</p>	<ul style="list-style-type: none"> <li>Demonstrates advanced knowledge of prevention in the delivery of care.</li> </ul>	<ul style="list-style-type: none"> <li>Reports preparation to incorporate health promotion in practice</li> </ul>
<b>Health Policy</b>	<i>A comprehensive knowledge of how health policy is formulated, how to affect the process and how it impacts clinical practice and health care delivery. (p 7)</i>	<ul style="list-style-type: none"> <li>Health Care System</li> <li>Financing Health Care Systems</li> <li>Political Processes</li> <li>Advocacy</li> <li>Global companions</li> <li>Ethics</li> <li>Access to care</li> <li>Laws and</li> </ul>	<ul style="list-style-type: none"> <li>Comparative analysis of health care systems</li> <li>Policy analysis</li> <li>Interview policy maker on health care ISSUE</li> </ul>	Demonstrate leadership activities to influence health policy and/or improve the healthcare delivery system.	<p>HP letter on policy</p> <p>Member professional organization</p> <p>Identifies laws/regulations regulating scope of practice</p>	<ul style="list-style-type: none"> <li>Politically active</li> <li>Attend professional conferences</li> <li>Reports having had influence on organization decision making</li> </ul>

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<b>Design &amp; Coordination of Care</b>	<i>Using knowledge from nursing, physical and social sciences, establish a plan of care in conjunction with a client or population to meet health care needs.</i>	<ul style="list-style-type: none"> <li>regulations</li> <li>Evidence-based</li> <li>Leadership</li> <li>Resource utilization</li> <li>Planning process</li> <li>Assessment</li> <li>Diagnosis and management</li> <li>Specialty practice</li> <li>Outcomes accountability</li> <li>Collaboration</li> <li>Health promotion and disease management</li> </ul>	<ul style="list-style-type: none"> <li>Students coordinate care in a variety of settings.</li> <li>Students integrate research and evidence based outcomes into professional practice.</li> <li>Clinical applications appropriate to specialty</li> </ul>	Synthesize advanced knowledge from Nursing and related disciplines in the delivery of advanced nursing practice	<ul style="list-style-type: none"> <li>Clinical evaluations</li> <li>Papers</li> <li>Synthesis/capstone project</li> </ul>	<ul style="list-style-type: none"> <li>Employer satisfaction surveys reflect employer satisfaction with graduates in design and coordination of care.</li> <li>Graduates report believing themselves to have been adequately prepared to provide advanced specialty nursing care.</li> </ul>
<b>Inquiry</b>	<i>Proficiency in the utilization of research to serve as a basis for clinical and organizational decision making</i>	<ul style="list-style-type: none"> <li>Inferential and Descriptive statistics</li> <li>Levels of evidence</li> <li>Data based decision making</li> <li>Research process and outcomes</li> <li>Standards and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Use computers and appropriate software for inquiry</li> <li>Use information systems for storage and retrieval of data</li> <li>Initiation of a line of inquiry</li> <li>Critique research</li> </ul>	Synthesize advanced knowledge from Nursing and related disciplines in the delivery of advanced nursing practice	<ul style="list-style-type: none"> <li>Formal presentation of projects/research to professional audience</li> </ul>	<ul style="list-style-type: none"> <li>Graduates report having submitted a poster or paper on clinical research</li> <li>Graduates report having made a presentation to a professional audience</li> <li>Graduates report being prepared to practice evidenced based care.</li> </ul>
<b>Illness and Disease Management</b>	<i>Provision of specialized care to ill clients using advanced knowledge and skills.</i>	<ul style="list-style-type: none"> <li>Advanced Pathophysiology</li> <li>Advanced Pharmacology</li> <li>Health Assessment and</li> </ul>	<ul style="list-style-type: none"> <li>Skilled interviewing</li> <li>Development of complete data base</li> <li>Perform basic lab tests</li> <li>Establish differential diagnoses</li> </ul>	Synthesize advanced knowledge from Nursing and related disciplines in the delivery of advanced nursing practice	<ul style="list-style-type: none"> <li>Case studies</li> <li>Preceptor evaluation</li> <li>Papers and Logs</li> </ul>	<ul style="list-style-type: none"> <li>Feels prepared to provide advanced specialty nursing care</li> <li>Evaluates effectiveness of nursing care</li> <li>Provides leadership</li> </ul>

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	diagnostic reasonmg	<ul style="list-style-type: none"> <li>• Develop and implement an effective plan of care</li> <li>• Assess effectiveness of care</li> </ul>		<p>m Improvng nursing care</p> <ul style="list-style-type: none"> <li>• Passes certification exams</li> <li>• Employers report satisfaction with graduate ability to diagnose and manage diseases</li> </ul>
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