



SCHOOL OF NURSING FACULTY HANDBOOK

2016-2017 Academic Year

Policies in this handbook are for all faculty in the School of Nursing.

*In addition to this handbook, faculty members are to refer to the
University and College Handbooks.*

Date of Last Review and Update: 08/01/16

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UNC CHARLOTTE
COLLEGE OF HEALTH AND HUMAN SERVICES
SCHOOL OF NURSING

Vision Statement

Our vision is to be recognized as the premier School of choice for providing the highest quality of nursing education, scholarship and practice with a commitment to community engagement to promote healthy citizens in the Charlotte region and beyond.

Mission Statement

The SON prepares nursing professionals to serve as leaders, experts, partners and scholars through a wide range of innovative educational programs to meet the healthcare needs of an ever changing culturally diverse society.

Values Statement

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

- **Integrity** – manifested in responsibility, honesty, dependability, ethical behavior, accountability, transparency, trustworthiness.
- **Innovation** – reflected in progress, program expansion, transformation of ideas, novelty, excellence, growth, distinctiveness.
- **Collegiality** – manifested in partnerships, teamwork, community, inter-collaborations, caring, cooperation, professionalism, and courage.
- **Diversity** – manifested in inclusion, respect for self and others, fairness, equality, justice.
- **Scholarship** – reflected in the scholarship of teaching/learning and nursing science, discovery, application, integration, evidence-based practice.

Created 5/03

Revised 04/10/15

Reviewed 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 an applied 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 the community.
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 process.
4. Continuing personal growth and professional development in accord with a career plan.

Nursing at the Doctor of Nursing Practice Level

The faculty believes that the nurse prepared at the doctoral level contributes to the betterment of humankind and the advancement of nursing by: TBA

Date of Implementation: 7/02

Reviewed: 6/03, 2/06, 06/10, 06/15, 08/16

Bylaws of the School of Nursing

1. Membership

a) Governing Faculty

i) Definition

- a) All persons employed in the SON who hold full-time appointments from the University in teaching or administration shall be designated as governing members of the SONFO.
- b) When voting on bylaws changes, curricular proposals, faculty and student issues, and other college policies, eligible voting faculty are defined as full time faculty with a primary teaching or administrative appointment >51% within in the SON.
- c) When voting on and policies affecting tenure-track reappointment, promotion, and tenure, eligible voting faculty are defined as full time tenured faculty and tenure-track faculty with a primary teaching or administrative appointment >51% within in the SON.

ii) Rights and Responsibilities - Members of the SONFO have the right and responsibility to be involved in the academic and administrative affairs of the SON and College as described in these bylaws. The rights and responsibilities of the governing faculty include:

- a) Vote on SONFO decisions.
- b) Attend SON faculty and committee meetings.
- c) Serve on School, College and University committees.
- d) Provide and receive information on issues of concern to the SON.

b) Auxiliary Members

i) Definition - All part-time faculty, joint appointments of <49%, professional affiliate, adjunct faculty, and student representatives of the SON shall be designated as auxiliary, nonvoting members.

ii) Rights and Responsibilities - Auxiliary members have the following SONFO rights and responsibilities:

- a) Provide and/or receive information related to the SONFO.
- b) Attend and participate in meetings of the School except for the School of Nursing Review Committee (SONRC).

2. Executive Committee (SONFEC)

- a) The Faculty Executive Committee of the SONFO shall be comprised of the Officers of the SONFO (Chair, Chair-Elect/ Parliamentarian, and Secretary).
- b) Rights and responsibilities of the Executive Committee include:

- i) Responsibilities of the Executive Committee
 - a) Appoint interim members to SONFO offices and committees where vacancies of one semester or less exist.
 - b) Arrange for election of interim members to SONFO offices and committees where vacancies of more than 1 semester exist.
 - c) Ensure election of SONFO officers and college representation on college and University committees.
 - d) Perform an annual review of new policies by auditing Faculty Organization minutes and requesting Chairs of the SON College Standing Committees to submit any identified changes in policy or procedure in their written annual reports.
 - e) Recommend SON Committee structure changes and Bylaws revisions.
 - f) Direct the review of the SON bylaws annually.
 - g) Meet each semester with the Associate Dean/Director of the SON
- ii) Responsibilities of the SONFO Chair include:
 - a) Preside at all meetings of the SONFO.
 - b) Prepare agenda for SONFO meetings.
 - c) Distribute agendas and minutes to the members 1 week before scheduled meetings.
 - d) Call and prepare notices of special meetings of the faculty organization.
 - e) Designate and appoint members Taskforces and ad hoc committees as needed.
 - f) Keep and maintain records of SONFO and governing committee business.
 - g) File annual reports from committees from the SONFO.
 - h) Archive and forward policy decisions to the SON Associate Dean/Director for signature prior to forwarding to the appropriate committee, appropriate external College/University committees or bodies.
 - i) Meet monthly with the Associate Dean/Director of the SON.
- iii) Responsibilities of the Chair Elect include:
 - a) Preside at SONFO meetings in the absence of the chairperson.
 - b) Assumes Chair position at the end of the academic year.
 - c) Assist the SONFO Chair with preparation of the agenda and the annual report of the SONFO.
 - d) Serve as Chair of the nominating committee and secure a ballot of SONFO officers
 - e) Establish that a quorum is present at the beginning of each FO meeting.
 - f) Advise the Chair and members of parliamentary procedures following Roberts Rules of Order.

- iv) Responsibilities of the Secretary include:
 - a) Collect and coordinate changes to the faculty handbook. Forward the changes to student handbooks to the Associate Dean/Director (or designate).
 - b) Review and proof minutes of meetings of the SONFO, and distribute the minutes to members of the SONFO and student representatives.
 - c) Record, maintain, and distribute to members of the SONFO the minutes of meetings of the SONFO Executive Committee (SONFEC).
 - d) Review committee reports and other evidence of the SONFO business meetings.
 - e) Collect and make approved changes and amendments to SONFO bylaws and forward to the appropriate committee and to the Associate Dean/Director of the SON.
 - c) Election of SONFO Officers
 - i) All SONFO officers shall be elected at the last meeting of the academic year.
 - ii) The Chair-Elect shall be elected yearly, the Secretary shall be elected in odd-numbered years.
 - iii) The term of officers are:
 - a) The term of office for the Chair shall be for one year.
 - b) The term of the Chair Elect shall be for one year and then the Chair Elect shall become Chair of the SONFO at the end of that one year term.
 - c) The term of the Secretary shall be two years commencing in the beginning of the fall semester following election to office.
 - iv) Faculty in full-time administrative positions (defined as those with personnel and faculty evaluation responsibilities such as the Associate Dean/Director of the SON) will not be eligible to hold an office in the SONFO.
 - v) Chair, Chair-elect, and Secretary must be a full-time member of the faculty.
3. Parliamentary Authority. All meetings of the SONFO shall be conducted in accordance with Robert's Rules of Order (revised). The rules can be found at [Robert's Rules of Order Online](#)
4. Meetings
- a) SONFO meetings shall be held at least two (2) times during the academic year.
 - b) The last regular meeting in the Spring Semester shall be known as the Annual Meeting and shall be held for the purpose of receiving summary reports of committees, election of officers and standing committee members, and other business that may arise.
 - c) Additional meetings may be called by the Chairperson, by the majority of Faculty in a scheduled meeting, or upon a written request of 1/3 of the Faculty. The purpose of any such meeting shall be specified in the call.
 - d) The agenda indicating items for action, discussion, or information shall be distributed five business days before any meeting of the SONFO.

5. Quorum

- a) A quorum shall be necessary to conduct business of the SONFO and its Committees.
- b) A quorum for the SONFO business shall be established with fifty percent (50%) plus one of the full time faculty.
- c) After a quorum is established, a simple majority vote shall be accepted as indicating the decision of the SONFO. A simple majority vote is defined as one more vote than the opposing view.

6. Voting

- a) Acceptable methods of taking a vote in the SONFO are by voice, show of hands, ballot, or e-mail.
- b) The chair will determine the method of voting and will follow the procedures of Roberts Rules of Order-Revised.
- c) Voting by ballot:
 - i) Voting for election of SONFO officers and committee members shall be by ballot.
 - ii) Ballots that are blank or abstentions are not included in the total number of votes cast.
 - iii) When voting to elect officers and college and/or university representatives, e-mail votes must be submitted to the Vice Chair of the SONFO one hour prior to the scheduled start of the SONFO meeting.
 - iv) Email votes on other issues must be allowed five (5) business days before the count is tallied.
 - v) There will be no absentee voting.

7. Amendments

- a) Bylaw changes may be proposed by voting members of the SONFO
- b) Proposed bylaws changes shall be submitted to the SONFEC.
- c) Voting members must receive a copy of the proposed Bylaws amendment(s) at least five (5) business days in advance of the said meeting. A copy via email is acceptable.
- d) The Bylaws may be amended at any SONFO meeting by an affirmative vote from two-thirds (2/3) of the voting members.
- e) After the meeting and vote, a final copy will be posted on the faculty and staff website within two (2) business days.
- f) Voting by email is acceptable following the guidelines above and the vote must be returned to the Chair of the SONFO within five (5) business days of the mailing of the proposed bylaws.

8. Standing Committees

- a) Standing committees are Undergraduate Admissions, Undergraduate Curriculum, Graduate Admissions and Curriculum, Scholarship Development, SON Review and Evaluation Committees.
- b) Any standing committee can invite additional members needed to meet committee responsibilities or form taskforces related to the business of the committee.
- c) Standing Committee Membership:
 - i) All standing committee term of service is two years.
 - ii) Committee members may serve three consecutive terms.
 - iii) Committee chairs are elected for a one year term from and by the members of the committee. Chairs are elected in May.
 - iv) A quorum for the business of the Standing Committees of SONFO shall be established with two thirds (2/3) of the members of the Committee.
- d) Undergraduate Admissions Committee (UGAC)
 - a) Purpose: To review applications for admission to the undergraduate program (pre-licensure and RN-to-BSN). To recommend applicants for admission to the Undergraduate Division Associate Director.
 - b) Functions:
 - 1) Serve as the admission committee for the undergraduate program.
 - 2) Analyze admission data relevant to the undergraduate curriculum.
 - c) Membership:
 - 1) Voting members (total=6):
 - a) Six faculty (tenured, tenure-track, senior lecturer, or lecturer).
 - 1. Term requirements: faculty will serve for two-year term.
 - b) Chair: elected from voting faculty members on committee; serves on-year term.
 - c) RN-to-BSN Coordinator
 - 2) Non-voting and Ex Officio Members
 - a) Undergraduate Division Associate Director
- e) Undergraduate Curriculum Committee (UGCC)
 - i) Purpose: To assist the faculty of the SON in the development, implementation and evaluation of all undergraduate curricula and admission and progression of undergraduate students.
 - ii) Functions:
 - a) Develop, review and approve course and curriculum proposals and revisions.

- b) Forward new courses and curriculum changes to the SONFO and then to the Associate Dean/Director of the School of Nursing for signature and forwarding to appropriate University committee.
 - c) Determine admission criteria for the upper division nursing program.
 - d) Review or determine course substitution and transfer requests from undergraduate students.
 - e) Serve as the progression committee for the undergraduate programs.
 - f) Select award and scholarship recipients as defined by individual donors.
 - g) Analyze data relevant to the undergraduate curriculum.
- iii) Membership:
- a) Voting Members:
 - 1) Six (6) faculty, one of whom must be tenured, tenure-track, or Sr. Lecturer.
 - 2) The RN/BSN coordinator.
 - 3) Alternating three are elected each year for two year terms.
 - b) Non-voting and Ex Officio Members:
 - 1) Two (2) undergraduate student representatives, one (1) representing the BSN students and one (1) representing the RN-BSN students.
 - 2) The Associate Director for the Undergraduate Division and the Associate Dean/Director of the SON are ex officio members.
 - 3) A counselor from the Office of Student Services.
 - c) In addition to the chair of the committee, one subcommittee chair will be identified from the members of the committee and responsible for creating and directing the activities of the one subcommittee.
 - 1) Scholarships. Work with the Office of Student Services and the Associate Dean for Academic Affairs of the College of Health and Human Services to identify scholarship and award recipients and make the recommendations to the UACC.
- f) Graduate Admissions and Curriculum Committee (GACC).
- i) Purpose: To assist the graduate faculty of the SON in the development, implementation and evaluation of the graduate curriculum and admissions and progression of graduate students.
 - ii) Functions:
 - a) Develop, review and approve course and curriculum proposals and revisions.
 - b) Forward new courses and curriculum changes to the SONFO and then to the Associate Dean/Director of the School of Nursing for signature and forwarding to appropriate University committee.
 - c) Determine admission criteria for the graduate program.
 - d) Serve as the admission and progression committee for the graduate program.
 - e) Analyze data relevant to the graduate curriculum.

iii) Membership:

a) Voting Members:

- 1) Five (5) graduate faculty members, one teaching in each of the majors – Clinical, (including FNP and one AGACNP), Systems, Anesthesia, DNP.
 - a. The graduate faculty member from the Anesthesia major will be the UNCC/CMC Nurse Anesthesia Program Director.
 - b. The graduate faculty member from the AGACNP major will be the UNCC/CMC Program Coordinator.
- 2) Elect the at large members in even years and the Systems faculty representative in odd years. Terms are for two (2) years.

b) Non-voting and Ex Officio member:

- a) 1 (one) student representative from the MSN nursing program.
 - b) The Associate Dean/Director of the School of Nursing.
 - c) The Associate Director of the Graduate Curriculum Division.
 - d) The Program Coordinators for each of the graduate specialty programs.
- c) Graduate Subcommittee(s) may be appointed by the GACC Chair on an annual basis to facilitate review and recommendation of applicants for admission to graduate program majors. Subcommittees will be constituted by faculty teaching in the respective majors. Processes guiding the subcommittee functions will be developed by the subcommittee in congruence with admission requirements.

g) Scholarship Translation Committee

- i) Purpose: The Scholarship Translation Committee promotes scholarship within the SON and is an advisory body to the Associate Dean/Director of the SON on matters of developing and disseminating scholarship in the SON.
- ii) Functions:
 - a) Increase internal and external visibility of nursing scholarship in the SON.
 - b) Promote faculty scholarship and dissemination of research, teaching, and service through critique of work and initiatives to apply scholarship to practice.
 - c) Assist the faculty of the SON in the development and dissemination of nursing scholarship.
 - d) Provide direction to the Associate Dean/Director of the SON in prioritizing scholarship dissemination activities and avenues for increasing scholarship.

iii) Membership;

a) Voting members;

- 1) Three (3) faculty, two must be tenured or tenure-track and one can be Sr. Lecturer or tenured/tenure-track.
- 2) Distinguished Professors and Endowed Chairs
- 3) Two elected in even years for two year terms.

b) Non-voting and Ex Officio member:

- 1) The Associate Dean/Director of the School of Nursing is ex officio.

- h) School Of Nursing Review Committee (SONRC)
 - i) Purpose: The School of Nursing Review Committee (SONRC) is an advisory body to the Associate Dean/Director of the SON on matters of reappointment, tenure and promotion and post tenure review. The SONRC recommends action to the Associate Dean/Director of the SON for reappointment, promotion, tenure, and post-tenure review based on performance and documentation provided by the faculty being reviewed as described by the Faculty Handbook for the College of Health and Human Services. This committee operates in accordance with the University Promotion and Tenure polices. Guidelines for the SONRC are summarized below.
 - ii) Functions:
 - a) Review portfolios for reappointment, promotion, Sr Lecturer, and/or tenure and post-tenure review and make written recommendations to the Associate Dean/Director of the SON about reappointment, promotion, tenure, and post-tenure review. At the appropriate time, the Associate Dean/Director of the School of Nursing will forward SONRC recommendations to the Dean of the College in keeping with the University policy for the College of Health and Human Services Reappointment/Promotion/Tenure procedures. Types of applications to be considered and written recommendations include;
 - 1) Reappointment and tenure recommendations for tenure-track faculty and promotion to Associate and Professor.
 - 2) Reappointment recommendations for lecturers.
 - 3) Promotion to Senior Lecturer for lecturers.
 - 4) Post-tenure faculty performance review for tenured faculty.
 - 5) Graduate faculty status, adjunct appointments, and Graduate Affiliate appointments.
 - b) Serve in an advisory capacity to the faculty and the Associate Dean/Director of the SON regarding issues related to the Reappointment/Promotion/Tenure criteria, guidelines, and procedures.
 - c) Administer the annual evaluation for the Associate Dean/Director of the SON and forward the results to the College Dean.
 - iii) Membership:
 - a) Voting Members:
 - 1) Three (3) tenured faculty members at the rank of Associate Professor or above. Two shall be elected in even years and one in odd years for two year terms.
 - 2) One (1) Sr. Lecturer to serve a two year term.
 - 3) No member being reviewed is eligible to serve on the committee while they are being reviewed.

- 4) A faculty member should not serve on both the School Review and the College Review Committees simultaneously.
 - 5) In the event there is not an eligible member from the SON to serve, the SON will follow the procedures outlined in the College bylaws for appointing a member outside the SON.
- i) Evaluation Committee
- i) Purpose: To provide oversight for implementation of the Systematic Evaluation Plan.
 - ii) Functions:
 - (a) Collaborate with the Associate Dean/Director of SON and the Associate Directors of the Undergraduate and Graduate Divisions and the Committee chairs of the SON Standing Committees to ensure that the Systematic Evaluation Plans components are addressed.
 - (b) Ensure organization and maintenance of the SON committee final reports as outlined in the Systematic Evaluation Plan.
 - iii) Membership:
 - (a) Voting members: (total=6)
 - i. Executive Committee (SONFO chair, chair-elect, secretary)
Term responsibility: one-year term
 - ii. Two faculty members (tenured, non-tenured tenure track, senior lecturer, lecturer). Term responsibility: two-year term.
 - iii. Chair: elected by committee. Term responsibility: one-year term.

Date of Origin: 8/02

Revised: 8/27/03; 9/8/03; 9/15/03; 9/22/02; 9/28/03; 10/6/03; 5/3/04, 11/18/10; /8/15/15.

Revised and Approved 3/23/07

Reviewed: 08/16

SCHOOL OF NURSING FACULTY ORGANIZATION AY 2016-2017

SON Executive Committee

		Terms/Eligibility
Chair:	Marie Thomas	(2016-2017)
Chair-elect:	TBD	(2016-2017)
Secretary:	Collette Townsend Chambers	(2015-2017)

Undergraduate Curriculum Committee (UGCC)

Mary Smith	(2015-2017)
Allison Burfield	(2015-2017)
Kelly Powers	(2015-2017)
Wendy Neustrup	(2016-2018)
Colette Townsend Chambers	(2016-2018) (Tenured/Tenure Track/Senior Lecturer/Clinical Faculty)
TBD	(2016-2018)
Susan Lynch	RN-BSN Coordinator-ongoing

Non-voting and Ex-Officio Members:

Dena Evans	(Ex-Officio) Associate Director SON Undergraduate Division
Dee Baldwin	(Ex-Officio) Associate Dean/Director of the School of Nursing
TBD	Undergraduate student representative- BSN student
TBD	Undergraduate student representative- RN-BSN student

Undergraduate Admissions Committee

Peggy McKay	(2015-2017)
Dee Langford	(2015-2017)
Florence Okoro	(2016-2018)
Wendy Neustrup	(2016-2018)
Cynthia Toth	(2016-2018)
Lee-Ann Kenny	(2016-2018)
Susan Lynch	RN BSN Coordinator (ongoing)
Dena Evans	Associate Director, Undergraduate Division (ongoing)
Shawnee Garvin	Counselor from the CHHS Advising Center

Graduate Curriculum Committee (GCC)

TBD	(2016-2018) (Faculty Member teaching in DNP Program)
Kathy Jordan	(2016-2018) (clinical track- FNP)
Donna Kazemi	(2015-2017) (systems Track)
Karen Lucisano	(ongoing) (nurse anesthesia)
UNCC/CMC Program Coord.	(ongoing) (clinical track-AGACNP)

Non-voting and Ex-Officio Members:

Dee Baldwin	(Ex-Officio) Associate Dean/Director of the School of Nursing
Leinne Edwards	(Ex-Officio) Associate Director SON Graduate Division
TBD	Graduate student representative- MSN student
TBD	Graduate student representative-DNP student

Scholarship Translation Committee

TBD	(2016-2018) (tenured, tenure-track)
Christine Elnitsky	(2015-2017) (tenured, tenure-track)
Sharon Vincent	(2015-2017) (tenured, tenure-track/senior lecturer)
Stephanie Woods	Belk Endowed Chair in Nursing-ongoing, Chair
Dee Baldwin	(ongoing) Director/Associate Dean, School of Nursing (Ex Officio)

School Review (Tenured Faculty/3, Non tenured /1)

Stephanie Woods	(2014-2016)	
Lucille Travis	(2015-2017)	Chair
Donna Kazemi	(2015-2017)	
Cynthia Toth	(2015-2017)	Sr. Lecturer

Evaluation Committee

Marie Thomas	(SONFO Chair)	(2016-2017)
TBD	(SONFO Chair-Elect)	(2016-2018)
Colette Townsend Chambers	(SONFO Secretary)	(2015-2017)
Meredith Troutman Jordan		(2016-2018)
TBD		(2016-2018)
TBD		(2016-2018)

College Committee Representatives

Internationalization Committee: Julie Fuselier

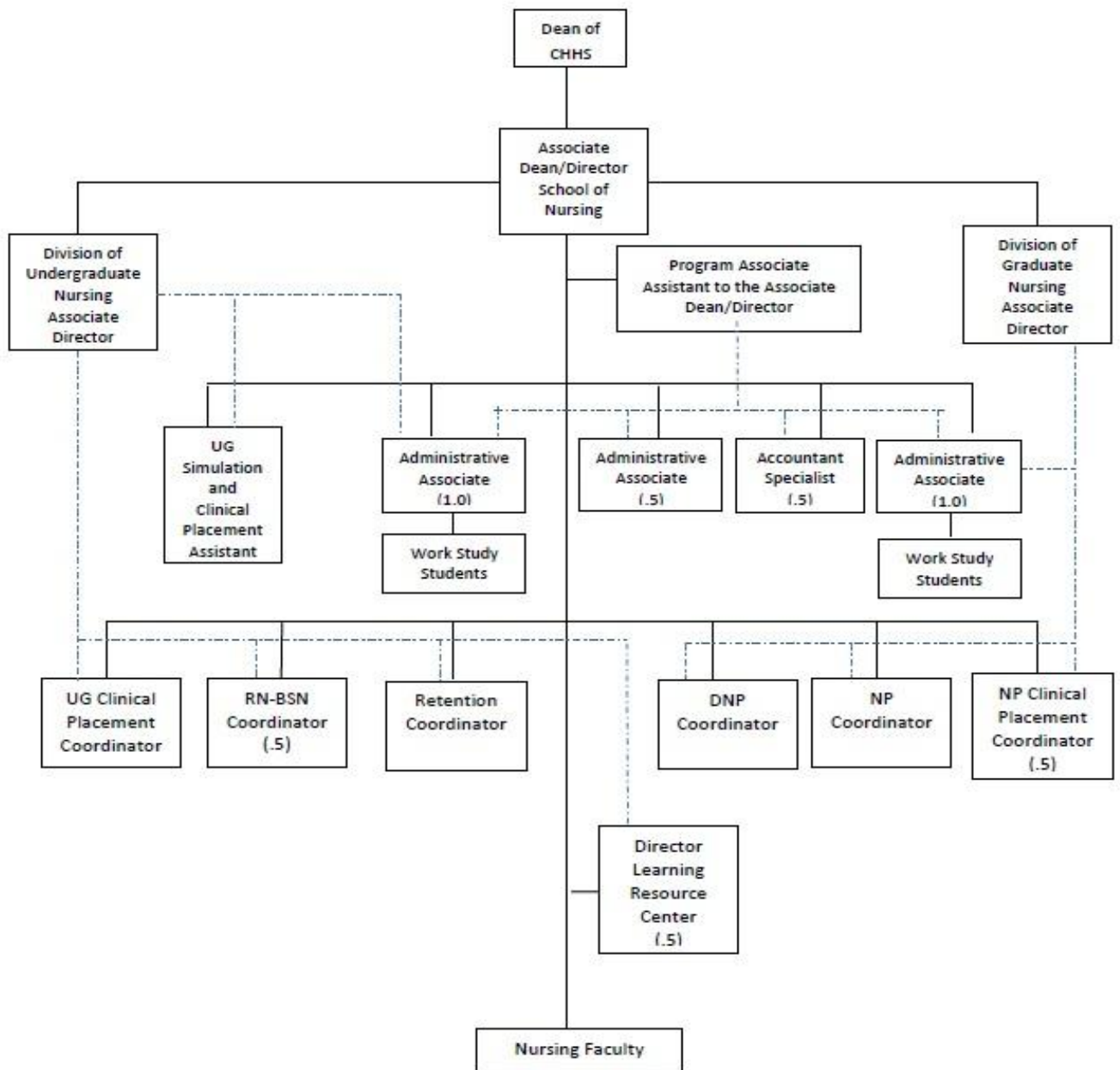
College Curriculum: Judy Cornelius

College Review: Judy Cornelius

Faculty Council Representative (1 year term): TBD

Alternate (1 year term): TBD

School of Nursing Organizational Chart



Updated 9/2008, 07/2013, 08/2015, 03/2016

POSITION DESCRIPTION: ASSOCIATE DEAN/DIRECTOR, SCHOOL OF NURSING

General

The Associate Dean/Director is the chief administrative head of the School of Nursing and is directly responsible to the Dean of the College of Health and Human Services. The Associate Dean/Director is responsible for the academic leadership, financial management, personnel management and strategic planning for the School of Nursing (SON). S/he is the formal liaison between the School of Nursing and the College of Health and Human Services, and is the communication link with the University and the community at large regarding nursing/health care issues. The Associate Dean/Director is a 100% administrative position.

School Planning and Evaluation

The Associate Dean/Director is responsible for establishing priorities for academic program planning, development, approval, implementation and evaluation for the undergraduate and graduate nursing programs. S/he collaborates with the Associate Directors and faculty in the development, implementation and evaluation of the School of Nursing Strategic Plan to include review of student and graduate outcomes. S/he is responsible for enhancing SON alumni relations and development efforts.

School Operations

The Associate Dean/Director makes recommendations to the Dean regarding annual SON budget and is responsible for managing fiscal resources that are allocated to the School. S/he maintains definitive responsibility for all SON programs including distance education offerings. The Associate Dean/Director is responsible for faculty recruitment and hiring. S/he oversees student recruiting processes. S/he performs annual faculty evaluations and facilitates staff reviews. S/he reviews faculty for appointments, re-appointments, promotion and tenure and post-tenure review and makes recommendations to the Dean. The Associate Dean/Director works in collaboration with the Associate Directors in the development of faculty workload assignments. S/he also collaborates with the Associate Dean for Academic Affairs in negotiating agency requests and contracts for student clinical placements.

Appointment Criteria

The Associate Dean/Director must meet the criteria for faculty appointment at the rank of Associate Professor or Professor, a successful record of scholarship, substantial experience as a faculty in higher education in undergraduate and graduate nursing programs, leader in the nursing discipline, and evidence of contributions to community service. In compliance with guidelines from the North Carolina Board of Nursing, the Associate Dean/Director must have at least two years of teaching in a baccalaureate and graduate nursing program and hold a current unrestricted license as a registered nurse in North Carolina.

Date of Origin: 7/02

Reviewed: 8/05; 08/16

Revised: 6/07; 10/07

POSITION DESCRIPTION: ASSOCIATE DIRECTOR, UNDERGRADUATE DIVISION

General

The Associate Director of the Graduate Division provides administrative oversight for the School of Nursing's Undergraduate Division which includes the pre-licensure nursing program and the RN-to-BSN completion program, and implementation of the undergraduate curriculum that assists faculty in the promotion of student learning. The Associate Director of the Undergraduate Division reports directly to the Associate Dean/Director of the School of Nursing and holds a 12-month faculty year appointment with administrative responsibilities. The Associate Director also participates in research and service activities and shall teach a minimum of one undergraduate course per calendar year.

Research

The Associate Director, in supporting the research efforts of the School of Nursing research activities and services, is responsible for promoting undergraduate student research and scholarly activities within the School. Additionally, the Associate Director shall have an ongoing research/scholarship program that contributes to the research goals of the school.

Instruction

The Associate Director, in collaboration with the Associate Dean/Director, is responsible for encouraging a culture of learning and implementing undergraduate courses taught in the School, and is responsible for program planning, monitoring course content, and evaluation of student outcomes in departmental courses. The Associate Director of the SON for the Undergraduate Division is responsible for the day-to-day functioning of the Undergraduate Division and specific activities within the following categories:

Curriculum and Program Support

1. Collaborate with the Undergraduate Retention Coordinator to implement and evaluate the School of Nursing Academic Support Program and Retention Plan:
 - a. Track ATI test scores and implement remediation plans, in collaboration with faculty advisors, for students who do not meet the benchmark score.
 - b. Track NCLEX-RN pass rates. If pass rate falls below benchmark, determine interventions, in collaboration with Associate Dean/Director, Undergraduate Curriculum Committee and faculty.
 - c. Track other actions outlined in the retention plan.
2. Collaborate with the RN-to-BSN Program Coordinator and Undergraduate Curriculum Committee to facilitate the curriculum evaluation process established by the School of Nursing Faculty Organization.
3. Collaborate with faculty governance committees and administration at School, College and University levels to implement faculty decisions about curricula and policy changes.
4. Annually review the BSN section in the SON Handbook to ensure accuracy.

Course Planning

1. Collaborate with the Associate Dean/Director and Associate Director for Graduate Division to create course schedules for fall, Spring & Summer, including assigning students to Fall semester clinical sections.
2. Monitor clinical site placements for the undergraduate nursing program.
3. Provide information about faculty needs and course schedule needs of the Undergraduate Division to Associate Dean/Director to assist with determination of workload assignments.
4. Recruit part-time faculty to teach undergraduate courses.

Student Issues

1. Collaborate with the Undergraduate Admissions Committee and the RN-to-BSN Coordinator to manage admissions processes of the BSN program.
2. Collaborate with the Associate Dean/Director and RN-to-BSN Coordinator to recruit students for the RN-BSN Program.
3. Plan and provide BSN orientation sessions for new students. Collaborate with the RN-to-BSN Program Coordinator to plan and provide orientation for new RN-BSN students.
4. Develop and maintain student tracking systems for admissions, enrollments, progression, attrition, and graduation rates.
5. Collaborate with Associate Director of the Graduate Division to assign advisees to faculty.
6. Provide BSN and RN-to-BSN advising orientation to new faculty.
7. Collaborate with the Director of CHHS Academic Technology to maintain Google Groups for each cohort of undergraduate nursing students.

Annual Reports and Accreditation

1. Collaborate with the Associate Dean/Director of the School of Nursing, the Associate Director of the Graduate Division, and with SON Faculty to write self-study reports related to accreditation.
2. Provide data related to BSN programs to Associate Dean/Director for completion of Annual Reports, College Evaluation plan, and specific reports to external organizations.

Program Development

1. Develop and conduct exit survey of seniors to obtain data needed for the HRSA grant related to scholarships for students from disadvantaged backgrounds (SDS).
2. Apply annually for HRSA SDS grant to provide scholarship money to undergraduate nursing students.
3. Administer HRSA SDS awards to eligible students. Track students and award money.
4. Collaborate with faculty to apply for HRSA grants to support the undergraduate nursing programs.

Administrative Responsibilities

1. Provides input to the Associate Dean/Director for annual evaluation of administrative associates.
2. Conduct annual teaching evaluations of part-time faculty who teach undergraduate courses.
3. Provide input to the Associate Dean/Director for the annual evaluation of the RN-BSN Program Coordinator.
4. Plan and provide new faculty orientation, in collaboration with the Associate Director of the Graduate Division and the Associate Dean/Director.
5. Annually review and update the BSN section in the SON Student Handbook to reflect faculty approved policy changes and to ensure accuracy.
6. Perform/complete other duties as assigned by the Dean/Director of the School of Nursing.

Appointment Criteria

The Associate Director of the Undergraduate Division must meet the criteria for tenured faculty appointment at the rank of Associate Professor or Professor and have substantial experience as a faculty member in higher education in undergraduate nursing programs. The Associate Director must hold a current unrestricted license as a registered nurse in North Carolina or compact state.

Revised 03/26/07; 06/11/07; 11/14/08; 7/25/11, 8/5/12, 7/12/13, 8/8/2016

Date of Origin: 10/06

POSITION DESCRIPTION: ASSOCIATE DIRECTOR, GRADUATE DIVISION

General

The Associate Director of the Graduate Division provides administrative oversight for the School of Nursing's Graduate Division which includes all master's and doctoral level programs and is responsible for the overall management and implementation of the graduate curriculum that assists faculty in the promotion of student learning. The Associate Director of the Graduate Division reports directly to the Associate Dean/Director of the School of Nursing and holds a 12-month faculty year appointment with administrative responsibilities. The Associate Director also participates in research and service and shall teach a minimum of one graduate course per calendar year.

Research

The Associate Director, in supporting the research efforts of the School of Nursing research activities and services, is responsible for monitoring and promoting graduate student research and scholarly activities within the School. Additionally, the Associate Director shall have an ongoing research program that contributes to the research goals of the school.

Instruction

The Associate Director, in collaboration with the Associate Dean/Director, is responsible for encouraging a culture of learning and implementing the graduate courses taught in the School and is responsible for program planning, monitoring course content, and evaluation of student outcomes in graduate courses. The Associate Director is also responsible for the day-to-day functioning of the Graduate Division and specific activities within the following categories listed below:

Curriculum and Program Support

1. Collaborate with the Graduate School and Graduate Admissions and Curriculum Committee of the School of Nursing to manage all graduate programs.
 - a. Apply admissions and progression criteria that are approved by the graduate faculty of the School of Nursing.
 - b. With the Nurse Practitioner Clinical Coordinator, identify and address issues and concerns of the Nurse Practitioner program.
 - c. With the Clinical Director of the Nurse Anesthesia Program, identify and address issues and concerns of the Nurse Anesthesia program.
 - d. Collaborate with the Graduate Admissions and Curriculum Committee to implement the Graduate Program Evaluation Plan.
2. Function as the SON liaison between the SON and the Nurse Anesthesia clinical program at CMC by participation in all applicant interviews, student evaluation committees, advisory board meetings, and by facilitating access to appropriate university resources relative to faculty development.
3. Implement faculty decisions regarding graduate curriculum changes and updates.
4. Collaborate with the Graduate School and Distance Education to recruit qualified students by making site visits, conference presentations, and provision of accurate website information to SON webmaster.

Course Planning

1. Provide information about faculty needs and course schedule needs of Graduate Division to the Associate Dean/Director to assist with determination of workload assignments.
2. In collaboration with the Associate Dean/Director and Associate Director for Undergraduate Division, create course schedules for Fall, Spring & Summer.

3. Evaluate and modify and disseminate the Graduate Program 5-year course offering plan in response to curricular changes or when course offerings do not meet the needs of the students and/or faculty.
4. Communicate course enrollment and schedule needs to faculty who teach non-SON courses to graduate students and their department chairs.
5. Recruit part-time faculty to teach graduate courses.

Student Issues

1. Collaborate with the Graduate School to plan and provide MSN Orientation sessions for new students.
2. Design and implement advising system and maintain and update graduate student files.
3. Develop written plans of study for graduate students that reflect full-time or part-time status and anticipated course schedules.
4. Collaborate with the Clinical Nurse Anesthesia Program to resolve student issues of progression, change of major, registration, and all other university-related concerns.
5. Maintain and regularly update graduate listserv to facilitate regular communication with students.

Program Development

1. Develop and maintain student tracking systems for admissions, enrollments, progression, attrition, and graduation rates.
2. On a regular basis, develop and conduct needs assessments, exit surveys, and other surveys of students and alumni to guide program planning.
3. Track certification pass rates. If certification pass rates are below acceptable professional standards determine interventions in collaboration with the Associate Dean/Director, NP coordinator, and Clinical Director of the Nurse Anesthesia major.
4. In collaboration with the NP Clinical Placement Coordinator and clinical course faculty, provide the Associate Dean of the College of Health and Human Services timely information to allow Affiliation Agreements to be established with clinical agencies to be used by SON graduate students for learning experiences.
5. In collaboration with the Office of Student Services, provide assurance that students placed in clinical agencies have met all mandated agency and health requirements.
6. In collaboration with appropriate faculty, apply for grant funding to develop specific innovative programs.
7. Annually apply to HRSA for Traineeship awards to provide scholarship money to graduate and Nurse Anesthesia students.
8. Administer General and Nurse Anesthesia Traineeship awards to eligible students. Track students and award money.

Annual Reports and Accreditation

1. Collaborate with the Associate Dean/Director of the School of Nursing, the Associate Director of the Undergraduate Division, the Graduate Admissions and Curriculum Committee, and the SON Faculty to write self-study reports related to accreditation.
2. Provide data related to all graduate programs to Associate Dean/Director for completion of Annual Reports, College Evaluation plan, and specific reports to external organizations.
3. Provide data related to the Nurse Anesthesia program to the Clinical Nurse Anesthesia Director as needed.

Administrative Responsibilities

1. Provides input to the Associate Dean/Director for annual evaluation of administrative assistants.
2. Work with Associate Dean/Director in the development of faculty teaching assignments, class schedules and clinical/agency requests.
3. Conduct annual teaching evaluations of part-time faculty who teach graduate courses.
4. Provide input to the Associate Dean/Director for the annual evaluation of the Nurse Practitioner Program Clinical Coordinator and the Nurse Practitioner Clinical Placement Coordinator.
5. Assist the Associate Dean/Director and Associate Director of the Undergraduate Division to plan and provide new faculty orientation.
6. Annually review and update the MSN section in the SON Handbook to reflect faculty approved policy changes and to ensure accuracy.
7. Perform/complete other duties as assigned by the Associate Dean/Director of the School of Nursing.

Appointment Criteria

The Associate Director of the Graduate Division must meet the criteria for faculty appointment at the rank of Associate Professor or Professor and have substantial experience as a faculty member in higher education in graduate nursing programs. The Associate Director must hold a current unrestricted license as a registered nurse in North Carolina or compact state.

Revised 03/26/07; 06/11/07; 12/02/0, 7/25/11, 8/5/12, 7/12/13

Date of Origin: 10/06

Reviewed: 08/16

POSITION DESCRIPTION: RN-to-BSN COORDINATOR

The RN-to-BSN Coordinator in the School of Nursing provides administrative oversight for the RN-to-BSN concentration and is responsible for the recruitment, admission, and advisement of the RN-to-BSN students. The RN-to-BSN Coordinator is directly responsible to the Associate Dean/Director of the School of Nursing and holds a 12 month faculty year appointment with administrative, teaching and service responsibilities. The RN-to-BSN Coordinator also reports to the Associate Director of the Undergraduate Division of the School of Nursing on all curriculum and student matters related to the RN-to-BSN program. The RN-to-BSN Coordinator holds a current unrestricted license as a registered nurse in North Carolina or compact state.

The RN-to-BSN Coordinator is responsible for the following activities

1. In collaboration with faculty and Faculty Governance committees, facilitate regular review and revision of admission and progression policies related to the RN-to-BSN concentration.
2. Serve as a standing member on the Undergraduate Admissions Committee.
3. Collaborate with the Associate Director of the Undergraduate Division to implement and evaluate the RN-to-BSN curriculum.
4. In collaboration with faculty and Faculty Governance committees, facilitate regular review, revision, and implementation of RN-to-BSN curricula educational standards.
5. Communicate recommended changes from the faculty for curricula and admission and progression policies to the SON Faculty Governance for approval; and to the Associate Director for planning and implementation.
6. Serve as the primary faculty contact for faculty teaching in the RN-to-BSN concentration and community partnerships related to RN-to-BSN program, curriculum, course, and student learning issues.
7. Serve as the advisor to all RN-to-BSN students to ensure admission, progression, and graduation requirements are met.
8. In collaboration with the Associate Director for Undergraduate Division, collect and maintain RN-to-BSN admission and graduation data for external reporting.
9. In collaboration with the Associate Director for Undergraduate Division, collect and maintain RN-to-BSN student learning outcome (SLO) data for accreditation purposes.
10. In collaboration with the Distance Education office, maintain enrollment data and orientation for RN-to-BSN distance education students.
11. Provide advising and recruitment for potential RN-to-BSN students. Activities include planning and conducting recruitment events, advising, and transcript reviews regarding prerequisites and general education requirements.
12. Perform/complete other duties as assigned by the Associate Dean/Director of the School of Nursing and Associate Director of the UG Division.

Date of Origin: 6/20/13

Reviewed: 08/16

POSITION DESCRIPTION: NURSE PRACTITIONER COORDINATOR

General

The Nurse Practitioner (NP) Coordinator in the School of Nursing must meet the criteria set by National Organization of Nurse Practitioner Faculty (NONPF) (2002) for Coordinator of NP programs. The coordinator must be certified in a particular NP specialty and have knowledge about all NP concentrations in the Advanced Clinical Major in the School of Nursing. The Coordinator collaborates with the Associate Director of the Graduate Division and reports directly to the Associate Dean/Director of the School of Nursing. The NP Coordinator must hold a current unrestricted license as a registered nurse in North Carolina or compact state and an Advanced Practice License in North Carolina.

The NP Coordinator is responsible for the following activities

1. In collaboration with NP faculty and Faculty Governance committees, facilitate regular review and revision of admission and progression policies related to the NP major.
2. In collaboration with NP faculty and Faculty Governance committees, facilitate regular review and revision of the NP curricula to ensure NP professional competencies and educational standards are current and are met.
3. Communicate recommended changes from the NP faculty for curricula and admission and progression policies to the SON Faculty Governance for approval; and to the Associate Director for the Graduate Division for planning and implementation.
4. Plan and provide orientation to NP clinical faculty regarding role and responsibilities of NP clinical teaching.
5. Consult with new faculty to identify appropriate faculty practice sites and support efforts to establish a faculty practice.
6. In collaboration with the Nurse Practitioner (NP) Clinical Placement Coordinator, review and modify criteria for appropriate clinical preceptor placements as indicated.
7. In collaboration with the NP Clinical Placement Coordinator evaluate clinical preceptor placements for effective and supportive NP student learning.
8. Be the primary faculty contact for preceptors who have agreed to work with students in all NP courses.
9. In collaboration with clinical faculty, manage clinical learning/performance issues that may arise for NP students.
10. In collaboration with the Associate Dean/Director and the Associate Director for Graduate Division, write reports related to accreditation.
11. Consult with Associate Dean/Director and Associate Director for Graduate Programs as needed to ensure NP curriculum and instructional methods meet quality benchmarks.

Date of Origin: 03/07/07

Revised 9/08; 07/25/11, 07/18/13; Reviewed: 08/16

POSITION DESCRIPTION: NURSE PRACTITIONER CLINICAL PLACEMENT COORDINATOR

General

The Nurse Practitioner Clinical Placements Coordinator (NPCPC) works with faculty, students, administration, the university and the practice community to develop community based clinical learning opportunities and positive working relationships for the School of Nursing. The NPCPC collaborates with the Nurse Practitioner Coordinator and Associate Director of the Graduate Division. The NPCPC reports directly to the Associate Dean/Director of the School of Nursing.

Responsibilities

1. Collaborates with the College of Health and Human Services Associate Dean for Academic Affairs to maintain current contracts or letters of agreement with agencies and practices that provide learning experiences for School of Nursing NP students. Forwards appropriate information to the Associate Dean to request new contracts and letters of agreement within an appropriate timeframe.
2. Obtains list of students progressing to specific clinical courses from the Associate Director of the Graduate Division. Contacts students to confirm address and telephone number and identify preferences for geographic locations for clinical rotations. Distributes resume template, clinical placement request form, and collects student's list of potential preceptors.
3. Orients NP students to process of clinical placements, general preceptor expectations of students in a primary care setting, and general expectations of student behavior and performance in the primary care environment.
4. Collaborates with faculty teaching and coordinating Advanced Health Assessment to arrange health assessment experiences at designated sites.
5. Identifies appropriate clinical placements for students with credentialed preceptors and matches placements to student educational requirements. Generates contract, preceptor information, and any additional needed forms for each placement, and forwards to Administrative Assistant for the Graduate Division and the Associate Dean for Academic Affairs.
6. Collaborates with NP Coordinator to develop and maintain a current set of orientation materials that are mailed to each preceptor for each course. Materials include: information about the School of Nursing, graduate program, course syllabi, and number of hours for designated clinical experience, university calendar, contact information on that student, and contact information for the supervising faculty member.
7. Develops a database of preceptors for graduate courses that includes: name, degrees/certification, address, telephone, email, person to contact for contract/letter of agreement, address, telephone number, and which courses the individual has previously precepted students. Each placement should be noted with a date and if the clinical site met NP program needs. Monitors the database to ensure that each Nurse Practitioner student has a Nurse Practitioner preceptor at least once in program.
8. Collaborates with each faculty teaching a graduate clinical course in placing students. Any changes in student placement after the beginning of the semester must be first negotiated with the course faculty of record. Faculty will meet with NPCPC and arrange any changes deemed appropriate.
9. Develops and maintains record of faculty and student evaluation of each preceptor.
10. At the end of each semester, surveys preceptors for feedback about student placements and student performance that reflect program strengths and areas needing improvement.

11. Provides orientation to preceptors as appropriate.
12. Networks with nurse practitioner and physician groups to promote positive collaborative relationships and enhanced visibility of the UNC Charlotte Nurse Practitioner program.
13. Monitors database to ensure that AHEC/ORPCE quarterly reports for placement and preceptor are accurate. Keeps current information about NP courses that are eligible for reimbursement from ORPCE.
14. Works with Associate Dean/Director of the School of Nursing and Associate Director of Graduate Division to recognize preceptors and contracting agencies.

Date of Origin: 3/01/04, 07/18/13

Reviewed: 8/05; Revised 3/08; 06/09; 08/16

POSITION DESCRIPTION: UNDERGRADUATE CLINICAL PLACEMENT COORDINATOR

General

The Undergraduate Clinical Placements Coordinator (UCPC) works with the Associate Dean/Director, faculty, administration, the University, and the practice community to secure and develop clinical learning opportunities and sites and positive working relationships for the School of Nursing. The UCPC collaborates with the Associate Director of the Undergraduate Division and reports directly to the Associate Dean/Director of the School of Nursing.

Responsibilities

1. Collaborates with faculty teaching and coordinating NURS 4440: Practicum in Population Focused Nursing and NURS 4450: Design and Coordination of Care to secure preceptors for students in those courses.
 - a. Recruits and confirms preceptor sites for each semester's class (starts mid-semester in the Fall for Spring and mid-summer for the Fall semester).
 - b. Confirms presence of and specifics for affiliation agreements with agencies being used prior to assigning agencies to faculty.
 - c. Distributes to faculty the site(s) and preceptors assigned to them.
 - d. Provides to preceptor sites the names of students and faculty assigned to the agency and confirmation of compliance paperwork.
 - e. Provides to preceptor, and preceptor's supervisor per agency request, copies of the course syllabi and supporting course materials, and the Preceptor Tip Sheets (NURS 4440).
 - f. Communicates regularly with preceptor sites and the staff in charge of organizing preceptors to ensure early identification and resolution of student, preceptor and placement issues.
 - g. Maintains spreadsheet with preceptor data. Collaborates with faculty to ensure collection of CV's from preceptors.
 - h. Obtains clinical compliance confirmation for students from the CHHS Advising Center; and, alerts faculty regarding student compliance with agency and School of Nursing mandates.
 - i. Oversees, tracks, and maintains completed agency mandated paperwork for all students in the courses.
 - j. Oversees the preceptor letter process per the Dean's Office policy and procedures, collaborating with Administrative Associate to ensure letter process is completed.
 - i. Populate spreadsheet with all necessary information.
 - ii. Print or ensure printing of letters for all students (once all compliances are met by students)
 - iii. Submit letters to Associate Dean/Director of School of Nursing for signature.
 - iv. Mail/deliver/distribute letters to preceptors as appropriate (per affiliation agreements).
 - v. Collect all letters requiring signature by first week of clinical rotation.
 1. Maintain binder with all supporting documentation- checklist, letters, agency mandate paperwork for all students, and documentation of School of Nursing clinical compliance.

- k. Collaborate with Course Coordinators for NURS 4440 and NURS 4450 to arrange student orientation at sites if necessary,
 - i. Hospice and Palliative Care of Charlotte Region requires a formal orientation.
 - ii. Group orientation/information session at Health Department is necessary for all other students in NURS 4440.
 - l. Mail certificates of appreciation and letter to preceptors at the end of each semester.
2. Collaborates with faculty teaching and coordinating NURS 4440: Practicum in Population Focused Nursing and NURS 4450: Design and Coordination of Care to develop new clinical sites/preceptors.
- a. Facilitates processing of affiliation agreement through the Dean's office, collaborating with the Administrative Assistant to the Associate Dean for Academic Affairs.
 - b. For new sites: sends course materials; explains course set up; answers questions; ensures affiliation agreement is in place prior to students attending site.
3. Collaborates with faculty and the Associate Director of the Undergraduate Division to secure clinical sites/units for non-precepted practicum courses.
- a. Obtains clinical site/unit requests from faculty early in the spring semester for the subsequent academic year.
 - b. Reviews faculty requests to be sure units are adequate in type and number to cover all practicum course sections.
 - c. Submits clinical site/unit requests to agencies by the agencies' deadlines.
 - d. Attends clinical site request meetings and negotiates approval of units requested by faculty.
 - e. Notifies faculty of clinical sites/units approved by each agency.
 - f. Maintains open communication with staff member at each agency who is responsible for student clinical placements.
 - g. Collaborates with faculty to identify new clinical sites/units, and facilitates the processing of affiliation agreements, as needed, through the Dean's Office.

Date of origin: 7-26-11, revised 7-18-13
Reviewed: 08/16

POSITION DESCRIPTION: DIRECTOR OF LEARNING RESOURCE CENTER

General

The Director of Learning Resource Center is responsible for the general operation of the Nursing Skills Labs and collaborates with faculty and the Associate Director of the Undergraduate and Graduate Divisions on matters related to the use of lab instruction of students. This position in the School of Nursing is directly responsible to the Associate Dean/Director of the School of Nursing.

Qualifications

Minimum of a Master's degree in Nursing and eligible for the lecturer or higher faculty position as described by the university. Requires experience with simulated learning and design.

Responsibilities

1. Develops policies and procedures for lab operations on a daily and overall basis.
2. Assists the Associate Dean/Director of the School of Nursing and other personnel on strategic planning issues related to instruction and use of the nursing labs.
3. Oversees instructional functions in the School of Nursing's labs, including supervision of graduate assistants.
4. Maintains up-to-date knowledge in the areas of simulated learning, and trends in curricula and health care.
5. Coordinates learning activities with CHHS Academic Technology as needed.
6. Assists faculty in designing simulated learning experiences.
7. Maintains inventory of lab supplies with yearly inventory verification.
8. Obtain repair or replacement of broken or out-dated equipment.
9. Maintains general lab supplies (i.e. gloves, consumable items) through a yearly ordering process coordinated with the Administrative Secretary to the Associate Dean/Director of the School of Nursing.
10. Schedules lab use for course related labs, open lab hours and individual student and faculty requests.
11. Coordinates Bloodborne Pathogen instruction and OSHA compliance for the School of Nursing.
12. Coordinates the dissemination of clinical agency policies and procedures.
13. Other activities as designated by the Associate Dean/Director of the School of Nursing.

Date of Origin: 5/98

Revised: 7/02, 7/03, 11/08, 07/13

Reviewed: 8/05, 8/16

UNDERGRADUATE SIMULATION AND CLINICAL PLACEMENT ASSISTANT

General

The UG Lab and Clinical Placement Assistant performs clinical and laboratory activities for the School of Nursing's Undergraduate Division, which also includes monitoring records for student and facility requirements and assisting the daily operations of the Learning Resource Center, including assisting with clinical initiatives. The UG Lab and Clinical Placement Assistant is a staff position that reports indirectly to the Associate Director of the UG Division and directly to the Associate Dean/Director of the School of Nursing and holds a 12-month year appointment.

Qualifications

BSN degree from an accredited institution required; previous teaching, recent clinical experience preferred. Skilled in the use of Microsoft Office, specifically Excel. Unencumbered North Carolina license. Simulation and AV production experience preferred.

Clinical Placement Duties and Responsibilities

1. Collaborate with UG Associate Director and agency placement coordinators to develop clinical placements;
2. Coordinate with the UG Associate Director to determine the numbers of student placements needed at each semester, level and type of experience needed;
3. Identify facility requirements, communicate these requirements to faculty and student groups in a timely manner.
4. Maintain a record of clinical requirements and update as required when facility expectations change;
5. Use appropriate forms to place requests for groups of students and for precepted positions to meet facility deadlines;
6. Collaborate with the UG Associate Director and the Associate Dean for Academic Affairs to ensure clinical placement agreements are current.
7. Maintain accurate records related to student and facility requirements;
8. Attend placement coordinator meetings at least annually and collaborate with surrounding schools and colleges for clinical sites;
9. Collaborate with the UG Associate Director to secure adequate faculty coverage for clinical experiences

Lab Duties and Responsibilities

1. Assist LRC Director with monitoring and controlling daily operations of the LRC;
2. Provide support for clinical/lab projects and initiatives across the curriculum;
3. Promote an optimal learning environment in all simulation areas for participants and facilitators;
4. Maintain safety standards with regards to the use of equipment and hazardous waste disposal;
5. Provide appropriate orientation and guidance to new and progressing students, as well as faculty;
6. Assess students' ability to provide critical skills;
7. Coordinate labs to meet best practice model standards to assess usage, order equipment and supplies, and make recommendations for purchases;
8. Conduct annual inventory of supplies and equipment

Originated: 3/16

Reviewed 08/16

POSITION DESCRIPTION: RETENTION COORDINATOR

General

The Retention Coordinator is responsible for general oversight of the components of the School of Nursing's undergraduate student retention plan. This position collaborates with the Associate Director of the School of Nursing Undergraduate Division and reports directly to the Associate Dean/Director of the School of Nursing.

Qualifications

Minimum of a master's degree in nursing and eligible for a lecturer or higher faculty position as described by the University. Requires experience with curriculum, instructional design, and student support.

Retention

1. Track student retention per student cohort.
2. Counsel high risk students.
3. Coordinate resources to support student retention such as, but not limited to, study skills, test taking strategies, referral to campus student support services.

External Assessment of Student Achievement

1. Collaborate with the Associate Director of the SON Undergraduate Division to administer and monitor the external testing program.
2. Collaborate with faculty to develop remediation plans for students not meeting the benchmark scores in the external testing program.
3. Collaborate with students and advisors to implement the remediation plans.

Date of Origin: 11/17/06

Revised 2/10, 07/13

Reviewed 8/16

POSITION DESCRIPTION: COORDINATOR OF NURSE ANESTHESIA SPECIALTY CONCENTRATION

The Coordinator of the Nurse Anesthesia specialty concentration has responsibilities in the areas of curriculum, students, faculty, preceptors and the community. The Academic Coordinator holds a graduate faculty appointment in the School of Nursing. These responsibilities are incorporated in the job description of the Associate Director of the Graduate Division.

Responsibilities:

1. Provides leadership to Anesthesia faculty and Carolinas Medical Center (CMC) Anesthesia Program Director in reviewing courses to ensure compliance with certification/ accreditation criteria, and makes recommendations for changes to the appropriate structures within the School and/or College.
2. Monitors courses for progression/consistency of anesthesia content assuring that essential competencies are taught and built upon as required by the Council of Accreditation (COA) of Nurse Anesthesia Programs.
3. Reviews applications and applies admission criteria established by the Faculty of the School of Nursing. Refers qualified applications to the CMC Nurse Anesthesia faculty.
4. Serves on the nurse anesthesia interview committee at Carolinas Medical Center. Participates three times a year in two applicant interview sessions (½ to ¾ day each, including a Saturday).
5. Works collaboratively with the School of Nursing, College of Health and Human Services, Graduate School, other University divisions, and Carolinas Medical Center faculty and administrators according to policies to resolve student and/or programmatic concerns.
6. Serves as a resource person/mentor for faculty with limited teaching experience in the Nurse Anesthesia Program.
7. Participates in the Nurse Anesthesia's Advisory Committee, Evaluation Committee, and Curriculum Committee.
8. Responds to inquiries from prospective students.
9. Validates that students are registered for the required courses.
10. Forwards paper work through the university for payment to CMC each semester.
11. Writes the Advanced Practice Traineeship Grant Proposal annually.
12. Calculates the amount of financial award that each student will receive from the traineeship each semester and authorizes payment using usual Financial Aid processes. documents full time classification, class registration paper work to the SON, CHHS, CMC, and to the University Financial Aid Office.
13. Participates and provides support/guidance in the development of the accreditation reports (yearly reports plus the major site visit reports), and ANY changes in the program that must be filed with the COA.
15. Depending upon state funding availability, represents the University of North Carolina at Charlotte at the Anesthesia Assembly of School Faculty meeting each year.

Revised: 3/01/04; 06/09, 06/10; Reviewed 08/16

POSITION DESCRIPTION: PART-TIME FACULTY

Qualifications

1. NC State Board of Nursing license.
2. 2 years of clinical experience
3. Clinical expertise in area of teaching
4. Current certification if required for practice area.

Overview

Part-time faculty are assigned by the Associate Director as clinical teachers or didactic course instructors and report directly to the Associate Dean/Director of the School of Nursing.

Responsibilities:

1. Attend all scheduled meetings with lead faculty for designated course.
2. Review syllabus with lead faculty or appropriate Associate Director and obtain all clinical or didactic course materials that are needed for the semester.
3. If indicated, familiarize self with clinical agency to which students will be assigned. This may require one or more visits to the agency.
4. When students are in jeopardy of failing, consult with lead faculty or Associate Director to develop or validate remedial plan that includes a learning contract.
5. Using UNC Charlotte standards and evaluation forms, documents student progress. Copy the lead faculty or Associate Director on all email communication with students experiencing difficulty in mastering course materials of clinical skills.
6. Complete all end-of-semester course evaluation reports.
7. Teach all schedule classes or clinical.

Created 05/10, Revised 07/13; reviewed 08/16

Revised: 07/13; 8/16

Policy for Evaluation of Part-time Faculty

Policy:

All part-time faculty members in the School of Nursing are to be evaluated at the end of each semester in which they teach. Part-time faculty members will participate in their evaluation process each semester.

Procedure:

1. Associate Directors will send the Part-time Instructor Self-Evaluation form to their respective part-time faculty prior to the end of each semester.
2. Part-time faculty will complete and submit the Self-Evaluation form, along with a copy of their students' course/teaching evaluations, to the respective Associate Director.
3. Associate Directors will review the Self-Evaluations and course/teaching evaluations for their respective part-time faculty.
4. Associate Directors will hold an e-conference with their respective part-time faculty within 4 weeks of receipt of the Self-Evaluations and course/teaching evaluations. Notes from the meeting will be documented on the Self-Evaluation Form, signed by the Associate Director, and a .pdf copy sent to the part-time instructor.
5. Part-time faculty Self-Evaluation forms will be filed in the personnel file in the SON Associate Dean/Director's Office.

RUBRIC FOR ORIENTATION AND EVALUATION OF PART-TIME FACULTY

1. Faculty signs contract and is assigned BANNER ID number.
2. Faculty completes general orientation modules for SON.
3. Faculty receives generic job description for graduate or undergraduate part-time faculty positions.
4. Course Lead Faculty contacts the part-time faculty member to arrange orientation to the specifics of the course, including course-specific job duties.
5. If this is a first-time appointment to the SON, the Lead Faculty member conducts a peer review of the part-time faculty member.
6. The Associate Director consults the Lead Faculty (if applicable) to solicit information about the Part-time faculty performance in the following areas:
 - a. Student supervision and student evaluation
 - b. Communication with students and others
 - c. Agency satisfaction with faculty person
7. At the end of the semester, the Part-time faculty member completes a Self-evaluation form and submits it to the Associate Director.
8. At the end of the semester, the Associate Director completes a performance review and discusses it with the part-time faculty member. For first-time appointed part-time faculty, the evaluation includes the results of the peer review.
9. A peer review of the part-time faculty is completed again after three years of teaching or sooner at the discretion of the Associate Director.

Date of Origin: 3/27/14

Reviewed: 8/16

Revised: 8/16

UNC Charlotte School of Nursing
Part-time Instructor Self-Evaluation Form

Instructor Name: _____

Course(s) Number and Name: _____

Clinical Site(s): _____

Number of days absent from teaching class or clinical: _____

Strengths:

Areas for improvement: 	Plan for improvement:
-----------------------------------------------------------------------	----------------------------------------------------------------------

e-Conference notes:

Faculty Signature: _____ Date: _____

Associate Director Signature: _____ Date: _____

Origination Date: 4-29-10; Revised: 3-30-14; reviewed 08/16

POSITION DESCRIPTION: CLINICAL COORDINATOR

Qualifications

Full time faculty member serving in the role of Associate Director/Undergraduate Division.

Overview

The Associate Director for the Undergraduate Division will serve in the role of Clinical Coordinator and faculty of record (Banner) for all clinical courses offered in the Undergraduate Division. The Associate Director has the responsibility of ensuring adequate clinical coverage, evaluating all part-time clinical faculty, ensuring that final courses grades are submitted and facilitating faculty/student problem solving, as needed.

Responsibilities

1. Collaborate with Lead Faculty member in clinical planning;
2. Work with lead faculty to facilitate conflict resolution should student/faculty issues arise;
3. Coordinate the selection and orientation of qualified part-time faculty;
4. Evaluate part-time faculty as per policy;
5. Coordinate clinical site placement;
6. Ensure final grades are submitted by university sanctioned deadlines

Originated: 08/16

POSITION DESCRIPTION: LEAD FACULTY

Qualifications

Faculty must hold a full-time position in the School of Nursing with a master's degree. Must also meet NC Board of Nursing rule 21 NCAC 36.0318 which requires either a baccalaureate in nursing or graduate degree in nursing from an accredited institution and 2-calendar years or the equivalent of full time clinical experience as a registered nurse.

Overview

Lead faculty are full-time faculty who provide course and clinical oversight when greater experience in a subject area or program of student is needed. Lead Faculty (LF), may be administratively appointed to oversee select courses, and are assigned by the Associate Dean/Director/Associate Dean with input from the Associate Directors of the Graduate and Undergraduate Division. Lead faculty will receive 1.0 course credit to perform the following duties:

Responsibilities:

1. Collaborate with the Associate Director to assist in course/clinical planning.
2. Update syllabi and lead faculty in textbook and material selections.
3. Assist faculty, as needed, in the creation of course content within the University's Learning Management System (LMS) ensuring that the Associate Director is added to all sections with ability to view student roster.
4. Secure qualified preceptors for all precepted clinical activities ensuring that University, School of Nursing and North Carolina Board of Nursing policies and procedures are followed.
5. Lead scheduled meetings of all faculty before or during the first week of class to discuss course expectations.
6. Hold a level meeting at least 3 times each semester (including for the completion of End of Course Reports) to discuss issues involving student performance, anticipated changes to course content or deliver and any other issues which may impact student outcomes.
7. Ensure that minutes from all required meetings are placed in the appropriate folder on the J Drive.
8. Orient new part-time faculty to the course and agencies. If needed, accompanies new faculty to clinical sites and introduce them to personnel, policies and typical scheduling of student experiences.
9. Provide assistance in identifying qualified part-time faculty for didactic and clinical courses;
10. Provide oversight of course/clinical sections to ensure consistent application of agreed upon approaches to achieve student outcomes and School of Nursing policies and procedures.

Revised 3/01/04; 06/09; 7/25/11, 7/18/13, 8/8/2016

POSTION DESCRIPTION: DOCTOR OF NURSING PRACTICE COORDINATOR

General

The Coordinator of the Doctor of Nursing Practice (DNP) Program works in collaboration with the Associate Director of the Graduate Division for the overall management, implementation, and evaluation of the DNP Program. The Coordinator must be certified in a particular specialty and hold a current unrestricted license as a registered nurse in North Carolina or compact state and an Advanced Practice License in North Carolina. The DNP Coordinator holds a 9-month faculty year appointment with teaching and administrative duties and reports directly to the Associate Dean/Director of the School of Nursing. Professional, School, and university service and scholarship of practice are additional expectations.

The DNP Coordinator is responsible for the following activities:

1. Work in collaboration with WCU to review and revise admission and progression policies related to the Doctor of Nursing Practice (DNP) major.
2. Serve as a co-leader of the UNC Charlotte/WCU Consortium Advisory Committee.
3. Develop and revise all Doctor of Nursing Practice policies and processes related to student and curriculum activities.
4. Monitor student progression through the DNP program at UNC Charlotte.
5. Communicate recommended changes from the DNP program regarding curricula and admission and progression policies to the SON Faculty Governance structure for approval, and to the Associate Director for the Graduate Division for planning and implementation purposes.
6. Develop and revise DNP courses, including syllabi development in collaboration with graduate faculty and the Associate Director of the Graduate Division.
7. Evaluate and implement current initiatives and directives from professional and accrediting organizations, (e.g., NONPF and CCNE) regarding DNP program development and implementation.
8. Participate in the recruitment and selection of students for the DNP program.
9. Recruit Clinical Residency sites and preceptors as necessary.
10. At the end of each semester, survey preceptors for feedback about student placements and student performance that reflect program strengths and areas needing improvement.
11. Provide orientation to preceptors/mentors as appropriate.
12. Promote cooperative and collaborative practice arrangements with clinical agencies and private physician practices to assist with the clinical placements of students.
13. Serve as a member of the Graduate Admissions and Curriculum Committee as the DNP representative.
14. Update the DNP Student Handbook in collaboration with WCU annually in May of each year.

15. Develop criteria for scholarly projects and qualifying exam in collaboration with WCU and the Associate Director of the Graduate Division.
16. Maintain own practice involvement and engagement in the scholarship of practice.
17. Serve as a practice and clinical research/scholarship mentor for faculty and students.
18. Orient all faculty to the DNP program curriculum and other processes impacting implementation of the program.
19. Monitor course content and evaluation of student outcomes in DNP courses.
20. Promote DNP student evidence-based practice scholarly activities within the School and communities of interest.
21. Maintain and regularly update graduate listserv to facilitate regular communication with DNP students.
22. Manage the daily functions of the DNP program and related initiatives and activities.
23. Act as a liaison in maintaining positive communication and relationships between the program, students, agencies, and Preceptors/practice sites.
24. In collaboration with appropriate faculty and administration, apply for grant funding to develop specific innovative projects related to the DNP program.
25. Annually review and update the DNP section of the SON Handbook to reflect faculty approved policy changes and to ensure accuracy.
26. Provide the lead in identifying faculty development activities to support the DNP program.
27. Collaborate, as a leader and member of the Expanded Administrative Team, to support the mission of the School.
28. Perform other duties as directed by the Associate Dean/Director of the School of Nursing.

Date of Origin: 07/13
Reviewed: 08/16

**POSITION DESCRIPTION: GRADUATE TEACHING ASSISTANT FOR LEARNING
RESOURCES CENTER**

Graduate Assistant: _____

Title: X Teaching Assistant Research Assistant Administrative Assistant

Term of appointment:

Employing Unit: School of Nursing

Supervisor: Dale Ann Crimes, MSN, RN, Director of Learning Resources Center

Duties:

- Teaching assistant has responsibility for an independent section.
 Lab Assistant in the Nursing Skills Lab (TBA hours/week). Special projects and clinical laboratory assignments as determined by supervisor. Hours not to exceed 20 hrs/week.

Job Requirements:

- Current unrestricted license to practice as a Registered Nurse in North Carolina
- OSHA training: Bloodborne Pathogen/Universal Precautions
- Current Health History Form (CONHP)
- Current CPR certification

Educational requirements: Bachelor of Science degree in Nursing

For Teaching Assistants, please check one:

- This student has complied with the SACS 18-hour rule
- X The SACS 18-hour rule is not applicable

Performance Standards:

Dependability, initiative, responsibility for assigned work, quality of work, cooperation, follow through, use of time.

Instructions: This form is prepared by the employing unit which retains a copy and forwards the original and one copy to the College Office. The College may keep a copy. Two copies should be forwarded by the College to the Graduate School with the recommendation for appointment to a graduate assistantship.

Date of Origin: 1/15/02

Revised 06/09, 07/13

Reviewed: 08/16

UNDERGRADUATE CURRICULUM FRAMEWORK AND PROGRAM OUTCOMES

ENVIRONMENT					
CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
Healthcare Systems	<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"> • Policy • Political process • Continuum of care • Public health • Epidemiology • Healthcare economics & Finance • Global healthcare 	<ul style="list-style-type: none"> • Students participate in a variety of didactic and clinical experiences that impart information and understanding about the structure and function of healthcare systems. • Students articulate in a fundamental way the ethical and political dimensions of healthcare issues in a context of social justice. 	<ul style="list-style-type: none"> • 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. • Graduates effectively collaborate with other health and human service providers to optimize utilization of healthcare services. 	<ul style="list-style-type: none"> • Graduates remain employed in healthcare. • At least 25% of graduates have progressed from graduation to a position of greater responsibility or greater specialization. • At least 25% of graduates report participating in policy making.
Community	<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, commonalities, and shared meanings and purposes among its members.</i>	<ul style="list-style-type: none"> • Human diversity • Lifespan perspectives on health & caring (e.g., aging) • Populations • School health • Outreach • Partnerships for health • Environmental health • Crime & violence 	<ul style="list-style-type: none"> • Students identify cultural patterns, health status, resources, concerns, and needs of communities (e.g., “windshield survey”); analysis of morbidity & mortality statistics; conduct a focus group) through environmental context experiences. • Students demonstrate respect for the values of the communities and populations they serve. • Students function in an autonomous professional nursing role in direct interaction with the community under the supervision a clinical instructor. 	<ul style="list-style-type: none"> • Portfolios demonstrate that graduates carry out a basic community assessment utilizing appropriate quantitative and qualitative data sources. • Graduates design and provide or coordinate appropriate preventive and restorative healthcare interventions and programs for individuals, families and communities. 	<ul style="list-style-type: none"> • At least 10% of graduates are employed in community health nursing roles and functions, with documented employer satisfaction with their performance. • At least 10% of graduates express interest in pursuing graduate education in community health nursing or primary care now or later. • Of those graduates employed in community health nursing, at least 40% are employed in rural or healthcare professional underserved areas.

PROCESS					
CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
Communication	<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"> • Information technology • Collaboration / Group process / Negotiation • Nursing & healthcare taxonomies 	<ul style="list-style-type: none"> • Students record and analyze interpersonal relations transactions (IPRs) in various settings. • Students document assessments of clients and descriptions of care provided. • Students participate in group projects to accomplish learning objectives. • Students create and implement teaching plans appropriate to the clients receiving care. • Students convey health or healthcare information to others via written and/or oral methods. 	<ul style="list-style-type: none"> • Portfolios and clinical evaluation by faculty demonstrate that students accurately document assessments and care rendered. 	<ul style="list-style-type: none"> • 100% of graduates report proficiency in using information technology in their daily work. • 80% of graduates report believing themselves to have been adequately prepared for the interdisciplinary collaboration necessary to be developed following entry into practice.
Critical Thinking	<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"> • Assessment • Diagnostic process • Data analysis • Evaluation • Critique of research and theory • Nursing process • Differential diagnosis • Strategic planning 	<ul style="list-style-type: none"> • Students complete the HESI Examinations per policy. • Students participate in a variety of settings and situations where they assess and plan for clients. 	<ul style="list-style-type: none"> • Aggregate NCLEX pass rates show that 94% of graduates pass on first-time writing the NCLEX exam 	<ul style="list-style-type: none"> • Employer satisfaction surveys reflect employers are satisfied with the clinical performance of 90% of graduates.

OUTCOMES						
CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	PROGRAM OUTCOMES	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
Caring	<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"> • Cultural competence • Client-centered care (client as individual, family, group, or community) • Nurse-client relationship • Quality of care 	<ul style="list-style-type: none"> • Students develop interpersonal relationships with peers and clients through group work and clinical practice. • Students demonstrate empathy in caring for others. • Students use self therapeutically in caring for others • 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. 	Provides compassionate, sensitive, and competent care to diverse patients/clients.	<ul style="list-style-type: none"> • Graduates demonstrate (by portfolio and clinical evaluation) competence in developing interpersonal relationships with a wide variety of individuals in various settings. • 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. • 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. 	<ul style="list-style-type: none"> • Employer satisfaction surveys show employers satisfied with the clinical provider of care performance of at least 90% of graduates. • 25% of graduates report active participation in QI activities in their workplace.
Ethics	<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"> • Altruism • Beneficence • Values • Autonomy / Freedom / Choice • Humanism • Human dignity • Integrity • Social justice • Equity 	<ul style="list-style-type: none"> • Students participate as informed professionals in dialogues concerning ethical issues in patient care. • Students seek understanding of demonstrate respect for, and communicate clients values to the multidisciplinary team. • Students maintain client confidentiality. • Students examine client access to care, barriers to treatment, and distribution of healthcare resources within a context of social justice. 	Uses an ethical decision-making process in practice that incorporates respect for diverse values and beliefs.	<ul style="list-style-type: none"> • Graduate is knowledgeable about Nursing Code of Ethics • Graduate functions in a clinical setting as an ethical practitioner given appropriate resources for decision making. 	<ul style="list-style-type: none"> • 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.

Professionalism	<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"> • Accountability • Performance appraisal (of self, others) • Collegiality • Regulatory processes 	<ul style="list-style-type: none"> • Students develop a personal nursing philosophy to guide practice. • Students use ANA: <i>Scope and Standards of Performance in clinical practice.</i> • Students take responsibility for their own professional development. • Students are responsible and accountable for their performance in clinical practice. 	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"> • Graduates articulate their awareness of the need and willingness to practice with personal accountability for their own actions. • Graduates consistently perform in adherence to technical and professional/ethical standards. 	<ul style="list-style-type: none"> • Graduates continue to be employed in the profession • Graduates continue to hold unencumbered licensure. • Graduates report at least 8 hours per year of professionally relevant Continuing Education.
Health Promotion	<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"> • Holism / Body-mind-spirit • Disease prevention • Pain • Pain management • Health indicators • Risk reduction • Exercise, fitness • Nutrition 	<ul style="list-style-type: none"> • Student's role model health promotion behaviors. • Students demonstrate health promotion activities as intrinsic part of patient care. • Students demonstrate patient teaching to selected populations. 	Uses strategies for health promotion, risk reduction and disease prevention across the lifespan.	<ul style="list-style-type: none"> • Portfolio of student reflects participation in planning, implementation, and evaluation of at least 3 health promotion activities in various settings. 	<ul style="list-style-type: none"> • By self report on the alumni survey, performed at least 2 health promotion activities either within their employment or in community service.
Illness / Disease Management	<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"> • The nurse as provider of care • Technical skills • Outcome evaluation 	<ul style="list-style-type: none"> • Students demonstrate safe and knowledgeable performance of psychomotor skills. • Students demonstrate safe and knowledgeable care according to the ANA <i>Scope and Standards of Practice.</i> 	Assesses and manages physical and psycho-social signs and symptoms related to disease and treatment across the lifespan to enhance quality of life.	<ul style="list-style-type: none"> • Evidence of the provision of safe, competent care as evaluated by clinical faculty and/or preceptor. • Student portfolio documents one clinical incident per clinical course reflecting competence in illness/disease management. • Students as a group achieve 95% pass rate on first-time writing of NCLEX. 	<ul style="list-style-type: none"> • Employer satisfaction surveys reflect employer satisfaction with graduates in illness/disease management.

<p>Design & Coordination of Care</p>	<p><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></p>	<ul style="list-style-type: none"> • Goal-directed practice • Outcomes • Research utilization • Leadership • Resource utilization • Delegation • Supervision 	<ul style="list-style-type: none"> • Students coordinate care in a variety of settings. • Students coordinate and delegate tasks to licensed and unlicensed personnel. • Students integrate research and evidence based outcomes into professional practice. 	<p>Develops, coordinates and manages care in conjunction with the patient/client and other disciplines.</p>	<ul style="list-style-type: none"> • Evidence of safe, effective direct care, delegation, and supervision is documented in student portfolio. • Student portfolio documents one clinical incident per clinical course reflecting competence in design and coordination of care. 	<ul style="list-style-type: none"> • Employer satisfaction surveys reflect employer satisfaction with graduates in design and coordination of care. • graduates report believing themselves to have been adequately prepared at a beginning level of competence in delegation and supervision (of aides, techs, etc.) • At least 50% of graduates report having had a successful experience in a formal “charge” or leadership role in their workplace.
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Revision: 02/23/2005



Environment - Process - Outcome Nursing Curriculum Framework



GRADUATE CURRICULAR FRAMEWORK AND OUTCOMES EVALUATION

ENVIRONMENT						
CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	GRADUATE PROGRAM OUTCOME	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
Health-care Systems	<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"> • Policy • Political process • Continuum of care • Healthcare economics & Finance • Global healthcare • Community and population-based systems 	<ul style="list-style-type: none"> • Students participate in a variety of didactic and clinical experiences that impart information and understanding about the structure and function of healthcare systems. • Students articulate the ethical and political dimensions of healthcare issues. 	<ul style="list-style-type: none"> • Demonstrates leadership activities to influence health policy and/or improve the health care delivery system 	<ul style="list-style-type: none"> • Demonstrates ability to function in the health care system relevant to their specialized practice role. • Graduates effectively collaborate with other health and human service providers to optimize utilization of healthcare services. 	<ul style="list-style-type: none"> • Graduates remain employed in healthcare. • Graduates report having progressed to a position of greater responsibility or greater specialization. • Graduates report participating in organizational decision making or are politically active.
Community	<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, commonalities, and shared meanings and purposes among its members.</i>	<ul style="list-style-type: none"> • Human diversity • Lifespan perspectives on health & caring (e.g., aging) • Populations (e.g., school health) • Partnerships for health • Environmental health • Social Issues 	<ul style="list-style-type: none"> • Students identify cultural patterns, health status, resources, concerns, and needs of communities and their members • Students demonstrate respect for the values of the communities and populations they serve through professional practice. 	<ul style="list-style-type: none"> • Demonstrate competence in providing evidence-based healthcare to diverse populations 	<ul style="list-style-type: none"> • Graduates design and provide or coordinate culturally appropriate preventive and restorative healthcare interventions and programs for individuals, families or communities. • Preceptor Evaluations 	<ul style="list-style-type: none"> • Students are employed in their area of expertise. • Establish a baseline of percentage of students who work with underserved or vulnerable populations

OUTCOMES						
CONCEPT	DEFINITION	RELATED CONTENT	ACTIVITIES	GRADUATE PROGRAM OUTCOME	OUTCOME EVALUATION (GRADUATION)	OUTCOME EVALUATION (3 YRS OUT)
Diversity and Social Issues	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"> • Culturally competent care • Quality of care • Multicultural work force • Social determinants of health 	<ul style="list-style-type: none"> • 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. 	Demonstrate competence in providing evidence-based healthcare to diverse populations	<ul style="list-style-type: none"> • Papers and logs demonstrate diversity of clients and social issues that influence interventions and collaborations. 	<ul style="list-style-type: none"> • Graduates report working with diverse populations. • Graduates report collaboration with multicultural professionals
Ethics	<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"> • Beneficence • Autonomy • Human dignity • Integrity • Social justice • Ethical frameworks and moral principles • Nursing Code of Ethics 	<ul style="list-style-type: none"> • Students participate as informed professionals in dialogues concerning ethical decision making. • Students maintain client confidentiality. • Students examine client access to care, barriers to treatment, and distribution of healthcare resources within a context of social justice. 	Demonstrate continued professional and ethical development	<ul style="list-style-type: none"> • Graduate is knowledgeable about Nursing Code of Ethics • Logs and projects show evidence of ethical practice. • Obtains IRB approval for projects 	<ul style="list-style-type: none"> • Graduates report they were adequately prepared to use ethical analysis and decision making
Professionalism	<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"> • Accountability • Collaboration • Regulatory processes • Certification • Advanced Practice specialty roles • Advocacy 	<ul style="list-style-type: none"> • Students use ANA: Scope and Standards of Practice and specialty standards • Students take responsibility for their own professional development. • Students are responsible and accountable for their performance in clinical practice. • Interdisciplinary collaboration 	<p>Demonstrate continued professional and ethical development</p> <p>Advance the discipline and practice of nursing through participation, interpretation and translation of research into practice</p>	<ul style="list-style-type: none"> • Graduates consistently perform in adherence to technical and professional/ethical standards. • Obtains and maintains certification in specialty area where regulated. 	<ul style="list-style-type: none"> • Graduates continue to be employed in the advanced practice role • Graduates maintain certification • Graduates report they participate in professional activities

Health Promotion	<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"> • Holism / Body-mind-spirit • Disease prevention • Health indicators • Risk reduction • Quality of life • Wellness • Holism 	<ul style="list-style-type: none"> • Students demonstrate health promotion activities as intrinsic part of patient care. • Students demonstrate health teaching to selected clients. • Discuss health policy issues relative to Healthy People 2010 	<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"> • Demonstrates advanced knowledge of prevention in the delivery of care. 	<ul style="list-style-type: none"> • Reports preparation to incorporate health promotion in practice
Health Policy	<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"> • Health Care System • Financing Health Care Systems • Political Processes • Advocacy • Global comparisons • Ethics • Access to care • Laws and regulations 	<ul style="list-style-type: none"> • Comparative analysis of health care systems • Policy analysis • Interview policy maker on health care issue 	<p>Demonstrate leadership activities to influence health policy and/or improve the healthcare delivery system.</p>	<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"> • Politically active • Attend professional conferences • Reports having had influence on organization decision making
Design & Coordination of Care	<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"> • Evidence-based • Leadership • Resource utilization • Planning process • Assessment • Diagnosis and management • Specialty practice • Outcomes accountability • Collaboration • Health promotion and disease management 	<ul style="list-style-type: none"> • Students coordinate care in a variety of settings. • Students integrate research and evidence based outcomes into professional practice. • Clinical applications appropriate to specialty 	<p>Synthesize advanced knowledge from Nursing and related disciplines in the delivery of advanced nursing practice</p>	<ul style="list-style-type: none"> • Clinical evaluations • Papers • Synthesis/capst one project 	<ul style="list-style-type: none"> • Employer satisfaction surveys reflect employer satisfaction with graduates in design and coordination of care. • Graduates report believing themselves to have been adequately prepared to provide advanced specialty nursing care.
Illness and Disease Management	<i>Provision of specialized care to ill clients using advanced knowledge and skills.</i>	<ul style="list-style-type: none"> • Advanced Pathophysiology • Advanced Pharmacology • Health Assessment and diagnostic reasoning 	<ul style="list-style-type: none"> • Skilled interviewing • Development of complete data base • Perform basic lab tests • Establish differential diagnoses • Develop and implement an effective plan of care • Assess effectiveness of care 	<p>Synthesize advanced knowledge from Nursing and related disciplines in the delivery of advanced nursing practice</p>	<ul style="list-style-type: none"> • Case studies • Preceptor evaluation • Papers and Logs 	<ul style="list-style-type: none"> • Feels prepared to provide advanced specialty nursing care • Evaluates effectiveness of nursing care • Provides leadership in improving nursing care • Passes certification exams • Employers report satisfaction with graduate ability to diagnose and manage diseases

Date of Origin: 1/30/01 Revised: 3/27/06

Graduate Nursing Curriculum Framework



Graphic created February 2011
David Langford

SCHOOL OF NURSING UNDERGRADUATE RETENTION PLAN

Overall Goals:

1. Achieve and sustain a first time pass rate of 90% on the NCLEX-RN exam.
 - 85% of student in each cohort will achieve the SON EVOLVE benchmark score on course and exit exams.

2. Retain 90% of the admitted upper division nursing students.

3. All faculty teaching undergraduate courses will attend faculty development programs to enhance teaching and evaluation skills.

Goal/ Benchmark	Action	Evaluation Method	Responsible Parties	Outcome (completed at end of academic year)
Goal 1. Achieve and sustain a first time pass rate of 90% on the NCLEX-RN exam.				
1. A. 85% of the students in each cohort will achieve the Evolve benchmark score on the content exams.	1. A. 1. Administer the following content exams as indicated: Jr. 2 – Pharmacology & Maternal/Child. Sr. 1 - Medical/Surgical and Psychiatric/Mental Health. Sr.2- Exit Exam	1. A. 1. Monitor and track individual and aggregate results following administration of content exams to each cohort.	1. A. 1. UG Retention Coordinator order and schedule exams with Health Informatics Lab. Course Faculty – proctor administration of exams. UG Retention Coordinator – track data and report to course faculty and advisors and UG Division Associate Director.	See UG Retention Annual Report posted on the SON J-drive and reported at UG Division Mtg.
	1. A.2. Course faculty will review content exam results and revise course content as necessary.	1. A. 2.Trend data to correlate outcome of content exams and changes within the course.	1. A.2. Retention coordinator will report data to course faculty. -Course faculty	

Goal/ Benchmark	Action	Evaluation Method	Responsible Parties	Outcome (completed at end of academic year)
			will make revisions in conjunction with the Undergraduate Admission and Curriculum Committee (UGACC).	
	1. A. 3. As a student incentive, provide option of using EVOLVE score (conversion score of >80 %) as a replacement for final exam grade in NURS 4130 (Complex Illness and Disease Management) and NURS 4240 (Psyc/Mental Health Nursing); and as a replacement for lowest test grade in NURS 3205 (Pharmacology) and NURS 3260 (Nursing Care of Children).	1. A. 3. Trend data to correlate outcome of Evolve conversion score and changes within the courses.	1. A. 3. Course faculty and Retention Coordinator. Collaboration with UGACC.	*See UG Retention report on SON Jdrive.
1. B. 90% of students with an Evolve content exam score below the Evolve benchmark will complete the designated remediation.	1. B. Students will complete designated remediation, based on sliding scale completion of NCLEX 3500 questions and/or Quiz Me on Drugs (computer software). Students submit verification of completed questions to course faculty.	1. B. Course faculty document students' submission of NCLEX 3500 verification.	1. B. Course faculty will report students' completion of NCLEX 3500 to the Retention Coordinator. Course faculty report results to Retention Coordinator	*See UG Retention report on SON Jdrive
1. C. 50% or more of students in each cohort will have <i>two or less</i>	1. C. Content exam scores will be tracked for each student. Students with <i>two or more</i> content exams	1. C. Tracking individual student content exam results.	1. C. Retention Coordinator will track all content specific scores	

Goal/ Benchmark	Action	Evaluation Method	Responsible Parties	Outcome (completed at end of academic year)
<i>Evolve</i> content exam scores below the benchmark.	below the benchmark will be <i>monitored as high-risk status</i> . UG Retention Coordinator and/or advisor will meet with students to determine individual needs in addition to content specific remediation.		for students in each cohort. Retention Coordinator, UG Associate Director, course faculty and/or advisors will assist students to determine on-going needs for success.	
1. D. 90% of students with an Evolve Med/Surg Exam score below the established benchmark will complete remediation.	1. D. Students with Evolve Med/Surg Exam score <790 will meet with Retention Coordinator and Assoc. Director of the Undergraduate Division, complete a learning contract, and attend a bimonthly mandatory review sessions conducted by Retention Coordinator.	1. D., Learning contracts are signed; students' attendance at review sessions is tracked.	1. D. Retention Coordinator; keeps students' advisors apprised of student progress. Assoc. Director, UG Division Advisors	
1. E. 90% of students in each cohort will achieve an Evolve Exit Exam score at or above the benchmark.	1.E.1. Evolve Exit Exam will be administered in NURS 4600 at end of the final semester of enrollment. 1. E. 2. NURS 4600 restructured in 2012-2013 as 3 credit course: <ul style="list-style-type: none">▪ Exit Exam = 20% of course grade.▪ Extra Credit: Each student will receive 2 points for each module of either 25 NCLEX 3500 questions submitted to course	1.E.1. Monitor % of students meeting benchmark scores.	1.E.1. NURS 4600 faculty will monitor class and individual results. 1. E. 2. NURS 4600 faculty, Retention Coordinator, and Associate Director of Undergraduate Division	*See UG Retention report on SON J drive.

Goal/ Benchmark	Action	Evaluation Method	Responsible Parties	Outcome (completed at end of academic year)
	faculty be set deadline. <ul style="list-style-type: none"> ▪ Template for Success: submitted by each student as a compilation of organized study material for NCLEX = 15% final course grade.. ▪ Complete additional case studies and NCLEX style quizzes. 			
Goal 2. Retain 90% of the admitted upper division nursing students.				
2. 90% of students admitted to the upper division will progress to graduate at the end of the 2 years of the nursing major.	2. A. Monitor individual students for risk factors that may lead to withdrawing from the program. For students with non-academic reasons to withdraw, refer to campus resources for support.	2. A. Monitor students with intent to withdraw and resolution. (Report will be confidential due to personal information).	2. A. Advisor, Retention Coordinator, Associate Director for Undergraduate Division.	.*See BSN pre-licensure tracking data on SON Jdrive and UG Retention report on SON J drive.
	2. B. Meet with students seeking to exit the program to determine reason for exit. Track patterns, timing, etc.	2. B. Report of student contact when they indicate the desire to leave the program.	2.B. Advisor, Undergraduate Retention Coordinator, Associate Director for Undergraduate Division may meet with student. Retention Coordinator will track patterns.	
	2 .C. Provide strategies to support students success within the upper division: -Study Skills Workshop -Reducing Test Anxiety	2. C. Track the provision of support services to each cohort.	2. C. Retention Coordinator will track provision of support services to each cohort.	

Goal/ Benchmark	Action	Evaluation Method	Responsible Parties	Outcome (completed at end of academic year)
	Workshop -Evolve Content Exams and remediation -NCLEX preparation classes.			
	2. D. Course faculty will provide mid-term warning notices.	2. D. Monitor reporting system for all students who achieve a final course grade of D or F to determine if student received accurate and timely warning.	2. D. Course faculty will submit midterm warning notice and notify Retention Coordinator, who informs Assoc Director of UG Division.	
	2. E. Monitor each cohort for retention and attrition.	2. E. Track retention numbers by cohort.	2. E. Retention Coordinator	
	2. F. Monitor all upper division nursing students for comprehensive retention rate.	2. F. Track retention numbers for upper division.	2. F. Retention Coordinator	
Goal 3. All faculty teaching undergraduate courses will attend faculty development programs to enhance teaching and evaluation skills.				
3. A. All faculty will attend at least one faculty development activity per year.	3. A. Faculty to use a variety of resources to select development opportunities. These may include: -FCTL -Nurse Educators conferences -Education and Nurse Education courses on campus.	3. A. Annual self-evaluation each academic year.	3. A. -Individual faculty complete annual self evaluation. -Director of School of Nursing responsible to monitor faculty meeting goal.	
3. B. Development of a structured orientation program for new faculty (full and part-time) to be	3. B. 1. Develop an on-line orientation program on a secure webpage that new and part-time faculty can access (implementation Fall 2010) 3. B. 2. Designate one day	3. B. 1. Evaluation survey of new faculty to be completed by all new and part-time faculty at the end of the first semester of hire.	3. B. 1. Associate Director of Undergraduate Division.	

Goal/ Benchmark	Action	Evaluation Method	Responsible Parties	Outcome (completed at end of academic year)
implemented Fall, 07.	at the beginning of each semester to meet with new faculty.	3. B. 2. Attendance at orientation sessions.	3. B. 2. Associate Director of Undergraduate Division.	

Date of origin: Fall, 2006 Revised: August, 2010

**UNC Charlotte School of Nursing
Undergraduate Pre-licensure Program Testing Policies and Procedures**

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."(Office of Legal Affairs, n.d.).

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 the creation and administration of tests and exams.

Test Header

All exams administered in the pre-licensure program shall use the following header:

**The University of North Carolina at Charlotte
School of Nursing**

NURS XXXX

Test 1

Spring 2016

Directions: Please read each question carefully. Mark your answer on the Scantron® sheet. All response positions must be fully marked. Do not mark outside the designated area of any response position. All stray marks must be completely erased. Incomplete erasures may be read as incorrect answers. All Scantron® sheets must be marked with a #2 pencil only. Each student is to write his/her name, course, and date, on the Scantron® sheet. Each student should print his/her entire Banner Identification Number in the identification boxes and mark the corresponding response position. **Please Note:** Only items marked on the Scantron® sheet are considered for grading. No consideration is given to items marked on the actual test.

In taking this examination, I acknowledge and accept The University of North Carolina at Charlotte's *Code of Student Academic Integrity*:

Name (signed): _____

Name (printed): _____

Time Provided for Test Administration

Test reliability can be increased by increasing the length of the test and by increasing the items' discrimination level. Exams must be of sufficient length to produce an acceptable reliability score:

- 2 Credit Courses: 40-50 items for unit exams, including multiple choice, math (if applicable), and alternate format (11/4-1½ minute per question); Comprehensive final examinations should include 75 items.
- 3-5 Credit Courses: 50-60 items for unit exams, including multiple choice, math (if applicable), and alternate format (11/4-1½ minute per question); Comprehensive final examinations should include 100 items.
- >5 Credit Courses: 60-70 items for unit exams, including multiple choice, math (if applicable), and alternate format (11/4-1½ minute per question); Comprehensive final examinations should include 125 items.

Test Administration

These strategies will apply in the regular classroom and 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 (post-test)
 - e. Proctor per room

Test Security

Adherence to the following guidelines is an expectations to assist in maintaining the integrity of all exams.

1. Students are not allowed to use faculty or staff computers.
2. Hard copies of exams must be protected from distribution. When not in use, they should be locked in a file cabinet. Tests should not be placed in faculty mailboxes and when no longer needed, they should be shredded.
3. Only authorized faculty or administrative assistants may perform shredding.
4. Transportation of exams should be by authorized faculty and administrative associates only.

Test Development Suggestions

Item Development

In keeping with NCLEX-RN® format, the following format for multiple-choice test items should be used:

- Stem (question or incomplete sentence format)
- Four responses (a correct response + three distracters)

Acceptable Alternate Format Items:

Course faculty should use other types of questions, particularly to test at the synthesis and evaluation level. Steps should be taken to assure grading consistency. These may include but are not limited to:

- Select all that apply
- Drug calculation problems (Pharmacology and each clinical course must have a minimum of 5 drug calculation problems on each exam)
- Strip interpretation (i.e. fetal monitoring, cardiac)
- Hot spots

Test Format

Tests should begin with questions which are simpler and progress to more difficult items. Similar items should be grouped together under a separate heading to notify the student of a change in the type of question. Example: SELECT ALL THAT APPLY. Each page of the test is to be numbered. The complexity of exam questions should increase across courses and semesters.

Test Blueprint Format

A test blueprint would be beneficial to assist faculty in assessing (1) the major topics or the objectives that the test will cover, (2) level of complexity of the task to be assessed, (3) and the emphasis each topic will have, indicated by the number of questions. Under the content area, the number of questions should be based on the emphasis placed in the course (Billings & Halstead, 2009).

Critical thinking test items are written at the cognitive levels of application or higher. Each unit test should strive toward the goal of 15% remembering/understanding and 85% applying/analyzing questions in composition. The majority of the questions in the NCLEX-RN® examination are written at the application and/or analysis level of cognitive ability. The six categories of Bloom's taxonomy of cognition are collapsed into the following three categories:

- Remembering/Understanding
- Applying/Analyzing
- Evaluating/Creating

Blooms Taxonomy				
Remembering	Understanding	Applying	Analyzing	Evaluating/Creating
5%	10%	60%	25%	0%
2-3	5	30	12-13	0
Nursing Process				

Content Area	Assessment	Diagnosis	Planning	Implementation	Evaluation	Totals
Antianxiety Agents (10%)	1	2	2			5
Antimanic Agents (10%)	1	1	1	1	1	5
Antipsychotic Agents (30%)	3	3	3	3	3	15
Antidepressant Agents (40%)	4	4	4	4	4	20
Antiparkinson Agents (10%)	1	1	1	1	1	5
Totals	10	11	11	9	9	50

Post Test Analysis

The quality of a test as a whole is assessed by estimating its “internal consistency.” The quality of individual items is assessed by comparing students’ item responses to their total test scores. Using feedback from tests to guide and improve instruction is an essential part of the process.

Using statistical information to review a multiple-choice test can provide useful information. Four measurement concepts are to be used to analyze multiple-choice examinations: (1) overall test reliability, (2) test item difficulty, (3) test item discrimination, and (4) distractor effectiveness.

Test Reliability

The Kuder-Richardson 20 (KR-20) provides the overall reliability of the test. This statistic is an estimate of how close the same set of scores would be if the same set of items were given again. The KR-20 formula includes (1) the number of test items on the exam, (2) student performance on every test item, and (3) the variance for the set of student test scores. The index ranges from 0.00 to 1.00. The higher the score, the more reliable the test.

- A KR-20 value of 0.60 is considered acceptable.
- A KR-20 value of 0.70 or higher is acceptable for classroom tests (Billings & Halstead, 2009)

Item Analysis

A 3-step method for item analysis is recommended (See [Appendix E](#) for *Test Item Analysis Grid*):

- Review the difficulty level (p-value)
- Review the discrimination data (point biserial)
- Review the effectiveness of distracters
- Revise as needed

Item Difficulty – P-Value:

The “P-Value” describes the percentage of correct responses to a question. Optimal “P-Value” for a multiple-choice item with 4 alternatives is 0.70 -0.80 to ensure that questions separate learners from non-learners (or 70 – 80% of the students answered correctly) (Billings & Halstead, 2009). Optimal “P-Value” for true-false items is 0.72 (or 72% of the students answered correctly).

- Items with a “P-Value” of 0.20 or less are considered too difficult and should be reviewed for possible confusing language and removed from the test. The item should be revised prior to use on subsequent tests.
- Items with a “P-Value” of 0.90 or above may be too easy and consideration should be given regarding its continued use for subsequent tests.

Item Discrimination – Point Biserial Correlation Coefficient (PBCC):

Item discrimination is a measure of a question’s ability to differentiate high and low achievers (Tarrant & Ware, 2008). The Point Biserial Correlation Coefficient (PBCC) is a useful measure of discrimination because it computes the correlation between the correct answer to an item and the total test score of the student. Please note: If you include mastery material on your test, test reliability may be lower since the items will tend to be answered correctly by many students and those questions may not be good discriminators. Values range from -1.00 to +1.00; the higher the value, the more discriminating the item. A guideline for test discrimination values is listed below:

0.30 and above	Very good item
0.20-0.29	Reasonably good item
0.09-0.19	Marginally acceptable item
Below 0.09	Poor item (review carefully and possibly eliminate item)
Negative	Poor item (review carefully and possibly eliminate item)

Distracter Evaluation: (Request FULL report to receive this information)

- Distracters should have negative point biserials
- Each distracter should be evaluated individually
- Effective distracters should appeal to the nonlearner (negative point biserial)
- Distracters with a point biserial of zero means that no one selected it—need to look at it and replace with a more plausible option
- Distracters not selected increase the chances that the student obtained the answer by guessing
- One way to develop good distracters is to ask open-ended questions in class to get responses and determine most common errors in thinking

Distracter Effectiveness:

The quality of distracters influences student performance on a test item. One way to study responses to distracters is with a frequency table. Review individual test questions on analysis printout to review response frequencies.

- If the majority or a large number of the students selected one incorrect response, it is possible that the item was keyed incorrectly. Check the keyed response.
- If the majority of students selected two of the four responses, check to be sure that there is only one correct alternative.
- If some response choices were not selected, consider revision before using again.

Item Revision:

- Test item analysis form
- Enter analysis for each question into the form
- Questions that fall outside of the ideal range should be considered for revision
- Look for the following issues
- P values too high or too low (0.5 is ideal but 0.7-0.8 is acceptable)
- Correct answers with low positive or negative point biserial values (greater than .30 is ideal)
- Distracters with high positive point biserial values (negatives are ideal)

Key Grading Principles:

- Inform students of specific grading criteria at the beginning of the course (in the syllabus)
- Base grades on learning outcomes not things like attendance and effort
- Record data quantitatively
- Apply grading systems equitably to all students
- Keep grades confidential
- Follow SON grading policy related to rounding and extra credit
- Use statistically sound principles when assigning grades (Billings & Halstead, 2009)

Determining Test Grades:

When questions are discarded, the final grade is based **ONLY** on the remaining questions. Count number of correct items on original test; divide the number of correct items by the number of new test items. This will be the grade for the test. For example, for an original 50 item test you discard 2 questions, test items used for grading purposes will be 48. If a student has 45 correct items from the original test, the test grade will be determined by dividing 45 by 48; grade will be 93.75. (If no items had been discarded, the students original test score would have been 90.)

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.

Revised: 8/1/2016

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 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 4240, *Population Focused Nursing* and NURS 4600, *Seminar in Professional 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%

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.
- 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

1st 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). Each student will be allowed to take the competency examination up to **two times**, following a practice RN-Comprehensive Predictor. **After 2 attempts, a student who has not achieved a predicted probability score of at least 90% 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 1st exam will have met the desired testing outcome 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 2nd time.

Students who do not achieve a 90% predicted probability score or greater on the 1st 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 **2nd ATI® RN-Comprehensive Predictor at the end of the 12th week of the second semester** senior year. Students who achieve a 90% predicted probability score or higher on their 2nd 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 1st and 2nd proctored **ATI® RN-Comprehensive Predictor** will be used to determine the NURS 4600 course exam grade (10%) (Probability and Expectancy Table, ATI 2016). Students who do not achieve a 90% predicted probability score after the 2nd proctored exam will be counseled collaboratively by the Retention Coordinator, NURS 4600 Course Coordinator and Academic Advisor to create additional opportunities for success.

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	PREDICTED PROBABILITY OF PASSING THE NCLEX-RN	RN COMPREHENSIVE PREDICTOR 2016 INDIVIDUAL	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).

ACADEMIC ASSESSMENT AND SUPPORT PROGRAM

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

SCHOOL OF NURSING BSN PROGRESSION POLICY

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, 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

School of Nursing Policy on Removal of Students from Program

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 this 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.

American Nurses Association, Code of Ethics for Nurses with Interpretive Statements, Washington, D.C.: American Nurses Publishing, 2015

- 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-Removal 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

School of Nursing Course and Activities Behavior Policy

All UNC Charlotte students have the responsibility to know and observe the University Regulation of Student Conduct, which include:

- 1) The UNC Charlotte Code of Student Academic Integrity
(<http://legal.uncc.edu/policies/up-407>)
- 2) The UNC Charlotte Code of Student Responsibility
(<http://legal.uncc.edu/policies/up-406>).

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. Blatant disregard or breach of patient/client or agency confidentiality or HIPAA privacy standards.
3. Denying responsibility for one's own deviation from standard practice.
4. Actions that subject the patient/client and/or the patient's/client's family to risks.
5. Actions that subject the student, colleague, agency or University to unreasonable risks.
6. 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.
8. Misrepresenting one's role in the health care setting.
9. Audio taping 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. Inappropriate use of social media (YouTube, Facebook, Twitter, etc.), such as: posting audio tapes or videotapes 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

Implemented: 8/1/04

Revised: 2/06, 7/12

Reviewed: 7/07, 7/08/ 06/10, 07/11; 08/16

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 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 or make endorsements**...don’t use any of the UNC Charlotte logos or images on your personal online sites. Don’t use UNC Charlotte name to promote or endorse any product, cause or political party or candidate. UNC Charlotte logo and trademark guidelines can be found at: <http://brand.uncc.edu> .
- **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. Don’t 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**...don’t provide personal information that scam artists or identity thieves could use. Don’t 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**...don’t 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 (such as my CD collection) 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'm 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. Permission granted from Laurel Thomas Gnagey, University of Michigan, January 13, 2012.

Implemented: 7-3-12

Reviewed: 08/16

**Procedure related to BSN Progression Policy:
Follow-up of Students who Fail to Progress due to a Grade of D or F**

Purpose

To insure that a process is in place that officially terminates a BSN student from the program.

Procedure

1. As soon as a course failure is determined, the course faculty member will notify the student's academic advisor and the Associate Director of the School of Nursing Undergraduate Division.
2. The student's academic advisor will contact the student to set up an appointment to go over the BSN Progression Policy and discuss options for the student as well as inform student to drop future semester courses that he/she has registered for.
3. The Associate Director of the SON Undergraduate Division will send a letter to the student, on behalf of the SON, for the purpose of:
 - a. Officially informing the student that she/he is terminated from the nursing program.
 - b. Expressing the School's concern for the individual student.
 - c. Reviewing the BSN Progression Policy (copy included as an enclosure).
 - d. Advising the student to drop future semester courses that he/she has registered for.
 - e. Encouraging the student to talk with their academic advisor.
 - f. Offering an appointment with the Associate Director.
4. The Associate Director of the SON Undergraduate Division will meet with the student at the student's request.

Date of Origin: 3/07

Reviewed: 08/16

UNC Charlotte Student Grievance Procedure

Please refer to the College of Health and Human Services Student Handbook, page 25-27.

<http://health.uncc.edu/advising-center/advising-center-information/chhs-major-information>

CHHS Academic Grievance Policy & Procedure

Please refer to the College of Health and Human Services Student Handbook, page 27.

<http://health.uncc.edu/advising-center/advising-center-information/chhs-major-information>

Policy and Procedures for Student Appeals of Final Course Grades

<http://legal.uncc.edu/policies/up-410>

Grade Replacement Policy

Please refer to the College of Health and Human Services Student Handbook, page 44.

<http://health.uncc.edu/advising-center/advising-center-information/chhs-major-information>

Faculty Rights and Responsibilities

University Policies related to faculty rights and responsibilities are listed on the Legal Affairs Website: <http://legal.uncc.edu/policies>

The Legal Affairs website contains specific policies defining a variety of formal complains and procedures for faculty who file a formal complaint under the category of Academic Policies and/or Ethics Policies, Laws, and References found at <http://legal.uncc.edu/policies/#faculty>. Discrimination or harassment due to race, color, creed, or sexual orientation is prohibited and procedures for filing a grievance are outlined by the Legal Affairs Office (<http://legal.uncc.edu/policies/up-502>).

Faculty who have been denied reappointment, promotion, or tenure have the right of appeal and the processes are outlined in the Tenure part of the College Faculty Handbook, the Academic Affairs website, and on Legal Affairs website. The Legal Affairs website has the entire university Tenure policy on their website including *Process for Review of Unfavorable RPT Decisions, Request for Hearing, Due Process, and Termination*: <http://legal.uncc.edu/policies/up-102.13#116>

Statement of Faculty Practice

Definitions:

- Faculty practice is a formal arrangement between the School of Nursing and a clinical agency or entity on behalf of a faculty member for the purpose of advancing the mission of the School of Nursing and the University through scholarly and practice activities that impact the health of individuals, communities and populations. We believe that Faculty Practice is part of a teaching workload option that individual faculty members may choose.
- Moonlighting is work that is done for compensation by faculty members. It may be used to maintain professional certification in a professional field. This is not part of an individual's workload but does require completion of a Notice of Intent for External Professional Activities for Pay.
- Service consists of those activities contributed to various communities as part of the academic enterprise.

Philosophical Statements:

- Faculty Practice provides a structure that fosters and encourages a broad variety of investigations into evaluation applications of clinical practice with diverse populations (Translational Research).
 - Identification of new or potential applications of scientific findings.
 - Identification of new or potential disciplinary and interdisciplinary research collaborative opportunities.
- Faculty Practice models best practices of interdisciplinary collaboration for the purposes of graduate and undergraduate education.
- Faculty Practice models may evolve to include a variety of activities with and without full cost coverage.

Desired Structural Components:

- Practice sites that are recognized and negotiated by the SON, College, and University.
- A designated individual to identify and develop practice sites in collaboration with a faculty person.
- An infrastructure within the College and/or the SON to support and maintain practice agreements with designated sites.
- A specific mechanism to guide workload negotiations and expectations.
- TRP criteria that recognize contributions from Faculty Practice to Research and Teaching.

Faculty Role in Site Development

- Clearly articulate intent to seek faculty practice site.
- Clearly state specialty and practice interests to appropriate SON representatives
- Propose possible practice sites or possible categories of practice sites.
- When possible, determine interests of possible practice sites in developing and maintaining a partnership with professionals located in academic nursing.
- With a designated SON representative, define how practice fulfills teaching and research obligations.
- Collaborate with designated SON and College person(s) to determine essential components of the practice contract that ensure the faculty person is in control of his or her own faculty practice.
- Regularly evaluate suitability of practice site and make recommendations for changes when indicated.

Process for Developing and Maintaining a Faculty Practice

- Faculty member determines desire for faculty practice and discusses Faculty Practice options with designated SON representative.
- Faculty member and designated SON representative discuss teaching workload arrangements.
- Faculty member and SON representative explore and discuss practice site opportunities with designated agency and staff.
- In consultation with the Faculty Member, SON and/or College representatives negotiate mutual responsibilities and obligations of faculty member, practice agency, and the SON.
- SON and/or College representatives negotiate, approve, and sign contract with agency for a faculty practice of a designated faculty member.
- Faculty Practice becomes an agreed part of the faculty member's teaching workload.
- Contracts and workload agreements are evaluated annually.

Approved by the Faculty of the SON on 3/27/2006

Policy for Topics Courses

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

Format for Course Syllabi

Please refer to the College of Health and Human Services Faculty Handbook.
A template is also included on the following page.

Textbook Policy

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

Policy for Writing a Letter of Recommendation for Students

Before requesting a reference from any faculty or staff member at UNC Charlotte, students must complete a Consent form that gives permission for an individual to divulge academic information to the person or agency requiring the reference.

The form can be obtained at <http://legal.uncc.edu/legal-topics/ferpa/ferpa-consent>

Grade Change Procedure

<http://registrar.uncc.edu/final-grading-instructions>

To begin the grade change process, select Grade Change Menu under the Faculty & Advisors tab in Banner Self-Service. Complete online grade change instructions on [pages 23 – 25 of the Banner Self-Service manual](#).

College of Health and Human Services – Syllabus Template

**University of North Carolina at Charlotte
College of Health and Human Services
Your Academic Unit**

Course Number and Title: * (Example: NURS 6115: Health Policy and Planning in the US)

Credits, Days/Time, Location: * (Ex: 3 Grad Credits; Mondays 5–7:50 p.m. in CHHS 145)

Faculty Information: (Your name)
(Office Location and Hours)
(Contact information: Phone and email)

Catalog Description – include Pre and/or Co-requisites: * (Print exact catalog wording)

Course Objectives: * (Print previously approved course objectives)

Course Policies: (describe the policies related specifically to the course in terms of assignments, attendance, grading, and anything else tied to the nature of the course)

Syllabus Subject to Change: * The instructor reserves the right to alter this syllabus based on best practices that fit changing circumstances.

Teaching Strategies: Example: Teaching methods may include a combination of lectures and audiovisual presentations by faculty. Student participation in discussions, demonstration of problem solving (e.g. using Excel, flow charts), critical thinking exercises, analysis of case studies, group /team collaboration, and peer-teaching or lab experiences. The teams will be formed at the beginning of the semester. All students are expected to contribute in a meaningful way to team efforts.

Required Texts: * Recommend using APA formatting to list the text(s) that will be utilized in the course and/or list articles for students to obtain. To reduce costs, the University strongly encourages faculty to order textbooks by Oct. 15 for spring semester and March 15 for fall and summer semesters so that the bookstore can purchase textbooks in bulk. Faculty is encouraged to reuse the same edition textbook if possible for 2 – 3 years so that students can resell textbooks and purchase used textbooks.

Evaluation Methods: (Generally, evaluation methods list how the student will achieve the course grade and percentages or points attributed to the different assignments.)

Example:

Midterm Exam	25%	
2 Case Study Analyses	20%	
Group Project or Strategic Plan	25%	
Critical thinking exercises/problem solving exercises	20%	
Participation in group discussions		10%

Grade Scale: *

- A = 90-100%
- B = 80 - 90%
- C = 70 - 80%
- D = 60 - 70%
- F = below 60

Graduate Version: A, B, C, U or P/F

Topical/Unit Outline: Usually this is a class by class topics and expected readings, assignments, tests, etc. Many faculties use a table to insert this information for students to easily retrieve. Remember to include your final exam date and time (if available; per university policy, every course must either have their final exam or meet during the time allotted for the final exam).

OPTIONAL: Bibliography (or reading list) (in APA format. Emphasis is placed more on recent publications and editions. Classic books and articles contribute regardless of date).

UNIVERSITY, COLLEGE AND DEPARTMENTAL POLICIES*

These University policies must be inserted into your syllabi; departmental policies will vary.

University Policies:

Code of Student Responsibility:

“The *UNC Charlotte Code of Student Responsibility* (the Code) sets forth certain rights and responsibilities in matters of student discipline. The Code defines these responsibilities and guarantees you certain rights that ensure your protection from unjust imposition of disciplinary penalties. You should familiarize yourself with the provisions and procedures of the Code” (Introductory statement from the UNC Charlotte brochure about the Code of Student Responsibility). The entire document may be found at this Internet address: <http://legal.uncc.edu/policies/up-406>

Academic Integrity:

All students are required to read and abide by the Code of Student Academic Integrity. Violations of the Code of Student Academic Integrity, including plagiarism, will result in disciplinary action as provided in the Code. Students are expected to submit their own work, either as individuals or contributors to a group assignment. Definitions and examples of plagiarism and other violations are set forth in the Code. The Code is available from the Dean of Students Office or online at: <http://legal.uncc.edu/policies/up-407>

Faculty may ask students to produce identification at examinations and may require students to demonstrate that graded assignments completed outside of class are their own work.

Course Credit Workload.

[FOR A DIDACTIC CLASS] This [NUMBER OF CREDIT HOURS FOR COURSE]-credit course requires [NUMBER OF CREDIT HOURS FOR COURSE] hours of classroom or direct faculty instruction and [NUMBER OF CREDIT HOURS FOR COURSE X 2] hours of out-of-class student work each week for approximately 15 weeks. Out-of-class work may include but is not limited to: [REQUIRED READING, LIBRARY RESEARCH, STUDIO WORK, PRACTICA, INTERNSHIPS, WRITTEN ASSIGNMENTS, AND STUDYING FOR QUIZZES AND EXAMS].

EXAMPLE: 1 CREDIT COURSE

“This 1-credit course requires one hour of classroom or direct faculty instruction and two hours of out-of-class student work each week for approximately 15 weeks. Out-of-class work may include but is not limited to: required reading, library research, written assignments, and studying for quizzes and exams.”

[FOR A LAB CLASS] This [NUMBER OF CREDIT HOURS FOR COURSE]-credit lab requires [REFER TO: <http://www.lavc.edu/vccc/documents/carnegieunits.html>] hours of direct faculty instruction and [REFER TO: <http://www.lavc.edu/vccc/documents/carnegieunits.html>] hours of out-of-class student work each week for approximately 15 weeks. Out-of-class work may include but is not limited to: [REQUIRED READING, LIBRARY RESEARCH, WRITTEN ASSIGNMENTS, AND STUDYING FOR QUIZZES AND EXAMS].

EXAMPLE: LAB WITHOUT HOMEWORK

“This 1-credit lab requires three hours of direct faculty instruction for approximately 15 weeks.”

EXAMPLE: LAB WITH HOMEWORK

“This 1-credit lab requires two hours of direct faculty instruction and one hour of out-of-class student work each week for approximately 15 weeks. Out-of-class work may include but is not limited to: required reading, library research, written assignments, and studying for quizzes and exams.”

Special Needs: If you have a documented disability and require accommodation in this course, contact Disability Services, Fretwell 230, phone: 687 4355 voice/TDD) the first week of the semester. Information about available services may be found at <http://legal.uncc.edu/policies/up-501>. Accommodations for learning will be arranged by that office and communicated to the Instructor. If you speak English as a second language, please inform the instructor.

Diversity Statement:

UNC Charlotte strives to create an academic climate in which the dignity of all individuals is respected and maintained. Therefore, we celebrate diversity that includes, but is not limited to ability/disability, age, culture, ethnicity, gender, language, race, religion, sexual orientation, and socio-economic status. All students are required to abide by the UNC Charlotte Sexual Harassment Policy (<http://legal.uncc.edu/policies/up-502>) and the policy on Responsible Use of University Computing and Electronic Communication Resources (<http://legal.uncc.edu/policies/up-307>). Sexual harassment, as defined in the UNC Charlotte Sexual Harassment Policy, is prohibited, even when carried out through computers or other electronic communications systems, including course-based chat rooms or message boards.

Religious Accommodation:

It is the obligation of students to provide faculty with reasonable notice of the dates of religious observances on which they will be absent by submitting a [Request for Religious Accommodation Form](#) to their instructor prior to the census date for enrollment for a given semester <http://legal.uncc.edu/policies/up-409>. The census date for each semester (typically the tenth day of instruction) can be found in UNC Charlotte’s Academic Calendar (<http://registrar.uncc.edu/calendar>).

Department Policies:

List any department policies

IF THIS IS A CLINICAL (Field Placement, Internship, Practicum) COURSE: Also include these statements:

The student is responsible for complying with requirements in affiliation agreements affecting student in clinical setting experiences.

If there is a disaster (i.e., fire, bomb threat) or any event at an agency that results in a student being unable to engage in the clinical educational responsibilities, please report the disaster or event to [Name of Contact Faculty].

Note: There may be additional requirements to meet program accreditation requirements. Please refer to department guidelines for additional requirements.

Course syllabi for the current academic year (Summer, Fall and Spring) are kept in a central location in each Unit office. Unit or school policies will direct the retention of syllabi beyond the current academic year. The syllabus relating to a clinical practicum or internship of a College course, undergraduate and graduate, will contain the following statement regarding student responsibility for complying with requirements of affiliation agreements.

* Any revisions of items designated by an asterisk in the course require prior approval by the College Curriculum Committee. This syllabus template is a *suggested model for organization*. The order, and content beyond those required, might vary by unit needs.

School of Nursing

ASSESSMENT OF AGENCY FOR CLINICAL EXPERIENCES POLICY

Policy:

A systematic approach to initial assessment of clinical agencies will be used, and each agency will be assessed for continuing use.

Guidelines for Initial Selection of Agencies for Student Clinical Experiences

I. Institution/Agency Goals (attach philosophy and objectives)

1. Are the goals or philosophy of the institution/agency clearly established and reflected in the quality and type of services offered?
2. Are the goals consistent with the philosophy of the School of Nursing so that there will be no major difficulties in providing positive learning experiences for students?
3. Do these goals demonstrate a commitment to meeting present and future needs for health care services so that student learning experiences will provide the skills and attitudes for practice?

II. Client Population & Services

1. What unique services does this agency provide?
2. Is the size of the client population sufficient to provide individualized, quality learning experiences for the number of students who must be accommodated?
3. Are there enough clients of the desired age group, level of wellness-illness or specific health problems to allow meeting student learning objectives?

III. Staff

1. Is there evidence of safe nursing practice?
2. Is the quality of client care on a professional level?
3. Are there visible positive nursing role models for students?
4. If students are already using this institution/agency, is the attitude of the staff positive toward them?
 - a. Does the staff permit a reasonable amount of autonomy in administering client care?
 - b. Does the staff offer appropriate information and assistance willingly to students?
 - c. Does the staff recognize the need for students to have access to appropriate client records in preparation for research and clinical experiences?

IV. Policy and Decision-Making (attach relevant policies)

1. Are there policies currently in existence which would modify the quality of student learning?
2. Are students permitted access to client records after discharge?
3. May students record pertinent observations in permanent legal records?
4. May students administer total client care in most circumstances?
5. Are needed policies and procedures available to students?

V. Communication

1. Is there a designated channel, on the administrative level, for university/agency planning for student experience?
2. Is there a clear and established channel for faculty-staff communication in the particular learning areas?

VI. Physical Setting

1. Is adequate classroom or conference space available for pre and post conference?
2. Is there some means of protecting students' personal belongings?
3. Are adequate supplies and equipment available to facilitate student learning?

VII. Additional Comments

Date of Origin: 5/86

Revised: 6/03

Reviewed: 8/05; 6/08; 06/09, 06/10, 06/12; 08/16

UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
SCHOOL OF NURSING

CLINICAL AGENCY EVALUATION FORM FOR UNDERGRADUATE COURSES

Course Number/Name:

Term:

Faculty Member completing form:

Clinical Agency Evaluation: Complete this section (copy this section for each clinical agency utilized in the course.)

Clinical Agency: CMC-Main

Clinical Unit:

Head Nurse/Manager:

Question	Yes	No	Comments
Does staff of the area serve as effective role models for baccalaureate/masters level students? If no, cite problems by listing each.			
Are the learning opportunities, including psychomotor skills and administration of medications, available on the unit appropriate to the objectives of the course and the needs of the student? If no, list the deficits in learning opportunities.			
Are students from other programs utilizing the same clinical unit? If yes, does it impact on the quality of UNCC student's learning?			
Does this unit provide opportunity for and encourage collaboration with other health care professionals?			
Are students permitted to observe and participate in various therapies and diagnostic procedures performed by other health practitioners on their clients? If no, comment.			
Are the students provided with opportunities to utilize the units information systems? If no, comment.			
Would you recommend utilization of this unit in the future? If yes, list the course numbers for which the unit would provide acceptable clinical experiences. Also list each level for which this unit might provide appropriate clinical experiences (juniors, seniors, RN/BSN, Graduate)			

Any additional comments you would like to make about this site:

Reviewed by:	Date	Actions
Course Meeting (if multiple faculty)		
UGCC		

Revised 2/2009

Reviewed: 08/16

PRECEPTOR SELECTION, EVALUATION AND DOCUMENTATION OF QUALIFICATIONS -- UNDERGRADUATE PROGRAM

I. Preceptor Selection

- a. Preceptors will be identified by the Undergraduate Clinical Placement Coordinator in collaboration with course coordinators and clinical agencies by the first few weeks of each semester. Institutions and agencies typically identify the number of preceptors they are able to provide as well as the type of setting or unit available.
 - i. The Undergraduate Clinical Placement Coordinator will communicate recommended minimum preceptor qualifications to liaisons at clinical agencies upon request of preceptor placements.
- b. The Undergraduate Clinical Placement Coordinator will verify that the institution or agency has an active affiliation agreement with the College of Health and Human Services.
 - i. If no such agreement exists or requires renewal, a representative from the Dean's Office in the CHHS will work with the agency in developing or updating the agreement and course coordinator will verify current agreement prior to student starting precepted experience.

II. Preceptor Evaluation

- a. Course faculty provides feedback at the end of each semester to the course coordinator regarding the preceptor's effectiveness and ability to adequately precept. This is formally submitted by individual course faculty using the School of Nursing preceptor evaluation form for each preceptor in their section.
- b. Preceptor evaluation forms are then submitted by course coordinators to the Undergraduate Curriculum Committee for review.
- c. Course coordinators work with course faculty to identify preceptors who were less than satisfactory to ensure that they are not utilized in the future.

III. Documentation of Qualifications

- a. Course coordinators and course faculty attempt to the best of their ability to collect the completed NC Board of Nursing Preceptor CV template from all preceptors to be kept on file by the course coordinator. The CV will document the preceptor's status as a Registered Nurse as well as the preceptor's recent nursing experience as applicable to the course.

Created 3/29/10
Revised: 7/18/13

PRECEPTOR SELECTION, EVALUATION, AND DOCUMENTATION OF QUALIFICATIONS

GRADUATE NURSING PROGRAMS

Preceptor Selection

I. Nurse Practitioner Program

- a. Preceptors will be identified by the clinical placement coordinator in partnership with clinical agencies and graduate students prior to the start of each semester. Criteria includes: licensed provider, a minimum of 2 years of experience, and in good standing with the licensure boards. Criteria are validated by the clinical preceptor coordinator.
- b. Clinical placement coordinator will communicate to liaisons at clinical agencies the number of precepted hours, time frame, level of student and desired preceptor upon request of preceptor placements.
- c. The Clinical placement coordinator will verify that the institution or agency has an active affiliation agreement with the College of Health and Human Services.
 - i. If no such agreement exists or requires renewal, the Clinical Placement Coordinator will forward information to the Dean's office.
 - ii. A representative from the Dean's Office in the CHHS will work with the agency in developing or updating the agreement and the clinical placement coordinator will verify that a current agreement is in place prior to a student starting a precepted experience.
 - iii. Preceptor letters generated by the School of Nursing will state time period for the clinical experience.
 - iv. The preceptor letter includes a copy of the syllabus, student evaluation form and a copy of student faculty and clinical faculty expectations, also other information required by the individual agency regarding the assigned student.
 - v. Clinical placement coordinator is responsible for notifying students when clinical practice can begin.

II. Nurse Administrator and Community/Public Health Nursing Programs

- b. Preceptors will be identified by the course coordinators in partnership with clinical agencies and graduate students prior to the start of each semester.
- c. Course coordinators will communicate recommended minimum preceptor qualifications to liaisons at clinical agencies upon request of preceptor placements. Qualifications include: upper management position, and minimum Masters prepared.
- d. The course coordinator will verify that the institution or agency has an active affiliation agreement with the College of Health and Human Services.
 - i. If no such agreement exists or requires renewal, the course coordinator will forward designated information to the Dean's office.
 - ii. A representative from the Dean's Office in the CHHS will work with the agency in developing or updating the agreement and the course coordinator will verify that a current agreement is in place prior to a student starting a precepted experience.
- e. Preceptor letter will state time period for the clinical experience that is generated by the School of Nursing. A copy of the syllabus, responsibilities of the faculty and student and preceptor, as well as evaluations forms.

IV. Nurse Educator Program

- a. Preceptors will be identified by the course coordinators in partnership with clinical agencies and graduate students prior to the start of each semester.
- b. Course faculty will communicate recommended minimum preceptor qualifications to the education students. Qualifications include: minimum Master's prepared, 2 years clinical experience and 1 year teaching experience.
- c. The course coordinator will verify that the education preceptor meets course
- d. Preceptor letters will state time period for the clinical experience on the preceptor letter that is generated by the School of Nursing office.

Preceptor and Site Evaluation for All Graduate Programs

- I. Course faculty and students provide feedback at the end of each semester to the course coordinator or clinical placement coordinator regarding the preceptor's effectiveness and ability to adequately precept as well as the site. This is formally submitted by individual course faculty using the School of Nursing preceptor evaluation form for each preceptor in their section.
- II. Course coordinators and/or clinical placement coordinator work with course faculty to identify preceptors that adequately contributed to the students meeting the objectives of the course.

Created 04/30/10

Reviewed: 08/16

**The University of North Carolina at Charlotte
School of Nursing
Evaluation of Clinical Preceptor (Faculty)**

Course _____ Semester _____

Clinical Area _____ Preceptor Name _____

Faculty Member Completing Form: _____

Directions: For each item, record the letter that most clearly corresponds to your experiences. Please give an explanation in "Comments" for any statement with a C or D for the response.

Code:	A	B	C	D	E
	Agree Strongly	Agree	Disagree	Disagree Strongly	Unable to Evaluate

- ____ 1. Respected the confidentiality of student relationships.
- ____ 2. Demonstrated confidence in the student.
- ____ 3. Showed understanding and recognition of the individuality of the student.
- ____ 4. Demonstrated flexibility.
- ____ 5. Followed through on commitments.
- ____ 6. Established an environment conducive to dialog, discussion and expression of diverse points of view.
- ____ 7. Interacted with student individually to provide assistance in implementing learning experiences.
- ____ 8. Made and kept student and faculty appointments.
- ____ 9. Shared knowledge, ideas and insights with students.
- ____ 10. Was well informed about clinical and professional advances.
- ____ 11. Referred student to resource persons and materials.
- ____ 12. Served as a role model for student.
- ____ 13. Assisted in arranging clinical teaching experiences which enabled student to meet learning needs.
- ____ 14. Maintained open communication with student and instructor.
- ____ 15. In collaboration with the student allowed progression from participant observation toward responsible professional practice that enabled the accomplishment of learning objectives
- ____ 16. Provided adequate and appropriate supervision for the student while in the clinical setting.
- ____ 17. Provided periodic evaluation to faculty and the student of the student's progress in meeting the learning objectives.
- ____ 18. Would recommend utilization of this site in the future.

Comments:

Reviewed by:	Date	Actions
Course Meeting (if multiple faculty)		
UGCC		

Revised 10/2009
Reviewed 06/12

**The University of North Carolina at Charlotte
School of Nursing**

Evaluation of Preceptor and Clinical Site

Name of Preceptor: _____ Clinical Site: _____

Course Number: _____ Semester: _____

Directions: For each item, record the letter that most closely corresponds to your experiences with the preceptor.

Codes:

A=Strongly Agree; B=Agree; C=Disagree; D=Strongly Disagree; U=Unable to Evaluate.

Rating	Clinical Performance Criteria
	1. Demonstrated knowledge and skills for working with the client population at the agency.
	2. Demonstrated open and honest communication so that a feeling of trust developed between preceptor and student.
	3. Showed understanding and recognition of the individuality of the student.
	4. Demonstrated flexibility.
	5. Followed through on commitments.
	6. Established an environment conducive to dialog, discussion and expression of diverse points of view.
	7. Made and kept student appointments.
	8. Shared knowledge, ideas and insights with students.
	9. Was well informed about clinical and professional advances.
	10. Referred student to resource persons and materials.
	11. Served as a role-model for student.
	12. There was an adequate orientation to the agency, staff, policies and procedures.
	14. Assisted in arranging clinical teaching experiences which enabled student to meet learning needs.
	15. Interacted with students individually to provide assistance in implementing learning experiences.
	16. Interacted with students individually to provide assistance in evaluating learning experiences.
	16. Provided appropriate clinical supervision.
	17. Gave student on-going evaluation of performance.
	18. Would you recommend this preceptor to another student?

Additional comments about the preceptor:

AGENCY EVALUATION

1. The clinical agency was appropriate for meeting my objectives and course objectives and is recommended for other students.
(circle one) yes no

2. Is this agency in a Medically Underserved Community?

3. Identify specific strengths of the agency (if any noted).

4. Identify specific weaknesses of the agency (if any noted).

Student Signature: _____

Date: _____

Reviewed: 06/12

School of Nursing

CLINICAL HOURS CREDIT RATIO FOR NURSING COURSES

The ratio for Undergraduate clinical nursing courses is 1 credit hour for each 3 hours of clinical experience.

The ratio for Graduate clinical courses is 1 credit hour for each 4 hours of clinical experience.

The ratio for Nurse Anesthesia clinical courses is 1 credit hour for each 8 hours of clinical experience.

Date of Origin: 5/88

Reviewed: 7/02, 6/03, 8/05, 6/08, 06/1, 7/11, 06/12; 08/16

Revised: 06/09

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, capped, 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 packed 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 – 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 & 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; 8/16

Revised:

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 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

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: _____

MAKE NO COPIES OF THIS REPORT

SUBMIT ORIGINAL TO THE ASSOCIATE DEAN/DIRECTOR OF THE SCHOOL OF NURSING

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:

1. Obtain consultation from your health care provider about your sensitivity/allergy, risks and treatment.
2. Inform the lab faculty and your clinical instructor of your sensitivity.
 - a. Latex-free gloves can be provided. However, the lab environment and clinical facilities are not latex free.
3. 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.

1. 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. Epinephrine will be needed.**
2. Do not handle the victim with any latex products.
3. 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.
4. Neither emergency transportation nor care is provided at the Student Health Center.

Lab Faculty with known sensitivities are to inform the Director of Nursing Labs and their department chair as above.

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

Date of Origin: 7/02

Reviewed: 7/03, 8/05, 6/08, 6/10, 7/11, 06/12, 8/16

School of Nursing

COURSE SYLLABI AND END OF COURSE REPORTS

Policy

All course files are to be maintained for a minimum of three years each time a course is offered. The master files are located in the office of the Associate Dean/Director of the School of Nursing. The course faculty are responsible for providing an electronic copy of the file to the Administrative Associate to the Associate Dean/Director of the School of Nursing. The files will contain a complete course syllabus.

Procedure

1. Course faculty will forward a copy of a complete course syllabus to the Administrative Associate to the Associate Dean/Director of the School of Nursing.
2. Course faculty will forward End of Course Reports to respective Curriculum Committees. After Curriculum Committee review, End of Course Reports are sent to the Administrative Associate to the Associate Dean/Director of the School of Nursing.
3. Access to the files is limited to Associate Dean/Director of the School of Nursing, Associate Directors, and SON Administrative Associates.

Date of Origin: 9/98

Revised: 7/02; 06/09; 08/11, 06/12

Reviewed: 7/03, 8/05; 8/16

**UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE
SCHOOL OF NURSING**

**END OF COURSE REPORT FOR UNDERGRADUATE NURSING COURSES
(Save as an MSWord document - Submitted within 2 weeks of final exam)**

1. Term/Course Number/Name:

2. Faculty Teaching in Course: (indicate whether full-time or part-time status):

3. Student Numbers: At official enrollment date: At end of semester:

4. Was the course taught as planned? Yes No

5. What revisions were made based on the previous course report and why?

6. What recommendations did you make or would you recommend based on:

Student feedback:

Faculty experience:

7. If clinical course, were site evaluations completed?
Yes Attached
No Provide explanation:

8. If a preceptor course, were preceptor evaluations completed? Yes No
If yes, please attach to this form.
If no, please provide explanation below:

For NURS 3430, 3440, 4430, and 4450 ONLY

Student Learning Outcome (SLO) Data:

NURS 3430	Percent (%) of students with rating of 4 or higher on Evidence Based items 1 and 2a&b on the Clinical Evaluation Form. (SLO #3)	
NURS 3440	Percent (%) of students with rating of 4 or higher on Values Based item 1 on the Clinical Evaluation Form. (SLO #1)	
NURS 3440	Percent (%) of students with rating of 4 or higher on Customized Criteria item 1 on the Clinical Evaluation Form. (O) (SLO #5)	
NURS 3440	Percent (%) of students with grade \geq 80 on Health Fair Project (W) (SLO #5)	
NURS 4430	Percent (%) of students with a grade of \geq 80 on the nursing care plan. (SLO #4)	
NURS 4450	Percent (%) of students with rating of 4 or higher on Values Based items 2 and 3d on the Clinical Evaluation Form. (SLO #2)	

For RN-to-BSN

Student Learning Outcome (SLO) Data:

NURN 4450	Percent (%) of students with grade \geq 80 on Chronic Disease Paper	
NURN 4450	Percent (%) of students with grade \geq 80 on Ethical Assignment	
NURN 4450	Percent (%) of students with grade \geq 80 on Collaborative Class Assignment	
NURN 4450	Percent (%) of students with grade \geq 80 on Care Plan Paper	
NURN 4450	Percent (%) of students with grade \geq 80 on Quality/Safety Assignment, Or with a grade of satisfactory/passing grade on written discussion forum.	

Faculty Signature: _____ Date: _____

Reviewed by:	Date	Actions
Course Meeting (if multiple faculty)		
UGCC		

School of Nursing

FACULTY VERIFICATION REQUIREMENTS

Policy

Each nursing faculty teaching a clinical course is to provide proof of the following:

1. Current CPR certification accepted by the School of Nursing.
2. Current unrestricted North Carolina RN license.
3. TB (PPD) results – annually.
4. For graduate clinical faculty only: Current individual malpractice policy (must be a minimum of \$1,000,000 individual and \$3,000,000 aggregate with the policy in effect for the duration of the academic year).
5. Updated faculty immunization and Health History records.
6. School of Nursing Bloodborne Pathogens Training Verification – annually available online.
7. Criminal Background Check (one time only for entire faculty career)
8. Drug Screen (one time only for entire faculty career)
9. Agency Compliance Material – specific to assigned clinical agency.

Procedure

At the beginning of each academic year, nursing faculty members are required to submit proof of requirements listed above to the Administrative Secretary to the Associate Dean/Director of the School of Nursing. Faculty who fail to submit the required information will not be permitted in the clinical setting.

Date of Origin: 5/89

Revised: 7/02, 7/03, 8/05; 06/09, 06/10, 7/11, 6/12

School of Nursing

CRIMINAL BACKGROUND CHECK AND DRUG SCREENING POLICY FACULTY

Introduction

CHHS must secure the cooperation of external health and human service agencies (“Agencies”) to provide appropriate educational, internship, clinical, or field experiences for its students. Increasingly, those Agencies will not accept students or faculty members supervising those students (“Clinical Faculty Members”) who do not meet requirements that apply to employees at the Agency, including drug screening and criminal background checks. Because criminal background checks are now required by the North Carolina Board of Nursing for all licensure applicants, and because of recommendations from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), some Agencies now require that **BOTH** CHHS students who will intern at their sites **AND those students’ Clinical Faculty Members who have direct supervision over the student(s)** successfully complete criminal background checks and drug screening.

A Clinical Faculty Member who is rejected by an Agency because of failure to meet that Agency’s criminal background and/or drug screening requirements will be removed from assignment as Clinical Faculty Member for any students doing clinical work at such Agency.

Agency Criminal Background Check Requirements

1. Comply with the criminal background check requirements at each Agency to which students are assigned.

In some cases, the Agency will facilitate criminal background checks. Clinical Faculty Members will bear all expense associated with meeting these requirements. **CHHS will receive notice only that the Clinical Faculty Member has been accepted or rejected by the Agency.** If a Clinical Faculty Member is rejected from an Agency, CHHS will remove that faculty member from assignment as Clinical Faculty Member for any students doing educational work at such Agency.

2. Undergo a criminal background check by a CHHS-approved agency.

Some Agencies require that Clinical Faculty Members obtain criminal background checks on their own. In these cases, Clinical Faculty Members should apply to a CHHS-approved criminal investigation agency for a criminal background check to be conducted at the Clinical Faculty Member’s expense. The criminal investigation agency will provide the background check results to the Clinical Faculty Member. Clinical Faculty Members are responsible for keeping the original criminal background check and sharing the results with each Agency to which his or her student advisees are assigned. If a Clinical Faculty Member is rejected from an Agency, CHHS will remove that faculty member from assignment as Clinical Faculty Member for any students doing educational work at such Agency.

Agency Drug Screening Requirements

1. Comply with the drug screening requirements at each Agency to which students are assigned.

In some cases, the Agency will facilitate drug testing. Clinical Faculty Members will usually bear all expense associated with meeting these requirements. CHHS will receive notice only that a Clinical Faculty Member has been accepted or rejected by the Agency. If a Clinical Faculty Member is rejected from an Agency, CHHS will remove that faculty member from assignment as Clinical Faculty Member for any students doing educational work at such Agency.

2. Undergo drug screening by a CHHS-approved testing laboratory.

Some Agencies require that Clinical Faculty Members obtain drug screening on their own. In these cases, Clinical Faculty Members should apply to a CHHS-approved independent drug testing laboratory for drug screening to be conducted at the Clinical Faculty Member’s expense. Clinical Faculty Members will be given the original results, which they are responsible for sharing with the Agency. If the result is positive, and the Agency rejects the Clinical Faculty Member, CHHS will remove that faculty member from assignment as Clinical Faculty Member for any students doing clinical work at such Agency.

School of Nursing

CRIMINAL BACKGROUND CHECK AND DRUG SCREENING ACKNOWLEDGE AND AGREEMENT FORM

Faculty Member's Printed Name

CHHS Program

1. I understand and acknowledge that the UNC Charlotte College of Health and Human Services (CHHS) has affiliated with several health care and human services agencies (hereinafter "Agencies") to provide internships, field placements or clinical experiences for educational programs for students in the CHHS educational programs. I further understand and acknowledge that the Agencies have a compelling interest in the integrity of their services and the health and safety of their patients, others who may come into contact with students, and the CHHS faculty who have direct supervision over students at the Agency (hereinafter "Clinical Faculty Members") themselves.
2. I understand and acknowledge that in order to protect their interests, many Agencies require Clinical Faculty Members to comply with their drug screening and/or criminal background check policies and to undergo drug screening and/or criminal background checks as conditions of participating at their Agencies. In addition, such Agencies often require that Clinical Faculty Members submit to the required drug screening and/or criminal background checks at the Clinical Faculty's own expense. I understand that the CHHS will provide information to Clinical Faculty Members to arrange the drug screening and/or criminal background checks required by the Agency.
3. I understand and acknowledge that an Agency may, in accordance with its policies, reject or expel a Clinical Faculty Member from supervising students in its internship, field placement or clinical education program based on the results of the drug screening and/or criminal background checks.
4. I am or will be employed as a Clinical Faculty Member by the CHHS, and I plan to participate as a Clinical Faculty Member by providing direct supervision to students who are participating in a clinical education program at an Agency.
5. Because participation in clinical programs is an employment requirement for Clinical Faculty Member in the CHHS program indicated above, I understand that I may be required to undergo a criminal background check and/or drug screening as a condition of my faculty participation in the clinical program.
6. As a condition of participating as a Clinical Faculty Member in a clinical education program, I hereby agree to comply with the criminal background check requirements at each Agency to which I am assigned. If the Agency facilitates criminal background checks, I agree to comply with such requirements and follow the procedures set forth by the Agency. If the Agency requires that I undergo a criminal background check prior to my supervision of students, I agree to undergo a criminal background check by a CHHS-approved agency at my own expense. I will then submit my original results to the Agency, which shall determine whether the results of my criminal background check are acceptable.
7. I hereby agree to comply with the drug screening requirements at each Agency to which I am assigned. If the Agency facilitates drug screening, I agree to comply with such requirements and follow the procedures set forth by the Agency. If the Agency requires that I undergo drug screening prior to my placement, I agree to undergo drug screening by a CHHS approved testing laboratory at my own expense. I will then submit my original results to the Agency, which shall determine whether the results of my drug screening are acceptable.
8. I have read both the CHHS Criminal Background Check and Drug Screening Policy and this Acknowledgement and Agreement, and I understand their contents. I have had the opportunity to ask questions of and discuss the Policy and this Acknowledgement and Agreement with appropriate administrators in the College of Health and Human Services. I understand that I am responsible for meeting the requirements set forth in the Policy and this Acknowledgment and Agreement.

Faculty Member's Signature

Date

**SCHOOL OF NURSING
ASSOCIATE DIRECTOR ANNUAL REVIEW**

Name of Associate Director being evaluated: _____

Part I. Qualitative Input on Strengths and Areas for Improvement

When answering the following questions, please be as specific as you can; examples are helpful. You may find it helpful to refer to the Job Description of the Associate Director (Undergraduate Division or Graduate Division) who you are evaluating, as well as the Associate Director’s self-assessment (*Annual Review and Planning Document*) for this year.

1. What did the Associate Director do well this period?

2. What could the Associate Director do to improve his/her performance?

Part II. Quantitative Evaluation

Circle the number next to each item that best represents how well the administrator met your expectation:

- 5 = Consistently exceeds expectations 2 = Partially meets expectations
 4 = Meets and in some ways exceeds expectations 1 = Does not meet expectations
 3 = Meets expectations U/E = Unable to evaluate

Leadership	5	4	3	2	1	U/E
Collaborates with faculty to address issues effecting the Division’s program implementation.	5	4	3	2	1	U/E
Makes decisions with input from others.	5	4	3	2	1	U/E
Manages conflict in a constructive manner.	5	4	3	2	1	U/E
Collaborates with the Director to provides and/or facilitate faculty mentoring and development.	5	4	3	2	1	U/E
Effectively addresses difficult issues and decisions (re: students, courses).	5	4	3	2	1	U/E
Creates a positive climate; conveys a ‘can-do’ attitude.	5	4	3	2	1	U/E
Maintains a high level of personal integrity.	5	4	3	2	1	U/E
Models a positive faculty role.	5	4	3	2	1	U/E
Engages the community (e.g. development of clinical placements, practice sites, and dissemination of SON initiatives and partnerships).	5	4	3	2	1	U/E

Management						
Collaborates with SON Director and other Associate Director in scheduling and staffing of courses in a fair and timely manner consistent with academic planning needs.	5	4	3	2	1	U/E
Communicates regularly with relevant constituencies.	5	4	3	2	1	U/E
Is responsive and timely to others.	5	4	3	2	1	U/E
Collaborates with others to recruit/interview new fulltime and part-time faculty.	5	4	3	2	1	U/E
Performs peer reviews of teaching for part-time faculty in a fair and timely manner.	5	4	3	2	1	U/E
Provides new faculty orientation in collaboration with other Associate Director.	5	4	3	2	1	U/E
Facilitates faculty development in teaching & student advising.	5	4	3	2	1	U/E
Provides oversight of assigned administrative assistant.	5	4	3	2	1	U/E
Provides administrative support for implementation of curricular programs.	5	4	3	2	1	U/E
Facilitates student progression through programs.	5	4	3	2	1	U/E
Responds skillfully to student appeals and student/family complaints.	5	4	3	2	1	U/E
Manages recruitment, enrollment, progression, and graduation processes.	5	4	3	2	1	U/E
Overall						
How would you rate this person's overall performance as an Associate Director?	5	4	3	2	1	U/E

Thank you for completing this evaluation.

Please return the evaluation form to (name) _____ by (date) _____.

Date of Origin: January 27, 2009

SCHOOL OF NURSING
LEARNING RESOURCE CENTER – GRADUATE STUDENT ORIENTATION

1. During the interview process:
 - a. Present current Graduate Teaching Position brochure
 - b. Review qualifications to assess experience and skills that may require additional support
 - c. Review “Responsibilities of the Nursing Skills Lab Graduate Assistant”
 - d. Dress Code
2. Newly hired Graduate Assistants: Provide course syllabi and textbooks in the lab for skills to be covered that particular semester.
3. New Graduate Student is assigned with experienced Graduate Student or faculty member for the following:
 - a. Tour of facilities, including location of supplies, storage rooms, etc.
 - b. Use of computer for student sign-in
 - c. Use of computer to make student appointments
 - d. Use of computer for lab email system
 - e. Review of communication book
 - f. Location of resource material, i.e. MSDS book
 - g. Review of daily routines, lab set-up for Health Assessment classes, special projects, etc.
 - h. Communication methods to the Director of Nursing Labs and between Graduate Assistants.
 - i. Lines of communication
 - j. Access to labs and identification for campus police
4. Fall semester:
 - a. New Graduate student is assigned to attend at least one lab/week for the course Concepts and Skills
 - b. Testing procedure reviewed with Director of Nursing Labs
 - i. Review skill sheet
 - ii. Review faculty testing guidelines
 - iii. Review documentation
 - iv. Observe testing sessions
 - v. Perform testing sessions under the observation of Director
5. Spring Semester:
 - a. Review each skill station and use of equipment
 - b. Review testing as explained in 4b above
 - c. Orient to the use of the Cath Sim system
6. Performance Review: Will be completed at the end of every semester.
7. Additional Responsibilities: may be assigned during the academic year

Date of Origin: Jan., 02

Revised: 7/03

Revised: 8/05

School of Nursing
Weeding of Library Materials
Refer to Executive Committee for evaluation and revision?

Policy

The Atkins Library policy defines deletion as a by-product of the collection policies of the library, and consequently, the collection is weeded on a regular basis to reflect changing needs, and to delete outdated information. The responsibility for implementing the weeding policy rests with the library faculty and staff in consultation with the nursing faculty.

Procedure

The nursing collection is reviewed every two years, (in the Fall of even years) to identify materials in the nursing collection that should be deleted. The following criteria are used:

1. Obsolescence:
 - a. Material containing outdated information (e.g., directories, membership lists, yearbooks)
 - b. Non-book materials in obsolete formats (e.g., audio—visual materials)
2. Earlier editions of general texts for which the library owns later editions.

In the Fall of even years, a sub—specialty of the nursing collection as well as 1/3 of the general nursing collection is reviewed. No more than 6 years will lapse between complete collection reviews. The Nursing Librarian generates a list of nursing materials owned by Atkins Library which are designated for review. The Associate Dean/Director of the School of Nursing and/or designees appoint faculty in each specialty area to review the list and recommend deletion. Nursing Faculty will identify the reason for deletion as obsolescence, an earlier edition or other reason and provide their name.

The list of titles recommended for weeding will be referred to the Nursing Librarian who will make one of the following recommendations:

1. Retain, in which case the requester is notified.
2. Withdraw, in which case the material will be handled in accordance with Library procedures for the processing of weeded materials.
3. Other (e.g. retain latest edition, withdraw earlier editions) in which case the materials will be handled in accordance with corresponding Library procedures.

If Nursing Faculty and the Nursing Librarian offer conflicting recommendations for an item, the item is retained.

Before the designated materials are removed from the collection, members of the campus community associated with health issues will have the opportunity to comment on their deletion.

The Library will maintain a file of all weeding requests that will be retained for five (5) years.

Date of Origin: 9/94

Revised: 7/02

Reviewed: 6/03, 6/04, 8/05; 08/16

Select University Policies

- [Policies, Regulations, and Procedures/Selected Faculty Policies and Resources](#)
- [Procedures for Resolving Faculty Grievances Arising from Section 607\(3\) of The Code of The University of North Carolina](#)
- [Guidelines for Preparing a Grievance Petition](#)
- [Sexual Harassment Policy and Grievance Procedure \(Policy Statement #61\)](#)
- [Code of Student Academic Integrity](#)
- [Code of Student Responsibility](#)
- [Formal student complaint resolution log](#)
- [Policy on Withdrawal from Courses at UNC Charlotte](#)