Student Handbook

Academic 2021-2022
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Weber State University

Dumke College of Health Professions

Annie Taylor Dee School of Nursing

Handbook Part A

Annie Taylor Dee School of Nursing

Structure & Organization
Section I: Annie Taylor Dee School of Nursing Organizational Chart
Section II: Annie Taylor Dee SON Overview

I. Annie Taylor Dee School of Nursing (SON) Vision and Mission Statements

A. Vision Statement
   The Annie Taylor Dee School of Nursing will be recognized for preparing nurses as leaders and life-long learners who are passionately engaged in caring for diverse populations and transforming healthcare in local and global communities.

B. Mission Statement
   The mission of the Annie Taylor Dee School of Nursing is to prepare exceptional nursing professionals with the ability to care and advocate for the evolving needs of diverse individuals, families, and society. We collaborate with our partners to provide an education that values equity, diversity, inclusivity, and community-centered health promotion.

C. Core Values
   The Annie Taylor Dee SON core values are:
   ● Social Justice
   ● Innovation
   ● Evidence-based Practice
   ● Community Engagement
   ● Interprofessional Education
   ● Professionalism

II. Annie Taylor Dee SON support of WSU Core Values
   Details on University Mission, Vision, and Core Values can be found at weber.edu

A. Learning through Personalized Experiences and Shared Inquiry
   ● Designs curricula and delivery methods to meet the needs of our changing health care system and growing student population
   ● Provides Graduate Programs to prepare students to enter doctoral education and/or advanced practice roles
   ● Provides multidisciplinary learning environments that foster critical thinking and prepare students to determine and meet the needs of a diverse patient population
   ● Updates curriculum to foster knowledge and promote clinical reasoning in the academic and patient-care environment
   ● Offers a state of the art simulation center to enhance the advanced application of outcomes

B. Engagement in Community
   ● Fosters educational partnerships which provide unique learning opportunities for nursing students
   ● Collaborates with technical colleges to enable educational opportunities for the advancement of nursing education
   ● Responds to current community nursing workforce demands
   ● Seeks input and partnerships through a community Advisory Board
   ● Provides students with a variety of community service opportunities across programs

C. Access and Opportunity
● Offers flexible delivery methods of instruction across programs
● Provides student scholarships to increase diversity within the student population and consequently the diversity within the nursing profession
● Exemplifies a successful higher education model of stackable credentials

D. Respect for People and Ideas
● Promotes a collegial environment which encourages and recognizes scholarly work
● Collaborates interprofessionally
● Creates a culture of equity, diversity, and inclusion

E. Nurturing the Potential within Every Individual
● Promotes and retains outstanding faculty and staff
● Recruits and nurtures exemplary students
● Provides clinical and service opportunities that broaden individual perspectives
● Conducts ongoing evaluation of learning activities that promote and expand student success

III. Annie Taylor Dee SON Stackable Credentials

A. Meeting the complex healthcare needs of a global society requires varying patterns and levels of nursing education and practice. The WSU Annie Taylor Dee SON approach to nursing education offers separate but coordinated programs of study (details found online). The stackable credentials model provides the nursing student opportunities to engage in lifelong learning and expand their professional, cultural, personal, and social roles.

B. Program-specific curricula and outcomes are designed to prepare the graduate to fulfill the roles and responsibilities established by national standards and guidelines. Some examples include:
● Accreditation Commission for Education in Nursing (ACEN)
● American Association of Colleges of Nursing (AACN)
● American Nurses Credentialing Center (ANCC)
● American Nurses Association (ANA)
● American Organization of Nurse Executives (AONE)
● National League for Nursing (NLN)
● Quality and Safety Education for Nurses (QSEN)
● National Organization of Nurse Practitioner Faculty (NONPF)
● American Association of Nurse Practitioners (AANP)
● National Patient Safety Goals (NPSG)
Section III: Outcomes and Graduate Competencies

I. Annie Taylor Dee SON Outcomes

A. The WSU Annie Taylor Dee SON Program Outcomes are developed to ensure the mission and goals set by the administration and faculty are met.

B. Documentation of outcomes shows the effectiveness of the educational program and serves to guide the maintenance and revision of WSU Annie Taylor Dee SON components.

C. The Annie Taylor Dee SON provides evidence of students’ achievement of each end-of-program student learning outcome and each program outcome. Further details on SON outcomes can be found at weber.edu/nursing.

II. Annie Taylor Dee SON End of Program Student Learning Outcomes (EPSLOs)

A. The WSU Annie Taylor Dee SON has adopted the following competencies for its undergraduate and graduate programs. These competencies are adopted from the Quality and Safety Education for Nurses Initiative (QSEN).

- **Patient-centered Care**: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patients’ preferences, values, and needs.
- **Teamwork and Collaboration**: Function effectively within nursing and interprofessional teams, fostering communication, mutual respect, and shared decision-making to achieve quality patient care.
- **Evidence-based Practice**: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
- **Quality Improvement**: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems, including participating in healthcare policy.
- **Patient Safety**: Minimize risk of harm to patients and providers through both system effectiveness and individual performance.
- **Informatics**: Use information and Technical to communicate, manage knowledge, mitigate error, and support decision-making.
- **Professionalism**: Develop a professional identity that reflects nursing characteristics and values of accountability, ethics, equity, civility, collaboration, diversity, and inclusion.

III. Annie Taylor Dee Differentiated End of Program Student Learning Outcomes

<table>
<thead>
<tr>
<th>SON EPSLOs</th>
<th>Associate Degree Nursing (ADN)</th>
<th>Bachelor of Science Nursing (BSN)</th>
<th>Master of Science Nursing (MSN)</th>
<th>Doctor of Nursing Practice (DNP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-Centered Care</td>
<td>Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based</td>
<td>Use nursing knowledge to include the patient in all care processes and decisions. Design and implement care which is adapted</td>
<td>Integrate nursing expertise to include the patient in all care processes and decisions. Collaborate with patients, families, and communities</td>
<td>Create and direct collaborative patient-centered care environments that promote the</td>
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</tbody>
</table>
### Annie Taylor Dee School of Nursing Handbook 2022-2023

<table>
<thead>
<tr>
<th>Competence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teamwork &amp; Collaboration</strong></td>
<td>Function effectively within nursing and inter-professional teams, fostering communication, mutual respect, and shared decision-making to achieve quality patient care.</td>
</tr>
<tr>
<td><strong>Evidence-Based Practice (EBP)</strong></td>
<td>Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.</td>
</tr>
<tr>
<td><strong>Quality Improvement</strong></td>
<td>Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems, including participating in healthcare policy.</td>
</tr>
<tr>
<td><strong>Patient Safety</strong></td>
<td>Minimize risk of harm to patients and providers through both system effectiveness and individual performance.</td>
</tr>
<tr>
<td><strong>Informatics</strong></td>
<td>Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.</td>
</tr>
</tbody>
</table>

**Teamwork & Collaboration**
- Promote collaborative clinical decision making with nursing and interdisciplinary colleagues through the implementation of effective communication and team-building skills.
- Evaluate the ability to use effective communication and collaboration skills when working with patients, families, and colleagues. Adapt communication, leadership, and teambuilding skills, to promote quality, competent and successful decision-making by nursing and collaborative interdisciplinary teams.
- Apply advanced communication strategies to support high-functioning interdisciplinary teams that support high quality, safe patient care.
- Collaborate with interprofessional teams associated with complex practice and organizational issues by mentoring and leading in order to provide high-quality and safe health outcomes.

**Evidence-Based Practice (EBP)**
- Make judgments in practice substantiated with evidence that integrates nursing science and knowledge to provide competent care to individuals and families.
- Make judgments in practice substantiated with evidence that synthesizes nursing science and knowledge with the provision of competent care to individuals, families, and communities.
- Evaluate available evidence, expert opinion, and patient preferences to determine best practices. Evaluate the feasibility and appropriate evaluation methods for planned EBP interventions.
- Practice at the highest quality/level of nursing, supported by/ based on/ integrating the most current scientific evidence, organizational and systems thinking, leadership principles, health policy, informatics, equity in health care, and ethics.

**Quality Improvement**
- Use information and technology to communicate, manage knowledge, mitigate error, and support decision making when providing direct patient care.
- Use information and technology to communicate, manage knowledge, mitigate error, and support decision making in a variety of patient care and community settings.
- Formulate policies, processes, and/or educational plans that leverage information technology to optimize information management, reduce errors, and support clinical decision-making.
- Use information systems and technology resources to evaluate and implement quality improvement initiatives.
### IV. Concept-based Curriculum

“All learners do not need to learn all course content; all learners do need to learn the core concepts.” K. Bain, Ph.D.

#### Concepts for the Individual, Nursing, and Healthcare Domains

<table>
<thead>
<tr>
<th>Category</th>
<th>Concept</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biophysical</strong></td>
<td>Acid-Base Balance</td>
<td>Regulation of acidity and alkalinity in body fluids and conditions that contribute to imbalances. (7)</td>
</tr>
<tr>
<td></td>
<td>Cellular Regulation</td>
<td>The functions cells perform to maintain homeostasis and conditions that contribute to alterations. (19)</td>
</tr>
<tr>
<td></td>
<td>Comfort</td>
<td>“A sense of emotional, physical, and spiritual well-being and relative freedom from stress.” (9)</td>
</tr>
<tr>
<td></td>
<td>Elimination</td>
<td>The secretion and excretion of body wastes from the kidneys and intestines and their alterations. (7)</td>
</tr>
<tr>
<td></td>
<td>Fluids and Electrolytes</td>
<td>Processes that regulate the balance of water and electrolytes and conditions that contribute to imbalances. (7)</td>
</tr>
<tr>
<td></td>
<td>Health</td>
<td>“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (16)</td>
</tr>
<tr>
<td></td>
<td>Immunity</td>
<td>The body’s natural or induced response to infection and the conditions associated with its response. (7)</td>
</tr>
<tr>
<td></td>
<td>Infection</td>
<td>The invasion of body tissue by microorganisms with the potential to cause illness or disease. (7)</td>
</tr>
<tr>
<td></td>
<td>Inflammation</td>
<td>An adaptive response to what the body sees as harmful, such as an allergen, illness, or injury. Inflammation is typically characterized by pain, heat, redness, and swelling. (7)</td>
</tr>
<tr>
<td></td>
<td>Intracranial Regulation</td>
<td>Processes that impact intracranial compensation and adaptive neurological function. (7)</td>
</tr>
<tr>
<td></td>
<td>Peripheral Nerve Regulation</td>
<td>Processes that impact the neural structures that lie outside the brain and spinal cord. (9)</td>
</tr>
<tr>
<td></td>
<td>Metabolism</td>
<td>All physical and chemical changes that take place to sustain life and conditions that contribute to imbalances. (19)</td>
</tr>
<tr>
<td></td>
<td>Mobility</td>
<td>The body’s function of movement. The musculoskeletal system is composed of the bones that serve as the body’s framework and attachment sites of muscles, tendons, and ligaments. Innervated by the nervous system, contraction and relaxation of muscles allow movement at the joints. (7)</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td>The process by which the body ingests, absorbs, transports, uses, and eliminates nutrients in food. (7)</td>
</tr>
<tr>
<td></td>
<td>Oxygenation</td>
<td>Mechanisms that facilitate or impair the body’s ability to supply oxygen to the blood. (18)</td>
</tr>
<tr>
<td></td>
<td>Perfusion</td>
<td>Mechanisms that facilitate or impair circulation of blood through tissue. (7)</td>
</tr>
<tr>
<td></td>
<td>Reproduction</td>
<td>The process of conception, gestation, and childbirth. (7)</td>
</tr>
<tr>
<td></td>
<td>Sensory Perception</td>
<td>Receiving and interpreting stimuli from the environment and utilizing the sense organs and factors contributing to impaired response. (7)</td>
</tr>
<tr>
<td></td>
<td>Sexuality</td>
<td>The sum of the physical, functional, and psychological attributes that are expressed by one’s gender identity and sexual behavior, whether or not related to the sex organs or to procreation. (7)</td>
</tr>
<tr>
<td></td>
<td>Thermoregulation</td>
<td>The homeostatic process that balances heat production and heat loss to maintain the body’s temperature. (7)</td>
</tr>
<tr>
<td></td>
<td>Tissue integrity</td>
<td>Mechanisms that facilitate or impair skin and mucous membrane intactness. (7)</td>
</tr>
<tr>
<td><strong>Developmental</strong></td>
<td>Growth and Development</td>
<td>Growth is an increase in physical size, and development is an orderly sequence of functions and capabilities that progress from simple to complex. (7)</td>
</tr>
<tr>
<td><strong>Psychological</strong></td>
<td>Accountability</td>
<td>An obligation or willingness to accept responsibility. This is an initial step needed to change behavior. (19)</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Addiction Behaviors</td>
<td>Compulsive, uncontrollable dependence on a chemical substance, habit, or practice to such a degree that cessation causes severe emotional, mental, or physiologic reactions. (19)</td>
<td></td>
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<tr>
<td>Affect</td>
<td>The immediate and observable emotional expression of mood, mood that people communicate verbally and nonverbally, and the outward manifestation of what the individual is feeling. (19)</td>
<td></td>
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<tr>
<td>Anxiety</td>
<td>A state of varying degrees of discomfort and uneasiness that is accompanied by responses that serve to protect. (7)</td>
<td></td>
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<tr>
<td>Cognition</td>
<td>The brain’s ability to process, retain, and use information. These abilities include reasoning, judgment, perception, attention, comprehension, and memory. These abilities are necessary to solve problems, learn new information, and interpret the environment. (7)</td>
<td></td>
</tr>
<tr>
<td>Coping</td>
<td>The process through which the person manages the demands and emotions generated by the appraised stress. (7)</td>
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<tr>
<td>Crisis</td>
<td>An event or situation in an individual’s life that cannot be managed through the usual coping skills. Types of events or situations include developmental, situational, and social. (18)</td>
<td></td>
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<tr>
<td>Culture</td>
<td>The knowledge and values shared by a society. (7)</td>
<td></td>
</tr>
<tr>
<td>Diversity</td>
<td>Recognizing differences among “persons, ideas, values, and ethnicities,” while affirming the uniqueness of individuals. (14)</td>
<td></td>
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<tr>
<td>Empowerment</td>
<td>Is a multi-dimensional social process that helps people gain control over their own lives. It is a process that fosters power in people for use in their own lives, their communities and in their society, by acting on issues they define as important. (27)</td>
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<tr>
<td>Family</td>
<td>Two or more individuals who depend on one another for emotional, physical, and/or financial support. (19)</td>
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<tr>
<td>Grief and Loss</td>
<td>Loss is an actual or potential situation in which something that is valued becomes altered or no longer available. Grief is the subjective emotion and normal response to a loss. (19)</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>The sum of mind and body that constitutes the identity of a person. (18)</td>
<td></td>
</tr>
<tr>
<td>Social Functioning</td>
<td>The ability of the individual to interact in the normal or usual way in society; can be used as a measure of the quality of care. (19)</td>
<td></td>
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<tr>
<td>Spirituality</td>
<td>An experience or feeling of being alive, purposeful, and fulfilled with the ability to make sense of life circumstances, beliefs about the universe, feelings of transcendence, joy, hopefulness, and love. (19)</td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>A complex experience felt internally that makes a person feel a loss or threat of loss—bodily or mental tension. (7)</td>
<td></td>
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<tr>
<td>Mood</td>
<td>A sustained emotional state and how one feels subjectively. (19)</td>
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<tr>
<td>Mood disorders</td>
<td>A group of mental disorders involving a disturbance of mood, accompanied by either a full or partial manic or depressive syndrome that is not due to any other mental disorder. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation such as manic episode, major depressive episode, bipolar disorders, and depressive disorder (see separate entries for each). (7)</td>
<td></td>
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<tr>
<td>Violence</td>
<td>Communication or a behavior which threatens or demonstrates harm to self or others. (19)</td>
<td></td>
</tr>
<tr>
<td><strong>Nursing Domain</strong></td>
<td><strong>Assessment</strong> A holistic, systematic, and continuous collection, analysis, and synthesis of relevant data for the purpose of appraising the individual’s health status. (19)</td>
<td></td>
</tr>
<tr>
<td>Caring Interventions</td>
<td>Caring interventions are those nursing behaviors and actions that assist patients in meeting their needs. These interventions are based on a knowledge and understanding of the natural sciences, behavioral sciences, nursing theory, nursing research, and past nursing experiences. Caring is the “being with” and “doing for” that assist patients to achieve the desired results. Caring behaviors are nurturing, protective, compassionate, and person-centered. Caring creates an environment of hope and trust where patient choices related to cultural values, beliefs, and lifestyles are respected. (19)</td>
<td></td>
</tr>
<tr>
<td>Clinical Decision-Making</td>
<td>“Interpretation or conclusion about a patient’s needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient’s response.” (19)</td>
<td></td>
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<tr>
<td>Clinical Judgement</td>
<td>“Clinical judgment is defined as the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and access presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care.” (30)</td>
<td></td>
</tr>
<tr>
<td>Collaboration</td>
<td>&quot;Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.&quot; (7)</td>
<td></td>
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<tr>
<td>Communication</td>
<td>The exchange of thoughts, messages, or information through verbal and nonverbal methods. (7)</td>
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<tr>
<td>Critical Thinking</td>
<td>“A process that results in the interpretation, analysis, evaluation and explanation of evidence upon which a judgment is based.” (5)</td>
<td></td>
</tr>
<tr>
<td>Learning</td>
<td>Learning is an enduring change in behavior, or in the capacity to behave in a given fashion, which results from practice or other forms of experience. (21)</td>
<td></td>
</tr>
<tr>
<td>Patient-Centered Care</td>
<td>&quot;Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.” (17)</td>
<td></td>
</tr>
<tr>
<td>Pedagogy</td>
<td>Pedagogy is the art and science of teaching and includes multiple theories of behavior that are based on the learning process or the observation and scientific study of how people learn (p.72). (24)</td>
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<tr>
<td>Professionalism</td>
<td>“The conduct, aims, or qualities that characterize or mark a profession.” (7)</td>
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<tr>
<td>Role Transition</td>
<td>The process of developing a new role. (6)</td>
<td></td>
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<tr>
<td>Safety</td>
<td>Preventing inadvertent pain, injury, or loss. (7)</td>
<td></td>
</tr>
<tr>
<td>Self-Management of Care</td>
<td>The systematic provision of education and supportive interventions to increase patients’ skills and confidence in managing their own health problems, including regular assessment of progress and problems, goal-setting, and problem-solving approaches. (19)</td>
<td></td>
</tr>
<tr>
<td>Teaching</td>
<td>Is deliberate interventions that involve sharing information and experiences to meet intended learner outcomes in the cognitive, affective and psychomotor domains according to an educational plan. Whether formal or informal, planned well in advance or spontaneous, teaching is deliberate and conscious acts with the objective of producing learning. (22)</td>
<td></td>
</tr>
<tr>
<td>Theory</td>
<td>A set of interrelated concepts, definitions and propositions that present a systematic view of events or situations by specifying relations among variables, in order to explain and predict the events or situations (p. 26). (23)</td>
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</tr>
<tr>
<td>Healthcare Domain</td>
<td></td>
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<tr>
<td>Advocacy</td>
<td>To speak up or act in the cause of another in support of individuals, families, systems, communities, and issues. (19)</td>
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<tr>
<td>Care Management</td>
<td>A system of management that facilitates effective care delivery and outcomes for each patient. (2)</td>
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<tr>
<td>Educator</td>
<td>The role of facilitating learning, facilitating learner development and socialization, using assessment and evaluation strategies, participating in curriculum design and evaluation of program outcomes, functioning as a change agents and leaders, pursuing continuous quality improvement in the</td>
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<tr>
<td>Term</td>
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<td>nurse-educator role, engaging in scholarship, and functioning within the educational environment.</td>
<td>(1)</td>
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<tr>
<td>Emergency Preparedness</td>
<td>A continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during incident response. (3)</td>
<td></td>
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<tr>
<td>Ethics</td>
<td>A code or guide about the rightness or wrongness of behaviors. Ethical behaviors guide the nurse in supporting the principles of autonomy, beneficence, justice, and truth. (19)</td>
<td></td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>A process to solve problems in practice using the best evidence, clinical experience, and patient preferences and values. (11)</td>
<td></td>
</tr>
<tr>
<td>Genetics</td>
<td>The study of heredity and the transference of traits from parents to offspring. (9)</td>
<td></td>
</tr>
<tr>
<td>Healthcare Systems</td>
<td>A group of interacting people and processes that deliver safe and effective patient care with quality, equal access, and cost-effectiveness. (10)</td>
<td></td>
</tr>
<tr>
<td>Health Policy</td>
<td>Guidelines and protocols created and enforced by governing bodies or professional organizations that influence the actions and decisions of organizations and individuals within the healthcare system. (7)</td>
<td></td>
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<tr>
<td>Health Promotion</td>
<td>The effort to stop the development of a disease, including treatment to prevent a disease from progressing further and causing complications. (7)</td>
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<tr>
<td>Holism</td>
<td>The culture of human caring in nursing and healthcare that affirms the human person as the synergy of unique and complex attributes, values, and behaviors influenced by that individual’s environment, social norms, cultural values, physical characteristics, experiences, religious beliefs and practices, and moral and ethical constructs, within the context of a wellness-illness continuum. (4)</td>
<td></td>
</tr>
<tr>
<td>Informatics</td>
<td>An integration of nursing science, computer science, and information science to manage and communicate data, information, knowledge, and wisdom in nursing practice. (7)</td>
<td></td>
</tr>
<tr>
<td>Innovation</td>
<td>Innovation is the spark of insight that leads a scientist or inventor to investigate an issue or phenomenon. That insight is usually shaped by an observation of what appears to be true or the creative jolt of a new idea. Innovation is driven by a commitment to excellence and continuous improvement. Innovation is based on curiosity, the willingness to take risks, and experimenting to test assumptions. Innovation is based on questioning and challenging the status quo. It is also based on recognizing opportunity and taking advantage of it. (25)</td>
<td></td>
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<tr>
<td>Leadership</td>
<td>An interactive process whereby an individual inspires a group of people to attain a common goal. (15)</td>
<td></td>
</tr>
<tr>
<td>Legal/Regulatory</td>
<td>Governing or directing according to a rule or bringing under the control of an authority. (12)</td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>The process of getting things done effectively with and through other people. (18)</td>
<td></td>
</tr>
<tr>
<td>Philosophy</td>
<td>A statement encompassing ontological claims about the phenomena of central interest to a discipline, epistemic claims about how those phenomena come to be known, and ethical claims about what the members of a discipline value (pp.11-12). (28)</td>
<td></td>
</tr>
<tr>
<td>Population Health</td>
<td>“An approach that focuses on interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations.” (8)</td>
<td></td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>An organized approach to identify errors and hazards in care, as well as improve care overall. (19)</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>Investigation or experimentation aimed at the discovery and interpretation of facts about a particular subject. (6)</td>
<td></td>
</tr>
<tr>
<td>Social Determinants of Health</td>
<td>Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (31)</td>
<td></td>
</tr>
</tbody>
</table>
### Socialization

The passing of a role from one person to the next, the process by which a person acquires and internalizes new knowledge and skills. The socialization period involves the learning of work systems, staff roles, and employer expectations for students, employees, and new employees alike. (26)

### Social Justice

Acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation. (29)

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**References**

25. US Department of Education. (2017) www2.ed.gov/about/offices/list/oii/about definition.html
https://sigma.nursingrepository.org/bitstream/handle/10755/623112/Combined_Slides_s23644.pdf?sequence=8
https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
Weber State University
Dumke College of Health Professions
Annie Taylor Dee School of Nursing

Handbook Part B
Annie Taylor Dee School of Nursing
General Policies and Procedures
Section I: Annie Taylor Dee SON Requirements

I. General Guidelines for all Annie Taylor Dee SON Students

A. Weber State University Polices
   1. Discrimination and Harassment Policy (PPM 3-32): (http://www.weber.edu/studentaffairs)
   2. A student who is unable to meet the essential requirements of the program due to physical or functional limitations may request an academic adjustment through Disability Services (see PPM 3-34). We do not have the ability to ensure a Latex-free environment.
      ● Latex products are used in our laboratory, simulation, and clinical environments.

B. Students must pay required tuition and fees by the dates outlined in the WSU Catalog. NOTE: Failure to meet these established deadlines may result in the student losing their place in a specific nursing course/program.

C. Students MAY NOT register for courses scheduled to be taught on a campus different from the campus to which they were formally accepted. Students with extenuating circumstances may request a change in campus. Permission is granted by program director and depends on space availability, etc.

D. Students are covered by WSU liability/malpractice insurance once they are registered in a course.
   NOTE: Students may not attend/participate in any nursing courses prior to being admitted to WSU and registering for their nursing courses.

E. WSU Annie Taylor Dee SON dates and deadlines override Continuing Education, online, or other university guidelines.
   NOTE: Prerequisites and/or support courses must be completed and the grades posted two (2) weeks prior to the start of the semester.

F. Students will have access to the syllabi in the online learning-management system and Student Handbook prior to first day of class.

G. Both the WSU and the Annie Taylor Dee SON expect that students study two (2) – four (4) hours per week for each credit hour of enrolled courses

II. Essential Requirements for Student Success

The WSU Annie Taylor Dee SON Essential Requirements act as a guide for students and faculty to understand and communicate the functions required for the nursing student. Students are required to meet all of these essential requirements.

These requirements include functions necessary for starting, continuing and graduating from WSU Annie Taylor Dee SON programs. *These requirements are applicable to all courses, including Study Abroad electives.

If for any reason during the course of the specific program (AAS /AS, RN-BSN, MSN, FNP-DNP, DNP), the student is unable to perform any of these functions, they will be required to meet with
the faculty and program director, which may delay program progression. (See Handbook Part B, Section V. B.)

After reading and reviewing the essential requirements, the student must sign and return an Essential Requirements form to the WSU Annie Taylor Dee SON before starting the program of study. The form is a permanent part of the WSU Annie Taylor Dee SON student file.

A. Essential Requirements of Intellect
1. Comparing: Judging observable functional, structural, or compositional characteristics (whether similar to or divergent from obvious standards) of data, people, or things.
2. Copying: Transcribing, entering, or posting data.
3. Computing: Performing arithmetic operations and reporting on and/or carrying out a prescribed action.
4. Compiling: Gathering, collating, or classifying information about data, people, or things; including reporting and/or carrying out a prescribed action relevant to the evaluation.
5. Analyzing: Examining and evaluating data and presentation of alternative actions in relation to the evaluation.
6. Coordinating: Determining time, place and sequence of operations or action to be taken on the basis or analysis of data. May include prioritizing multiple responsibilities and/or accomplishing the responsibilities simultaneously.
7. Judgment: Recognizing potentially hazardous materials, equipment, and situations; and proceeding safely in order to minimize risk of injury to patients, self, and nearby individuals.
8. Synthesizing: Combining or integrating data to discover facts and/or develop knowledge, creative concepts, and/or interpretations.
9. Negotiating: Exchanging ideas, information, and opinions with others to formulate policies and programs; and/or jointly arrive at decided conclusions and/or solutions.
10. Adaptability: Ability to be flexible, creative, and adapt to professional and technical changes; the use of time and systematizing actions in order to complete professional and technical tasks within realistic constraints; and providing professional and technical services while experiencing the stresses of task-related uncertainty (e.g., receiving ambiguous directions, being assigned to an ambivalent preceptor), emergent demands (e.g., receiving “stat” test orders), and a distracting environment (e.g., experiencing high noise levels, crowding, complex visual stimuli).

B. Essential Requirements of Observations
1. Near Acuity: Clarity of vision at 20 inches or less with or without correction.
2. Far Acuity: Clarity of vision at 20 feet or more with or without correction.
3. Depth Perception: Ability to see depth and breadth: Three-dimensional vision.
5. Field of Vision: Ability to see area from right-to-left or up-and-down while fixed on a singular point.
6. Fine motor skills: Picking, pinching, or otherwise working primarily with the fingers rather than with the entire hand or arm (e.g., as in “handling”).
7. Feeling: Perceiving attributes of objects (such as size, shape, temperature, or texture) by touching an object with the body’s skin, particularly using the skin of fingertips.
8. Hearing: Perceiving the nature of sounds, particularly when making fine discriminations in sounds (e.g., such as when making fine adjustments on running engines).

C. Essential Requirements of Communication
1. Talking: Expressing or exchanging ideas by means of the spoken word. Talking is important for those activities in which nursing students must impact oral information to
patients or to the public; and in those activities in which students convey detailed or important spoken instructions accurately, loudly, or quickly to other workers.

2. **Hearing:** Perceiving the nature of sounds, particularly used in activities the ability to receive detailed information through oral communications and making fine discriminations in sounds.

3. **Communicating:** Talking with and/or listening to and/or signaling people to convey or exchange information, including giving/receiving assignments and/or directions.

4. **Instructing:** Teaching subject matter to others or training others through explanation, demonstration, and supervised practice; or making recommendations on the basis of technical nursing-specific knowledge.

5. **Interpersonal:** Relating to skills/behaviors used when dealing with individuals who have a range of moods and behaviors; and relating in a tactful, congenial, and personal manner so as not to alienate or antagonize those individuals.

6. **Confidentiality:** Promoting, advocating for, and striving “to protect the health, safety, and rights of the patient” (ANA Code of Ethics, Provision 3, 2010) as a nursing student, including keeping information gathered in practice or clinical-learning environments (e.g., individual patient information, information from clinical facilities, fellow student information) as undisclosed in the nursing student’s personal and professional writings, social media, and general communications with others.

**D. Essential Requirements of Movement**

1. **Standing**
2. **Walking**
3. **Sitting**
4. **Climbing:** Body agility is emphasized. May be required to ascend or descend something such as a fire escape using feet and legs and/or hands and arms.
5. **Balancing:** Maintaining body equilibrium to prevent falling when performing feats of agility such as assisting with the transfer of patients.
6. **Squatting:** Bending body downward and forward, requiring the full use of the lower extremities and back muscles.
7. **Kneeling:** Bending legs at knees and coming to rest on the knee or knees.
8. **Crouching:** Bending downward and forward by bending legs and spine.
9. **Crawling:** Moving about on hands and knees or hands and feet.
10. **Reaching:** Extending hand(s) and arm(s) in any direction.
11. **Handling:** Seizing, holding, grasping, turning, or otherwise working with the hand or hands.
12. **Physical Restraint:** Seizing, holding, restraining, and/or otherwise subduing violent, assaultive, or physically-threatening persons to defend oneself or prevent injury.
13. **Able to lift/ transfer/ move up to 50 pounds independently.**
14. **Able to lift and move 51 to 100 pounds with assistance of another person or by using mechanical lifting and moving devices.**
15. **Mechanical Ability:** Able to safely and accurately operate mechanical or powered medical equipment and moving and transferring equipment.

**E. Essential Requirements Related to the Learning Environment**

1. **Exposure to Extreme Weather:** Students are expected to travel to the assigned clinical site, which may involve exposure to hot, cold, wet, humid, or windy conditions caused by the weather.
2. **Extreme Heat and/or Cold Non-Weather-related:** In the clinical setting the temperature of the care environment may be adjusted for patient treatment and students would be expected to follow facility policy for appropriate dress and behavior if assigned to these areas.
3. **Wet and/or Humid**: Contact with water or other liquids or exposure to non-weather-related humid conditions.

4. **Atmospheric Conditions**: Exposure to conditions such as noxious odors (e.g., patient-care products, body odors, some dust, powders, mists).

5. **Hazards**: Students may be exposed to situations with a definite risk of bodily injury, such as proximity to moving mechanical parts, electrical current, radiation, and chemicals.

6. **Confined/Restricted Working Environment**: Clinical work is often performed in small patient-care areas. Some patient-care units or nursing facilities are closed or locked providing safety and security for patients or fellow workers.

7. **Noise**: Able to function safely and professionally in a noisy and distracting environment.

*Satisfactory completion of the Annie Taylor Dee SON Programs demands the nursing student’s ability to meet the above requirements. If a student is uncertain as to their ability to comply with any of these essential functions, please consult with the Annie Taylor Dee SON Admissions and Advancements Committee.*

### III. Program Technology Requirements

**A.** Technology requirements are important for your success. You must have the following:

- A computer, with either PC (Windows) or Macintosh systems. A consideration for the MSNP program is access to a laptop or tablet that you can bring to class.
- Internet access (high-speed preferred)
- Webcam (for video conferencing and presentations)
- WSU multimedia is **optimized by Google Chrome browser**; thus other browsers may not/do not work as well.

**B.** Other considerations:

- Intel i5 processor or faster
- at least 4GB RAM
- 500GB HD
- Monitor that supports 1280x1024 resolution or higher

### IV. Student Academic Advisement

**A.** Each student is assigned a WSU Annie Taylor Dee SON academic advisor upon entering the nursing program. See individual program Part C of the Student Handbook for advisement process.

### V. Student Documentation

**A.** A confidential, cumulative record (file) is kept on each student.

1. Records of individual student conferences, warnings, disciplinary actions, and other relevant documents will be maintained in the student’s confidential cumulative record.

- These documents will be read and signed by the student and faculty prior to each record becoming a part of the student's cumulative record.
- Student signature does not establish agreement with information recorded on the form; but does indicate that the student has read and understands information, conditions of warning and/or discipline, and department response if conditions related to warning and/or disciplinary action is/are not fulfilled by student.

2. Students seeking access to the confidential, cumulative file are referred to the student records section of the WSU Student Code and the Family Educational Rights and
Privacy Act (FERPA) of 1974. Further information can be obtained from the office of the Registrar’s Office.

B. WSU Annie Taylor Dee SON partners with a secure documentation management system to provide students an easy process for maintenance and compliance of student documentation. Once the requirements have been fulfilled, the results will be submitted to the WSU Annie Taylor Dee SON. Students are responsible for the associated cost. The package includes:
1. Drug Testing
2. Criminal Background Check
   - Nationwide Healthcare Fraud and Abuse
   - Nationwide Patriot Act
   - Nationwide Record Indictor with Sex Offender Investigation
   - Social Security Alert
   - Residency History
3. Document Manager
4. Immunizations
   - The WSU Annie Taylor Dee SON prepares students to proactively participate in evidence-based practice. In support of that endeavor the WSU Annie Taylor Dee SON follows the current Center for Disease Control and Prevention (CDC) guidelines for immunizations for health care providers. All students are required to comply with CDC requirements for healthcare personnel. The hepatitis B vaccination and titer requirements (along with all other vaccination and titer requirements) reflect current CDC guidelines and will not be altered regardless of employer or practitioner recommendations. All immunization documentation must be uploaded to CastleBranch.
   - Besides mandatory immunizations, American Heart Association BLS for Healthcare Provider CPR.
   - Students will be prompted to upload specific documents required by the WSU Annie Taylor Dee SON.

### Mandatory Clinical Immunization Requirements

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Documentation / Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPATITIS B</td>
<td>Students must comply with one (1) of the following Hepatitis B requirements</td>
</tr>
<tr>
<td></td>
<td><strong>1. Documentation of a CDC-approved HepB immunization series, followed by a positive titer.</strong></td>
</tr>
<tr>
<td></td>
<td>The following are CDC-approved HepB series</td>
</tr>
<tr>
<td><strong>Option #1:</strong></td>
<td>Engerix-B or Recombivax HB (3 doses)</td>
</tr>
<tr>
<td></td>
<td>- HepB#1-series start date</td>
</tr>
<tr>
<td></td>
<td>- HepB#2-one (1) month later</td>
</tr>
<tr>
<td></td>
<td>- HepB#3-five (5) months later</td>
</tr>
<tr>
<td></td>
<td>- Titer- one (1) to two (2) months after 3rd dose</td>
</tr>
<tr>
<td><strong>Option #2:</strong></td>
<td>Heplisav-B (2 doses)</td>
</tr>
<tr>
<td></td>
<td>- HepB#1-series start date</td>
</tr>
<tr>
<td></td>
<td>- HepB#2-one (1) month later</td>
</tr>
<tr>
<td></td>
<td>- Titer – one (1)- two (2) months after 2nd dose</td>
</tr>
<tr>
<td><strong>PLEASE NOTE:</strong></td>
<td>Documentation of a positive titer without documentation of immunization series will require a full repeated immunization series followed by another positive titer.</td>
</tr>
<tr>
<td>2.</td>
<td>Documentation of a CDC-approved HepB series and a negative titer (must be</td>
</tr>
</tbody>
</table>
### Hepatitis B (HepB) Immunization Series

1. For initial series:
   - HepB#1 immediate
   - HepB#2 – one (1) month later
   - HepB#3 – five (5) months later
   - Repeat titer six (6) weeks after HepB#3

2. No titer, series in progress:
   - HepB#1 immediate
   - HepB#2 – one (1) month later
   - HepB#3 – five (5) months later
   - Repeat titer six (6) weeks after HepB#3

### TB or QUANTIFERON

Nursing students are required to test upon admission to the Annie Taylor Dee SON.

Annual or serial TST for TB is determined by state regulations and risk for TB exposure. Utah is a low risk state.

The CDC recommends healthcare workers and healthcare students receive a baseline TST - TB test. The TST – TB test should be repeated if a TB exposure occurs, if there is international travel with endemic TB, or if the state of Utah risk changes to medium.

#### Baseline 2-step TB (TST)

1. PPD – TST cannot be completed earlier than 4 months prior to school start

   - **Step One:**
     - The PPD - TST #1 is reviewed 48 to 72 hours after placement
     - Document TST #1 result (negative or positive)

   - **Step Two** - proceed if negative Step One
     - Administer second TST one (1) to three (3) weeks after TST #1 placement
     - The PPD - TST #2 is reviewed 48 to 72 hours after placement
     - Document TST #2 result (negative or positive)

   If you have proof of a 2-step TB within the past year, then an annual TB test must be done.

   Upload all results to Castlebranch at the same time

#### Quantiferon or T-Spot TB serum test

- If you choose the Quantiferon or T-Spot TB blood draw it must be within the past year.
- If over 1 year, repeat Quantiferon or TSpot or obtain annual TB skin test
- Upload the Quantiferon TB blood draw results to CastleBranch

### Positive TB test

- If you have had a prior positive TB test, you must provide the results of your X-ray.
- Upload the chest x-ray results to CastleBranch

### International travel or previous international residence

- If you’ve traveled or lived internationally and had to have a BCG (within the past 10 years), you must show proof of BCG.
- Obtain and/or provide the results of your X-ray

### Measles, Mumps, & Rubella (MMR)

- MMR titer or two (2) MMR vaccinations required
  - If two (2) documented doses of MMR and blood test results are negative or
equivocal for measles, mumps, and/or rubella, they should be considered to have presumptive evidence of immunity to measles, mumps, and/or rubella and are not in need of additional MMR doses unless instructed by the healthcare provider.

| TDAP                     | Documented proof of TdaP within the last 10 years  
|                         | If over 10 years, obtain a new TdaP |
| VARICELLA               | Varicella titer or two (2) varicella vaccinations.  
|                         | You CANNOT self-report or obtain a doctor’s note stating you had chicken pox. |
| FLU SHOT                | Flu shot is obtained during the current flu season when available (September through October). |
| IMMUNIZATION ALLERGIES/ISSUES I | Any allergies or issues with immunizations, require current written notification from your healthcare provider.  
|                         | Upload the written notification of immunization allergy or issues to CastleBranch |

VI. Policies that Apply to Students in Programs Requiring Clinical Assignment

A. Federal Occupational Safety and Health Administration (OSHA)
   1. OSHA Regulations:
      a. Students may, in the fulfillment of program-required clinical practice, be exposed to bloodborne pathogens. Use of standard precautions (current with CDC guidelines) is a requirement for practice and expected of all students in the clinical setting.
      b. All students are required to comply with OSHA regulations and follow the WSU Bloodborne Pathogen Exposure Control Plan (http://www.weber.edu/EHS/postexposure.html).
      c. Students who are have allergies that may affect their experience in the selected program of study need to notify the WSU Disability Office.

B. Functional Limitation or Injury
   1. A student who is unable to meet the essential requirements of the program due to physical or functional limitations may request an academic adjustment through Disability Services (see PPM 3-34).
      ● Facilities retain the right to determine essential requirements of students for clinical rotations. This may affect program progression. (i.e. refusal of student in clinical facility)
      See SECTION I, Part II: Essential Requirements for Student Success.

C. Health
   1. WSU Annie Taylor Dee SON does not accept responsibility for injury or illness that occurs while the student is enrolled in a WSU nursing program. WSU does not offer health insurance.
      a. Students are advised to be enrolled in a personal health-insurance plan.
      b. Students are considered interns (guests) while in clinical settings. As such, students are "volunteer workers" of the sponsoring institution of higher education (WSU) and are eligible to receive Workers’ Compensation benefits for bloodborne pathogen exposures acquired during clinical time in accordance with applicable law and the agreement with the clinical facility.
      c. Should a student be injured during a clinical experience or have their health endangered (such as an exposure to bloodborne pathogens), during a clinical experience, the student should report the situation immediately to the student’s instructor and to the
appropriate cooperating clinical facility/agency personnel.
   - The appropriate incident report(s) will need to be filed.
   - Students are responsible for any expenses not covered by Workers’ Compensation due to injury or illness in the college or clinical area.

b. A student missing a class/lab/clinical experience for any health-related issue may be required to submit a release from their healthcare provider prior to attending further class/lab/clinical experiences. The release does not need to contain details regarding the student’s condition but must provide substantiation for absence. Refer to section A if accommodations are requested related to a disability.

D. Criminal Background Check
   1. Purpose
      a. The criminal background check screening process has been mandated by the WSU Annie Taylor Dee SON to more effectively protect the safety and well-being of patients, clients, and residents of those facilities; and is fully supported by the DCHP Executive Committee, the nursing faculty, and the WSU Annie Taylor Dee SON’s Advisory Committees.
      
      b. The WSU Annie Taylor Dee SON enters into Affiliation Agreements with multiple healthcare facilities throughout the state. These agreements provide WSU Annie Taylor Dee SON students and faculty authorized access to facility resources and patients. In response to stipulations contained within one or more of these Agreements, the WSU Annie Taylor Dee SON requires that students admitted to a nursing program submit to a national criminal background check.

   2. Policy
      Admission and progression in a WSU Annie Taylor Dee SON Program is contingent upon submission of a satisfactory background check. If the background check reveals a history of criminal actions, the student may not be admitted to or allowed to progress within the nursing program. The student will not be entitled to any refunds of tuition dollars or other fees. In addition, each student is required to attest, each semester, that their original background check is valid.

      When a student interrupts their progression in any nursing program of study that requires clinical assignment or the student is not continuously registered, then the student must repeat and pass the national criminal background check prior to enrolling in any nursing courses.

   3. Procedures
      All students who wish to apply for admission to a WSU Annie Taylor Dee SON program are informed in writing on the application that they are required to submit to a national criminal background check.
      a. The following written statements, as well as instructions for obtaining the criminal background check, are found in both the admission and acceptance packets:
         - “If the record reveals prior criminal convictions, it may affect eligibility to begin and/or remain in a nursing program. Actions which would preclude an individual from admission to or continuance in a nursing program include: aggravated assault, intimate-partner or child abuse, sexual predatory behavior, financially-related crimes such as identity theft, and issue of moral turpitude (reference Utah Department of Professional Licensing). This list is not inclusive of all criminal convictions that will prevent program admission and/or progression, and the WSU Annie Taylor Dee SON reserves the right to review each student’s record on an individual basis.”
b. If background check documents criminal actions, it may be required of the student to obtain official verification that the charge(s) have been expunged.

c. Disclaimer included in the admission packet states: “Students are encouraged to have their criminal record expunged prior to seeking criminal background check.”

d. Persons convicted of felonies must refer to the Utah Nurse Practice Act (Utah Code–Title 58: Occupations and Professions, Chapter 31b: Nurse Practice Act, Section 302: Qualifications for licensure or certification, which can be found at http://le.utah.gov/) and may not be allowed to enter/progress in any of the Nursing programs.

e. If a student’s criminal background check reveals evidence of prior convictions, the criminal background check will be reviewed on a case-by-case basis by the Admission and Advancement Committee to determine if the student will be allowed to enter/progress in any of the nursing programs.

f. A student who has committed a felony and successfully petitioned to reduce the conviction to a misdemeanor charge will be reviewed on a case-by-case basis by the Admission and Advancement Committee to determine if the student will be allowed to enter/progress in a nursing program.

g. A student already progressing in a nursing program is required to report any pending criminal charge(s) at the time that any charge occurs (this reporting includes throughout the entirety of the student’s nursing educational program).

h. The WSU Annie Taylor Dee SON reserves the right to require a student with a pending criminal charge to withdraw from all nursing classes until the courts have made a decision regarding the criminal actions.

i. If criminal charge(s) are dismissed, a student may be considered for reentry.

j. If the courts determine that the charges are valid and a conviction is made, either misdemeanor or felony, a student’s criminal background check will be reviewed on a case-by-case basis.

k. Information obtained in the criminal background check will be disclosed on a need-to-know basis to instructors and administrators.

E. Drug Screen

1. Purpose
   a. The drug-screening process has been mandated by the WSU Annie Taylor Dee SON in an effort to more effectively protect the safety and well-being of the patients, clients, and residents of those facilities; and is fully supported by the DCHP Executive Committee, the nursing faculty, and the WSU Annie Taylor Dee SON’s Advisory Committees.

   b. The WSU Annie Taylor Dee SON enters into Affiliation Agreements with multiple healthcare facilities throughout the state. These agreements provide WSU Annie Taylor Dee SON students and faculty authorized access to facility resources and patients. In response to stipulations contained within one or more of these Agreements, the WSU Annie Taylor Dee SON requires students admitted to a nursing program to submit to a urine drug screen analysis for the presence of mind-altering substance(s).

2. Policy
   Admission and progression in a WSU Annie Taylor Dee SON program is contingent upon submission of a urine drug-screen analysis. If the urine drug screen reveals any substances (prescribed or non-prescribed), the student may not be admitted to or allowed to progress within the nursing program. The student will not be entitled to any refunds of tuition dollars or other fees. Each student is required to sign the BCI/Drug Test recertification form each semester.

   When a student interrupts their progression in any nursing program of study that requires clinical assignment or the student is not continuously registered, then the student must repeat and pass the drug screening prior to enrolling in any nursing courses.
3. Procedure

All students who wish to apply for admission to WSU Annie Taylor Dee SON program are informed in writing that they are required to submit to, and pass, a urine drug screen (takes place after admissions).

a. The following written information and instructions are found in both the admission and acceptance packets:
   - "If drug test reveals the presence of controlled substances (prescribed or non-prescribed), it may affect eligibility to enter as and/or remain a student in a WSU Annie Taylor Dee SON program."

b. Students are provided instructions for obtaining the urine drug screen at an approved testing facility.

c. If a student’s results return indicating a “dilute” sample, testing must be repeated at the student’s expense.

d. A second “dilute” test result will be interpreted as a positive screen, and the student may not be allowed to enter and/or continue in the nursing program.

e. A student who refuses to submit to the urine drug screen or who does not have the screening performed by the date indicated on the admission form may forfeit their position in the nursing program.

f. Positive drug screen results are automatically sent to a Medical Review Officer (MRO) for further evaluation and clearance. Failure to proceed with the MRO process or not providing the information requested by the MRO may result in dismissal from the nursing program.

g. The WSU Annie Taylor Dee SON reserves the right to ask any student to submit to additional drug testing. This request will occur if a student appears to be impaired, intoxicated or under the influence of drugs, narcotics, or chemicals. Nursing faculty or instructor, in consultation with program administrators and/or additional healthcare professionals, are authorized to make this determination. If it is determined that a student is impaired, the student will be required to leave the classroom, lab, or clinical setting in order to avoid a potential threat or risk to public health, safety, or welfare. Students may not be readmitted to the classroom, lab, or clinical setting until results of the drug screen are reviewed. Arrangements will be made to ensure the safety of the impaired student. The cost of additional drug screens will be the responsibility of the student.

h. A student who wishes to file a grievance in response to the WSU Annie Taylor Dee SON’s decision based on the results of the drug screen is referred to WSU Policy Section 6-23 thru 33: Student Due Process Policy and Procedures.
Section II: Academic Standards and WSU Annie Taylor Dee SON Response to Violation of Academic Integrity Policy

I. General Guidelines of Academic Standards and Violations

A. The WSU Annie Taylor Dee SON has strict policies applying to any violation of the academic integrity policy in any form; any violation may be subject to an appropriate sanction or penalty. Academic-integrity violations at WSU Annie Taylor Dee SON are classified into two levels called nonseparable and separable. Nonseparable violations are less severe violations for which the possible sanctions do not include suspension or expulsion from the WSU Annie Taylor Dee SON; separable violations are more severe violations for which the possible sanctions include suspension or expulsion. Whether a given violation is classified as nonseparable or separable depends on a number of factors including: the nature and importance of the academic exercise; the degree of premeditation or planning; the extent of dishonest or malicious intent; the academic experience of the student; and whether the violation is a first-time or repeat offense.

B. WSU Student Code and the WSU Annie Taylor Dee SON have a no-tolerance policy for cheating.

C. Students are expected to conduct themselves in a manner free from any suspicion of dishonesty or cheating.

D. Plagiarism
   1. The WSU Annie Taylor Dee SON has a no-tolerance plagiarism policy. All student work is expected to be referenced correctly.
   2. When using the WSU SON internet-based plagiarism tool, a students’ paper resulting in 21% or greater amount of plagiarism will result in one of the following two actions:
      a. Based on course/assignment details, the student may take the opportunity to read the plagiarism report and rewrite the assignment in order to lower the plagiarism percentage; or
      b. Based on results of the internet-based plagiarism tool, faculty or instructor may proceed with the Academic Integrity Policy on violations and sanctions.

E. Online Netiquette Guidelines
   During online discussions or emails students are expected to observe the rules of "online netiquette" as follows:
   - Whenever posting a message to discussion boards, chat rooms, or e-mail, use only professional language. Profanity or reference to inappropriate visual material is not considered professional or appropriate
   - Verbal attacks and or threatening references to other students and or faculty via e-mail, discussion boards, chat rooms or social media is unacceptable
   - Use humor with extreme caution. Without face-to-face communications, your joke(s) may be viewed as an attack or criticism
   - Use of the course websites for solicitation, promotion of businesses or products, posting of offensive messages or jokes, and other activities unrelated to the course are prohibited

Violation of netiquette guidelines will be discussed with the student at the discretion of the instructor and may result in a verbal and or written warning. Continuation of problematic online etiquette by the student may result in probation and or subsequent dismissal from the program.
II. Academic Standards

A. Grading Scale
1. The following grading scale is used by the WSU Annie Taylor Dee SON:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-95%</td>
<td>A</td>
</tr>
<tr>
<td>94-90%</td>
<td>A-</td>
</tr>
<tr>
<td>89-87%</td>
<td>B+</td>
</tr>
<tr>
<td>86-83%</td>
<td>B</td>
</tr>
<tr>
<td>79-77%</td>
<td>C+</td>
</tr>
<tr>
<td>76-73%</td>
<td>C</td>
</tr>
<tr>
<td>69-67%</td>
<td>D+</td>
</tr>
<tr>
<td>66-63%</td>
<td>D</td>
</tr>
<tr>
<td>59% and below</td>
<td>E</td>
</tr>
</tbody>
</table>

2. Students must have an 80% (B-) or higher in order to pass any nursing course and continue in the nursing program.
3. **Students must pass all prerequisite and support courses with a letter grade of “C” or better.**
4. A student must achieve at least an 80% average score on the combined unit-exam and final-exam test scores. Failure to achieve an average examination score of 80% or higher in a course at the conclusion of the semester will result in a failing course grade. (program specific)

B. Rounding
1. Any grade below an 80% (e.g., 79.5%) will not be rounded.
2. All other grades will be rounded at 0.5 (e.g., 94.5% can be rounded to an A).

C. Evaluation Incentive
1. Each semester, course and faculty evaluations will be available online in Chi Tester. Any student who completes both the course and faculty evaluations for a given nursing course will receive a 1% completion incentive that will be added to the student’s final grade for that course. Any student who is at a failing grade at the end of the course will not be allowed the 1% evaluation incentive.

VII. III. Levels of Violations and Sanctions

A. Nonseparable Violations
1. Nonseparable violations are less-serious violations of academic integrity. They may occur because of inexperience or lack of understanding of the principles of academic integrity and are often characterized by a relatively low degree of premeditation or planning and the absence of malicious intent on the part of the student committing the violation. These violations are generally quite limited in extent, occur on a minor assignment or quiz, or constitute a small portion of a major assignment and/or represent a small percentage of the total course work.
2. Below are a few examples of violations that are most often considered to be nonseparable violations, at least when committed by an undergraduate student as a first-time offense. This list is not exhaustive, and classification of a given violation as separable or nonseparable is always heavily dependent on the specific facts and circumstances of the violation.
   - Persistent improper citation without dishonest intent
   - Plagiarism on a minor assignment or a very limited portion of a major assignment
   - Unpremeditated cheating on a quiz or minor examination
   - Unauthorized collaboration with another student on a homework assignment
● Citing a source that does not exist or that the student has not read for a minor assignment
● Making up a small number of data points on a laboratory exercise
● Signing in for another student via attendance sheet or clicker in a course in which attendance counts toward the course grade

3. However, an alleged second nonseparable violation may be treated as an alleged separable violation. Moreover, some violations that would be considered nonseparable for an undergraduate student may be treated as separable for a graduate student.

4. Sanctions for nonseparable violations include, but are not limited to, one or more of the following, and do not include suspension or expulsion.
   ● Required participation in a noncredit workshop or seminar on ethics or academic integrity
   ● An assigned paper or research project related to ethics or academic integrity
   ● A make-up assignment that meets the outcomes of the original assignment
   ● Redoing the assignment with no credit earned for the assignment redo
   ● A failing grade on the assignment
   ● A failing grade for the course
   ● Disciplinary warning or probation

B. Separable Violations
1. Separable violations are very serious violations of academic integrity that affect a more significant portion of the course work compared to nonseparable violations. Separable violations are often characterized by substantial premeditation or planning and clearly dishonest or malicious intent on the part of the student committing the violation.
2. Below are some examples of violations that are most often considered separable. Again, the list is certainly not exhaustive, and classification of a given violation as separable or nonseparable is always heavily dependent on the exact facts and circumstances of the violation.
   ● Any violation of the Nurse Practice Act
   ● Any violation of the ANA Code of Ethics
   ● Copying another student’s work
   ● Plagiarism
   ● Copying or using unauthorized materials, devices, or collaboration
   ● Having a substitute take an examination
   ● Making up or falsifying evidence, data or other source materials for any assignment, including falsification by selectively omitting or altering data that does not support one’s claims or conclusions
   ● Facilitating dishonesty by another student on any exam or assignment
   ● Intentionally destroying or obstructing another student’s work
   ● Knowingly violating research or professional ethics
   ● Any violation involving potentially criminal activity
3. Sanctions for separable violations may involve suspension or expulsion from the nursing program.

VIII. IV. Guidelines
A. The recommendations for sanctions at each level are not binding but are intended as guidelines for WSU Annie Taylor Dee SON. For both nonseparable and separable violations, the severity of the sanction imposed should be proportional to the severity of the violation
committed.

**B.** Violations that may be considered nonseparable for an undergraduate student may be treated as a separable violation for a graduate student.

**IX. V. Documenting and Reporting Violations**

**A.** All sanctions, whether nonseparable or separable, will be documented and reported.

1. **Nonseparable**
   a. A meeting will be held between the involved faculty or instructor, the student with whom there is a problem, and (as needed) the nursing program director or campus facilitator.
   b. Faculty or instructor will document the violation through email for documentation purposes.
   c. All nonseparable violations will be reported to the nursing program director and campus facilitator if applicable.
   d. Follow-up with the student is completed by SON administration as needed.

2. **Separable**
   a. When a faculty or instructor identifies an issue with separable violations, additional faculty will evaluate the issue.
   b. A meeting (setting to be determined by program director) will be held between the involved faculty or instructor, the student with whom there is an alleged violation and the nursing program director.
   c. Faculty or instructor will document the violation using the WSU Annie Taylor Dee SON Academic/Behavioral Documentation Form, which will be maintained in the WSU Annie Taylor Dee SON student file.
   d. Program Director will bring the separable violation to SON Chair to determine plan of action.
   e. Follow-up with the student is completed by SON administration.
Section III: Professional Conduct/Behavior

I. General Professionalism Expectations

A. In addition to content knowledge, it is important for nursing students to develop professional behaviors, attitudes, and values. Failure in any of these endeavors will result in poor nursing care being provided to vulnerable populations.

As such, development of these behaviors, attitudes, and values will be part of the earned grade in both nursing theory and clinical courses. Failure in this development will negatively impact course grades and may result in the student failing the course.

B. Patient Safety and Student Engagement

For patient safety, students should not work the night shift prior to any daytime laboratory or clinical experience, or work the previous day shift prior to an evening or nighttime clinical experience. This requirement must also be followed during the entire residency and preceptorship experience. In addition, students are expected to be unimpaired, attentive, and engaged in classroom, lab, and clinical settings.

C. Technology use in the classroom, laboratory, and clinical setting (cell phones, tablets, laptops, etc.)

Cell phones, tablets, and laptops are not acceptable unless approved by the facility or faculty.

II. Annie Taylor Dee SON Competencies and Expected Professional Conduct/Behaviors

Found below are examples of professional behaviors. This is not a comprehensive list of behaviors, which if violated, may result in disciplinary action.

A. Patient-Centered Care

1. Respect and encourage patient values.
2. Seek learning opportunities with patients who represent all aspects of human diversity.
3. Recognize personal attitudes about working with patients from different ethnic, cultural, and social backgrounds.
4. Support patient-centered care for individuals and groups whose values differ from own.
5. Recognize boundaries of therapeutic relationships.
6. Show proper courtesy.
7. Exhibit positive attitude including enthusiasm, motivation, dedication, commitment, showing initiative, and showing an appropriate sense of humor.
8. Empower patients and families appropriately.
9. Attend all clinicals, labs, and classes on time; complete assignments on time. Do not leave clinical without faculty authorization.
10. Maintain professional attire including appropriate uniform, shoes, etc. When appropriate, all students, while in university-sponsored clinical activities, will wear the required uniform designated by the WSU Annie Taylor Dee SON. All uniforms must be neat and clean. If a difference exists between WSU SON policies and facility policies, the WSU SON will conform to the facility policies. Students are expected to comply with facility expectations. Even when nurses in the facilities do not comply with facility expectations, students must comply with both WSU Annie Taylor Dee SON Program and facility expectations.
11. The officially-designated picture ID name tag is required as part of the uniform and must be purchased by students. Some facilities require facility IDs to be worn in addition to WSU Annie Taylor Dee SON IDs.
   - Name tag(s) must be visible and placed on the top half of the chest while in the clinical setting.
12. Students wishing to wear a shirt under their scrub top must comply with the following guidelines:
   a. The shirt color must be solid white, purple (approved), grey, or black.
   b. The shirt must not have any logos or printing on it.
   c. Students are not permitted to wear sweatshirts or hoodies, over their nursing uniform.
   d. OSHA requires that shoes must be leather or leather-like material that can be wiped clean in the event of an exposure, or the shoe must be covered with impermeable shoe covers. No open-toed, open-backed shoes or shoes with holes will be permitted.
13. Grooming and personal hygiene are an essential part of professional behavior. Physical appearance is to be neat and clean. A student may be asked to leave the facility at the discretion of the faculty or instructor for any issues concerning grooming or hygiene.
   a. Clothing should not have any holes, rips, or tears.
   b. Do not wear perfume or colognes.
   c. Visible tattoos and body piercings must be covered while in clinical if required by the facility or as per hospital policy.
   d. Hairstyles and hair color are to be conservative, natural-looking (for example, no blue, pink, purple, neon, etc.), clean, and neat; and should not inadvertently make contact with patients.
      - Hair must be securely pulled back (above the shoulders) when attending clinical.
      - Mustaches and beards should be short, clean, and neatly trimmed.
14. Students should maintain short, clean fingernails. No artificial nails, wraps, or any type of fingernail polish are allowed.

B. Teamwork and Collaboration
1. Demonstrate awareness of own strengths and limitations as a team member.
2. Value perspectives and expertise of all health-team members.
3. Value different styles of communication used by patients, families, and peers.
4. Contribute to resolution of conflict and disagreement.
5. Be open to ideas, feedback, and constructive criticism.
6. Demonstrate professional interpersonal skills.
7. Take responsibility for own academic performance.
8. While in the classroom, laboratory, and clinical settings, be respectful toward faculty and classmates.
10. When working online, refrain from using online as a forum to complain about other students, faculty, or the nursing program.
11. Do not use hostile, attacking, or demeaning comments when reviewing work of peers.
12. All online comments and postings should be done in a professional manner.

C. Evidence-based Practice
1. Value the need for continuous improvement in clinical practice based on new knowledge.
2. Acknowledge own limitations in knowledge and clinical expertise.
3. Seek appropriate help as needed.
D. Quality Improvement
1. Value own and others’ contributions to outcomes of care.
2. Identify gaps between local and best practice.
3. Seek supplemental learning opportunities.
4. Assume personal responsibility for actions and consequences.

E. Safety
1. Demonstrate effective use of technology to support safety and quality.
2. Consistently use strategies to reduce risk of harm to self and others.
3. Students are not permitted to transport patients via private vehicles per WSU legal counsel.
   • If the student does not comply with this policy, the student will assume full liability if an incident occurs.
   • Violation of this policy will result in dismissal from the nursing program.
4. Children are not allowed in classes, labs, or clinical facilities.
5. The nursing student is expected to acknowledge and comply with the administrative authority of the assigned clinical faculty while practicing in the clinical setting.

F. Informatics
2. Protect Confidentiality
   • No pictures will be taken while in a school setting and are not legally allowed to be uploaded to any social media. This requirement includes no picture-taking in classes, clinical, or lab, or of other classmates. Any picture taken while at in a WSU student role or setting requires a signed photo release.
   • Confidentiality includes protecting ALL patient information.
   • Confidentiality extends to protecting the student-learning environment.

III. Annie Taylor Dee SON Response to Violation of Professional Conduct/Behavior

A. When behaviors, attitudes, and values are found to be inconsistent with the professional expectations of the WSU Annie Taylor Dee SON, the following actions will be taken:
1. First Offense: Student and faculty member will meet. The faculty will identify problematic behavior, help the student identify ways to improve, and provide required documentation to Program Directors. The faculty will also review appropriate professional behaviors as outlined in the WSU Nursing Student Handbook and clarify any concerns the student may have.
2. Second Offense (whether a repeat of the previous problematic behavior or as a result of new concerns): A meeting with student, faculty, and Program Director/ Campus Facilitator will be scheduled. The faculty will identify problematic behavior, help the student identify ways to improve, and provide required documentation to Program Directors. Information will be maintained in a file on the student for the remainder of that student’s academic tenure in the WSU Annie Taylor Dee SON.
3. Third Offense (whether a repeat of the previous problematic behavior or as a result of new concerns): A face-to-face meeting with student, faculty, and Program Director/Campus Facilitator will be scheduled. The faculty will identify problematic behavior, help the student identify ways to improve, and provide documentation to Program Directors and SON Chair. A file will be maintained in the Administrative Assistant office on the student for the remainder of that student’s academic tenure in the
WSU Annie Taylor Dee SON.

B. Students are expected to adhere to all policies in the WSU Annie Taylor Dee SON Student Handbook and WSU Student Code found in the University Policies and Procedures Manual (PPM).

C. WSU Annie Taylor Dee SON Competency information is adapted from the following guidelines: Quality and Safety Education for Nurses. (2011). Retrieved from (http://www.qsen.org)

IV. Unprofessional Conduct Related to Students Practice of Nursing

Students are also held responsible for professional behavior as set forth by the Utah Nurse Practice Act (Utah Code-Title 58: Occupations and Professions, Chapter 31b: Nurse Practice Act), which can be found at http://le.utah.gov/xcode/Title58/Chapter31B/58-31b.html

V. Readmission/Reappplication/Leave of Absence/Dismissal from Program

A. Readmission to a Nursing Program

1. Students are required to complete their designated program of study within 150% of initial semester start, regardless of the reason for withdrawal/leave of absence. Failure to do so may result in program dismissal and/or repetition of course work. Requests will be reviewed by the Admissions and Advancement Committee.

2. Students who have been terminated or who have officially withdrawn from a nursing program may be considered for readmission within the following program-completion guidelines. Consideration for readmission to a nursing program requires a student to submit a letter requesting readmission to the program prior to application deadline. The letter requesting consideration for readmission must be addressed to the WSU Annie Taylor Dee SON Admissions and Advancement Committee. Each case is considered individually, and a student is not guaranteed readmission.

3. Readmission to a specific nursing level of a nursing program is considered under the following conditions:
   - A student in good academic standing who voluntarily withdraws from a program will be granted inactive status and considered for readmission by the Admissions and Advancement Committee. Readmission to a nursing program is not guaranteed and will be granted on a space-available basis which may include placement on a different campus.
   - Students who have been placed on an involuntary Leave of Absence from a program may request to resume program progression at the earliest possible time. Each student’s case will be reviewed by the Admissions & Advancement Committee only after receipt of all documentation requested of the student. There will be no guarantee of placement at the students’ previously admitted campus.
   - A student experiencing a non-disciplinary Leave of Absence will be permitted, upon resolution of circumstances that prompted the non-disciplinary Leave of Absence, to resume program progression at the earliest opportunity (progression based on space availability).
4. Students enrolled in nursing programs that require clinical assignments who exit a nursing program will need to repeat the drug screen and background check prior to readmission.

B. Reaplication to a Nursing Program
1. Students who fail two (2) or more courses must apply for admission through the standard application process.

C. Leave of Absence from the Nursing Program
1. Leave of absence from the WSU Annie Taylor Dee SON may include but is not limited to the following with approval from the Admissions and Advancement Committee:
   a. Illness
   b. Family matters
   c. Active-duty commitment
   d. Religious commitment
   e. Financial difficulties

D. Dismissal from the Nursing Program
1. Dismissal from the WSU Annie Taylor Dee SON may include but is not limited to the following:
   a. Failure of two (2) or more courses. An unofficial withdrawal (UW) grade constitutes failure of a course.
   b. Terminated for cause.
   c. Unethical or unsafe conduct.

VI. WSU Student Due-Process Policy (PPM 6-22)

A. The purpose of due process is to afford students all rights guaranteed to citizens by the Constitution and laws of the United States and the state of Utah. Students are obliged to obey these laws as well as rules and regulations of WSU and recognized standards of the program and profession for which they are being educated.

B. Problems between a student and the University generally are in the areas of academics or misconduct. Students should refer to the WSU Policy & Procedure Manual (6-22) when confronted with concerns about their rights and appropriate due-process procedure.

C. Students are encouraged to consult with their faculty when they feel they are having problems meeting nursing-program goals, objectives, or academic requirements.

VII. Process of Resolution

A. The WSU Policy & Procedure Manual (6-22) provides students the opportunity to appeal decisions concerning clinical/academic performance sanctions and/or misconduct warning.
1. Informal Resolution:
   a. Initial conference with faculty
   b. If no resolution can be reached, referral of problem to Program Level Director/Campus Facilitator
   c. If no resolution can be reached, referral of problem to WSU Annie Taylor Dee
SON Chair

d. If no resolution can be reached, referral of problem to DCHP Dean
e. If an informal resolution cannot be reached, any party in the dispute may request a formal appeal

2. Formal Appeal:
a. Contact the Due Process Officer and initiate the hearing process. See WSU Policy & Procedure Manual (http://www.weber.edu/ppm/Policies/6-22_StudentCode.html)
Section IV: Resources for Student Support

I. Available Resources

A. The following resources are available to all WSU Annie Taylor Dee SON students
http://www.weber.edu/studentaffairs. Outreach student access is provided through
cooperative agreements with local educational and/or community resources. Student
communication and/or information exchange is available to all students via the Internet.

1. WSU Wildcat Email Account
   a. All students are assigned a computer Wildcat e-mail account. It is the student’s
      responsibility to choose a confidential password for the account immediately.
      
      **Communication from the nursing program and individual faculty to the student will occur through the Wildcat e-mail account only,** unless
      associated with course work.
   b. Due to FERPA regulations, personal e-mail addresses will not be recognized.
      However, a student can forward e-mail from the student’s Wildcat mail to their
      personal e-mail account.

2. Learning Management System
   a. Communication related to course work is conveyed through the online learning
      management system.
   b. Additional resources to enhance learning are embedded in courses.

3. Financial Aid/Scholarships
   a. All WSU nursing students, no matter the campus location, obtain Financial Aid
      from the WSU Financial Aid Office. Instructions on how to apply for FAFSA and
      financial aid and scholarships, as well as applications, are found at
      www.weber.edu/financialaid/apply.html. WSU Financial Aid and Scholarship
      Application opens September 1. The priority deadline for completion of FAFSA is
      May 1.
   b. In order to be eligible for any WSU or nursing scholarships, students must
      complete the FAFSA and WSU Financial Aid and Scholarship applications every
      academic year. Students can apply for financial aid anytime. However, to ensure
      that funding is available for the beginning of the semester, students should apply
      by the established deadlines. Students **will not** be considered for any
      scholarships if the FAFSA and WSU Scholarship applications have not been
      completed. Students will be notified through their WSU student email account if
      any additional information is required for a specific scholarship.
   c. If students are awarded a scholarship, notification will be made by the Financial
      Aid/Scholarship Office through the student Wildcat e-mail account.
   d. Any questions regarding WSU Annie Taylor Dee SON scholarships may be
      submitted to Marguerite Simmons via email at msimmons1@weber.edu.

4. Nursing Organizations and Activities
   a. All students are required to participate in professional activities and join their
      respective professional organizations: The National Student Nurses Association
      (NSNA) and the Utah Student Nurses Association (USNA). A faculty member will
      serve as advisor for NSNA/USNA on each nursing-program campus. Students in
      the BSN and MSN programs are strongly encouraged to join and participate in
      appropriate professional organizations, such as Utah Nurses Association (UNA),
      American Nurses Association (ANA), and Sigma, when applicable.
   b. Requirements: Participation is encouraged
      - ADN and RN-BSN: National Student Nurses Association membership
      - MSN and MS to DNP – Professional Organization of choice
      - FNP to DNP – American Association of Nurse Practitioners
Section V: Student Academic/Behavioral Documentation Form

Academic/Behavioral Documentation Form

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Faculty:</th>
<th>Date:</th>
</tr>
</thead>
</table>

This document represents a binding, written agreement between the nursing program and the student that identifies the following:
1. Unsatisfactory student performance.
2. A written plan for correction of unsatisfactory student performance.
3. Documentation of student’s performance related to plan of correction.

Documentation of all student contracts will remain as a permanent record in the student’s WSU Annie Taylor Dee SON academic file.

Type of Occurrence:
- [ ] Non-separable Violations
- [ ] Separable Violations
- [ ] Other________________
- [ ] First Offense
- [ ] Second Offense
- [ ] Third Offense

Description of unsatisfactory student performance (attach a separate page if needed):

Written plan for correction of unsatisfactory student performance (attach a separate page if needed):

I understand the terms of this agreement and understand that failure to fulfill the identified plan for correction may result in either suspension and/or expulsion from the WSU Annie Taylor Dee SON. Furthermore, I have been informed of my WSU student right to due process and have been provided information regarding WSU student process procedures.

Student Signature: Date:
Faculty Signature: Date:
PN/RN Facilitator Signature: Date:
Program Director Signature: Date:
SON Chair Signature: Date:

Final Outcome:

Faculty Signature: Date:
PN/RN Facilitator Signature: Date:
Program Director Signature: Date:
SON Chair Signature: Date:
Weber State University
Dumke College of Health Professions
Annie Taylor Dee School of Nursing

Handbook Part C