



The mission of Kansas Wesleyan University is to promote and integrate  
**academic** excellence,  
**spiritual** development,  
**personal** well-being,  
and **social** responsibility.

*Division of Nursing Education and Health Sciences*

*Department of Nursing Education*

*The mission of the Kansas Wesleyan University Department of Nursing Education baccalaureate program is to prepare students as professional nurse generalists by incorporating the areas of biopsychosocial, behavioral, and spiritual development into the delivery of nursing education so that students may provide client-centered care, pursue graduate studies and continue lifelong learning.*

**2022-2023**  
**RN TO BS NURSING STUDENT**  
**HANDBOOK**

(NDO approved 05-09-17; 03-26-18; 05-15-18; 3.18.19, 4.19.21, 3.21.22)

## **DISCLAIMER**

The policies and procedures stated in this handbook apply to all students admitted and active in the KWU nursing program. The contents of this handbook may be subject to change throughout the program. Faculty reserve the right to change policies when needed. If changes are made to the contents of this Nursing Student Handbook or policies, procedures, guidelines, or expectations for the DNE at KWU, you will be informed. Updates are posted on the KWU and DNE website and will be posted on the communication bulletin board in the DNE at KWU. In addition, you are responsible for other sources of policies, procedures, guidelines and expectations, including the Kansas Wesleyan University Student Handbooks and Academic Catalog, class schedules, KWU website, and any other pertinent KWU resources. Should contradictory information be found between a particular course syllabus and this handbook, please notify the course faculty. Course syllabi have the most current course requirements and will be followed, should the syllabus differ from this handbook.

University student policies are found in the KWU Academic Catalog and the KWU Student Handbook, found online at [www.kwu.edu](http://www.kwu.edu). If there are any discrepancies or differences in policies or procedures that are contained in the university catalog with those contained in the Nursing Student Handbook, the Nursing Education section of the university catalog will be followed.

This Nursing Student Handbook has policies, procedures, guidelines, and expectations for student nurses in the DNE at KWU. You will be held responsible to adhere to the policies, procedures, guidelines, and expectations contained within the DNE Student Handbook. Take time to read and understand the contents.

Nursing students who fail to adhere to the policies and procedures as outlined in this handbook may earn a failing grade in each nursing course in which he or she is enrolled during the semester that the violation occurred. The violation may also result in dismissal from the program and ineligibility for readmission.

## **NON-DISCRIMINATION**

It is the policy of Kansas Wesleyan University to provide all students with access to the benefits of services in admission, registration, counseling, and instruction. In order to receive the needed assistance, an individual with a diagnosed disability must inform the university of the disability through official documentation. For information on assistance with physical accessibility to facilities contact the Vice President for Finance and Administration (785-833-4346).

Kansas Wesleyan University does not discriminate on the basis of gender, handicap, age, race, color, religion, sexual orientation/preference, national or ethnic origin, nor veteran status in the recruitment and admission of students, the recruitment and employment of faculty and staff, and the operation of any of its educational programs and activities, as specified by federal laws and regulations. Kansas Wesleyan University's Equal Opportunity Officer, who coordinates compliance with these various laws and regulations, is the Vice President for Finance and Administration.

KWU complies with non-discriminatory regulations. Inquiries concerning this policy may be directed to the Provost.

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## NURSING FACULTY AND STAFF DIRECTORY

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## **MISSION OF THE DEPARTMENT OF NURSING EDUCATION**

*The mission of the Kansas Wesleyan University Department of Nursing Education baccalaureate program is to prepare students as professional nurse generalists by incorporating the areas of biopsychosocial, behavioral, and spiritual development into the delivery of nursing education so that students may provide client-centered care, pursue graduate studies and continue lifelong learning.*

## **PHILOSOPHY OF THE DEPARTMENT OF NURSING EDUCATION**

The philosophy of the Department of Nursing Education is to offer an educational program that provides professional nursing education for students that is characterized by excellence and rooted in a liberal arts tradition. This program should nurture the whole person – body, mind, and spirit, stimulate creativity and discovery, develop both intellect and character, foster a sense of social responsibility and service, and prepare graduates for lifelong learning. Six concepts permeate the professional nursing curriculum: humans, society, environment, health, nursing, and education.

### **Humans and Society**

Humans are perceived as biopsychosocial, spiritual beings who have the right of self-determination, make choices throughout life and are accountable for their choices. Humans are individuals, families, and communities. Humans are clients and health care providers who live in a society which is shaped by environmental, cultural, religious, socioeconomic, governmental and safety factors that influence the communities in which people live.

### **Environment**

Environment includes internal physiological factors as well as external sociocultural factors with which the client and health care providers are in constant interaction. Nursing helps to create and maintain safe environments that promote the well-being of persons and the health care system.

### **Health**

Health is a dynamic state, in which persons interact with their environment and adapt to it in order to maintain a dynamic equilibrium. Nursing helps clients to promote health, prevent illness, and provide support for the maintenance of equilibrium when the client cannot do so. Health is influenced by the interaction of physical, psychological, social, cultural, and spiritual dimensions.

### **Nursing**

Best practice in nursing is both art and science, drawing upon various disciplines and expanding its own body of knowledge through research and practice. Communication, critical thinking, ethical reasoning, cultural sensitivity, knowledge, therapeutic skills, and leadership-management principles are essential to the practice of nursing. Nursing care is based on research evidence and decision-making skills in collaboration with clients, families, and other health care providers. Nurses use the nursing process to assess the client's health status, formulate nursing diagnoses, plan and implement client-centered care and evaluate the care provided.

### **Education**

Education is the process whereby individuals acquire knowledge, skills, and attitudes, and values that assist them in reaching their optimum potential. Nurse educators draw upon theories of education and principles of learning to provide an environment conducive to student growth and change. An effective learning environment is characterized by encouragement of active student participation, the use of critical reasoning, and provides the basis for life-long learning. The nursing curriculum is influenced by a strong liberal arts emphasis as well as humane Christian values.

Baccalaureate education in nursing at KWU provides opportunities for the student to integrate professional education with the natural and behavioral sciences and the humanities, and Christian values, leading to self-fulfillment and professional development. Baccalaureate nursing education prepares nurses to use critical thinking skills, research findings, independent clinical judgment, organizational skills, and technological understanding for quality improvement of nursing care. Additionally, baccalaureate nursing education prepares nurses to serve as leaders; to collaborate as team members with other health care providers in coordinating the care of individuals, families, and communities in diverse settings; to effect change and improve health care outcomes; and to participate in research which validates and extends current nursing knowledge and practice. Furthermore, the baccalaureate nursing graduate is expected to participate in professional nursing activities at local, state, national, and global levels. Graduates will incorporate the influences of consumer demands and health care trends for quality improvement in nursing and health care delivery.

### **ACCREDITATION AND APPROVAL OF THE KWU NURSING PROGRAM**

The baccalaureate degree program with a major in nursing at Kansas Wesleyan University is accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC 20001 (202) 887-6791.

The Kansas Wesleyan University baccalaureate nursing program is fully approved by the Kansas State Board of Nursing (Landon State Office Building, 900 SW Jackson, Suite 1051, Topeka, Kansas 66612-1230, Phone: 785-296-4929, Fax: 785-296-3929, ksbn.org).

The KWU baccalaureate nursing program is supported by the university's accreditation, which was reaffirmed in 2017 by The Higher Learning Commission of the North Central Association of Colleges and Schools (30 N. LaSalle Street, Suite 2400, Chicago, IL 60602-2504, [www.ncahigherlearningcommission.org](http://www.ncahigherlearningcommission.org). Telephone: (800) 621-7440 or (312) 263-0456).

### **Diversity, Equity, and Inclusion statement for Department of Nursing Education**

The mission, philosophy and outcomes of the DNE incorporates concepts of diversity, equity and inclusiveness. The DNE prepares nursing students to foster social responsibility, practice cultural sensitivity, promote biopsychosocial spiritual health and collaborate communities in diverse settings. Furthermore, the DNE practices equitable and inclusive admission and hiring practices.

### **STUDENT CONTACT INFORMATION**

Each student is responsible to ensure the Department of Nursing Education has a current phone number and address on file where they can be contacted.

### **KANSAS NURSE PRACTICE ACT STATUTES & ADMINISTRATIVE REGULATIONS**

Go to your residential state's Board of Nursing website. For the Kansas State Board of Education, go to [www.ksbn.org](http://www.ksbn.org)

### **STANDARDS OF PRACTICE**

The DNE's mission, philosophy and expected outcomes incorporate the core professional nursing standards and guidelines used throughout the baccalaureate nursing program, as found in the following documents:

- The Essentials of Baccalaureate Education for Professional Practice (AACN, 2008)
- American Nurses Association Scope and Standards of Practice, (ANA, 2015)
- Quality and Safety Education for Nurses: Knowledge, Skills, and Attitude Competencies, (NAP, 2003)

## **ADMISSION POLICY FOR POST-LICENSURE NURSING STUDENTS**

*Please refer to the KWU Academic Catalog and [www.kwu.edu/nursing](http://www.kwu.edu/nursing) for the Nursing Education Admission Policies.*

### **STUDENT LEARNING OUTCOMES**

Student Learning Outcomes in the Bachelor of Science with a major in nursing degree program for which students are prepared to meet are listed below.

1. Integrate knowledge and theoretical concepts from liberal education into nursing practice decisions.
2. Utilize the nursing process in the delivery of multicultural, client-centered care, providing therapeutic nursing interventions with individuals, families, and communities who live in a society of multicultural settings.
3. Practice nursing care using safety, ethical, legal, and professional nursing standards.
4. Communicate effectively with the interdisciplinary team through teamwork and collaboration in maintaining continuity of care.
5. Use information and technology to communicate, manage knowledge, mitigate errors, and support decision making information for quality improvement in the clinical setting.
6. Utilize research evidence as a basis for providing and making decisions about quality of care and nursing practice.
7. Exhibit leadership and management principles in assessing, planning, providing, directing, controlling, and evaluating health care.
8. Function as a professional nurse through self-evaluation as life-long learners who reflect critical thinking skills in nursing practice.
9. Promote and support optimal biopsychosocial spiritual health of individuals, families, and communities in society.
10. Analyze the role of the professional nurse in relation to trends in health care and consumer demands.

### **FACULTY OUTCOMES**

Faculty Outcomes focus on specific areas designated in the KWU Faculty Handbook guidelines. The faculty outcomes include a) teaching effectiveness, b) service, and c) scholarship. The Department of Nursing Education's Faculty Handbook defines the measureable outcomes for each of these areas.

### **PROGRAM OUTCOMES**

1. Seventy percent (70%) or higher of each admission class will graduate from the nursing program within five (5) years (10 semesters) of admission to the baccalaureate nursing program.
2. Eighty percent (80%) or higher of graduates will pass the NCLEX-RN exam using one (1) of the three (3) calculation methods described by CCNE Standards (Amended 2013).
3. Seventy percent (70%) or higher of responding nursing graduates will be employed within 12 months after graduation.
4. Seventy-five percent (75%) or higher of each graduating cohort will score eighty percent (80%) or higher on summative projects, when aggregated per semester, which demonstrates the progress toward achievement of Student Learning Outcomes.
5. Seventy-five percent (75%) or higher of each graduating cohort will document their perception of their achievement of Student Learning Outcomes in their professional portfolio as at least level 3.0, out of 4.0 possible.
6. Eighty percent (80%) or higher of each graduating cohort will report at least level 3.0, out of 4.0 possible, in satisfaction with the nursing program on the Graduate Exit Survey.



**COURSES IN THE RN TO BS WITH A MAJOR IN NURSING PROGRAM**

Term	8-Week Periods*	Course Number	Title	Cr Hrs
Fall	P1	NURS 351	Transition to Professional Nursing	3
Fall Spring	P2	NURS 302	Community Health for the Practicing Nurse	3
Fall	P1	NURS 385	Pathophysiology for the Practicing Nurse	3
Fall	P2	NURS 388	Pharmacology for the Practicing Nurse	3
Fall	P2	NURS 421	Health Assessment for the RN	3
Spring	P2	NURS 452	Leadership & Issues in Professional Nursing	4
Spring	P1	NURS 461	Applications of Evidence-Based Practice	4
Spring	P1	NURS 475	Healthy Aging for the Practicing Nurse	3
Spring	P2	NURS 481	Capstone Practicum for the Professional Nurse	1

**\*8-week periods:**

Fall P1: Mid-August – Mid-October  
 Fall P2: Mid-October – Mid-December  
 Spring P1: Mid-January – Mid-March  
 Spring P2: Mid-March – Mid May

**TEXTBOOKS**

It is **essential** that students purchase the books and required materials listed for nursing courses. Book expenses during the first semester will be greater than in subsequent semesters. Books purchased for nursing courses will serve as excellent references for subsequent nursing courses and should be retained for continued use during the program and after graduation. Purchase the exact edition of textbooks required in the course syllabus.

**GOVERNANCE, KWU STUDENT PARTICIPATION, DNE COMMITTEES**

The faculty of KWU is organized to develop the overall curriculum and to approve curricular changes, act on academic policies and policies affecting the faculty, such as employment, promotion and tenure policies. Students have the opportunity to serve on a variety of committees appointed to carry out the work of the Faculty. A student representative also has contact with the Administrative Cabinet and Board of Trustees.

The Department of Nursing Education has adopted Rules and Regulations to assure the smooth operation of the Department, including its faculty members and students. One representative and one alternate are selected from the junior class and from the senior class for representation at Nursing Department Organization meetings. The selected students are expected to attend every meeting, but do not have voting privileges. Students are to report back to their classes about items of interest and about decisions affecting them. Student representatives are excluded from discussions concerning other students.

All students in the RN to BS online program will be sent each DNE committee’s agenda and minutes so they can comment on any subject discussed (excluding confidential issues about students).

Student representatives are appointed to various committees within the Department of Nursing Education to assure their input. The following committees have student representatives:

Curriculum Committee

One student representative and one alternate from the junior year cohort and the senior year cohort.

Nursing Department Organization (NDO)

One student representative and one alternate from the junior year cohort and the senior year cohort.

Admission and Progression Committee (A&P)

One student representative and one alternate from the junior year cohort and the senior year cohort. The students attend only meetings for policy development and revision.

Student Activities Committee (SAC)

Junior year class President and one alternate. Senior year class President and one alternate. Student Nurses Organization President and Vice-President.

### **BACKGROUND QUERIES**

Learning in clinical settings is an important aspect of the nursing program at Kansas Wesleyan University. Many health care facilities require information about students engaged in clinical learning opportunities, including, but not limited to: verification of your name, address and social security number; personal health and immunization information; drug and alcohol testing; criminal background search; verification of education; listing on any registered sex offender lists; listing on the U.S. Office of Inspector General's Excluded Individual's list; and listing on the U.S. General Services Administration's Excluded Parties List; and/or your residential state's Bureau of Investigation background search and/or Federal Bureau of Investigation (FBI) background search; and Department on Aging and Disability Services (DOADS).

The KWU Department of Nursing Education uses an online vendor to search, review and store the student's background information. All DNE students must complete the background and criminal history check by the DNE designated date. There will be a fee associated with the background check, which also covers the cost of the mandatory drug screening, and an online vendor that collects student's health documentation requirements. Students will not be allowed to participate in activities involving a practicum setting until the background and criminal history check is completed.

### **HEALTH DOCUMENTATION REQUIRED BY CLINICAL AGENCIES**

Students are responsible for obtaining health and immunization information required by health care facilities. The documentation is then uploaded by the student to a secure, confidential web account for review by professional personnel. The background check results and the approval of the health and immunization documentation must be received two weeks prior to the *NURS 481 Capstone Practicum* course. The student is responsible for the cost of obtaining the required information and the cost of the vendor used for review of the documentation.

Any student who does not consent to required disclosure or background checks, or does not meet the clinical settings' eligibility requirements, may not be allowed to enter clinical settings. If a student is unable to fulfill the clinical experiences required by his/her program of study, the student will be unable to graduate.

*Please also see the Alcohol and Drug Policy regarding obtaining a drug test prior to the start of NURS 481 Capstone Practicum.*

Evidence of personal health insurance must be submitted to the online vendor prior to starting the *NURS 481 Capstone Practicum* course.

### HEALTH REQUIREMENTS CHECKLIST

Prior to the first day a student is scheduled to start *NURS 481 Capstone Practicum*, the following forms must be obtained and uploaded by the student and approved by the online vendor selected for review of these documents.

1. Medical History Form
2. Medical Release Form
3. Physical Examination – to be provided by a licensed healthcare provider within the past year.

**Students must provide documentation of the following immunization requirements:**

4. Tetanus, Diphtheria & Pertussis (TDaP) booster within the last 10 years.
5. Tuberculosis Screening: Negative TB skin test (PPD) within the last year, or a negative chest x-ray if the student has a history of positive TB skin test. TB skin testing must be repeated yearly.
6. Hepatitis B Vaccine: Series of three vaccinations obtained anytime in the student's history.
7. Measles, Mumps, Rubella (MMR):
  - a. Measles (Rubeola) Immunity:
    - i. The student will be considered immune if a copy of documentation shows:
      1. Born before 1957 **OR**
      2. If born in 1957 or after, there must be written documentation from a healthcare provider of:
        - a. 2 measles vaccinations or 2 MMR's after the first birthday **OR**
        - b. Physician diagnosed measles **OR**
        - c. Laboratory test (titer) showing proof of immunity
    - ii. The student will be considered susceptible if these requirements are not met.
    - iii. **ACTION:**
      1. If there is no documentation of any measles vaccination, 2 doses of live measles vaccination or 2 MMR's must be given.
      2. If there is documentation of one measles or MMR vaccine, then one measles or MMR must be given **OR** a laboratory test can be done to determine immunity.
  - b. Mumps Immunity:
    - i. The student will be considered immune if a copy of the documentation shows:
      1. 2 mumps vaccinations or 2 MMR's after first birthday **OR**
      2. Physician diagnosed mumps **OR**
      3. Laboratory testing shows immunity
    - ii. The student will be considered susceptible if these requirements are not met.
    - iii. **ACTION:** Two mumps **OR** 1 MMR vaccine must be given.
  - c. Rubella Immunity:
    - i. The 1957 birth year exception does not apply to Rubella immunity as referenced above. The student will be considered immune if there is a copy of written documentation from a health care provider of:
      1. One vaccination with live rubella or MMR vaccine after the first birthday **OR**
      2. Laboratory testing shows immunity.

- ii. The student will be considered susceptible if these requirements are not met.

Summary: Minimum Immunization Requirements if the Other Conditions of Immunity are not Met: Two MMR'S after first birthday.

8. Varicella (Chickenpox) Immunity:

- a. The student will be considered immune if:
  - i. A statement of positive history of chickenpox is obtained **OR**
  - ii. If the student is unsure of their history, a physician is able to verify that the student has had chickenpox **OR**
  - iii. There is laboratory evidence of immunity **OR**
  - iv. There is written documentation of adequate varicella vaccination (2 doses of vaccine).
- b. The student will be considered susceptible if these criteria are not met.
- c. **ACTION:** Nursing students must have a varicella titer drawn to determine immune status if the conditions of immunity are not met. If the student prefers to be vaccinated, the vaccine is given in two doses, one month apart. While waiting for the results of the titer, any exposure to Chickenpox must be promptly reported to the course faculty and Infection Control at the clinical site. The student will be excluded from clinical experiences for at least 10 days following exposure.

9. Influenza Vaccine- Highly Recommended

10. Covid 19 Vaccine- As required by the clinical site

### **BASIC LIFE SUPPORT (BLS) CERTIFICATION**

All students enrolled in the RN to BS nursing program are required to demonstrate current Adult, Child, and Infant BLS for Healthcare Providers certification from the American Heart Association before beginning the *NURS 481 Capstone Practicum*. It is the student's responsibility to submit BLS certification to the online vendor selected for the purpose of reviewing and storing health and immunization documentation.

### **FUNCTIONAL ABILITIES**

If you have a documented disability that may prevent you from meeting the functional abilities stated below, you are encouraged to contact KWU's Disability Services Coordinator for assistance with accommodations. It is your responsibility to voluntarily and confidentially disclose information regarding the nature and extent of a disability and to provide documentation of the disability. The university cannot assume responsibility for providing accommodations or services to students who have not identified themselves as having a qualifying disability.

Please note that program requirements will not be waived, but accommodations may be made to assist you to meet requirements. Please refer to the KWU Academic Catalog under Disability Services for further information.

### **Minimum Qualifications Necessary to Perform Essential Functions of a Nurse Generalist:**

**Physical Requirements:** The ability and stamina to stand for long periods of time and work at a fast pace. The ability to use your abdominal and lower back muscles to support part of the body repeatedly or continuously over time without 'giving out' or fatiguing. The ability to position and move patients manually and by stretcher or wheelchair. The ability to intermittently sit, stand, walk, reach, twist and

bend. Both hands are used for power grip, speed, and precision work. Use of both hands and both feet is required.

**Data Conception:** The ability to gather, collate, or classify information about data, people, or things. Reporting and /or carrying out a prescribed action in relation to the information are frequently involved.

**Visual Acuity:** The ability to differentiate colors and shades of color, clarity of vision at 20 inches or less, ability to judge distances and spatial relationships so as to see objects where and as they actually are, and ability to see in dimly lit areas.

**Manual Dexterity/Motor Coordination:** The ability to make precisely coordinated movements of the fingers of one or both hands to grasp, manipulate, or assemble very small objects. The ability to use body members to start, stop, control, and adjust the progress of equipment. Operating equipment involves setting up and adjusting the equipment or material as the work progresses. Controlling involves observing gauges, dials, meters, etc., and turning switches and other devices. Must have good eye/hand/foot coordination.

**Reasoning Development:** The ability to apply principles of logical or scientific thinking to define problems, collect data, establish facts, and draw valid conclusions. Interpret an extensive variety of technical instructions in verbal, mathematical, or diagrammatic form. Deal with several abstract and concrete variables.

**Form/Spatial Ability:** The ability to inspect dimensions of items and to visually interpret information and data. The ability to estimate sizes, distances, and quantities.

**Mental Acuity:** The ability to concentrate on a task over a period of time without being distracted. The ability to remember information such as words, numbers, pictures, and procedures. The ability to shift back and forth between two or more activities or sources of information (such as speech, sounds, touch, or other sources).

**Physical Communication:** The ability to speak and hear (to express or exchange ideas by means of the spoken word), to impart oral information to patients or to the public, and to convey detailed spoken instructions to other workers loudly, accurately, or quickly.

**Language Development:** The ability to read and understand complex information from scientific and/or technical textbooks, journals, papers, etc. Requires the ability to communicate the same types of complex information and data through speech and in writing using proper format, punctuation, spelling, grammar and using all parts of speech.

**Numerical Ability:** The ability to determine time, weight, and to perform practical applications of fractions, percentages, ratios and proportions as well as basic addition, subtraction, multiplication, and division operations.

**Personal Temperament:** The ability to deal effectively with stress produced by staff/student interactions and patient interactions that may be of critical or emergency situations.

**Natural Rubber Latex Tolerance:** The ability to work in an environment where NRL items are commonly used for patient care without demonstrating severe contact or respiratory allergic reactions.

***Test of English as a Foreign Language (TOEFL) Internet-Based Test (IBT)***

For “**English Not as First Language**” or international students, see university requirements in the current KWU Academic Catalog under English Proficiency Requirement.

When English is not considered the applicant’s primary language, the applicant must take the Test of English as a Foreign Language (TOEFL) Internet-Based Test (iBT); and the minimum score must be attained in each area as listed below. Scores must be submitted with the application to the nursing program.

Writing= 20      Speaking=20      Reading=19      Listening=20

Students not meeting the minimum requirement in any area are not eligible for admission to the nursing program.

For information and application for TOEFL contact:

TOEFL Educational Testing Service  
PO Box 6151  
Princeton, New Jersey 08541-6154  
606-771-7760  
<http://www.toefl.org>

**STUDENT CONDUCT POLICY**

In addition to adhering to the student conduct policies of KWU, nursing students are also required to adhere to the student conduct policies of the Department of Nursing Education. The DNE student conduct policies are based on the American Nurses Association, Code of Ethics for Nurse (ANA, 2015). Nursing students in the DNE will be expected to adhere to the ANA Code of Ethics for Nurses. A copy of the ANA Code of Ethics for Nurses is available to students in the campus library. Violations of the student conduct policies or behavior that demonstrates unethical conduct or incompetence to practice as a nursing student in the DNE is considered unacceptable conduct. Violations of the student conduct policies may result in removal from the clinical setting, formal warning or contract, remediation, course failure, faculty initiated withdrawal from the course (equals course failure), and/or up to dismissal from the nursing program.

**American Nurses Association’s Code of Ethics for Nurses**

*The Code of Ethics for Nurses* (the Code) establishes the ethical standard for the profession and provides a guide for nurses to use in ethical analysis and decision-making. The Code is foundational to nursing theory, practice and praxis in its expression of values, virtues, and obligations that shape, guide and inform nursing as a profession. Individuals who become nurses, as well as the professional organizations that represent them, are expected not only to adhere to the values, moral norms, and ideals of the profession, but also to ***embrace them as a part of what it means to be a nurse.***

The provisions stated below are broad and non-contextual statements of the obligations of nurses. For the interpretive statements of each provision, which provide additional, more specific, guidance in the application of this obligation to current nursing practice, a copy of *The Code of Ethics for Nurses with Interpretive Statements (2015, ANA)* is available in the Nursing Education office and in the campus’s Memorial Library.

Provisions of the Code of Ethics for Nurses:

1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.
3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.
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.
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.
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.
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.
8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.
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.

*The Code of Ethics for Nurses with Interpretive Statements (2015, American Nurses Association)*

### **Standards of Professionalism**

Students are expected to meet the following requirements on campus and in the clinical setting at all times. If students are unclear how a policy may be applied, they should consult with a faculty member. Students who demonstrate violations of the requirements may be assigned a failing grade and may be dismissed from the program and ineligible for readmission.

1. Students must conduct themselves honestly and with integrity regarding course and clinical activities.
2. Behaviors which threaten the public's health, welfare, and/or safety will constitute grounds for immediate dismissal from the nursing program.
3. Failure to prepare for clinical experiences is addressed in the course syllabi. Failure to submit assignments on time is addressed in the course syllabi.
4. Students must maintain the confidentiality of privileged information and adhere to HIPAA regulations.
5. Students must observe the dress code stated within this handbook.
6. Inappropriate and/or disruptive behavior will result in disciplinary action. Inappropriate or disruptive behavior includes, but is not limited to, hostile or confrontational communication; distracting or attention-seeking behavior; behavior which is disrespectful, threatening or abusive to others; destruction, theft (including examinations) or mutilation of college property; and any illegal activity or behavior that results in discipline. Inappropriate verbal/nonverbal behavior patterns include, but are not limited to, dishonesty, inappropriate facial expressions, inappropriate touching, behavior which aims to threaten or intimidate a client/student/team member/instructor/preceptor, and leaving the clinical site without notifying the instructor. Upon the occurrence of the described behavior(s) disciplinary action will be implemented, and possible dismissal from the nursing program may occur.
7. Nursing examinations or testing materials, both hard copy and electronic, are the property of the Nursing Department. Accessing testing materials from any source without authorization is considered theft.

### **Professional Work Ethic**

Students are expected to treat Capstone clinical time as they would an employment setting. Tardiness, leaving clinical early, not returning from breaks on time or not communicating with the instructor regarding time away from clinical are not acceptable behaviors and should be reported to the KWU Faculty Coordinator.

### **Professional Communication**

Students are expected to conduct themselves in a professional manner in their interactions with fellow students, school personnel, nursing faculty and peers. Professional communication includes choice of language, written and non-verbal communication.

### **Cell Phone Usage**

Cell phones are permitted at the discretion of the preceptor and the clinical site administrators.

### **Academic Integrity and Honesty**

Academic integrity and honesty are central components of a student's education, and the ethical conduct maintained in an academic context eventually will be taken into a student's professional career.

Academic honesty involves taking responsibility for your own education, completing all work required of you on your own, and contributing thoughtfully and fully to any group work assigned or sanctioned by your instructors. (These examples are not meant to be all inclusive, but are presented for guidance in defining acts of academic dishonesty which, if they are found to have occurred, required academic action by the faculty in whose course they occurred.) In more straightforward terms, academic honesty means not cheating on tests and not plagiarizing. Violations will be dealt with according to the Academic Dishonesty policy located in the KWU Academic Catalog, which includes dismissal from the university. *Refer to the Grievance Procedure located in this handbook.*

## **DRESS CODE GUIDELINES**

Students are expected to be clean, neat, and professional in their appearance and behavior. These guidelines are intended to ensure that students present a good impression as they represent KWU and to identify them as a student in the BS with a major in nursing program of the KWU Department of Nursing Education.

ID badges will be distributed through the Department of Nursing Education. Students will be required to submit a current headshot picture of themselves to the Department of Nursing Education one month prior to the beginning of the Capstone rotation. If a headshot is not submitted, a KWU ID badge will not be issued and the student would not be allowed to complete the Capstone practicum.

Students are expected to follow all guidelines for the facility in which they complete their practicums. However, the following additional guidelines are provided for KWU nursing students unless the clinical facility requires a difference dress code.

1. During clinical experiences, or while in the role of a nursing student, students will dress professionally with black or dark blue slacks or scrub pants and an appropriate top which must not be revealing because of length, tight fit or low neckline. Comfortable shoes: no heels, clogs, sandals, or open toes.
2. It is mandatory to wear a white lab jacket with KWU name badge during Capstone clinical.
3. No necklaces may be worn during clinicals. Rings are limited to one ring or a wedding set per hand. Dangle and hoop earrings are not allowed due to potential for injury. Post-style earrings are



suggested. Earrings are limited to the ears and only one earring per ear. Visible jewelry, attached to other parts of the body, will not be allowed to be worn. Only spacers are allowed for nose piercings. Tongue jewelry must be removed.

4. Tattoos must be covered.
5. Sweaters, coats, or jackets are not to be worn during clinical experiences because of the possibility of cross contamination and/or loss of identification as a student nurse.
6. Long hair should be off the collar or tied back away from the face. Headbands are to be a solid color in either purple, black or white.
7. Beards, mustaches, sideburns, and goatees must be kept trimmed, neat and cut close to the face, and should not contaminate the patient's field of care.
8. Perfume, cologne, or scented lotions are not allowed.
9. Fingernails are to be trimmed short. No fingernail polish. Artificial nails are not permitted.
10. No gum chewing.
11. Students may not use tobacco or smoke in any form while representing KWU as a nursing student. A result of this action is that the student may be dismissed from the KWU nursing program.

**If these guidelines are not followed, the student may be sent home at the discretion of the Preceptor. The KWU Capstone Coordinator will be notified and the student will receive an unexcused absence. Clinical days must be made up.**

### **SOCIAL MEDIA GUIDELINES AND PROFESSIONAL BOUNDARIES**

The DNE adopts the National Council State Boards of Nursing (NCSB) Standards for Social Media Guidelines and Professional Boundaries. All nursing students in the DNE will adhere to these guidelines. Refer to Appendix A of this handbook for the *Social Media Guidelines and Professional Boundaries*.

The KWU Department of Nursing supports the use of technology inside and outside the classroom. This support includes the use of social media communication formats such as Facebook, Twitter and any new technology to be developed. This support comes with the expectation that students in the Nursing Program will uphold the ethical standards of their profession: American Nurses Association Code of Ethics and the KWU Student Code of Conduct.

Federal Regulations regarding privacy such as Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA) apply to all personal and academic communication. Students will be required to sign confidentiality forms as required by clinical facilities.

**Student use of photography and/or recording devices is prohibited in all clinical sites unless approved by an instructor in advance.**

It is the expectation that students have read and understand the Nursing Student handbook, KWU Student Handbook and federal regulations related to privacy (HIPAA and FERPA). Noncompliance with these policy will result in disciplinary action which may include failure of a course, probation or dismissal from the nursing program.

### **STANDARD PRECAUTIONS AND EXPOSURE TO INFECTIOUS DISEASES**

#### **Serious Infectious Disease**

Nursing students, with the support and guidance of their clinical instructor or preceptor, may have an opportunity to care for clients with an infectious disease. Students are expected to help manage care of these clients. When considering the care of clients diagnosed with serious infectious disease, we recognize that students have varying degrees of skills, both psychomotor and cognitive. We also recognize that faulty technique when caring for these clients could prove harmful or even fatal to the student.

Graduate health care workers (i.e. the preceptors who will supervise you) are expected to have the skills and knowledge necessary to provide safe and compassionate care for all clients, regardless of diagnosis. Consideration will be given to the client's complexity of care, agency policy, and the student's knowledge and dexterity level. A student who refuses to care for infected clients will be counseled to determine the reason for refusal and regarding the failure to meet the requirements of the profession of nursing. Students who have serious reservations about caring for clients with infectious disease should reconsider their career choice.

### **Standard Precautions - Centers for Disease Control (CDC)**

([www.cdc.gov](http://www.cdc.gov)., May 2014)

Standard precautions are based on the principle that all blood, body fluids, secretions, excretions, except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all clients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. They include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices. Check the policies and procedures at each clinical agency.

### **Bloodborne Infectious Diseases (HIV/AIDS, Hepatitis B, Hepatitis C) and Needle Stick Injury Guidelines**

The KWU DNE will follow the Bloodborne Pathogen Exposure Guidelines for clinical agencies as established by the Centers for Disease Control (CDC). The infection control nurse or designee at each clinical agency will serve as the resource person in interpretation and implementation of these guidelines.

## **ATTENDANCE, EXAMS AND ASSIGNMENT POLICY**

**Students must own a laptop or personal computer with the specifications outlined in the RN to BS Admission Policy.** Please also refer to the KWU Online Handbook at <http://www.kwu.edu/academics/kwu-global/kwu-online>.

### **Attendance Policy for Online Courses** (2017-18 Faculty & Student Handbook for KWU Online, page 8)

Class attendance is expected in all courses including online courses. Online attendance is measured by assignments submitted on the first day, the third day, and throughout the duration of the course. Faculty will record attendance through our current Learning Management System.

On the 7<sup>th</sup> business day of the term for full-semester courses or on the 5<sup>th</sup> business day for 8-week courses, students will be dropped from any course that they have not either “attended” by submitting an assignment or contacted the instructor regarding the absence. Courses that are administratively dropped will not appear on students’ academic transcripts and will not be counted toward students’ credit hour load (see the full attendance policy in the Academic Catalog for more information).

### **Theory (didactic) Courses:**

1. Students are expected to complete assignments as scheduled.
2. All assignments are required to earn a complete grade in the course. Any assignment not completed will result in an incomplete grade for the course. Accepted late assignments will receive a 10% grade

deduction per day up to three days. Assignments will not be accepted after three calendar days of the course instructor's designated due date/time and will result in a zero for that assignment.

**Clinical Courses:**

Information regarding the Capstone practicum requirements will be available prior to the start of the course. The Capstone practicum requires 45 hours of clinical experience with a preceptor. Students must schedule clinical practicum times with a preceptor and submit a schedule to the KWU faculty. Students who do not complete the required 45 hours of clinical practicum time will not pass the Capstone course.

**GRADING SCALE**

Due to the professional nature of nursing practice and the requirement for passing the NCLEX-RN examination in order to practice, the grading scale for nursing is slightly higher than for many general education courses. Current grades are maintained on the KWU Learning Management System (LMS) for student viewing as courses progress. The following grading scale will be used in all required nursing courses for the Bachelor of Science with a major in nursing degree program:

Grade	Points
A	95-100
A-	92-94
B+	90-91
B	86-89
B-	84-85
C+	80-83
C	76-79
C-	74-75
D+	72-73
D	68-71
D-	65-67
F	≤ 64

For NURS courses, a final grade of 80% is required to pass. Grade scores will not be rounded.

**CLINICAL EVALUATION TOOL**

The Clinical Evaluation Tool (CET) consists of essential competencies with specific performance criteria. The competencies are drawn from course and program objectives for the BS nursing program at Kansas Wesleyan University, *The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)*, and *Quality and Safety Education in Nursing (Cronenwett et al., 2007)*. The performance criteria for each competency includes cognitive, affective, and psychomotor domains of learning, and provide a complete evaluation of an individual student's clinical performance. The standardized Clinical Evaluation Tool is used in the clinical practicum course. A midterm and final CET is completed and shared with the student at the midterm and conclusion of the rotation.

A CET score equal to or less than 80.0% will be identified by the preceptor and communicated to the course faculty. A written corrective action plan will be prepared by the course faculty and a copy sent to the student. If the terms of the corrective action plan are not met, the student will be dismissed from the nursing program.

Dismissal from the clinical area will occur at any time when the student's clinical practice is determined to be unsafe or unsatisfactory by the course or clinical instructor.

## ASSESSMENT REQUIREMENTS FOR NURSING STUDENTS

### University Assessment

All students graduating from Kansas Wesleyan University are required to participate in the university assessment process. This process is found in the Academic Catalog. While graduation is not contingent on performance levels in assessment, diplomas and transcripts will be placed on “hold” for any student who does not complete all assessment requirements.

### Graduate Exit Survey

All nursing graduates are expected to complete an exit survey. The survey contains questions related to the level of graduates’ satisfaction with nursing student support services and the effectiveness of the nursing curriculum and clinical experiences. This information is used by the Department of Nursing Education for ongoing assessment and improvement of the nursing program.

### One-Year Post-Graduation Surveys

A survey will be sent to graduates and employers one-year after students have graduated with the BS nursing degree. The survey contains questions related to the level of satisfaction with the nursing education provided to practice generalist nursing. This information is used by the Department of Nursing Education for ongoing assessment and improvement of the nursing program.

## NOTIFICATION AND CLOSURE FOR STUDENTS WHO FAIL A NURSING COURSE

When a student receives a final grade less than an 80% in a nursing course, the course faculty will notify the student of the course failure. Formal notification by letter via email will be sent to the student from the Director of Nursing Education.

### Grade Appeal

Students who wish to appeal the grade received on an assignment should first discuss the grade with the faculty member. If, after such discussion, the student still believes that the grade is incorrect, the student may initiate a grade appeal by following the Grievance Procedures in this handbook.

Any DNE student who believes she/he has been dealt with unfairly concerning academic progress (e.g., course grades, course materials, academic misconduct or absences) has access to an academic appeal. *Please refer to the Grievance Procedures section in this handbook.* DNE students, faculty and staff have access to appeal policies specified in the KWU Academic Catalog.

## GRIEVANCE PROCEDURES

Chain of command is a principle of a formal organization, which establishes effective coordination, accountability and efficiency in organizational operation. If you experience a problem, contact your course instructor or clinical instructor for clarification. If you feel resolution did not occur with your course instructor or clinical instructor, make an appointment to visit with the Director of Nursing Education. A meeting will be conducted with you, as well as with the course instructor or clinical instructor, to seek compromise or clarity. If you feel no resolution was obtained, please see “Student Complaint Procedures” in the KWU Academic Catalog.

## STUDENT COMMUNICATIONS AND NOTIFICATION OF CHANGES TO KWU AND/OR DNE POLICY

Students are responsible for accessing official KWU communications via their **KWU email address** and the MyKWU website. If you do not have a KWU email address, contact Justin Taylor at Justin.taylor@kwu.edu or 785-833-4440 to get one set up as soon as possible.

Students are also responsible for reading information posted on the KWU website. Nursing program policy changes will be emailed or mailed to all nursing students and, as deemed appropriate, posted on the DNE webpages.

Students are also responsible for any communication or course changes posted in or sent through the online learning system utilized for coursework. Students are expected to be regularly checking the online learning system, and are therefore responsible for any information or changes communicated or posted within the system.

### **ALCOHOL AND DRUG POLICY**

In keeping with the responsibility of the nursing profession for protecting the public from harm, clinical agencies and/or the Department of Nursing Education may ask nursing students to submit to drug screenings.

1. Students will pay all fees for such screenings.
2. Refusal to allow mandatory or requested drug testing will result in immediate program dismissal. Positive results will be grounds for immediate dismissal from the nursing program.
3. Post-licensure students will receive specific instructions so that the results of a drug screen will be received two weeks prior to the *NURS 481 Capstone Practicum course*.
4. If drug screen results are positive, the applicant will be withdrawn from the nursing program for:
  - being unable to practice with skill and safety due to current abuse of drugs or alcohol; and/or
  - exhibiting professional incompetency, defined as a pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice nursing.

Substance abuse is a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder. KWU nursing students are expected to adhere to the alcohol and drug policies of all clinical practicum sites.

The student must not be mentally impaired and must be able to function optimally in the clinical setting in any case. A student using any medication which impairs cognitive or functional abilities, even if prescribed by a physician, will not be permitted to participate in clinical experiences.

### **PRECEPTOR GUIDELINES FOR THE RN TO BS NURSING DEGREE PROGRAM**

**NOTE: Additional information will be provided prior to the Capstone practicum.**

#### **Definition:**

“Preceptor” means a professional registered nurse licensed in the state in which the individual is currently practicing nursing who is not employed by the KWU nursing program but who provides clinical supervision for nursing students in nursing courses taken during the nursing education program.

#### **Purposes:**

The purposes of using preceptors in the education of nursing students are to:

1. Provide role models for nursing students.
2. Expose nursing students to the expertise of practicing nurses.
3. Provide greater variety of learning experiences and/or those unique to a particular setting.
4. Strengthen the integration of theory and practice.

#### **Selection Criteria for Preceptors:**

1. Must be licensed as a registered professional nurse in the state in which the nurse is currently practicing nursing, and **must hold a baccalaureate degree** in a nursing field.
2. Must agree to orient and participate as a preceptor for nursing students.
3. Should be a positive role model both as a practitioner and as a member of the nursing profession.
4. Should have prior experience in directing newly hired nurses or nursing student learning experiences. Should also have prior experience in providing feedback of newly hired or student nurse's clinical performance.

**Selection Process:**

RN to BS nursing students select a qualified preceptor in their location.

**Role/Expectations of the Preceptor:**

1. Orients the student to the facility, the staff, patient population, and its policies.
2. Serves as a role model for the practice of nursing in a specific area.
3. Guides the student in the planning, organization, and implementation of clinical experiences.
4. Becomes familiar with the course objectives and course clinical experience guidelines through communication with the faculty member.
5. Promotes autonomy of functioning for the student when and where appropriate.
6. Provides direct supervision and constructive feedback.
7. Works with student and course faculty in directing the experiences for the student.
8. Reports any concerns regarding errors or quality of care promptly to the student and course faculty.
9. Completes the course documentation validating the student experience.
10. Preceptor feedback form must be signed by the preceptor.

**Expectations of the Student:**

1. Participates in preceptor-guided learning experiences.
2. Modifies previously acquired knowledge and skills to meet the needs of client populations specific to the course.
3. Demonstrates ability to perform procedures safely, legally, and ethically.
4. Participates in self-evaluation using specified objectives and criteria.
5. Strengthens time management and organizational skills.
6. May contribute to the improvement of nursing care at the site through projects, teaching, staff development programs, or other means.

## APPENDIX A: A NURSE’S GUIDE TO THE USE OF SOCIAL MEDIA

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A nurse must understand  
and apply these  
guidelines for the use  
of social media.

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### A Nurse’s Guide to the Use of Social Media

The use of social media and other electronic communication is expanding exponentially as the number of social media outlets, platforms and applications available continue to increase. Individuals use blogs, social networking sites, video sites, online chat rooms and forums to communicate both personally and professionally with others. Social media is an exciting and valuable tool when used wisely. The very nature of this medium, however, can pose a risk as it offers instantaneous posting opportunities that allow little time for reflective thought and carries the added burden that what is posted on the Internet is discoverable by a court of law even when it is long deleted.

Nurses are welcome to use social media in their personal lives. This may include having a Facebook page, a Twitter feed or blogging on various websites. Nurses can positively use electronic media to share workplace experiences, particularly those events that are challenging or emotionally charged, but it is imperative not to mention patients by name or provide any information or details that could possibly identify them in order to protect patients’ right to privacy.





### Social Media in the Workplace

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals. Social media provides nurses with a way to express their feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice are recognized as effective tools in nursing practice, and the Internet provides an alternative media for nurses to engage in these helpful activities. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information, and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of these policies often address personal use of employer computers and equipment, personal computing during work hours, and the types of websites that can be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer's policies, however, typically do not address the nurse's use of social media to discuss workplace issues outside of work on home computers, personally-owned phones and other hand-held electronic devices. It is in this context that the nurse may face potentially serious consequences for the inappropriate use of social media.

*Jamie has been working in hospice care for the last six years and one of her patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. One day, Maria posted about her depression. As her nurse, Jamie wanted to provide support, so she posted, "I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday." The site automatically listed the user's name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her to ask about Maria's condition. "I saw your post yesterday. I didn't know you were taking care of Maria," the friend said. "I hope that new medication helps with her pain."*

This is an example of a violation of confidentiality through social media. While Jamie had Maria's best intentions at heart by trying to offer her words of support, she inadvertently disclosed information about a patient on a social media site. Everyone who read that post now knows about Maria's medication and increase in morphine, violating her right to privacy and confidentiality. Instances of inappropriate use of electronic media by nurses such as this have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and to the media.



### Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context.

Confidentiality and privacy are related, but distinct concepts:

- Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse.
- Such information may only be disclosed to other members of the health care team for the purpose of providing care for the patient.
- Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions, a nurse is obligated to safeguard confidential information.

*As a licensed practical nurse for more than 20 years, Bob knew the importance of safeguarding a patient's privacy and confidentiality. One day, he used his personal cell phone to take photos of Claire, a resident in the group home where he worked. Bob received permission from Claire's brother to take the photo since she was unable to give consent due to her mental and physical condition. That evening, Bob ran into William, a former employee of the group home. While catching up, he showed William the photo of Claire and discussed her condition with him. The administrator of the group home later learned of Bob's actions and terminated his employment for breach of confidentiality.*

Bob thought it was okay for him to take Claire's photo because he had the consent of a family member. He also thought it was acceptable for him to discuss Claire's condition because William previously worked with Claire. So why was this behavior wrong? Because, first, merely asking Claire's brother for permission is not obtaining a valid consent. Second, confidential information should not be disclosed to persons no longer involved in the care of a patient. Even though Bob made an honest mistake, confidentiality rules must be strictly enforced to protect a patient's right to privacy.

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Privacy relates to the patient's expectation and right to be treated with dignity and respect. Effective nurse/patient relationships are built on trust. Patients need to be confident that their most personal information and their basic dignity will be protected by the nurse. Patients will be hesitant to disclose personal information if they fear it will be disseminated beyond those who have a legitimate "need to know." Any breach of this trust, even inadvertent, damages the nurse/patient relationship and the general trustworthiness of the profession of nursing.

Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA). HIPAA regulations are intended to protect patient privacy and confidentiality by defining individually identifiable information and establishing how this information may be used, by whom and under what circumstances. The definition of individually identifiable information includes any information that relates to the past, present or future physical or mental health of an individual, or provides enough information that leads someone to believe the information could be used to identify an individual.

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information they post via social media sites. Examples may include comments in which patients are described with enough sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting videos or photos of patients.



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Privacy is the patient's expectation to be treated with dignity and respect.

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Confidentiality is safeguarding patient information.

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*Emily, a 20-year-old junior nursing student, wasn't aware of the potential repercussions that could occur when she took a photo of Tommy, a 3-year-old leukemia patient in a pediatric unit, on her personal cell phone. When Tommy's mom went to the cafeteria, Emily asked him if she could take his picture, which Tommy immediately consented to. Emily took his picture as she wheeled him into his room. She posted Tommy's photo on her Facebook page with this caption: "This is my 3-year-old leukemia patient who is bravely receiving chemotherapy! He is the reason I am so proud to be a nurse!" In the photo, Room 324 of the pediatric unit was visible. Days later, the dean of the nursing program called Emily into her office. A nurse from the hospital found the photo Emily posted of Tommy on Facebook and reported it to hospital officials who also contacted Emily's nursing program.*

While Emily never intended to breach the patient's confidentiality, the hospital faced a HIPAA violation. From Emily's post, people were able to identify Tommy as a cancer patient and the hospital where he was receiving treatment. School officials expelled Emily from the nursing program for breaching patient confidentiality and HIPAA violations. The nursing program was also barred from using the pediatric unit for their students. Emily's innocent, yet inappropriate action of posting a patient's photo had repercussions for her, the nursing program and the hospital.

But what if Emily removed the photo hours later? If it's taken down, no harm, no foul, right? No. Anything that exists on a server is there forever and could be retrieved later, even after deletion; therefore, it would still be discoverable in a court of law. Further, someone could have taken a screen shot of her Facebook page and posted it on a public website. Patient information and photos should never be posted on social media websites. Even after being deleted, the photo is still on a server and possibly posted somewhere else on the Internet.

### Potential Consequences

As we've seen with Jamie, Bob and Emily, potential consequences for inappropriate use of social and electronic media by nurses vary. Consequences depend, in part, on the particular nature of the nurse's conduct.

Instances of inappropriate use of social and electronic media may be reported to the BON. Laws outlining the basis for disciplinary action by a BON vary between jurisdictions. Depending on the laws of a jurisdiction, a BON may investigate reports of inappropriate disclosures on social media sites by a nurse on the grounds of:

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude (defined as conduct that is considered contrary to community standards of justice, honesty or good morals);
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

If the allegations are found to be true, the nurse may face disciplinary action by the BON, including a reprimand or sanction, assessment of a monetary fine, or temporary or permanent loss of licensure.

Improper use of social media by nurses may violate state and federal laws established to protect patient privacy and confidentiality. Such violations may result in both civil and criminal penalties, including fines and possible jail time. A nurse may face personal liability and be individually sued for defamation, invasion of privacy or harassment. Particularly flagrant misconduct on social media websites may also raise liability under state or federal regulations focused on preventing patient abuse or exploitation.

If the nurse's conduct violates the policies of the employer, the nurse may face employment consequences, including termination. Additionally, the actions of the nurse may damage the reputation of the health care organization, or subject the organization to a lawsuit or regulatory consequences.

### Social Media's Impact on Patient Safety and Care

Another concern arising from social media misuse is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute lateral violence. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet. This is sometimes referred to as "cyber bullying." Such activity is a cause for concern for current and future employers, and regulators because they negatively affect team-based care, thus creating patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined.

Nonetheless, negative comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.



### Common Myths and Misunderstandings of Social Media

While instances of intentional or malicious misuse of social media have occurred, in most cases, inappropriate disclosure is unintentional. A number of factors may contribute to a nurse inadvertently violating patient privacy and confidentiality while using social media, including:

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others.
- A mistaken belief that content deleted from a site is no longer accessible. The moment something is posted, it lives on a server that can always be discoverable in a court of law.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient's right to disclose personal information about himself or herself (or a health care organization's right to disclose otherwise protected information with a patient's consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.

The ease of posting and the commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces not only the time it takes to post, but also the time to consider whether the post is appropriate and what ramifications may come from posting inappropriate content.



### How to Avoid Disclosing Confidential Patient Information

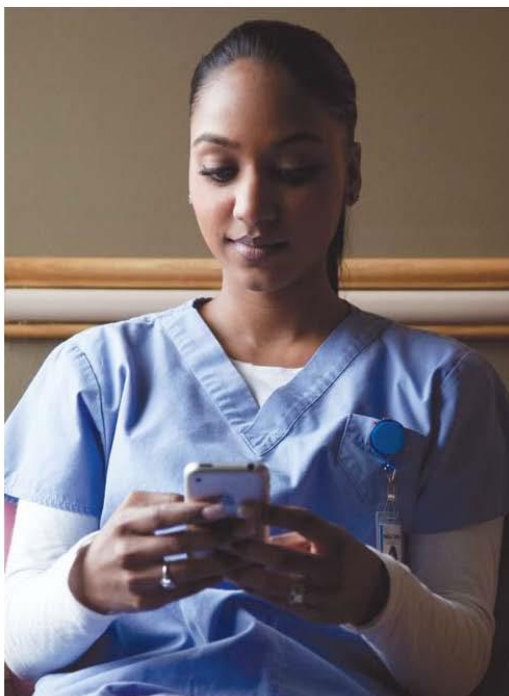
With awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients. The following guidelines are intended to minimize the risks of using social media:

- Nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Nurses must not share, post or otherwise disseminate any information or images about a patient or information gained in the nurse/patient relationship with anyone unless there is a patient-care-related need to disclose the information or other legal obligations to do so.
- Nurses must not identify patients by name, or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Nurses must not refer to patients in a disparaging manner, even if the patient is not identified.
- Nurses must not take photos or videos of patients on personal devices, including cell phones. Nurses should follow employer policies for taking photographs or videos of patients for treatment or other legitimate purposes using employer-provided devices.

- Nurses must maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has an obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.<sup>1</sup> Nurses must consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Nurses must promptly report any identified breach of confidentiality or privacy.
- Nurses must be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices, and use of personal devices in the workplace.
- Nurses must not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Nurses must not post content or otherwise speak on behalf of the employer unless authorized to do so and must follow all applicable policies of the employer.

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<sup>1</sup> Nurses may want to consult NCSBN's "A Nurse's Guide to Professional Boundaries" for more information on this issue.



#### Conclusion

Social and electronic media have tremendous potential for strengthening personal relationships and providing valuable information to health care consumers, as well as affording nurses a valuable opportunity to interface with colleagues from around the world. Nurses need to be aware of the potential consequences of disclosing patient-related information via social media, and mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.

#### THE NURSE'S CHALLENGE

- Be aware.
- Be cognizant of feelings and behavior.
- Be observant of the behavior of other professionals.
- Always act in the best interest of the patient.

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