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NON-DISCRIMINATION STATEMENT

The Roxborough Memorial Hospital School of Nursing does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, or any characteristic protected by law.

POLICY STATEMENT

The Student Handbook provides an overview of the Roxborough Memorial Hospital School of Nursing policies and procedures. Its purpose is to serve as a guide for the student body.

Roxborough Memorial Hospital School of Nursing reserves the right to amend or change the educational policies, regulations, fees, condition and courses as circumstances may require. The provisions of this HANDBOOK are not to be regarded as an irrevocable contract between Roxborough Memorial Hospital School of Nursing and the students.

Policies contained herein were current at the time of printing and are subject to change. Students will be apprised of these changes and notices will be placed on the student’s Bulletin Boards or documented in specific Course Syllabi.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING
HANDBOOK VERIFICATION FORM

*I have received a copy of the Student Handbook. I accept my responsibility for abiding by these stated school policies. I have placed my initials in the spaces provided below to indicate that I have reviewed, in particular, each of the below mentioned policies/information.

Chain of Command ………………………………………………………………………………………………………………………………………………

Dress Code ……………………………………………………………………………………………………………………………………………………………

Phone Use ……………………………………………………………………………………………………………………………………………………………

No Smoking ……………………………………………………………………………………………………………………………………………………………

Snow/Emergency ………………………………………………………………………………………………………………………………………………………

Consumer Information Disclosure …………………………………………………………………………………………………………………………….

CPR Standards ………………………………………………………………………………………………………………………………………………………

Professional Standards …………………………………………………………………………………………………………………………………………

Professional Conduct …………………………………………………………………………………………………………………………………………

Academic Integrity …………………………………………………………………………………………………………………………………………………

Testing Policy ………………………………………………………………………………………………………………………………………………………

Grading Policies …………………………………………………………………………………………………………………………………………………

Class Attendance …………………………………………………………………………………………………………………………………………………

NCLEX Success Plan ……………………………………………………………………………………………………………………………………………

Confidentiality ………………………………………………………………………………………………………………………………………………………

Preparation for Clinical Experience ………………………………………………………………………………………………………………………

Clinical Lateness & Absence Policies ……………………………………………………………………………………………………………………..

Math Proficiency Exam ………………………………………………………………………………………………………………………………………

Financial Aid/Refund Policies ……………………………………………………………………………………………………………………………

Drug Free School Policy ………………………………………………………………………………………………………………………………………

Violence in the Workplace/School ………………………………………………………………………………………………………………………

Student Name (Please Print) ………………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………………………

Date: ……………………………………………………………………………………………………………………………………………………………

*The Student Handbook can also be accessed on the school’s website and hard copies are available in our Library.

In addition: The “Academic Responsibility Contract” must be reviewed and signed at the beginning of each academic year. The “Statement of Confidentiality” must be signed for the assigned clinical site for each course and on file in order for students to be permitted in the clinical agencies for clinical experience.
ALMA MATER

MEMORIAL TO THEE WE SING - OUR SONG OF PRAISE SO TRUE AND MAY OUR HEARTS BE MINDFUL OF - YOUR COLORS WHITE AND BLUE.
LET EVERYTHING AND EVERYONE - BY US - THROUGH YOU BE LED.
WITH JOYOUS HEARTS AND SPIRITS HIGH AS O'ER LIFE'S WAY WE TREAD.

"REFRAIN"

MEMORIAL TO THEE WE SING - OUR SONG OF PRAISE SO TRUE AND MAY OUR HEARTS BE MINDFUL OF - YOUR COLORS WHITE AND BLUE.

By: Ella Guilfoil, Graduate, Class of 1919
The solid blue provides the background for the white of the (geometrical) star, looking toward the heavens for Divine Guidance.

The tiny gold "Fleur de Lis" in each point of this star, (a conventional form of lily) refers particularly to the suggestion of Purity, and the three petals representing the Trinity.

The complete outline of the pin in gold represents service. The gold lettering -

"FIDELIS AD MINIMA"

Represents the theme and motif of the hospital -

"FAITHFUL IN SMALL THINGS"
Roxborough Memorial Hospital will maintain its position in the forefront as a community hospital in delivering healthcare, characterized by an unwavering commitment to excellence.

Standards of improvement include positive attitude, appearance, communication, sense of ownership, commitment to co-workers, privacy and responsiveness.

**MISSION**
In concert with our Medical Staff, the Facility shall strive to provide comprehensive quality healthcare and be the center of excellence to the community.

Our team of dedicated healthcare professionals shall provide a compassionate and caring environment for patients, their families and friends, while continuously striving to improve the quality of care that is accessible and affordable.

The Facility shall collaborate to improve health outcomes, enhance quality of life and promote human dignity through health education, prevention and services across the healthcare continuum.

**VISION**
The Facility continues to be at the cutting-edge of evolving national healthcare reform. Our organization provides an innovative, seamless, integrated healthcare delivery system. We shall remain ever cognizant of our patient’s need and desire for high-quality, accessible and affordable healthcare.

**VALUES**

*Compassion*
We provide an environment that is caring and conducive to healing the whole person physically, emotionally and spiritually. We respect the individual need and desires of the recipients and providers of healthcare.

*Quality*
We believe in continuous quality of care and performance improvement as the foundation for preserving and enhancing healthcare delivery. Effective communication and education of our patients, physicians, staff and the community we serve are essential elements of this process.

*Comprehensive*
We are committed to an integrated healthcare delivery system that encompasses the entire spectrum of healthcare delivery. The continuum of care encompasses all aspects of an individual’s healthcare.
The mission, philosophy and goals of the Roxborough Memorial Hospital School of Nursing are consistent with those of Roxborough Memorial Hospital. The nursing faculty are committed to the education of students, application of nursing knowledge, and the promotion of health and provision of quality health services.

The mission of the School of Nursing is to educate qualified individuals for nursing practice.

Graduates are prepared to function as entry-level professional nurses, to meet the health care needs of society in a dynamic health care environment including acute, intermediate, long term, ambulatory and home care settings in accordance with the Pennsylvania Professional Nursing Law. The mission is carried out in an atmosphere that promotes learning, teaching excellence, scholarship and community service. The School of Nursing’s mission is supported through collaboration with Roxborough Memorial Hospital, Prime Healthcare Services, the Department of Nursing Services and other healthcare affiliates in the metropolitan area.

Roxborough Memorial Hospital’s commitment is to organize its unique, rich and varied resources to provide educational opportunities for students pursuing a career in nursing. As a leader in healthcare delivery, Roxborough Memorial Hospital places a high priority on providing exemplary health services as a basis for clinical education. The nursing faculty’s emphasis on clinical excellence is consistent with the mission, values and vision of Roxborough Memorial Hospital to pursue its purposes with distinction. The faculty instills in the graduates the responsibility to maintain personal growth and professional competency.
The faculty believes:

Man, the central focus of nursing, is a complex system and holistic being in constant interaction with the environment. Man is composed of biological, psychological, social, cultural, and spiritual needs, which must be met to maintain equilibrium. As a dynamic being, man interacts with the internal and external environment learning throughout the life span, developing self-potential and maintaining homeostasis through the use of adaptive mechanisms. Throughout the life span, man encounters a variety of roles within the context of the family, groups, and community. Possessing intrinsic values, rights, and responsibilities, man deserves to be treated with respect and dignity.

As a discipline, nursing is based on a body of knowledge from the sciences, arts, humanities, and technology. Nursing is a caring relationship with people of all ages and cultures throughout the wellness-illness continuum. The practice of nursing provides total care to the individual, the family and community through independent actions and collaborative efforts with other health care providers. Nursing activity and critical thinking are generated by the synthesis of knowledge and the systematic use of the nursing process consisting of assessment, diagnosis, planning, implementation and evaluation. Integral to the nursing process is the impact of biopsychosocial and cultural-spiritual forces, as well as, health promotion technology affecting all persons throughout the human life cycle. The primary goal of nursing is to assist individuals in the achievement of an optimal level of wellness.

Education is a continuous activity, which is directed at producing desirable changes in both students and faculty. It is a cooperative, dynamic process involving mutual teaching and learning that promotes the continuing development of the individual's capacities for progressive adjustments to life situations. Effective learning occurs in selected environments that satisfy the needs for recognition, acceptance and self-realization. Integral aspects of learning include goal-oriented behavior, active participation, reinforcement and evaluation. Learners are afforded the opportunity to question and analyze knowledge and value systems through experience in diverse situations.

Faculty is responsible for directing the learning experience of the student. The program provides an opportunity for the student to build nursing knowledge and skills, to test out critical thinking to help meet patient needs in a variety of hospital and community settings. The faculty act as facilitators and role models when providing guidance and direction to the students while enhancing the student's self-esteem, by providing challenging educational experiences, constructive feedback, and positive reinforcement.

Nursing is a profession with a defined field of study and laws that regulate its members and practice. Nursing education is structured to identify changing needs of the individual, family and community; recognize and intervene in meeting altered needs; and to enhance critical thinking in complex nursing situations. A close relationship exists ~ between the cognitive and operational phases of nursing. This is accomplished through meaningful correlation of nursing theory with selected clinical experiences.
The growth of each student is enhanced through mentoring, counseling and guidance as the individual experiences a variety of situations. The potential for personal and professional growth is fostered through peer interaction, curricular and extra-curricular activities, and Student Government. The faculty shares responsibility for the environment that lends itself to this growth.

The school is an integral part of the community. Therefore, faculty and students recognize their responsibility to that community to provide accountable, professional nurses capable of providing compassionate, high-quality, cost-effective nursing care and health promotion services through health screenings and health teaching.

The graduate of this program is prepared to function as a beginning professional nurse in acute, intermediate, long term, ambulatory and home care settings in accordance with the Pennsylvania Professional Nursing Law. The nurse, as a member of a multidisciplinary team, will promote health by making sound decisions, acting creatively and assertively, and advocating the rights and values of the individual, family and community. Further commitment to nursing will be demonstrated through continued participation in the educational process and in the provision of primary, secondary and tertiary health care.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING

PROGRAM PURPOSE & GRADUATE COMPETENCIES

**Purpose:** The purpose of the nursing program at Roxborough Memorial Hospital School of Nursing is to educate individuals who will be prepared to enter professional nursing practice as competent and efficient practitioners. Graduates of the School have a broad understanding of population-based health care and have been afforded the opportunity to care for individuals, families, and communities in a variety of clinical settings. Graduates possess contemporary clinical skills and knowledge based on the latest nursing research.

**Graduate Competencies:**
At the completion of the educational program, the graduate will be able to:

1. Apply evidence-based knowledge from nursing and the sciences as the basis for nursing practice.
2. Utilize critical thinking skills to make sound decisions within a variety of health care settings.
3. Communicate effectively with clients, families, and other members of the interdisciplinary health care team to develop a comprehensive and effective plan of care.
4. Provide safe and efficient nursing care across the continuum of care that is both high quality and cost-effective, and in accordance with National Patient Safety Goals and Standards.
5. Foster strategies for health promotion, risk reduction, and disease prevention across the life span.
6. Use information and communication technologies to document and evaluate patient care, advance patient education, and enhance the accessibility of care.
7. Provide care sensitive to the needs of clients with emphasis on effects of culture, race, religion, gender, lifestyle, and age.
8. Apply the nursing process to clinical situations that incorporates ethical, legal, and professional practice standards that respect diverse values and beliefs.
9. Demonstrate a commitment to nursing through personal goals for professional development and participation in life-long learning.
The conceptual framework of the curriculum represents the beliefs of the faculty about the individual, family, community, health and nursing. The conceptual framework is based on a holistic approach in which man consists of biological, psychological, social, cultural, and spiritual needs. Man is a dynamic being in constant interaction with the internal and external environment. Equilibrium between man’s internal and external environment must be achieved to maintain homeostasis and obtain optimum wellness. The nurse functions in varied roles utilizing the nursing process to assist the individual, family, and community in the maintenance and attainment of optimal health. The framework of the curriculum provides for the selection of learning experiences in a sequence of increasing complexity. These experiences are designed to meet the goals of the program and to assist the learner in achieving the behavioral outcomes required of the graduate nurse.

Structurally, the conceptual framework consists of eight major concepts: health, holism, health education, research/critical inquiry, communication/leadership, health promotion and disease prevention, and therapeutic interventions. These concepts amplify the beliefs of the faculty about the individual, family, environment, health and nursing. These major concepts are presented throughout the program, and their application increases in complexity as the learner progresses.

In addition to these, four sub-concepts permeate the curriculum; influences on the human life cycle (biological, psychological, social, cultural, and spiritual), nursing history and theories, legal/ethical accountability, and nursing process. These are evident in all courses contained in the curriculum.

The student enters the program with specific prerequisite courses that support the curriculum design. Identified college courses enhance the content provided in the nursing courses. The learner is introduced to the conceptual framework in Year I, and this framework continues in Year II.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING
21 MONTH CURRICULUM PLAN –
CURRICULUM

First Year

<table>
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<tr>
<th>College Prerequisites for the 21-month program</th>
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<th>Term II 10 weeks</th>
<th>Term III 10 weeks</th>
<th>Term IV 10 weeks</th>
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<tr>
<td><strong>Introduction to Psychology</strong> (3 credits)</td>
<td>Nursing 101 – Scope of Health and Wellness I 150 hours (6 credits) Lecture 50 hours Clinical Practice - 100 hours - 1:2 Pre-requisites: College Pre-requisites listed in the left hand column.</td>
<td>Nursing 102 – Scope of Health and Wellness II 150 hours (6 credits) Lecture 50 hours Clinical Practice - 100 hours - 1:2 Pre-requisite: N101</td>
<td>Nursing 103 – Medical-Surgical Nursing I 240 hours (10 credits) Lecture 80 hours Clinical Practice - 160 hours - 1:2 Pre-requisites: N101, N102</td>
<td>Nursing 104 – Medical-Surgical and Mental Health Nursing 240 hours (10 credits) Lecture 80 hours Clinical Practice - 160 hours - 1:2 Pre-requisites: N101, N102, N103</td>
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<td><strong>College Algebra/Statistics</strong> (3 credits)</td>
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<td><strong>Anatomy &amp; Physiology I</strong> (4 credits)</td>
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<td><strong>Anatomy &amp; Physiology II</strong> (4 credits)</td>
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<td><strong>Chemistry</strong> (If not completed in high school with a grade of “C” or above)</td>
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<tr>
<td><strong>Microbiology</strong> (4 credits)</td>
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<td><strong>Nutrition</strong> (3 credits)</td>
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<td><strong>Developmental Psych.</strong> (3 credits)</td>
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<td><strong>Sociology</strong> (3 credits)</td>
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CURRICULUM – Second Year

<table>
<thead>
<tr>
<th>Term I 10 weeks</th>
<th>Term II 10 weeks</th>
<th>Term III 10 weeks</th>
<th>Term IV 10 weeks</th>
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<tbody>
<tr>
<td>Nursing 201 – Medical- Surgical Nursing II 240 hours (10 credits) Lecture 80 hours Clinical Practice - 160 hours - 1:2 Pre-requisites: N101, N102, N103, N104</td>
<td>Nursing 202 – Medical – Surgical Nursing III 240 hours (10 credits) Lecture 80 hours Clinical Practice - 160 hours - 1:2 Pre-requisites: N101, N102, N103, N104, N201</td>
<td>Nursing 203 – Nursing Care of Mothers and Children 240 hours (10 credits) Lecture 80 hours Clinical Practice - 160 hours - 1:2 Pre-requisites: N101, N102, N103, N104, N201, N202</td>
<td>Nursing 204 – Medical – Surgical Nursing IV 240 hours (10 credits) Lecture 80 hours Clinical Practice - 160 hours - 1:2 Pre-requisites: N101, N102, N103, N104, N201, N202, N203</td>
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ACCREDITATION

Accredited by:
Accreditation Commission for Education in Nursing
For information regarding accreditation contact the:

Accreditation Commission for Education in Nursing (ACEN)
3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326
Phone: 404-975-5000  Fax: 404-975-5020

The School of Nursing is accredited by the Accreditation Commission for Education in Nursing (ACEN) until 2014. Information regarding accreditation can be obtained by contacting the ACEN at the above address.

Approved by:
The Pennsylvania State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649
Phone: 717-783-7142

Hospital Accredited by:
The Joint Commission (TJC)
One Renaissance Boulevard
Oakbridge Terrace, IL 60181
Phone: 630- 892-5000
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING

CALENDAR
2014-2015

2014

Thurs., June 19 1st Year Orientation “Class of 2016” (8:30 am -12:30pm)
Mon. – Fri., June 16 – 20 Medical/Surgical Boot Camp (2nd Year students)
Mon. – Fri., June 23 – 27 Anatomy & Physiology Systems Review (1st Year students)

Tues., July 29 1st Year Orientation “Class of 2016” (8:30am-3:30pm)
Wed., July 30 1st Year Orientation (8:30 am -12:30pm)
2nd Year Orientation (8:00 am - 4:00pm)

Mon., August 4 Term I Begins

Mon., September 1 Labor Day Holiday

Fri., October 10 Term I Ends
Mon., October 13 Term II Begins

Thurs., November 27 Thanksgiving Holiday
Fri., November 28 Personal Day

Mon., December 1 Classes Resume
Fri., December 19 Term II Ends

2015

Mon., January 5 Term III Begins

Fri., March 13 Term III Ends
Mon. – Fri., March 16-20 Spring Break
Mon., March 23 Term IV Begins

Mon., May 25 Memorial Day Holiday
Fri., May 29 Term IV Ends

June 1 – 4 KAPLAN
June 5th Graduation
Roxborough Memorial Hospital
School of Nursing
Master Organizational Chart

Governing Board

Chief Executive Officer

Dean of Education

Academic Coordinators
Year I & Year II

School of Nursing Faculty

Director of Recruitment, Admissions and Student Health Nurse

Administrative Assistant

School of Nursing Facility Receptionist/Typist

Counselor

Financial Aid

Librarian

Clinical Facilities the SON has Contracts with:

- Cathedral Village
- Delaware County Memorial Hospital
- Fairmount Behavioral Health System
- Germantown Home
- Hahnemann University Hospital
- Lower Bucks Hospital
- Magee Rehabilitation Hospital
- Main Line Health System:
  - Bryn Mawr Hospital
  - Lankenau Medical Center
  - Paoli Memorial Hospital
- Mercy Suburban Hospital
- Norristown State Hospital
- PA Holdings-SNF, LP
- Maplewood Manor, Cliveden, Cheltenham York Road Nursing Homes
- St. Christopher’s Hospital for Children
- St. Mary Medical Center
- Temple University Hospital
- Behavioral Health, Episcopal Campus
PURPOSE: Provides guidance and direction for students to communicate concerns through the chain of command.

POLICY: Communication

If issues arise during a course, please follow the chain of command to attempt to resolve concerns. For clinical concerns see instructor first and for class, see the instructor who taught the lecture. If issue is not resolved, see the Coordinator for Year I or Year II. If issue is still unresolved make an appointment with the Dean of Education by contacting the Administrative Secretary.
COMMUNICATION POLICY

PURPOSE: To inform students of the proper ways in which they must communicate with School personnel, and ways in which they will be communicated with by School personnel.

Any relationship is enhanced by good communication, and the relationship between students and School personnel is no different. It is essential that School administration, faculty and staff be able to reach students in both non-emergency and emergency situations. It is equally essential that students be able to reach School employees. To that end:

1. Students must provide the School with a working telephone number which must be kept current. Please provide an update to the School Receptionist with any changes. Students are provided with a list of school contact numbers.

2. Students must maintain an active Prime HealthCare email account, and are responsible for checking it on a daily basis. School personnel will use this account for all email communications with students. Faculty will also make every attempt to check School email on a daily basis.

3. Students are provided with a hanging file in the computer room next to the Receptionist’s desk. Clinical paperwork, and other miscellaneous non-sensitive communication is to be placed in this file by both students and faculty. This file should be checked daily when students are on campus. Sensitive documents will be handed to students.

4. General announcements may be posted via the Sonis System and/or via textbook platforms. Students will receive instructions in each course as to where general announcement will be posted. Students should check this site on a daily basis.

5. Students may give miscellaneous communication/documents to the Receptionist for placement in faculty mailboxes.

Troubleshooting:

Should technical or other difficulty be experienced, the student’s first call should be to provider involved. For difficulty with Prime HealthCare access, please call the HELP desk at ext. 4357. For difficulty accessing Sonis, please call the number provided; for difficulty accessing any of the publishing platforms, please call the numbers provided on their websites.

Only after making this initial call should ongoing difficulty be reported to faculty members or to the Academic Coordinators.

It is the student’s responsibility to check phone messages, email, hanging files and general platforms EVERY DAY. The student is therefore held responsible for any information missed due to neglect of this responsibility.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING
TELEPHONE NUMBERS

Dean of Education
Paulina Marra-Powers, MSN, RN 215-509-3758

Director of Recruitment, Admissions and Student Health Services
Mrs. Bridgid Miller, RN 215-487-4459

Financial Aid Officer
Mrs. Nora Downey, BA, MBA 215-487-4286

Counselor
Jana B. Mallis, PhD 215-284-3646 (C)

Administrative Secretary
Mrs. Lisa Seserko 215-487-4294

Main Receptionist
Mrs. Kathy Paugh 215-487-4344

Library
Ms. Christine Johnson, MLS 215-487-4345

<table>
<thead>
<tr>
<th>Room</th>
<th>Office Telephone #’s</th>
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</thead>
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<tr>
<td>211</td>
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Academic Coordinators and Faculty

Year I Karen Henken, MSN, RN
Year II Louise Augenbraun, MSN, RN
Skills Lab Faculty Mrs. Lillian L. Toren, MS, MSN, RN
Mrs. Karen McCluskey, MSN, RN

Faculty

Ms. Elizabeth Blake, Ed.D., MSN, RN, CRNP 215-487-4358
Mrs. Lois Konzelman, MSN, RN 217 215-487-4784
Ms. Corrine Kratowicz, MSN, RN 219 215-509-6806
Mr. Ryan Sholinsky, MSN, RN 223 215-509-6875
Ms. Theresa Pitkin Walker, MSN, RN 222 215-487-4224
Ms. Barbara Ward, MSN, RN, CCRN 215 215-487-4455
DRESS CODE CLASSROOM AND CLINICAL

PURPOSE: Provides guidance and direction for students regarding professional attire.

POLICY:

Students’ dress must comply with the Roxborough Memorial Hospital School of Nursing dress code policy. By wearing proper attire, students respect themselves as beginning professionals as well as upholding the dignity of the school, hospital, and affiliating agencies.

Standards of cleanliness, personal hygiene and appearance must be maintained. Conservative street clothes are to be worn. Mini skirts, form fitting pants, brief shorts, tight fitting or low cut garments, halter tops, see through garments are prohibited. In addition clothing shall not convey messages that are: crude, vulgar/profane, violent/death oriented, gang related, sexually suggestive, or promote alcohol, drugs, or tobacco. Clothing that displays symbols of intolerance are prohibited.

If you fail to follow the personal appearance and hygiene guidelines for clinical experience, you will be sent home and the missed day will be treated as a clinical absence and the day must be made up at $150.00. The school reserves the right to determine the appropriateness of your attire and appearance. Continued failure to comply with this policy will result in corrective action up to and including separation from the school. (For noncompliance ramifications see consequences listed after Failure to comply in the Professional Conduct Policy).

Uniform

When student activities require a uniform, the uniform must be complete. The designated uniform includes a white top (embroidered with student’s name) with an emblem on left shoulder and navy pants purchased from the official uniform store. The school emblem must also be attached to the left shoulder of the required lab coat. White, non-fabric, enclosed shoes must be worn. Crew length white socks must be worn with pants. White shoelaces are required and must be clean. Only a white T-shirt can be worn under the uniform top.

A Roxborough I. D. badge must be worn at all times

The only jewelry permitted is a watch with second hand and a plain wedding band.

Post earrings are acceptable, several post earrings on each lobe are not permitted. Hoop or dangling styles of earrings are not permitted. No facial or tongue piercings are permitted.

Stethoscope, scissors, hemostat, penlight, sharpie, watch with a second hand and Nursing Central device are considered part of the professional uniform unless otherwise specified by the clinical faculty member.

Scrub gowns, masks and caps used in various hospital departments are not to be worn outside of the unit, unless the student is accompanying a patient. These articles are not to be taken from these areas.
When in the clinical area, students are to be in full uniform or lab coats over dresses, skirts or slacks. No jeans or shorts may be worn. No type or color of denim material is appropriate for blouses, skirts or jumpers, etc. for clinical experience. Closed-toed shoes must be worn in clinical setting. Hair must be neat, clean, restrained and not in an extreme style or color. If hair is shoulder length or longer it must be worn up and off the collar, or fastened back. Cosmetics may be used in moderation. Wearing of perfume/cologne/after shave is not permitted. **Perfumes and colognes, or body sprays are not permitted because the smells affect patients and people with allergies.**

Beards should be neat, clean and well managed, not of extreme length, and should not interfere with the performance of duties.

Body art or tattoos need to be covered for clinical.

Gum chewing while on clinical is prohibited.

For safety, and professional reasons, final dress code decisions are at the discretion of the clinical instructor.

**Nails, nail polish and artificial nails**

Artificial nails, nail tips and nail polish are prohibited. Nails may be no longer than $\frac{1}{4}$ inch.
PURPOSE: To control access to and use of Library resources.

POLICY

I. Access
A. The primary population served includes the following persons who may use the Library whenever it is open and who may borrow any materials that circulate:
   1. Students currently enrolled in the School*
   2. Faculty and staff of the School*
   3. Medical and nursing staff of the Hospital
   4. Other Hospital employees
B. Graduates of the School, persons from the local community and, personnel from Roxborough Memorial Hospital, including individuals from contracted educational programs may use the Library for reference only, Monday - Friday between 9:00 a.m. and 3:45 p.m. on days the Library is open.

II. Hours
A. When the School of Nursing is in session, the Library is open Monday - Friday from 7:00am until 6:00pm.
B. There are times when the Library will not be available, these include when the computers are needed for testing or an exam is being copied.
C. The Library is always closed when the building is closed.

III. Behavior
A. There is no smoking, eating, or drinking in the Library. Children are not allowed in the Library (see Facility Policy).
B. Individuals are requested to remember that the Library is a place of study for themselves and for others. Loud conversations, group discussions, and other noise should be avoided.
C. Any individual who intentionally defaces or damages Library material, or removes any that has not been properly checked out, will be required to make restitution.

IV. Circulation
A. Journals, books, and items marked reference or reserve or do not remove (DNR) from Library, or in some other similar fashion, do not circulate and may be used only in the Library.
B. Circulating items may be borrowed for a specified time period, after which they are to be returned so others may have access. Failure to return books in a timely fashion will result in suspension of borrowing privileges. The loan period is two weeks unless otherwise noted on the item or its card. An item's usual loan period may be modified by the librarian as needed regarding graduation, holidays, etc. Students may renew a loan unless the item is overdue or has been placed on hold for use by someone else; the renewal must be arranged for directly with and documented by Library
Staff. Upon their return, items on hold are set aside for at most one week on behalf of the requesting party; overdue items must be returned, processed, and made available to others for at least one day before being borrowed again by the same person.

C. Material not properly checked out will set off the security alarm. When signing the library card you **must** print your name and year of graduation.

D. Borrowed items must be placed in the (locked) book return box, or given to the Librarian or the Receptionist, in order to assure proper documentation of the return.

**V. Overdue Library Materials**

A. Students who are unable to return borrowed items for reasons beyond their control, or who believe that there are other extenuating circumstances, should discuss this matter with the Librarian at the earliest opportunity.

B. Grades will be withheld if library items are not returned by the end of each term.

C. Shortly before graduation, the Librarian will send to the Dean of Education a list of all students who have not returned Library items. *(Students must return or replace lost library materials in order to graduate)*.

**VI. Computerized Literature Searches**

A. Upon request, the Librarian may agree to perform a computerized literature search of such databases as Medline, CINAHL and the online public access catalogs of selected medical libraries, as well as the Free Library of Philadelphia or the Internet. For requests related to current patient care, the results are usually available within one workday.

B. Requester must fill out the appropriate request form for on-line literature searches before they can be performed.

**VII. Interlibrary Loans**

A. Information not available here may, with some exceptions, be obtained from another library via interlibrary loan. Under the fair use provisions of the federal copyright law, libraries are permitted to deliver a photocopy of an article (or up to a chapter of a book) in lieu of lending the original (the photocopy becomes the property of the requester, and is for personal use only).

B. Students of the School of Nursing may request interlibrary loans for purposes that support their class assignments. Under normal circumstances an individual may request no more than five items in a given week.

C. Routine requests involve delivery by mail and have a turnaround time of about five workdays. They are directed to reciprocating libraries unless prepaid by the requester. There may be some instances that requests take longer than five workdays.

D. Delivery by fax requires approval of a member of the faculty.

E. Books are not normally borrowed in the original because of cost and liability issues; however, the librarian can identify outside locations if the requester wants direct access to the material (as can be
done for journal articles). Those wishing to visit outside libraries are responsible for determining access hours and for making any necessary advance arrangements.

**VIII. Additional Information**

A. The Library has a photocopier that students may use for school purposes only. However, students should be aware that availability may be limited at times because faculty needs take priority.

B. A list of the journals the library subscribes to is on the index table closest to the back of the library. Journals are listed in alphabetical order. Volume numbers and dates held by the library are listed after each title. Journals are kept on the shelves in alphabetical order, beginning in the back room of the library. Current issues, including the most recent issue and current year, are kept on the large rack against the wall in the back room of the library. Bound volumes are kept several years back. Some bound volumes are kept in the Library Annex. Please ask the librarian if you need a volume of a bound journal that is not available on the library shelves.

C. In addition to the books and videos kept on the library shelves, there are a few shelves of reserve videos. These are kept on the last vertical section of shelves after the end of the books. These videos cannot leave the library. You may watch these videos on the TV/VCR/DVD players which are available upon request.
FACILITY POLICY

PURPOSE: To provide guidance and direction for students.

POLICY:
The following information summarizes the major policies and regulations applicable to student conduct in the School of Nursing building.

I. General Information
   A. Possession and/or use of any illegal drug or substance by a student will result in immediate dismissal from the School. (see Drug Free School Policy)
   B. No alcoholic beverages are permitted in the School or on hospital property. Possession of alcohol will result in dismissal from the school.
   C. Damage to public areas will be handled on an individual basis.

II. Smoking Information
   A. The School of Nursing building and its grounds are a smoke-free environment. (see No Smoking Policy)

III. Kitchen, Cooking and Meals
   A. Students will assume the cost of their meals.
   B. Meal hours in the Hospital Cafeteria are as follows:
      - Breakfast 6:45 A.M. – 10:00 A.M.
      - Lunch - 11:00 A.M. - 2:00 P.M.
      - Dinner - 4:00 P.M. - 7:00 P.M.
      - Snacks are available between meal hours except when closed for service.
   C. Food should be kept in airtight containers in the school kitchen. Food stored in school refrigerators or kitchens are to be labeled with name and date. Students are asked to respect the personal property of others. Students are expected to keep school refrigerators clean. Food will be disposed of every 48 hours. NO INSULATED LUNCHBAGS are to be put in refrigerator.
   D. The kitchen is to be kept clean after use. Students are responsible for cleaning up after themselves.
   E. Microwave ovens are provided in the first floor kitchen. Please follow instructions for use.

IV. Commuter Rooms, Student Lounge, and Computer Room
   A. Hours for room use during the academic year are 7:00am to 6:00pm Monday to Friday; Students must sign in the book at front desk when using the rooms when class is not in session.
B. No one other than students may use Commuter Rooms. Please, no food or drink in these rooms.

C. No children are allowed to use the pool table in the Student Lounge at any time. No exceptions to this policy.

D. No student is permitted to be in the computer room during class hours unless assigned by an instructor.

E. No student is allowed to stay beyond scheduled times.

VI. Parking

A. There is a student parking lot on the corner of Jamestown and Houghton Street.

B. Students are requested to be especially aware not to block private driveways when parking on surrounding streets. In addition, students must be courteous to other students.
PURPOSE: To provide direction to all students.

POLICY:

Cell phones and beepers are not to be activated during nursing classes, testing or during clinical experiences. Emergency calls are to be directed to RMH/SON at (215) 487-4344 where a message may be left. Every effort will be made to deliver the emergency message to the student. RMH/SON is not responsible for lost, stolen or damaged personal property.
NO SMOKING POLICY

PURPOSE: To provide regulations prohibiting smoking on the Roxborough Memorial Hospital campus in order to ensure a safe and healthy smoke free environment and to prevent hazardous conditions, discomfort and distress.

POLICY:

1. Smoking is defined as holding, carrying or using a lighted cigarette, cigar, pipe or any kind of similar item or emitting or exhaling smoke of any kind.

2. Smoking of any kind (cigarette, cigar, pipe, etc.) by any person is prohibited in any of the Hospital buildings as well as in the School of Nursing and its surrounding campus. Facility grounds and properties include all buildings, including the School of Nursing, parking lots, grounds, and walkways that are owned, leased or maintained by Prime Healthcare Services.

3. Individuals governed by this policy will refrain from the use, sale, or littering of all tobacco products, including but not limited to cigarettes, cigars, pipes, and smokeless tobacco inside or outside the facility or its property.

4. Failure to abide by this policy may result in disciplinary action, up to and including dismissal.

5. Student must stay within the hospital building during clinical experiences. This includes breaks and lunch. Smoking is not permitted prior to clinical. The affiliating Hospitals are smoke free. Students are not permitted to go to their cars during breaks or lunch to smoke. Any violations of this policy will result in the student being dismissed from clinical and the student will need to make-up the day.
FIRE POLICY

PURPOSE: To provide safety for all students and school personnel.

POLICY:

1. The Hospital Fire Marshal, the Dean of Education and the School Receptionist will oversee the Fire Policy and the student body compliance to the policy.

2. All students are to review the fire evacuation policies and procedures including the locations of pull stations, fire extinguishers and evacuation route maps at least annually.

3. All students must attend a fire safety in-service. This in-service is done during orientation.

4. Corridor doors must not be propped or tied open.

5. No open flames, such as candles, are permitted.

6. When students are on the clinical unit, they will follow all fire safety rules as directed in the Hospital Fire Plan.

7. The Maintenance Department of the Hospital will check and maintain fire extinguishers and smoke detectors.

8. Upon hearing the fire alarm or receiving notification of a fire, all students are to proceed with evacuation in an orderly manner to the nearest exit.

9. All students, faculty and school personnel should report to the main lobby of the hospital and await further instructions from the Fire Marshal or Fire Department.

10. If the fire involves the Wolcoff Auditorium, all students, faculty and school personnel should proceed to the main lobby of the hospital.

11. Facility Receptionist or designee will take a roll call to determine if all students have left the building.

12. If possible, inform the Fire Department of the location of the fire.

13. If the fire occurs in the SON and students are having class in the Wolcoff Auditorium, the facility receptionist or designee will notify instructors & students to evacuate the auditorium and proceed to the lobby of the hospital.

14. DO NOT re-enter the School under any circumstances, until directed by the Hospital Fire Marshal or the Fire Department.

15. If a fire or smoke is discovered, pull the nearest alarm box. The alarm in the school is a coded system and will notify the operator in the main hospital building that there is a fire in the School of Nursing. Follow the RACE plan.
Rescue life from danger area.
Alert others, including telephone operators by giving the fire’s location (CODE RED & Room #).
Contain the fire by closing doors and windows.
Evacuate to a safe area, extinguish if possible using proper equipment and common sense.

LOCATION OF FIRE ALARM PULL BOXES
(2) Ground Floor – East & West Hallway
(3) 1st Floor = 3 – 1 East End & 2 West End
(2) 2nd Floor – 1 East & 1 West
(2) 3rd Floor – 1 East & 1 West
(1) Basement Mechanical Room West Wall

LOCATION OF FIRE EXTINGUISHERS
(3) Ground Floor – East & West End – Lab
(4) 1st Floor – Front Desk, Outside Men’s Room, Kitchen
(5) 2nd Floor Kitchen – Laundry East, West end – One on wall outside Nursing Lab
(4) 3rd Floor Kitchen – Laundry East, West End
(2) Basement – Library Annex and Mechanical Room
SNOW/EMERGENCY SCHOOL CLOSING POLICY

PURPOSE: To provide guidance and direction to students, faculty and staff.

POLICY:

1. In the event of inclement weather, RMH School of Nursing will be closed if the Philadelphia public schools are closed. Students should listen to KYW-AM radio for emergency school closings. If the Philadelphia public schools are opening an hour or two late, our school will do the same. This includes clinical days. If school is closed due to inclement weather, theory content and clinical must be made up.

2. DO NOT call the school, as there will be no one there to answer your call.
ELIGIBILITY FOR PROGRAM RETENTION AND LICENSURE

PURPOSE: To provide information regarding eligibility for licensure

POLICY:

A. Students must meet the Graduate Competencies by the end of N 204, including any standardized testing to be eligible for licensure.

B. Clinical agencies require the SON to provide a criminal background check and/or child abuse check on all students in order to permit participation in the clinical experience.

Participation in clinical experiences is a required part of the curriculum and a requirement for graduation.

Certain clinical agencies will deny a student’s participation in the clinical experience because of a felony or misdemeanor conviction, failure of a required drug test, or inability to produce an appropriate health clearance, which would result in delayed graduation or in the inability to graduate from the program.

Individuals who have been convicted of a felony or misdemeanor may be denied licensure as a health professional by the State Board of Nursing.

Information regarding any pending court cases must be immediately communicated to the Director of Recruitment, Admissions and Student Health Services prior to entry into the program, and thereafter as they occur.

C. Students are required to submit a confirmation form related to any criminal charges at the beginning of each academic year (see attached form).

D. Any felony that occurs while enrolled in the program will result in dismissal.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING

DOCUMENTATION OF CRIMINAL CHARGES

Have you ever been convicted* of any crime, felony or misdemeanor, and/or do you currently have any criminal charges pending and unresolved, in any court?

_____ Yes  ____ No

Have you ever been convicted* of any crime associated with alcohol or drugs in any court?

_____ Yes  ____ No

*Conviction includes judgment, found guilty by a judge or jury, pleaded guilty or nolo contendere, received probation without verdict, disposition in lieu of trial, or ARD.

Have you ever withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state, territory, possession or country? A license includes a registration or certification.

_____ Yes  ____ No

Have you ever had your license suspended or revoked or otherwise been the subject of disciplinary action by any licensing authority in any state, territory, possession or country?

_____ Yes  ____ No

If the answer to any question above is “yes”, please attach an explanation and documentation.

_________________________________________________________  __________________________
Signature                                           Date
CORE PERFORMANCE STANDARDS

PURPOSE:

To provide information to students on functions of professional nurses.

POLICY:

All students accepted into the School of Nursing are expected to have the capability of completing the entire nursing curriculum. The nursing curriculum requires demonstrated proficiency in a variety of nursing skills. All students should be able to complete each of the activities, with or without reasonable accommodation.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Standards</th>
<th>Examples of Necessary Activities (not all-inclusive)</th>
</tr>
</thead>
</table>
| Critical Thinking      | Critical thinking ability for effective clinical reasoning and clinical judgment consistent with level of educational preparation | ▪ Identification of cause/effect relationships in clinical situations  
▪ Use of the scientific method in the development of patient care plans  
▪ Evaluation of the effectiveness of nursing interventions |
| Professional Relationships | Interpersonal abilities sufficient for professional interactions with a diverse population of individuals, families and groups | ▪ Establishment of rapport with patients/clients and colleagues  
▪ Capacity to engage in successful conflict resolution  
▪ Peer accountability |
| Communication          | Communication abilities sufficient for interaction with others in verbal and written form                   | ▪ Explanation of treatment procedures, initiation of health teaching  
▪ Documentation and interpretation of nursing actions and patient/client responses |
| Mobility               | Physical abilities sufficient to move from room to room, maneuver in small spaces                          | ▪ Movement about patient’s room, work spaces and treatment areas  
▪ Administration of rescue procedures – cardiopulmonary resuscitation |
### Examples of Necessary Activities (not all-inclusive)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Standard</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Motor skills | Gross and fine motor abilities sufficient for providing safe, effective nursing care | - Calibration and use of equipment  
- Therapeutic positioning of patients |
| Hearing    | Auditory ability sufficient to monitor and assess health needs           | - Ability to hear monitoring device alarm and other emergency signals  
- Ability to discern auscultatory sounds and cries for help |
| Visual     | Visual ability sufficient for observation and assessment necessary in patient care | - Ability to observe patient’s condition and responses to treatment |
| Tactile    | Tactile ability sufficient for physical assessment                       | - Ability to palpate in physical examinations and various therapeutic interventions |

**Reference**

SPECIAL ACCOMMODATIONS FOR DISABILITIES

PURPOSE:
The purpose of this policy is to communicate Roxborough Memorial Hospital School of Nursing’s intent to support students with documented disabilities, to delineate the procedure for requesting accommodation for those disabilities, and to outline the Core Performance Standards that are the basis for determining the appropriateness of the requested accommodation.

POLICY:
Roxborough Memorial Hospital School of Nursing is committed to supporting students with documented disabilities in their pursuit of an education. The School will attempt to address all reasonable accommodations requested by the student. “Reasonable Accommodations” as stipulated by the American Disability Act (ADA), are determined through formal assessment.

PROCEDURE:
1. All students applying for admission to the Program will be informed of the Special Accommodations for Disabilities Policy.
2. The Director of Recruitment, Admissions and Student Health Services will act as the information person and liaison between the School and the student.
3. Students requesting accommodative services must submit written diagnostic / assessment information identifying the disability, and recommendations for accommodation, a stated rationale as to why the recommended accommodation is necessary and appropriate. This information must be on the letterhead of a qualified professional and sent to the Director of Recruitment, Admissions and Student Health Services.
4. The evaluation information must be current, within 3 years, and relevant to the request.
5. The assessment documentation must include:
   a. For learning disabilities:
      i. A cognitive evaluation
      ii. Achievement battery
      iii. Assessment instrument’s name
      iv. Quantitative and qualitative information
      v. The severity of the condition
      vi. The area of educational impact
      vii. The current level of functioning
      viii. Additional observations
      ix. The name of the evaluator, credentials, address and phone numbers
      x. Date of testing
   b. For physical disabilities
      i. A description of the condition
      ii. The severity of the condition
      iii. The area of physical limitation
      iv. The current level of functioning
      v. Additional observations
      vi. The name of the evaluator, credentials, address and phone numbers.
c. For psychological/psychiatric disabilities/diagnosis
   i. A description of the condition
   ii. The severity of the condition
   iii. The area of physical limitation
   iv. The current level of functioning
   v. Additional observations
   vi. The name of the evaluator, credentials, address and phone numbers

6. Students with a history of disability (learning, physical, or psychological) must submit all appropriate documentation during the admission process. If documentation is not provided prior to admission, special accommodations will not be made.

7. Reasonable accommodations are based on individual student needs.

8. The school respects students’ rights to privacy in disclosing information, and all communication will remain confidential.

9. The Director of Recruitment, Admissions and Student Health Services will notify the student if accommodation can or cannot be made.

10. The Director of Recruitment, Admissions and Student Health Services will verify participation in therapy.

References

Association on Higher Education and Disability, (1997). *Guidelines for Documentation of a Learning Disability in Adolescents and Adults*. Columbus, OH.


PURPOSE: To ensure that student educational and financial records are established and that confidentiality is maintained.

POLICY:

Student records are maintained in compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, Accreditation Commission for Education in Nursing (ACEN), the Pennsylvania State Board of Nursing, and State and Federal agencies. Roxborough School of Nursing notifies students of this policy by including it in the Student Handbook.

Maintenance and Location of Student Records:
1. Applicant records are collected and assembled by the Director of Recruitment, Admissions and Student Health Services. They are kept in a locked file cabinet in that office until a student is officially accepted into the nursing program.

2. Educational records of enrolled students are assembled and kept in a locked fireproof file cabinet.

3. Student health records of current students are kept in a locked file located on the first floor of the nursing school facility.

4. All students’ financial aid records are compiled and maintained for five years beyond the current award year, by the Financial Aid Officer. All financial aid records are kept in locked file cabinets, located on the first floor of the nursing school facility. At the end of the five year period all old files are shredded.

Access and Use of Student Records
1. The school must allow students to inspect and review all of their records.
2. Generally, the school must have written permission from students before releasing any information from a student record.

Disclosure Policy
A. The following individuals will be granted permission to see student’s records without written consent:
   1. School employees who have a need-to-know.
   2. Any agency in furtherance of School licensure, accreditation or similar approval process.
   3. Any agency that the School is obligated to provide such information pursuant to state or federal law.
   4. Individuals who have obtained court orders or subpoenas.
   5. Persons who need to know in cases of health or safety emergencies.
B. The following individuals will be granted permission to see student’s records with written consent. The School shall disclose Student Records only with the written consent of the student as follows:
   1. Other schools to which a student is requesting a transfer.
   2. Certain government officials who need-to-know to carry out lawful functions.
   4. Organizations doing certain studies for the School.

Procedure of Inspection
   1. Students or others must notify the Dean of Education in writing of desire to inspect the records.
   2. The Dean or appointee will contact the eligible student and set up an appointment.
   3. If for reasons such as illness or distance, it is impossible to inspect records personally, a copy of material in the educational records will be provided on written request. A fee of $10 will be charged for copies.
   4. A list of disclosures of information to those other than students will be maintained in each student’s educational file.

Duration of records
   1. Permanent records include theoretical experience (final transcript) and are kept ad infinitum.
   2. Health records are kept for a period of five years.
   3. The Consumer Information disclosure form (see next page) are kept for a period of three years.
ROXBOROUGH MEMORIAL HOSPITAL
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CONSUMER INFORMATION DISCLOSURE

In December 1989, federal regulations were instituted that require all post-secondary institutions to provide all incoming students consumer information reflecting graduation, placement rates and licensure information in the career program being pursued by the student. In an effort to comply with these regulations, Roxborough Memorial Hospital School of Nursing is providing the following information based on its most recent graduate follow-up statistics.

79% of the students admitted to the nursing program graduated in 2013 within the allotted time frame. 88% of the students, from the class of 2013, were employed within twelve months of passing the Licensure Exam (NCLEX).

The pass rate on the National Council Licensure Examination (NCLEX) averaged 96.7% as of September, 2013. Questionnaires distributed to graduates and employers indicate a very high rate of satisfaction in the education and performance of our nurses.

Conviction of a felony or felonious act, an illegal act associated with alcohol, or an illegal act associated with substance abuse must be reported to the State Board of Nursing Office and may be cause for denial of permission to take licensure examinations. Upon orientation, the students are given the latest up-to-date consumer information disclosure.

I have read and understood the graduation rate, job placement rate, examination pass rates and licensure information associated with the nursing curriculum at Roxborough Memorial Hospital School of Nursing.

__________________________________
Signature of Applicant/Student Name

__________________________________
Print Applicant/Student Name

____________________________
Date
CPR REQUIREMENTS

PURPOSE: To maintain proficiency in CPR

POLICY:

1. All nursing students must show documentation of satisfactory performance in cardiopulmonary resuscitation (CPR).

2. Roxborough Memorial Hospital only accepts the American Heart Association as a valid provider for CPR.

3. Students will need to complete a Basic Life Support (BLS) Course for Health Care Providers.

4. A current BLS course completion card will serve as documentation of competency in CPR.

5. BLS certification is a requirement for admission and must be valid until June after graduation. Cards will be checked at the beginning of every school year during orientation.

6. Students must have a current CPR card or they will not be allowed to attend clinical experience which will necessitate paying for clinical completion.
STUDENT HEALTH POLICY

OBJECTIVES:
1. To ensure that all students have completed a physical examination, which includes all required immunizations, before the start of the school year.
2. To ensure the proper maintenance of student health records

POLICY:

I. Health Care Requirements

It is the responsibility of the student to ensure that all physical examination documentation is completed before the start of the academic year. No student will enter the class or clinical area without all health requirements completed.

A physical examination and testing are required by your healthcare provider before admission. All official documentation of exams, tests, reports and any disabilities must be sent to the Director of Recruitment, Admissions and Student Health Services. It is expected that all documentation be received by the start of classes.

Year I requirements include the following:

1. Physical examination by health care provider.
2. Record of date having received the following immunizations or show proof of positive titers:
   a. MMR (Measles/Mumps/Rubella)
   b. Hepatitis B Vaccine
   c. Current Tdap
3. Required laboratory studies:
   a. CBC
   b. HBsAg or HBSAB (if had vaccine)
   c. Urinalysis
   d. Varicella zoster IGGAB
   e. Rubella Titre
   f. Rubeola Titre
   g. Others as indicated
   If the Varicella, Rubella and Rubeola titres are low, students will be required to obtain appropriate immunizations/boosters.
4. Current PPD (annual from June to June of each year)
5. Chest X-ray if history of + TB test in past or BCG vaccine within past 10 years.
6. Drug Testing Clearance
7. Notification of latex allergy
8. Child Abuse Clearance Form
9. Criminal Background Check
10. Proof of current medical insurance
Year II requirements include the following:

1. Current PPD (June to June)
2. Current proof of medical insurance
3. Drug Testing Clearance

II. Influenza Vaccination

Immunization required annually of all students unless documented allergy.

III. Injuries/Exposures:

In the event that an injury or exposure does occur during clinical rotation, it is critical that the student follow the proper procedure. The assigned clinical instructor must be notified immediately. The instructor will then direct the student to the appropriate health care provider according to the hospital policy where the injury and/or exposure occurred, if treatment is necessary. In case of an emergency, the students should be sent to the Emergency Department and not Employee Health.

IV. Pregnancy

In the event that a student becomes pregnant while in the program, clearance to attend class and clinical must be obtained from the student’s health care provider.

V. Insurance:

1. Students are to have medical insurance coverage during their education program.
2. Students are responsible for financial debts incurred by an illness or injury.

VI. Class &/or Clinical Absence:

Refer to the appropriate policies for directions on how to make arrangements for learning experiences missed due to illness.

VII. Student Health Files:

1. Student illness and hospitalization will be reported by the student to the Academic Coordinator, the Clinical Instructor, and to the Director of Recruitment, Admissions and Student Health Services. This will be done in a timely manner for the purpose of communication to The Dean of Education and record keeping.
2. Files will be kept for a period of 5 years
PROFESSIONAL STANDARDS

PURPOSE: To provide guidance and direction to students regarding professionalism.

POLICY:
Each student is expected to act as a professional person. A professional person is characterized by their behavior. Professional standards identify the kind of behavior that is expected of a student studying to become a professional. Therefore, these standards must be met by all students in order for the student to be retained, promoted and graduated.

Standards of Nursing Conduct
A student nurse shall:

- Undertake a specific practice only if the student nurse has the necessary knowledge, preparation, experience and competency to properly execute the practice.
- Respect and consider, while providing nursing care, the individual's right to freedom from psychological and physical abuse.
- Act to safeguard the patient from the incompetent, abusive or illegal practice of any individual.
- Safeguard the patient's dignity, right to privacy, confidentiality and abide by all HIPAA regulations.

Document and Maintain Accurate Records
A nursing student may not:

- Knowingly aid, abet or assist another person to violate or circumvent a law or Nursing Board regulation.
- Discriminate, while providing nursing services, on the basis of age, marital status, sex, sexual preference, race, religion, diagnosis, socioeconomic status or disability.
- Misappropriate equipment, materials, property, drugs or money from an agency or patient.
- Solicit, borrow or misappropriate money, materials or property from a patient or the patient's family.
- Leave a nursing assignment prior to the proper reporting and notification to the appropriate personnel of such an action.
- Knowingly abandon a patient in need of nursing care. Abandonment is defined as the intentional deserting of a patient for whom the nurse is responsible.
- Falsify or knowingly make incorrect entries into the patient's record or other related documents.
- Engage in conduct defined as a sexual violation or sexual impropriety in the course of a professional relationship.
- Unprofessional behavior can result in a censure, restitution, leave of absence, or dismissal.
- A single incident of dishonesty, inappropriate conduct, or failure to adhere to policies may result in disciplinary actions.
- A pattern indicative to abuse of the attendance policy will result in the steps so stipulated in that policy.
- Progress in regard to professional standards will be communicated to students by their instructor at the end of each term and recorded on the clinical evaluation.
PROFESSIONAL CONDUCT

PURPOSE: To provide guidance and direction to students regarding professionalism.

POLICY:
Student conduct is also guided by goals found in the Mission section of the Student Handbook. These goals focus on the ethical behavior expected of a professional. Students are expected to conduct themselves professionally on campus and at clinical sites.

Respectful communication both verbal and non-verbal is expected between students and fellow students, staff, faculty and administration. Faculty are to be addressed by surname or title. Students are ambassadors of the school and any concerns about RMH/SON in general should be addressed within the boundaries of the forum that is provided. Comments which reflect negatively on the reputation of the school should not be made in clinical sites or to the public.

Students should not be discussing other students/classmates private business or personal information in school areas, classrooms, through social media, on clinical sites, or when out in the community.

Professional Conduct
The Student Handbook and Curriculum content provide guidelines for professional conduct expected of students. Failure to conduct oneself professionally will result in the following:
1. First offense will result in a written warning.
2. A second offense will result in a second written warning, and recommendations to assist the student in improving professional conduct. This will include a mandatory counseling session with the school counselor. The second written warning will be part of the student’s permanent record.

Students are evaluated on professional behavior and good references are given not only for competence in practice but also behaviors that make you an asset in working with the healthcare team.
STUDENT CIVILITY IN THE SCHOOL OF NURSING AND CLASSROOM

PURPOSE: To provide a safe environment conducive to teaching/learning and guidelines for student conduct and behavior.

POLICY

1. Evidence suggests that uncivil behavior among students and faculty nationwide in higher education is a serious problem.

2. Incivility is defined as the intentional behavior of students to disrupt and interfere with the teaching and learning process of others. It may range from verbal abuse to explosive, violent behavior.

3. Uncivil student behavior can disrupt and negatively impact the overall learning environment for students who are uninvolved in the disruptive or inappropriate behavior.

4. Although expecting to attend a course with the intention of meeting the stated learning objectives, students are short-changed when lectures are needlessly derailed by disruptive and inappropriate behavior.

5. Inappropriate behavior that disrupts the learning process is a blatant violation of student rights.

6. Disruptive students purposefully interrupt the teaching process and interfere with student learning.

7. Although uncivil student behavior is rare, appropriate intervention will be implemented when faculty well-being and student learning are jeopardized.

8. Specific examples of class conduct, which may be considered uncivil behavior under this policy include, but are not limited to the following:

   - using cell phones, pagers, text messaging during class
   - holding conversations that distract faculty or other students
   - making sarcastic remarks or gestures, and disrespectful comments
   - dominating class discussions
   - using the hospital computers for purposes not related to school
   - challenging faculty knowledge/credibility
   - vulgarity directed at other students or faculty in and out of class
   - wearing immodest attire
   - inappropriate e-mails to other students and faculty
   - inappropriate use of social media
   - sleeping in class

9. Specific examples of conduct out of class which may be considered uncivil behavior under this policy include, but are not limited to the following:

   - verbally discrediting faculty
• turning in late assignments
• sending inappropriate e-mails or blog remarks
• not keeping scheduled appointments
• complaining about constructive feedback from faculty
• harassing comments directed at other students and faculty
• making veiled threats toward other students
• making veiled threats toward faculty
• stealing

10. American society is experiencing episodes of anger and rage in daily life. Stress, disrespect, and a sense of student entitlement contribute to incivility in nursing education.

11. Faculty and students collaborate to address uncivil behavior by enforcing the ANA Codes of Ethics, and Professional Nursing Standards that exist to define the nursing profession and ensure that qualified, ethical nurses are graduated from Roxborough Memorial Hospital School of Nursing.

12. Respectful communication both verbal and non-verbal is expected between students and fellow students, staff faculty and administration. Students are ambassadors of the school and any concerns about RMH/SON in general should be addressed within the boundaries of the forum that is provided. Comments which reflect negatively on the reputation of the school should not be made in clinical sites or to the public.

Students should not discuss other students/classmates private business or personal information in school areas, classrooms, on clinical sites or when out in the community.

13. Students are held accountable to uphold these standards and to conduct themselves in an ethical professional manner. Uncivil behavior by any student will result in corrective action as follows:

1) First offense will result in a written warning.

2) A second offense will result in a second written warning, and recommendations to assist the student in improving professional conduct. This will include a mandatory counseling session with the school counselor. The second written warning will be part of the student’s permanent record, and will be included in the senior summary that is sent to prospective employers.

3) All situations will be judged on an individual basis and may result in immediate dismissal from the nursing program.

Students are evaluated on professional behavior and good references are given not only for competence in practice but also behaviors that make you an asset in working with the healthcare team.

14. Administrators, faculty and students must engage in dialogue about incivility and develop strategies to improve the academic milieu to produce a healthy teaching-learning environment and improve relationships between students and faculty.
POLICY FOR EVALUATION AND PROMOTIONS

PURPOSE: To provide guidance and direction to students on dismissal, promotion, and graduation policies and to recognize academic and clinical excellence.

POLICY:

DISMISSAL:

The Evaluation and Promotion Committee reserves the right to dismiss a student at any time if, in the opinion of the faculty, the student fails to comply with the School’s standards in theory, clinical practice, or in personal behavior as stated in the Philosophy, learning outcomes, and policies of the School and the Practice policies of Affiliating Agencies.

Dismissal also occurs for:
- Failure to satisfactorily complete all course prerequisites
- A course failure
- A cumulative grade point average below 2.0
- Cheating
- Illegal possession and/or abuse of a controlled substance or a failed drug screen
- Violation of the Prime Healthcare Services Harassment policy
- A felony conviction
- Misrepresenting critical information on financial aid or other school documents

PROMOTION:

Students who have met the course learning outcomes are promoted to the next course by the Evaluation and Promotion Committee at the end of each term.

Each student must maintain at least a "C" (2.0 GPA) in each nursing course and a cumulative grade point average of 2.0 prior to the beginning of the next academic year. (See Grading Policy)

Students are expected to satisfactorily complete the following:
- All courses offered within the term
- All prerequisites for the term
- All financial obligations

NOTE: The student is expected to maintain continuous enrollment in the nursing program. A student has a maximum of 3 years in which to complete the nursing program.

DEAN’S LIST:

Students who will be considered for the Dean’s List will have:
- A 3.5 or better GPA for the term
- Satisfactory performance in the clinical area
PRESENTATION OF STUDENTS TO COMMITTEE

Students who are not meeting the clinical learning outcomes or passing in the theory component of the curriculum will be presented to the Evaluation and Promotion Committee.

The purpose of this committee is to assist the student in areas of time management or study skills or whatever is creating the problem and have the student develop an action plan for improvement.

The student will be informed by the instructor of the time and place for the meeting. Students need to sign the form that they will or will not attend the meeting.

The committee will consist of the faculty involved and the Academic Coordinator.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING

STUDENT ATTENDANCE AT A MEETING OF THE
EVALUATION AND PROMOTION COMMITTEE FORM

Name of Nursing Student: ____________________________________ Class: _________

I have been informed of my right to be present and to present any information I may wish at the Evaluation and Promotion Committee meeting at which my unsatisfactory performance or conduct will be discussed. I understand that this meeting will take place on

________________________________ at __________________________
(Date) (Time)

I further understand that neither I, nor the faculty member presenting information at this meeting is entitled to representation by any other person. It is not permissible to have a stenographic or tape recording made of the meeting.

__________ I intend to be present at this meeting.

__________ I waive my right and choose not to attend this meeting.

___________________________
Signature of Nursing Student

___________________________
Student’s Printed Name

___________________________
Date
ENRICHMENT PROGRAM

PURPOSE:
The purpose of this program is to provide students with the opportunity to receive further clarification of curricular content in a small group or one-on-one environment. The ultimate goal of the program is to produce a graduate who will be successful in the clinical and theory aspects of nursing as well as on the NCLEX-RN licensure examination.

METHODS:
The faculty believes that classroom content/academic achievement and clinical experience/performance are intimately related, thus, the enrichment program addresses both areas. The faculty recognizes that some students may benefit from more intensive guidance and assistance. However, participation in the enrichment program is necessitated solely by the student’s own performance. Thus, the student is expected to take responsibility for his or her own learning and to participate fully in the enrichment endeavor, and will be asked to sign an agreement to this effect.

Student responsibility:
Review all classroom material prior to sessions.
Complete all required readings prior to sessions
Prepare questions for instructor prior to sessions
Participate actively in sessions
Complete assignments given by enrichment faculty

Faculty responsibility:
Elicit questions
Clarify and reinforce curricular content, utilizing various methods, including but not limited to discussions, sample NCLEX-RN type questions, unfolding case studies, concept maps, role playing, etc.

ELIGIBILITY:

Group enrichment sessions
Incoming students who have a cumulative GPA in prerequisite courses of less than 2.75 will be required to participate in group enrichment sessions in the initial nursing course, Nursing 101.

Students who achieve a grade of 76 or below in the first Nursing 101 examination will also be required to participate in group enrichment sessions.

Following the first Nursing 101 examination, students who achieve a grade of 76 or less on any subsequent course examination throughout the program will be added to the enrichment group.

Students who achieve a final course grade of 76 or below will automatically continue in or be added to the enrichment group for the subsequent course.

Any student who is returning after failing a course or transferring into the program having failed a nursing course, will be required to participate in group Enrichment sessions.
Students will be evaluated on an individual basis for continuation in group enrichment sessions. This evaluation will be based in part on continued academic and clinical success in the program.

**Individual enrichment sessions**

Occasionally, a student may benefit from a more intensive, one-on-one enrichment experience. Students are expected to take the initiative to seek additional help from instructors. Classroom and clinical instructors will work closely together to identify students who may benefit from additional assistance. This assistance may be provided by any instructor who has the availability to work with the student in any given term.

**MISCELLANEOUS:**

Attendance at enrichment sessions is required. Students who are absent from any scheduled session will not be eligible to take a re-test examination in the event of course failure.

This policy will be reviewed with all members of the enrichment group at the start of each term.
ENRICHMENT PROGRAM AGREEMENT

I, (Print Student Name)__________________________________________, agree to participate in the enrichment program and to fulfill all of the student responsibilities listed below. I understand and agree that to completely benefit from this program I am expected to be actively involved in the learning process to the best of my ability.

_Students who are absent from any scheduled session will not be eligible to take a re-test examination in the event of course failure. In addition, a student who is absent from more than one Enrichment session per term will not be eligible for individual enrichment sessions during that same term._

Student Responsibilities:

1. Review the classroom presentation(s) prior to enrichment sessions
2. Complete all required readings prior to sessions
3. Prepare questions for the instructor prior to sessions
4. Participate actively in sessions
5. Complete assignments given by the enrichment faculty
6. Request additional individual assistance if needed

_________________________________________________________  ______________________
Student Signature                                          Date

_________________________________________________________  ______________________
Faculty Signature                                           Date
As educators in a changing world, the faculty of Roxborough Memorial Hospital School of Nursing is committed to having our students learn to administer medications safely and efficiently. One facet of educating the student in medication administration is teaching math calculations for drugs which may be given by various routes. Because the learning curves of students vary, some have more difficulty mastering math skills than others. For this reason we have developed this program, designed to benefit students in need of assisted learning.

The focus of this program is based on Problem-Based Learning, which has the students function as active participants in learning, rather than passive recipients of the information. The Math instructor will involve the student in the learning process by using various strategies designed to enhance retention of the material. The faculty feels that using this creative teaching and learning strategy is an investment in each student’s future, and may help prevent medication errors they might have made as student nurses, or as entry level nurses.

Assisted learning is needed by those students who have scored less than 85% on the math proficiency examinations or who answer 3 or more math questions incorrectly on exams.

**Procedure:**
Students in need of assisted learning will receive an e-mail from the Math Learning instructor. These students will be required to make an appointment with a designated instructor assigned to the Math portion of the Learning Assistance Program. Using the student’s most recent test or quiz, the Math instructor will collaborate with the student to attempt to find the source of common errors, when possible. Attendance for Math Learning Assistance is required. Each student should plan on a minimum of 1 hour for the first session. Subsequent sessions may require less time. When possible, assistance sessions will be conducted in small groups.

After reviewing the student’s most recent quiz or exam and identifying probable source of errors when possible, the Math instructor will have the student demonstrate solutions to sample problems which are similar in nature and of the same level of difficulty as those on the test. In addition, the student may be asked to solve additional problems at home.

Following each session, the Math instructor and student will document on the Math Prescription Form the level of progress made by the student. Both the student and Math instructor will sign the form.

This program is designed to enhance learning and improve retention of skills which are fundamental to nursing. Therefore, any student who feels the need for further instruction is invited and encouraged to attend one or more sessions of the Learning Assistance Program.

Students who continue to struggle with math concepts may be required to seek outside help.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING
MATH PRESCRIPTION FORM

Student: ____________________________ Date prescription given: ____________________________

Math questions for exam: __________________ Clinical Instructor: __________________________

Math Learning Assistance is required for the following reason:

□ Earned a score of ________ on the N_______ Math Proficiency Exam.

□ Answered ________ out of 5 questions correctly on Exam ________.

Attendance is MANDATORY for Math Learning Assistance prior to next exam.

Math Learning Assistance scheduled for: Date: _________________ Time: __________ Place:

__________________

Instructor’s recommended Plan of Action:

________________________________________________________________________________

________________________________________________________________________________

Date that Math skills will be demonstrated in a satisfactory manner:

________________________________________

Does student need further follow-up with the Math Instructor? □ Yes □ No

Comments:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Follow-up Observations/Recommendations:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Math Instructor Signature _______________ Student Signature _______________ Date ________________

Copies of prescription form should be sent to:

1. Student
2. Math Instructor
3. Clinical Instructor (if necessary)
STUDENT COUNSELING AND GUIDANCE POLICY

PURPOSE: To facilitate student's successful progression through the curriculum.

POLICY:

Guidance and counseling are an integral part of the comprehensive program offered to students during the school year.

1. All faculty members may make a referral to the school counselor. Faculty members will discuss the referral with the student. Faculty members will call and discuss the reason for referral with the school counselor. Students are expected to follow up with the counselor when a referral is made. Documentation of the referral will be placed in the students file.

2. The school counselor is available 6 hours weekly or by special appointment. Students are encouraged and supported in contacting the counselor by beeper and/or in person.

3. All sessions with the counselor are confidential. Records of counseling sessions will be kept in a secure file by the counselor.

4. It is understood that counseling is on a voluntary basis. However, there may be occasions when the faculty and/or administration may deem it necessary for a particular student to have counseling in order to remain in the program and/or return to the program after a leave of absence.

5. The school counselor is to be viewed as a resource that helps the student begin to problem solve. Extended services are to be provided by licensed therapists outside the School of Nursing setting, at the student's expense.

The counselor can assist in referring students to the following suggested resources:

<table>
<thead>
<tr>
<th>A. W. Michelle Spencer, PsyD</th>
<th>B. Jana Mallis, PhD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologist</td>
<td>Professional Counselor</td>
</tr>
<tr>
<td>7600 Stenton Ave. – Suite 1-F</td>
<td>Roxborough Memorial Hospital, S.O.N.</td>
</tr>
<tr>
<td>Phila. PA 19118</td>
<td>215-284-3646</td>
</tr>
<tr>
<td>215-284-2875</td>
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</tbody>
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<th>C. Crisis Response Center</th>
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<tr>
<td>Germantown Community Health Center</td>
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<tr>
<td>Germantown Hospital</td>
</tr>
<tr>
<td>1 Penn Boulevard - Chew &amp; Wister Streets</td>
</tr>
<tr>
<td>Philadelphia, PA 19144</td>
</tr>
</tbody>
</table>
WITHDRAWAL

PURPOSE: To provide guidance and direction to students who are withdrawing from the program.

POLICY:

A student may withdraw or be asked to withdraw from the nursing program at any time.

1. The student should submit a letter of withdrawal to the Dean of Education. A student who has not appeared in class or clinical and has not given appropriate notice of such is considered to have automatically withdrawn from the program.

2. All refunds will be made as listed in the student financial handbook. Students are in compliance with federal guidelines if they verbally communicate to the school officials or faculty their intent to withdraw.

3. If the student that is withdrawing is a class officer or other school representative, all membership materials or other school materials must be returned.

4. Identification card and any other appropriate materials must be returned to the Facility Receptionist at the School of Nursing.

5. All library materials must be returned or a bill will be sent for the replacement materials.

6. A conference with the School Counselor is suggested.

7. A conference with the Financial Aid Officer must be scheduled.
STUDENTS RE-ENTERING THE PROGRAM

PURPOSE: To facilitate students re-entering the program.

POLICY: In order to be considered for re-entry into the program, a letter must be submitted to the Director of Recruitment, Admissions and Student Health Services stating intent to return.

A. Requirements for readmission of a student who withdrew for academic cause:

1. Include in the request to return:
   a. A detailed plan of what the student needs to do to be successful
   b. The changes that the student has made or needs to make in order to be successful in the program

B. Requirements for readmission of a student who withdrew in good standing:

   • Include in the request to return:
     a. A written statement that the original circumstances requiring the withdrawal for personal or medical reasons have been resolved.
     b. Indications of readiness to return and factors which may influence the student’s success in completing the program.

C. Requirements for readmission of ALL students:

1. Successful demonstration of clinical competencies from the previous course(s) in the Skills Lab.
2. Individual stipulations for re-admission as determined by the Faculty Organization Committee.

D. The following requirements are for all students re-entering the program if re-admitted:

   Such requirements include, but are not limited to:

1. Auditing the last course that was successfully completed is strongly recommended
2. Health requirements. (current PPD)
3. All previous financial obligations are met
4. CPR certification or re-certification. (date not to expire prior to graduation)
5. Record check, including criminal record and child abuse clearance.
7. Attend Enrichment sessions as recommended by faculty.
Student re-entry into the program is not guaranteed. After re-admission requirements are addressed, the request for re-admission will be considered by the Faculty Organization Committee.

GRIEVANCE PROCEDURE

PURPOSE: To provide due process to students.

POLICY:
The faculty has autonomy to make reasonable demands and decisions as long as they are in accordance with the Student Bill of Rights and stated policy, and the student has been informed of expected behavior. Violation of these standards may constitute a grievance.

GOAL
The objective of the grievance procedure is to provide prompt, non-discriminatory settlement of differences that a student may have with other students or the faculty. A grievance will be characterized as an academic grievance or a nonacademic grievance and will be processed the same in accordance with the applicable grievance procedure set forth below.

GRADE APPEAL PROTOCOL
The grade appeal protocol affords recourse to a student who has evidence that an inappropriate grade has been assigned. This includes final course grades, course grades for examinations, and other theoretical grades. Determination of a course grade may be examined based upon the uniformity of application of grading criteria and computational methods that were made known to the student in an appropriate and timely manner.

The burden of proof is on the student. The student must be prepared to state reasons the grade assignment was inappropriate and provide documentation of the alleged impropriety. Examples of documentation include but are not limited to: course outlines, handouts, logs, completed assignments, any written feedback given by the faculty on written work and/or witnesses. The student will be able to review all material relevant to the case from his/her academic record. An appointment must be made with the Academic Coordinator of Year I or Year II (will depend on the year of the student) to review his/her academic file.

The following steps of grade appeal are established by the faculty:

1. The appeal period begins on the day that the student receives his/her grade from their instructor.
2. The student will attempt to resolve the situation with the instructor.
3. The student shall file a letter of notice within five (5) business days of the intention to appeal with the instructor and Academic Coordinator who recorded the grade.
4. If a mutually acceptable decision is not reached between student, instructor and Academic Coordinator the student may then appeal to the Appeal Committee. The following must be submitted to the Chairperson of the Appeal Committee.
   a. a letter of appeal
b. a written statement of all alleged procedural irregularities  
c. all evidence compiled to date

5. For final course grade appeals only: the Academic Coordinator will decide if the student may continue in class during the appeal period. The instructor, recommending that the student may not continue in the academic program, must clearly document facts to support the decision.

6. The Committee will review the evidence and may request new evidence to clarify any issue pertinent to the case. The Committee reserves the right to deny a hearing if the evidence submitted by the instructor or the student does not clearly demonstrate the possibility of procedural irregularity. The Committee Chairperson will notify both parties in writing of the decision, including the time, date, location and conduct of the hearing (unless denied).

7. Attendance at the hearing is required of the following individuals and is closed to all others:

a. All members of the Appeal Committee (three faculty members, one student representative from each class) shall be present or represented and shall serve with full voting rights. A Committee member or representative must withdraw from the proceedings if involved with the grade in any capacity or cannot remain unbiased. The Chairperson of the Committee shall appoint another representative to maintain the Committee’s structure.

b. The instructor and student shall be present. If either party is unable to attend due to extraordinary circumstance such as, but not limited to, severe illness, death in the immediate family or professional obligation that cannot be rescheduled, the Committee Chairperson must be notified immediately. The hearing will be rescheduled within five days of the originally scheduled date.

c. Witnesses called by either party or the Committee.

The hearing shall be conducted in the following manner:

a. The instructor and student must represent themselves.

b. The instructor will have the opportunity to state the nature of the grievance in detail and present supporting witnesses. Other representatives, such as family members or attorneys may not be present at the hearing.

c. The student will be given the opportunity to respond to the instructor’s statement and present supporting witnesses and evidence. Other representatives, such as family members or attorneys may not be present at the hearing.

d. An appointed committee member will take minutes of the proceedings and act as a recorder.

e. Committee members may question the instructor, student, and witnesses.

f. The instructor, student, and witnesses are excused.

g. Following a period of closed deliberation the decision of the Committee will be determined by a simple majority vote. A written report of the decision citing the most pertinent information pertaining to the decision will be forwarded to the Dean of Education.

8. If the decision of the Appeal Committee is not acceptable to either party, the instructor, or student may file a written letter of appeal with the Dean of Education.
9. The Dean of Education shall meet with the person appealing to try to resolve the situation. In advance of the appeal meeting, the Dean of Education may request any additional records or documentation that the Dean of Education feels are relevant to the case.

10. The written decision of the Dean of Education shall be sent to both parties and the Chairperson of the Appeal Committee. The decision will be sent to the student by registered mail. The decision of the Dean of Education shall be final and binding.

11. If the appeal process falls toward the end of the course and course failure is likely, a meeting will be held to remind the student, notifying him/her that clinical completion, including any necessary clinical make-up days, is part of the requirements for course completion. Should the appeal be decided in the student’s favor, the course will have been completed.

The student may seek the assistance of the Academic Coordinator to provide further explanation of the grade appeal process.

For all non-academic issues, the steps for the Appeal Process will be the same and the burden of proof remains with the student at all times.
APPEAL PROCESS FOR DISMISSAL DUE TO UNSAFE CLINICAL PERFORMANCE

PURPOSE: To aid the student in the process used when appealing a decision of dismissal from the nursing program due to unsafe clinical performance. See Unsafe Clinical Practice Policy in the Clinical Policies Section of this Handbook.

POLICY:

A student who is dismissed from the program because of unsafe performance may appeal the decision of the faculty. For reasons of patient safety, the student may not continue in the clinical area until the appeal process is resolved.

The burden of proof is on the student, who must be prepared to substantiate reasons for appealing the dismissal decision. The student will be able to review all the material relative to the case from his or her academic file so that he or she can provide documentation to support his or her position. (An appointment must be made with the Academic Coordinator to review his/her academic file.) The request must be in writing.

The student may seek the assistance of the Academic Coordinator to provide further explanation of the appeal process.

Each step of the appeal process must be completed sequentially and as specified below in order to proceed with the appeal.

1. The appeal period begins on the day the student receives written notice of dismissal from the Academic Coordinator.

2. Within five business days of this notification, the student wishing to appeal must file a written letter with the Academic Coordinator of his/her intention to appeal and the grounds for appeal.

3. Within five business days, after receipt of the student’s detailed statement, the Academic Coordinator shall review all documentation submitted by the student as well as any additional material furnished by the faculty member.

4. Within five business days, the Academic Coordinator will notify the student of her decision. If not satisfied, the student may proceed with an appeal by completing the following three steps as detailed below.
   a. The student must file a letter setting forth the grounds for appeal with the Chairperson of the Appeal Committee.
   b. The student must submit all evidence compiled to date to support the grounds for appeal to the Chairperson of the Appeal Committee.
   c. The student must supply to the Chairperson of the Appeal Committee a list of all witnesses expected to give testimony, a brief description of their testimony and relevance of their testimony to the charge.

5. Within five (5) business days of receipt of the student’s letter setting forth the grounds for appeal, the Academic Coordinator must submit the following to the Chairperson of the Appeal Committee:
   a. A detailed statement from the faculty member who initiated the dismissal, with supporting documentation.
b. A chronological accounting of the events that led to the decision.
c. A listing of all witnesses the school plans to produce and their relevance to the case.
d. A copy of any relevant school policies or procedures regarding unsafe clinical practice and a statement of how that policy was applied.

6. Documentation from the student and the faculty will be circulated to the members of the Appeal Committee for review. The Committee members will review the evidence and may request new evidence to clarify any issue pertinent to the case. The Appeal Committee will meet within five business days of receipt of the documents described in item 5 of this protocol to decide if the evidence justifies a hearing. The Chairperson of the Appeal Committee will notify the student and Academic Coordinator of the committee’s decision. If a hearing is indicated the Chairperson of the Appeal Committee will also indicate the time and place of the hearing. In addition, the Appeal Committee will render a decision about which proposed witnesses may testify at the hearing. Only those witnesses whose testimony is determined by the Appeal Committee to be relevant to the charges may attend the hearing.

7. If a hearing is indicated, the Appeal Committee will conduct a hearing within five business days of the decision to do so. Attendance at the hearing is required of the following individuals and closed to all others:
   a. All faculty members assigned to the Appeal Committee or alternate must be present, unless such faculty member was a decision maker or had prior significant contact with the student.
   b. All student members or student alternates to the Appeal Committee must be present. If one of the student committee members is involved in the case, he or she will be excused from the proceedings and an alternate will take the place of the original member.
   c. An appointed Committee member will take minutes of the proceedings and act as a recorder.
   d. The instructor and student must be present at the hearing. If either party is unable to attend due to extraordinary circumstances, the Chairperson of the Appeal Committee must be notified immediately. The hearing will be rescheduled within five (5) business days.
   e. Witnesses whose testimony is determined by the Appeal Committee to be relevant to the charge must be available to attend.

8. The hearing shall be conducted in the following manner:
   a. The Instructor and student must represent themselves. Other representatives, such as family members or attorneys, may not be present at the hearing.
   b. The instructor will have the opportunity to state the nature of the grievance in detail.
   c. The student will be given the opportunity to respond to the instructor’s statement and present supporting evidence for his or her position.
   d. The Committee members may question the instructor and student.
   e. The instructor and student shall be excused.
   f. The Committee will make a decision following a period of closed deliberation. The period of closed deliberation may require the Committee to reconvene in particularly difficult cases. Once the deliberation is concluded, the decision of the Committee will be determined by a simple majority vote. A written report of the decision citing the most relevant information pertaining to the decision will be forwarded to both parties no later than two business days after the decision is reached.
g. The Academic Coordinator will be notified of the Committee decision and all supporting information no later than two business days after the decision is made. The decision will be sent to the student by registered mail.

9. If the decision of the Appeal Committee is not acceptable to either party, the instructor or student may file a written notice of appeal, stating specific grounds, with the Dean of Education within three business days of receipt of such decision.

10. The Dean of Education will meet with the instructor and the student to try to resolve the situation. In advance of the appeal meeting, the Dean of Education may request any additional records or documentation that the Dean of Education feels are relevant to the case.

11. The written decision of the Dean of Education shall be sent to both parties, the Academic Coordinator, and Chairperson of the Appeal Committee. The decision of the Dean of Education shall be final and binding.
GRADUATION AWARDS

PURPOSE: To recognize outstanding achievements in individuals.

POLICY: All students must demonstrate professional and personal responsibility to be eligible for an award.

1. **Marion Knoelke Award**
   
   Presented to the graduating student who demonstrates outstanding academic and clinical performance
   
   Criteria for Selection:
   
   1. Student must have a ninety or above academic average in nursing and above-average clinical performance
   2. Student must be loyal to the school and self
   3. Student must demonstrate leadership qualities

   **Eligible to Vote:** All Faculty

2. **Mr. and Mrs. William M. Martin Sr. Award for Clinical Excellence**
   
   Presented to the graduating student who demonstrates excellence in performance of clinical responsibilities
   
   Criteria for Selection:
   
   1. Above-average clinical performance
   2. Demonstrated leadership skills
   3. Positive, effective interaction with members of the health care team

   **Eligible to Vote:** Clinical Faculty

3. **The Debra Spencer “Heart of Nursing” Alumni Award**
   
   Presented to the graduating senior who best exemplifies commitment to patient advocacy and promotes giving compassionate care to all patients.
   
   Criteria for Selection:
   
   1. Possesses the ability to connect with their patients and deliver kind, compassionate, empathetic care, which was demonstrated during their clinical experience.
   
   2. Is committed to delivering extraordinary patient care and is a strong patient advocate.
   
   3. Is selected by the faculty who witnessed these acts of caring during clinical rotations.

   **Eligible to Vote:** Clinical Faculty
4. **Academic Proficiency Award**

Given by the Medical Staff and presented to the graduating student who has achieved the highest grade point average in the class

Criteria for Selection:

Highest GPA in graduating class

5. **Samuel L. McClennen Memorial Award**

Presented to the student who best exemplifies the self-motivation, work ethic and steadfast commitment to the Roxborough Memorial Hospital School of Nursing

**Eligible to Vote:** All Faculty
COMMENCEMENT POLICY

In order to receive a signed official school diploma, a student must have completed the following requirements:

1. Successfully complete all academic and clinical requirements.
2. Meet all financial and financial aid obligations, as well as return all school materials.
3. Complete all exit interviews.
4. The students may participate in the graduation ceremony prior to achieving the expected benchmark on all standardized testing.
5. The diploma will be dated at the time of completion of the above requirements.
6. Diplomas will not be available at graduation. Students will receive the diploma cover at graduation and the actual diplomas will be sent to students in the mail.
7. Attendance at graduation ceremonies is expected. Written notification should be submitted to the Dean of Education for permission to be excused.
8. Students who are deficient in completing these requirements may attend the next scheduled commencement.
PURPOSE: To provide direction and information for students.

POLICY:

The Dean of Education will assist the prospective graduate to prepare the Application for the licensure examination, the application for state licensure, and the application for a temporary practice permit upon satisfactory completion of the program. The School of Nursing has no control over the scheduling of the licensure examination. Students wishing to take examinations in other states should discuss the matter with the Dean of Education.

The National Council Licensure Examination (NCLEX) is a Computer Adaptive Testing (CAT), and individual scheduling is to be done by the candidate. Information regarding this process will be given to graduating students.

NCLEX Applications

National Council Licensure Examination (NCLEX) applications are provided to all graduating senior pre-licensure students approximately 1 month prior to graduation. Instructions are included in the application package to assist you in completing the forms for the State Board of Nursing in Pennsylvania. The fee for the National Council of State Board Examination is currently $200.

Eligibility for Licensure in Pennsylvania

Successful completion of NCLEX will result in the right to use the title of registered nurse. The State Board of Nursing in Pennsylvania does not issue a license or a certificate to applicants who have been convicted of a felony or a felonious act unless at least 10 years have elapsed from the date of conviction. This pertains to all individuals who may have graduated in good standing from state approved schools of nursing who meet all other criteria for licensure.

Graduate Employment

In the state of Pennsylvania a temporary practice permit is required prior to taking the licensing examination. The State Board of Nursing reminds all graduates that if they choose to be employed, they may not be employed as a registered nurse, assume the job responsibilities of registered nurse or call themselves a registered nurse until they are licensed as a registered nurse. The *fee for the temporary practice permit is currently $35.00

The State Board of Nursing of Pennsylvania is located in Harrisburg, PA. You may contact them either by phone at (717) 772-1746 or by email, nursing@pados.dos.state.pa.us. The application fee for licensure in Pennsylvania is currently $35.

For any other state, you must contact the State Board of Nursing to find out the requirements.

*All fees are subject to change.
AVAILABILITY OF JOBS

PURPOSE: To assist graduating nurses in obtaining a beginning nurse position.

POLICY:

The Roxborough Memorial Hospital School of Nursing provides information to graduating seniors regarding job availability. Faculty provides assistance in preparing resumes as well as advisement in interviewing skills.

Students are required to submit a "Request for Reference" form to the instructor from whom they are seeking a reference (see form).
REQUEST FOR REFERENCE POLICY

PURPOSE: To facilitate the process of obtaining references in a professional manner.

POLICY:

The student requesting a reference shall:

1. Put the request in writing. (see form)
   a. include information on the course(s) in which instruction was provided by this faculty member, either in class or preferably, clinical
   b. note: The employer will be looking for a reference from an instructor in the area that you are applying. (ex: For an ICU position, request a reference from your instructor in Advanced Med-Surg, not Maternity)

2. Be gracious if refused.

3. Provide a minimum of 2 weeks time for completion.

4. Include a current resume.

5. Provide name, title, credentials and address of the person to whom the letter should be sent in a stamped, addressed envelope.

6. Follow up with a written thank you note.
I request that ______________________________ (name of instructor) write a letter of recommendation for me. I hold the writer of this reference responsible for submitting a letter that objectively assesses my abilities to perform in the listed nursing position. I hold the writer of this reference harmless for any effects this letter may have in my pursuit of a nursing position.

I do / do not waive my right to review this letter.

Signature of Student ______________________________ Date ______________

This reference will be sent to:
Name: ___________________________ Position: __________________ Title: ______________
Address: ________________________________________________________________

*FAX Number: ___________________ *E-mail address: _______________________

*Complete as needed.
REQUEST FOR TRANSCRIPT POLICY

PURPOSE: To provide guidance to students in the process of obtaining transcripts.

POLICY:

Your academic transcript is composed of all credit-bearing coursework you attempted or completed at Roxborough Memorial Hospital School of Nursing.

Transcript requests must be made in writing to the address below:

- Current students are entitled to free copies of their transcript, official or unofficial. A copy of their transcript is provided at the end of each term. These are placed in the student’s mailbox on campus.
- Official and unofficial transcripts for former students require a $5.00 processing fee at the time of the request.
- Other than the end of term transcripts, each transcript, official or unofficial, must be requested in writing either in person or by sending a written request.
- All financial obligations to the school must be met and the $5.00 transcript fee must be paid within two weeks from the time of the written request. Payment can be made by personal check, money order or cash. Payments are to be made to: Roxborough Memorial Hospital School of Nursing. See mailing address below.
- Faxed requests are accepted, but payment of the fee is still required within 14 days. Our fax number is 215-487-4591. If payment is not received a hold may be put on your account and your next transcript request will be delayed until full restitution is made.
- Telephone or e-mail requests will not be accepted.
- Each request must include:
  1. Full name and address of requestor
  2. Your name when enrolled (if different)
  3. The last four digits of your social security number (this will not be shared or published)
  4. Year of graduation or attendance
  5. Full name and address of person or place receiving transcript
  6. Official transcripts cannot be mailed to home addresses
  7. Transcripts will not be faxed
  8. Your signature

Requests for unofficial transcripts are generally processed within 48 hours of request except during the registration or final grading periods of each semester. Official transcripts may take between 10-14 days to be processed.

Mail Requests to:
Roxborough Memorial Hospital School of Nursing
5800 Ridge Avenue
Philadelphia, PA 19128

Official Transcript:
Contains all courses and grades, signed by the Dean of Education, dated, embossed with school seal and sent directly to a third party.

Unofficial Transcript:
This transcript is signed by the Dean of Education but does not contain the embossed school seal.
I hereby authorize Roxborough Memorial Hospital School of Nursing to forward a copy of my school transcript to:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________

_______________________________
Signature

_______________________________
Printed Name

________________________________
Maiden Name

_______________________________
Year of Graduation or Attendance

________________________________
Last 4 Digits of Social Security No.

_______________________________
Date of Request

Please submit a $5.00 processing fee made payable to:

Roxborough Memorial Hospital School of Nursing
5800 Ridge Avenue
Philadelphia, PA 19128
ATT: TRANSCRIPT PROCESSING
ACADEMIC INTEGRITY

PURPOSE: To provide guidance to students.

POLICY:
Roxborough Memorial Hospital School of Nursing believes that each student is responsible to uphold the highest standards of academic integrity. Academic dishonesty is defined by the School of Nursing as:

a. cheating
b. plagiarizing
c. academic misconduct
d. forging another’s signature

These terms can be defined as follows:

A. **Cheating** is an act or attempted act of deception by which a student seeks to misrepresent that he or she has mastered information on an academic exercise that he or she has not mastered.

Examples: During an examination, examples of cheating may include, but are not limited to, a student looking at another student's test paper, students voicing or discussing test questions and answers during an examination, or to students who have not yet taken the examination, students tapping pencils or other objects or coughing in code, students using a cheat sheet or any other supportive information, or students going outside the examination room to obtain answers (i.e., the bathroom).

Examples of cheating also include a student entering an office or file to obtain the test or answer key, or viewing test materials on a secretary's or faculty member's desk.

B. **Plagiarism**: Plagiarism is presenting words or ideas not your own as if they were your own. Three or more words taken directly from another author must be enclosed in quotation marks and referenced. The source’s distinctive ideas must also be acknowledged in a citation. The words or ideas of another are not made one's own by simple paraphrasing. Plagiarism can be avoided by:

1. Placing the words of another in quotation marks and citing a reference to the source.
2. Citing a reference to the source when an author's words or ideas are paraphrased.

C. **Academic Misconduct**: the intentional violation of School policies, by tampering with grades, or taking part in the unauthorized procurement or distribution of any portion of testing materials. This includes taking notes during exam reviews.

D. **Forging Another’s Signature**: signing another’s signature or initials on class attendance forms or other materials that require another person’s signature.

The students and faculty are expected to report cases of academic dishonesty to the Dean of Education. The original report will be placed in the student's file.
Penalties for Academic Dishonesty:

The faculty organization will determine what action is to be taken:

The first incident of academic dishonesty will result in a grade of zero on the relevant assignment / test. Further incidences may result in a grade of “F” for the course. There will be no opportunity offered to make up work for which a grade of zero or “F” was received.

The Dean of Education and one faculty representative will meet with the student to inform him/her of the decision and the student's right to appeal. If the student contests the faculty decision, he/she may appeal the decision according to the grievance procedures as outlined in the Student Handbook.

**This policy was adapted from a policy on academic integrity from Thomas Jefferson University, Department of Nursing**
PURPOSE: This contract is designed to promote a positive learning environment that facilitates learning.

POLICY:

This contract will be reviewed and signed at the beginning of each Academic Year.

Students have a right to expect:

- A complete syllabus on the first day of class with clearly stated Learning Outcomes, a topic schedule for the semester, a fair grading policy and a well-defined attendance policy.
- That classes start and end on time.
- The opportunity to make an appointment to discuss the course content outside of class with the instructor.
- The return of tests and assignments in approximately two weeks.
- The opportunity to review tests with the faculty.

The instructor/assigned clinical patient have the right to expect that students will:

- Arrive on time prepared for class/clinical and stay for the entire class/clinical.
- Inform the instructor of any extenuating circumstances affecting attendance.
- Be actively involved in creating a successful course/clinical experience.
- Ask for clarification or assistance when needed.
- Turn in assignments on time.
- Observe codes of academic honesty in the completion of all course work.
- Share any concerns about the class in a timely and professional manner according to Chain of Command.
- Conduct themselves in a professional manner.

Human Rights and Responsibilities

- I will listen to others respectfully and not speak while others are talking.
- When I disagree with someone, I will critique his or her ideas in a respectful and constructive manner.
- I will try to understand other people's behavior and perspectives rather than simply criticizing them.
- I will respect other people's desire to learn and not interfere with the learning process.
- I will make sure that my cell phone and other electronic devices do not interfere with the classroom, clinical or testing processes.

_________________________           ___________   ___________
Student’s Name (PRINT)          Student’s Signature   Date

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Rev.6/14
TESTING POLICY

PURPOSE: To facilitate the student's successful progression through the curriculum.

POLICY:

1. Quizzes and examinations are a means of determining acquisition of knowledge upon which the grades are based. Most important, they are a method of learning for the student.
   a) Quiz lengths may vary and may or may not be counted towards course grades.
   b) Examinations may be one to three hours in length and the time will be announced.

2. If a student arrives late for an exam, the student will be permitted either of the following options at the discretion of the Course Faculty:
   a) Utilize remaining test time
   b) Reschedule the exam at the discretion of the course instructor, but will be given an alternate format including the same major concepts.

3. A student who is absent from a scheduled examination or quiz must contact the Academic Coordinator within 24 hours to schedule another examination or quiz. Both will have an alternate format. The alternate exam or quiz should be completed within five (5) school days, unless there are extenuating circumstances that are approved by the Dean of Education. It is preferred that the exam or quiz is taken as soon as the student returns to campus.

4. All students are required to complete standardized tests in the curriculum. This is a requirement in most courses and a graduation requirement. You will be informed in advance of the dates and general topics that will be covered in each standardized test.

5. A standardized answer sheet is the final tool used to calculate grades.

6. Exam reviews, which in most cases occur immediately following the exam, are considered an important part of the learning process. Students are expected to attend. Rationales for correct answers and reasons why distractors are incorrect will be addressed. Students may express any concerns or questions about test items at this time.

7. If there are continued questions or concerns about the validity of a test question, a test question form may be completed with citations or documentation related to the material and submitted to the instructor for review.

8. Exam grades will be posted within 2 weeks of the exam.

9. If the student has evidence that there is a grading error, the student must report the alleged error in writing to the appropriate Academic Coordinator within 5 working days after notification of the grade.

PROTOCOL - During testing, the following protocol will be enforced:
1. Utilize class seating as arranged, unless otherwise instructed.
2. Nothing is to be brought into the examination room except two #2 pencils and an eraser.
3. Cell phones should be left outside the testing room and must be turned off during examinations. If a cell phone goes off during the exam the following will occur: the cell phone will be taken and a written warning will be given to the individual (1st offense). Subsequent offenses will affect the grade on that exam. Five (5) points will be taken off the grade and will become
additive with each test if the cell phone goes off again, i.e., 1st offense written warning; 2nd offense—five (5) points off exam; 3rd offense—ten (10) points off exam; and so forth.

4. Use only the calculators that are provided.
GRADING POLICY

PURPOSE: To inform the student of the process for recording grades.

POLICY:
The grading policy for students of the Roxborough Memorial Hospital School of Nursing is the cumulative average based on RMH/SON grades. Each grade is awarded a specific number of quality points.

I. Grading and Quality Point System

A. Roxborough Memorial Hospital School of Nursing (RMH/SON)

<table>
<thead>
<tr>
<th>Roxborough SON Policy</th>
<th>Letter</th>
<th>Grade</th>
<th>Quality Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>91 – 100%</td>
<td>A</td>
<td>Passing</td>
<td>4.0</td>
</tr>
<tr>
<td>87 – 90%</td>
<td>B+</td>
<td>Passing</td>
<td>3.5</td>
</tr>
<tr>
<td>83 – 86%</td>
<td>B</td>
<td>Passing</td>
<td>3.0</td>
</tr>
<tr>
<td>79 – 82%</td>
<td>C+</td>
<td>Passing</td>
<td>2.5</td>
</tr>
<tr>
<td>75 – 78%</td>
<td>C</td>
<td>Passing</td>
<td>2.0</td>
</tr>
<tr>
<td>70 – 74%</td>
<td>F</td>
<td>Failure</td>
<td>0</td>
</tr>
<tr>
<td>Below 70%</td>
<td>F</td>
<td>Failure</td>
<td>0</td>
</tr>
<tr>
<td>WP</td>
<td></td>
<td>Withdrawal Passing</td>
<td></td>
</tr>
<tr>
<td>WF</td>
<td></td>
<td>Withdrawal Failing</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td></td>
<td>Incomplete</td>
<td></td>
</tr>
</tbody>
</table>

1. All grades earned at RMH/SON are numerical grades and are awarded a specific number of quality points.

2. A grade of 75 - C (2.0) must be attained for successful completion of a nursing course. Any student who fails, receiving less than a 75 or C (2.0), in a nursing course, must retake the course and achieve a minimum of a 75 or C (2.0) in order to progress in the program.

C. Cumulative Average

All RMH/SON Year I requirements must be met prior to progression to Year II.

II. RMH/SON Academic or General or Other Grading Policies

A. Incomplete Grades

Students are expected to complete all required course work within the term.

In rare circumstances a temporary grade of Incomplete (I), is given to a student who has not been able to complete the required work in a course.

The student must complete the work within two weeks after the end of the course; otherwise, the Incomplete grade (I) will become an (F). Extensions may be granted at the discretion of the Dean of Education in consultation with the Academic Coordinator.

An exception to the two week completion time occurs in N204 with the ATI Virtual Course requirements (see NCLEX Success Policy).

A student receiving an Incomplete will not graduate with an “I” on the transcript.
B. Grading Method

Methods other than testing may be used to evaluate achievement of student learning outcomes, but they will not include more than 10% of the grade.

C. Course Failure

A failure in a nursing course will result from a student receiving less than 75% (or F) in the theoretical portion of a nursing course or a failure in the clinical portion, at the completion of a course. When a student fails either the theoretical or clinical portion of a course, the entire course must be repeated.

In the event that a student fails the theory portion of a course, the student may be permitted to take a Comprehensive Retake Exam of the course material with the following stipulations:

1. A student will only be eligible for a retest if the final course grade falls between 72 – 74. No student may take a retest with a final course grade below 72.

2. A minimum of 2 of the course exams must have had a passing grade.

3. The student must have received a passing grade in the clinical portion of the course.

4. The student must declare the desire to retest in a letter delivered to the Academic Coordinator within 48 hours of receiving the final course grade. The retake exam will then be given within 2-3 weeks. During this period of time, the student will be permitted to attend the next course in the academic sequence. The student will be responsible for adhering to assignment due dates and examination dates in the sequential course.

5. If a student successfully passes the comprehensive re-take exam, their final course grade will be a 75.

6. No student will be permitted to take a retest unless there has been adherence to a remediation plan established for the individual.

7. No student will be permitted to take a retest if they have had excessive absenteeism (refer to Attendance Policy).

8. A student may only take a course retest one time in the N100 level courses and one time in the N200 level courses.

D. Course Repeats

Students may repeat courses for which they have received a grade of "F" or WP (Withdrawal Passing). No failed nursing course may be repeated more than once. A grade of WF (Withdrawal Failure) signifies failure in a course. Students may not repeat more than one nursing course in an academic year. Students who have failed two nursing courses in an academic year will not be considered for readmission to the School.

All repeated courses will be taken on the student’s own time and expense. The maximum time frame that a student has to complete the program is three (3) years.

All courses attempted and grades received appear on the transcript.

Students who repeat a course for which they receive an “F”, will have the most recent grade used to calculate their GPA.
All previous satisfactorily completed nursing courses will be included in the GPA.

E. Auditing Courses

All returning students will be given the opportunity to audit appropriate courses as determined by the Admission Committee.

F. Grade Changes

If the student has evidence that there is a grading error, the student must report the alleged error, in writing, to the appropriate Academic Coordinator within five working days after notification of the grade. If a grade change is warranted, the Academic Coordinator will notify the student, the Dean of Education and the secretary to ensure that the correction is appropriately documented.

It is the student’s responsibility to review their school transcript upon receipt. The Dean of Education can only verify submitted grades. Grade changes may only be made by the course faculty issuing the grade.

III. Financial Aid Status

Failure to maintain satisfactory academic progress will jeopardize procurement of financial aid. (see Student Financial Aid Policies).
PURPOSE: The faculty believes that attending classroom sessions is critical to the student’s success in meeting course and program outcomes both in the classroom and in the clinical area. This policy details student responsibilities in regard to classroom attendance.

POLICY:

1. Class attendance is mandatory.

2. Attendance records are kept by faculty for each class. Students have the responsibility of signing the attendance sheet prior to the first break and at any time requested by the faculty. Signing the attendance record is to be done in the classroom and at no other time. Students who arrive after the instructor begins class are to write their arrival times next to their names on the attendance record.

3. Signing another student’s name to the attendance record is a serious violation of the Academic Responsibility Statement (see Academic Integrity Policy).

4. Students who anticipate being significantly late (thirty minutes or more) to a class are required to notify the School of Nursing at (215) 487-4344. Upon arrival, students entering late are asked to enter via a back door of the classroom and to cause as little disruption as possible.

5. Students are required to report a class absence by calling the School of Nursing at the number above.

6. A student who arrives late to a nursing class, leaves early, or is absent is responsible for any missed content and for any missed announcements which may have been made.

7. Classes begin promptly at the scheduled time. Class times are published in the Weekly Class Schedule, distributed at the start of each term. Changes in class times will be communicated through a chosen electronic platform.

8. Any student displaying uncivil classroom behavior (see Student Civility Policy) may be asked to leave the classroom and will be considered absent from that class.

Absences

Academic Coordinators track student attendance. Students who have a continuing pattern of absence from class are considered at risk of course failure. Academic warnings may be issued at any time to students at risk due to erratic attendance.

Extraordinary circumstances will be reviewed by the Academic Coordinators.

Excused Absences

The following constitute excused absences when accompanied by appropriate documentation:

- Student hospitalization
- Personal illness corroborated with a physician’s note with 24 hours of return
- Death of an immediate family member (parents, grandparents, siblings, significant other/spouse, in-laws, children).
- Jury duty
- Other unique circumstances approved by the Dean of Education

* An excused absence will not contribute to the hours considered for Academic Warning.

Classroom attendance and absences may be included in references if requested by potential employers.
NCLEX SUCCESS PLAN

PURPOSE: In order to receive a signed official school diploma, students must have completed the following requirements:

POLICY: The faculty at the Roxborough Memorial Hospital School of Nursing believes that to ensure students are prepared for the licensure examination certain measures for success must be undertaken during the educational program. To this end, the following plan has been developed by the Dean of Education and the Faculty.

I. Role of the Faculty

The Course Faculty plays a key role in making the NCLEX Plan a success. Faculty are responsible for:

- Supervising the students’ compliance with the plan and the degree to which students are making progress to be ready for the NCLEX.
- Documenting all activities undertaken to assist with NCLEX testing competence.
- Ensuring that the students assigned to their course have met the plan’s requirement for that course.

II. Role of the Student

Students accept full responsibility for assuming an active role in completing all components of the NCLEX Plan. Students are also responsible to follow through with all recommendations and requirements from the Dean of Education and Faculty that are determined to be significant steps for their success.

III. Components of the NCLEX Success Plan

A. Faculty will present class sessions on test-taking techniques in the following courses: N101, N103, N201 AND N204.

B. Assessment Technologies Institute (ATI)

Students are required to take the following ATI tests and/or HESI.

- N 101 -Critical Thinking, Entrance
- N 102 - Fundamentals
- N 104 - Mental Health
  - Peri-operative
- N 202 - Medical/Surgical customized exam
  - Pharmacology
- N 203 - Maternal /Newborn & Nursing Care of Children
- N 204 - Critical Thinking, Exit
  - Leadership
  - Medical Surgical
  - Community
  - RN Comprehensive Predictor NCLEX Readiness Exam
Please note: Certain standardized exams may be graded for inclusion in the evaluative methods for applicable courses. This will be further explained in each course syllabus. Practice tests are assigned to students throughout the program. Students will be required to remediate in areas of weakness based on the individual performance profile prior to taking proctored ATI exams. A student who fails to meet the benchmark on a proctored ATI exam will be required to again complete an individualized remediation plan focusing on the latest areas of weakness. Following remediation, the student is required to take another practice ATI exam and achieve a score of at least 75%.

C. Coaching and Enrichment Programs
   All students are required to attend all coaching sessions with their assigned instructor (See Coaching program requirements).
   Students who have a grade average of 76 or below in a given course or exam within a course, will be required to participate in enrichment sessions. The group will meet on a schedule determined by the instructor(s) until the end of the term. (See Enrichment program requirements).

D. Assessment Technologies Institute - RN Comprehensive Predictor NCLEX Readiness Exam
   All students are required to take this exam in the final course of the program and achieve the school-established benchmark.
   • A student who does not achieve the school-established benchmark in the second ATI proctored exam must register for and complete the ATI Virtual NCLES Prep Course at the students own expense.
   • Students who must complete the Virtual ATI course will be permitted to “walk” in the graduation ceremony, but will NOT have met graduation requirements, and will receive a grade of “Incomplete” in N204.
   • Proof of successful completion of the Virtual ATI course is required to fulfill graduation requirements.
   • Ten weeks from the date of graduation, if successful completion of the Virtual ATI is not documented, the grade of “Incomplete” will be changed to a grade of “F”. Should this occur, the student who wished to complete the educational program, must reapply to the School to repeat Nursing 204 in its entirety.
I understand that during my school tenure and during clinical rotations I may have access to confidential information about patients, their families and clinical facilities. I understand that I must maintain the confidentiality of all verbal, written or electronic information. This information is protected by Section 21.18 Pennsylvania Nursing Practice Act. In addition, the patient's right to privacy, by judiciously protecting information of a confidential nature, is part of the American Nurses' Association's Code for Nurses and HIPAA regulations.

Through this understanding, and its relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where it may be overheard by visitors and/or other patients.

During each clinical rotation in the nursing program, I agree to follow each agency's established procedures on maintaining confidentiality.

I have read the Roxborough Memorial Hospital School of Nursing policy statement on Confidentiality and understand my responsibility as it pertains to confidential information.

This contract will be reviewed and signed at the beginning of each Academic Year.

Student Name (Please Print) __________________________

Signature: ________________________________________

Date: ___________
I have been informed of and fully understand the following:

I will be assigned to a variety of clinical facilities throughout my tenure as a student at Roxborough Memorial Hospital School of Nursing (RMHSON). Some of these facilities may be located in areas that are far from the school and from my home.

Because faculty consider a number of factors when making clinical assignments, such as previous clinical placements, faculty load and student ability, I understand that it is rare that I will be asked for my preferences for clinical placement, and I will need to go to the facility to which I am assigned.

Although the majority of clinical hours occur during the day, there may be terms in which I am asked to participate in evening and/or weekend clinical assignments. In most of these cases, faculty will attempt to accommodate those for whom these shifts would truly present a hardship, HOWEVER, there is no guarantee that such accommodations can be made. In other words, I may be required to fulfill an evening or weekend clinical rotation.

Also, I fully understand that I must provide my own transportation to and from clinical sites. There may be the possibility of carpooling with others in my class, but this is solely my responsibility to arrange, and not the responsibility of the faculty.

I HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE.

_______________________________________________________________________

_____________________________________________________________

Signature

_______________________________________________________________________

_____________________________________

Date
Patient Research

1. Ask for permission to review patient’s chart. If you are assigned more than one patient – only review one chart at a time. Remain seated where you and the chart can be found, if needed.

2. On your prep sheet – identify the patient by using initials only.

3. Review the patient’s chart:
   a. Proceed to the History and Physical part of the chart where you should read an overview of the patient’s medical history and the current medical problem that has brought the patient to the hospital.
   b. Proceed to the Progress Notes (including other nursing flow sheets) that will provide you with the patient’s current progress.
   c. Next, read the Physician’s Treatment Plan for the patient. Then go to the Physician’s Order Sheet, that will list the various tests, as well as any medications, the patient may be receiving.
   d. Go to the Laboratory and Tests Results of the chart. Review the various lab tests, e.g., CBC, urinalysis, etc. Compare with the normals. Identify the abnormals. Look up in your lab book why this may be abnormal for the individual patient.
   e. Do the same with the x-rays, ultrasounds and various other tests to be sure you are aware of what is happening to your patient.

4. From the material on the chart and your interview of the patient begin to prepare your nursing care plan listing the top 3-5 nursing priorities.

5. You will be expected to explain:
   - The pathophysiology of the patient’s disease process.
   - the physician’s/health team treatment plan and how it relates to stabilizing the pathophysiology process, especially consult reports;
   - what the drug treatment is to accomplish;
   - how the various tests relate to the patient’s diagnosis;
   - how your design of your nursing care plan will assist the patient;
   - what you’re going to teach the patient in regards to:
     -Their illness
     -Their treatment – tests, drugs, rehab care, diet, etc.
     -Preventative measures so the patient can maintain his/her wellness
     -Community resources that may be of assistance.

6. Be sure to take books or other electronic nursing data source to clinical that may be of assistance to you.
7. All clinical paperwork is due by the end of the first break on the next class day, unless otherwise directed by the instructor. Continued occurrences of late paperwork will be noted on the clinical evaluation and may result in course failure.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING

CLINICAL ASSIGNMENTS FORM

Date:_________                  Clinical Hours:_______________

Clinical Faculty:_________________           Contact Number:_____________

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Room #’s</th>
<th>Patient’s Initials</th>
<th>Medications</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

Clinical Focus:

Special Instructions:

Alternate Patient Assignments:
PURPOSE: To provide the student with guidelines for attendance at Lab/Clinical experience.

POLICY:

1. Lab/Clinical times are published in the Weekly Class Schedule. **Attendance and punctuality at Lab/Clinical is mandatory.** Documentation of Lab/Clinical lateness/absence will be kept on the student's Clinical Performance Evaluation.

2. Punctuality, as defined by the faculty, is that students are not late for their assigned Lab/Clinical experience.

3. Lateness is defined by the faculty as five (5) minutes past the start time assigned.

4. Students who are going to be late or absent for the Lab/Clinical experience are expected to notify the clinical instructor in a timely fashion.

5. Arrival 60 minutes past the start time will be considered an absence, the student will be sent home, and Lab/Clinical completion will be required.

6. A student will be counseled about lateness/absence as follows:
   a) The first time a lateness/absence occurs, the faculty member will verbally counsel the student and a written warning will be issued by course faculty and a copy of the “Clinical Lateness/Absence” form placed in the student’s file.
   b) If the lateness/absence occurs again, a second written warning will be issued by course faculty and a copy of the “Clinical Lateness/Absence” form placed in the student’s file. Furthermore, the student will be referred to the School Counselor.
   c) If there is a third lateness/absence, the student will be placed on probation and a copy of the “Probation” form sent to the Dean of Education office.
   d) Any further incident of lateness/absence may result in course failure.

7. Students should NOT come to Lab/Clinical when ill. Students who come to Lab/Clinical when ill, as determined by the instructor, will be sent home and required to make-up the time and pay the fee.

8. Students who are not adequately prepared for Lab/Clinical, as determined by the instructor, will be asked to leave the experience and this will be considered an absence.

9. A fee of $75.00 will be charged for each 4 hour lab make up period.

10. A fee of $150.00 will be charged for each Clinical make up day. This must be paid to the RMH cashier and a receipt given to the clinical instructor prior to attending clinical completion. (see Clinical Make-up Protocol form).

11. No fee will be charged if absence was due to: death of an immediate family member (parents, grandparents, siblings, significant other/spouse, children), jury duty, military service, court dates, or hospitalization. Proof must be provided and the student must attend a clinical make-up day.

12. The final Clinical Performance Evaluation will not be given until the student completes the course requirements by making up the absences.
Student nurse: ______________________________  
was late or absent (circle one) for N _________ clinical experience on  
date: ____________________________  

As per the School of Nursing policy on Lateness or Absence (circle one), this is a notice of:  
_______ 1st written warning  
_______ 2nd written warning *  
_______ 3rd clinical probation**  

* Policy states that on the 2nd warning, the student is referred to the School Counselor.  

**Policy states that when the student is placed on probation, a copy of the form is sent to the office of the Dean of Education.  

If there are issues contributing to this problem, it is imperative that you seek out the school counselor and the Academic Coordinator for assistance in resolving this matter. This is important so that you do not place yourself in jeopardy of failing the course.  

Remediation Plan:  
__________________________________________________________________________________  
__________________________________________________________________________________  
__________________________________________________________________________________  
__________________________________________________________________________________  
__________________________________________________________________________________  

Instructor’s signature: _______________________________  
Date: __________________

Student’s signature: _______________________________  
Date: __________________

Student’s printed name: _______________________________
Student Name: ______________________________________________________

1. Pay $150.00 ($75 for a 4 hr. LAB) to Cashier at Hospital – bring receipt to the
   Academic Coordinator before the scheduled make-up. Final grades will not be distributed
   without payment.

2. Make-up assignment will be at ____________________________ Hospital
   on _____________ floor/unit.

3. Date of make-up____________________________.

4. Faculty member ____________________________.

5. Pre-conference held in a.m. at ____________________________ time & location.

6. Post-conference will be held following clinical experience.
MATH/MEDICATION PROFICIENCY EXAMINATION POLICY

PURPOSE: To facilitate the student’s progress through the curriculum and to ensure the safe and accurate administration of medications.

POLICY:

1. Only school calculators will be used for the Math Proficiency examinations.

2. Beginning in N101, students will be required to pass a Math Proficiency Examination with a score of 85%. The exam will count as 4% of course grade.

3. Any student who does not attain an 85% must participate in remedial instruction.

4. The Math Proficiency Exam and re-take(s) must be taken at the scheduled time. The grade given will be pass/fail.

5. If a student does not pass after the 3rd exam, the student will be asked to formulate an Action Plan and present it at an Evaluation and Promotion Committee meeting. Faculty will determine further action to be taken at that time.

6. Students who do not participate in math remediation are ineligible to take additional math exams which may result in course failure.
MEDICATION CALCULATION POLICY

1. **Know the formulas** – remember to THINK!

2. Conversion factors (2.2 lb. = 1 kg) must be **memorized** to perform the appropriate calculation.

3. Does the answer make sense? (Would you really administer 36 mL IM?)

4. Double check all work; be sure that all answers are **labeled correctly**.

5. When calculating dosages and rate of IV infusions by IV pump (mL per hr), work problems out to the third decimal place (thousandth’s) and **round to the nearest hundredth**.

6. When calculating intravenous flow rate by gravity drip (gtt per min) **round to the nearest appropriate whole number**.

7. When calculating intravenous infusion time, **determine time in hours and minutes**.

8. Eliminate trailing decimals.
   
   
   Correct: 1 mg  
   Incorrect: 1.0mg
   
   Correct: 1.5 mg  
   Incorrect: 1.50 mg

9. When the decimal is not preceded by a whole number, **always place a 0 to the left to avoid interpretation errors. This zero is a significant digit**.
   
   Correct: 0.12 mL  
   Incorrect: .12 mL

10. Weights are converted to kilograms as appropriate. Calculate to hundredths place, if necessary.

11. When preparing IV medications, add volume of medication to intravenous solution and use **total amount** to calculate infusion rate.

12. Use a + or – in front of a numerical value with respect to fluid balance.

13. Use mL instead of cc’s.

14. Do not use U or IU. Use Units or International Units instead.

15. Use mcg or microgram instead of ug.

16. Do not use QD and QOD or Q.O.D. Use “daily”, and “every other day”, respectively.
MEDICATION ADMINISTRATION POLICY

PURPOSE: To provide for the safe and effective administration of high alert medications by students in the clinical area.

POLICY:

1. The medication administration policy for high alert medications and intravenous (IV) medications in the agency where the student is assigned should be reviewed prior to the student administering any medications.

2. The students and faculty must follow all the principles of medication administration pertaining to correct patient, route, dose, time and drug.

3. Intravenous (IV) medications include: all primary and secondary IV infusions and IV bolus medications.

4. All medications to be administered by students in the clinical area via the intravenous route must be observed by the clinical faculty from preparation through administration.

5. A student administering any High Alert Medication such as: any form of insulin via any route, anticoagulants, narcotics or vasoactive medications must follow each agency’s policy.

6. Following administration, all proper documentation shall be performed as required by the nursing agency.

7. Students who do not meet safety standards will receive a “Skills Laboratory Prescription” that requires study and lab practice in the area of medication administration (see form).

8. Students are not permitted to administer IV push medications at any time.
PURPOSE: Provide guidance and direction in applying classroom theory to the practice setting.

POLICY:

In order to promote successful outcomes in both the academic and clinical areas, a coaching process has been implemented, with guidelines for both students and faculty to follow. A positive learning environment is necessary in order to be able to comprehend difficult topics. Beginning with N 101, all students will participate in the coaching process as part of the clinical day.

Guidelines:
1. Coaching sessions will be conducted at the clinical site for at least one-and-a-half hours each week, as a part of post conference.
2. Students will be notified in advance of the topics that are being covered that day.
3. Students are to bring texts to all sessions. This may be accomplished by assigning each student to bring a different required text.
4. Students are to bring lecture handouts to each session. They are encouraged to take notes, as a means of reinforcing salient points.
5. Faculty will identify common areas which several students may be having difficulty with, and address those issues (i.e. acid base balance)

Examples of coaching topics may include, but are not limited to:
- Concept maps
- Classification, physiologic action, and side effects of medications
- Review of NCLEX type questions, having the student read questions on a rotating basis, the choices for the answers, and discussing the rationales for the correct and incorrect answers.
- Reinforcing guidelines for developing a Nursing Care Plan, and assistance with development of the plan.
- Reinforcing guidelines for development of a formal teaching plan, and assistance with development of the plan.
- Review of concepts which may be difficult to comprehend, such as review and interpretation of laboratory data
- Relating the disease process, clinical manifestations, and collaborative care of specific patients in the clinical area to the topic being discussed.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING

CLINICAL SKILLS LABORATORY POLICY

**Purpose:** To enhance and reinforce student knowledge in order to provide a transition into the clinical area.

**Process:** The Clinical Skills Laboratory is designed to provide a supportive and caring environment in which students can demonstrate and practice nursing skills. The Skills Lab offers opportunities for teaching and learning in the cognitive, psychomotor, and affective domains. It is intended to be an extension of classroom learning, where the student will learn psychomotor, critical thinking, and physical assessment skills necessary for clinical nursing.

The Skills Lab helps to strengthen decision making, delegation, and teamwork. Students are expected to be active participants during Clinical Skills Lab.

The Skills Lab simulates a hospital setting where students can put into practice principles and techniques essential for safe, competent nursing care. You are expected to come fully prepared to participate in each Skills Lab experience. Being prepared means that you have completed all assignments prior to your Skills Lab day.

Learning is a lifelong process. In the Skills Lab, students engage in active learning experiences that enable them to be self-directed learners. A solid grounding in the underlying scientific principles of technical skills helps students transfer learning from the Lab to a variety of clinical settings.

After your Skills Lab experience you should have a basic understanding of the principles associated with each nursing skill. You are expected to demonstrate a high level of commitment to learning and to demonstrate each skill with competence. **Clinical Skills Lab requires preparation and dedication.**

Remember, we do not expect perfection – that can only be accomplished by repetitive practice of an individual technique. You will, however, be expected to perform to a satisfactory level, the required skills on a checklist provided by the instructor.
GUIDELINES WHEN USING THE CLINICAL SKILLS LABORATORY

These guidelines are intended to assist the student to be successful in the acquisition of skills obtained during Clinical Skills Lab time. Appropriate courteous behavior is always expected from the student. This includes maintaining a sound level conducive to verbal communication and learning and exhibiting respectful behavior towards peers and faculty.

On assigned Skills Lab day:
1. All assignments are to be completed prior to the Skills Lab. Preparation is expected and is necessary for the student to be successful in the acquisition of skills.
   Come prepared with: Clinical Skills Lab Preparation Worksheets
   ‘Nurse Pack’
   Textbook
   Notebook
   Black or Blue ink pen
Mark all of your materials and equipment with your name

2. All cell phones and/or pagers must be on silent mode.
   They may be checked and answered on scheduled breaks.

3. No food or drinks are to be consumed in the Skills Lab.

4. Clinical uniform is the appropriate attire.
   When clinical uniforms are not required, clothing should be worn which allows for comfort during physical activity. Clothing should demonstrate consideration for the modesty of all students (refer to Student Handbook, Dress Code Classroom and Clinical).

5. Students are required to wash their hands when entering the Skills Lab as well as other designated or appropriate intervals throughout the Lab session.
   Alcohol hand sanitizers are available to students.

6. Personal safety of the student and faculty is essential. Students are to familiarize themselves with the operation and function of the beds and over–bed tables.
   Do not lean on the bedrails or on the over–bed tables.
   Do not sit on the backs of chairs, bedrails or over–bed tables.
   Injury can occur at any time if students are not aware of equipment capabilities.
   Report any broken or unsafe equipment to School of Nursing Faculty.

7. Prior to leaving the Skills Lab, students are to:
   Put the bed in the lowest position
   Place the over–bed table over the end of the bed
   Straighten the linens
   Unplug all beds
   Clean your workspace – Lab surfaces are to be cleaned using bleach wipes at the end of each scheduled Lab session
   All non–disposable equipment used during the Lab session will be cleaned by the student using bleach wipes
   Lights are to be turned off

8. The Clinical Skills Lab is a simulated patient care area. Act accordingly!
This is not the time to be studying for class quizzes or exams. This is the time for clarification when necessary.

9. Student Policy for Clinical Lateness /Absence applies to Clinical Skills Laboratory. Students arriving 5 minutes after designated start time are marked late. As per School of Nursing policy: 1st offense is a warning, 2nd offense is a written warning, 3rd offense is clinical probation. Students arriving one hour after designated start time will be marked absent.

Lab time will be made up at a time arranged with the Skills Lab Faculty. In addition, for each Lab missed, students must pay a $75 fee.

Additional practice time:
1. Skills Lab equipment is available at scheduled times during specific terms (Open lab), as well as at times designated by the Skills Lab Faculty. Students must make an appointment if they desire to use the lab. An instructor will be available, if needed, as a resource person.

2. Students are required to sign in when using the Skills Lab under these circumstances.

3. The Skills Lab may also be used should a student require remediation with a specific skill during the term. The student will be referred by the clinical instructor, and must report to the lab at the assigned time.

4. Rules 3, 5, 6, & 7 above will apply. It is not necessary to wear a uniform during additional practice times.

Use of Sim-Annie:
Sim-Annie is a mannequin which may be used to simulate many adult physiologic functions.

1. Use of Sim-Annie may be incorporated into the Skills day in specific courses.

2. The same rules as apply to use of the skills lab above, apply to use of Sim-Annie.

3. The instructor will regulate the simulation process.

4. Students may not be present in the Sim-Annie room without an instructor.

5. An instructor may make an appointment with the Skills Lab Faculty if individual remediation of a student is required to augment specific nursing skills during the term.

Added policy 6.19.2013
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING

SKILLS LABORATORY PRESCRIPTION FORM

Student: ______________________________ Date Prescription Given: __________
Clinical Lab Setting: __________________________
Skills Lab Faculty: ____________________________ Clinical Faculty: _________________

Describe learning activities and performance criteria:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Initial Skills or Faculty/Clinical Faculty’s Observations and Recommended Plan of Action:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Date that skills will be demonstrated in a satisfactory manner: ________________

Date student seen in the Nursing Arts Skills Laboratory: ________________________

Does Student need further follow-up in the Nursing Arts Skills Laboratory? □ Yes □ No

Comments:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Coordinator, Nursing Arts Skills Laboratory: _________________________________

Follow-Up Observations/ Recommendations
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Clinical Faculty Signature: _______________ Student Signature: ________________ Date: ______

(If additional follow-up is needed, complete another Prescription form)
After student has successfully demonstrated the clinical skills, the original should be sent to the student, the yellow copy to the student file, the pink copy to the Clinical Faculty, and the gold copy to the Coordinator-Nursing Arts Skills Laboratory.
PURPOSE: Provides guidance and direction for student learning.

POLICY:

1. The Clinical Performance Evaluation is a teaching tool used in the assessment of student's clinical achievement.

2. The evaluation tool serves as a guide for the student to recognize their strengths and areas that need improvement.

3. The evaluation tool describes learning outcomes and behaviors that the faculty considers important in the development of a professional nurse.

4. The evaluation process is ongoing. Clinical performance is assessed on a weekly basis. A formal written evaluation of each student's clinical performance will occur where applicable and at the end of each nursing course. Both the student and instructor will complete their respective copy of the Clinical Performance Evaluation tool as stated above.

5. The end of term evaluation will not be given to the student unless all paperwork and clinical make-up time is completed and fees are paid.

6. At any point in the term, if the student is having difficulty meeting the course learning outcomes, assistance will be offered by the instructor and /or initiated by the student and a “Skills Laboratory Prescription” form will be used.

7. A pattern of unsatisfactory performance in any behavior that has not been resolved by the end of the term results in course failure. (see policies on Clinical Warning & Clinical Probation)

8. Grading of clinical performance is Pass/Fail. Failure to pass clinical learning outcomes will result in a course failure.
UNSAFE CLINICAL PRACTICE

PURPOSE: To provide guidance for student nurses in carrying out nursing responsibilities consistent with the ANA Code for Nurses and the Pennsylvania Professional Nurse Law. Failure to comply is considered a breach of professional conduct and will result in remedial &/or, disciplinary action.

POLICY:

Unsafe Clinical Performance may include but is not limited to:

a. Failure to assess and evaluate a patient's physical and/or emotional status.

b. Failure to provide care, which may be required to stabilize a patient's condition, or prevent complications.

c. Failure to promptly provide clear, accurate and complete verbal and/or written information to the appropriate person(s) regarding a patient's condition, treatment or nursing care.

d. Failure to administer medications and/or treatments in a responsible and safe manner.

e. Failure to comply with institutional policies and procedures in implementing nursing care.

f. Inability to apply previously learned material.

g. Any violation of The Joint Commission (TJC) Patient Safety Goals (see the following page)

h. Practicing beyond educational level, experience or responsibilities in the student nurse role.

i. Failure to prepare for clinical assignments according to course requirements.

j. Failure to comply with the American Nurses Association Code of Ethics for Nurses (see page #101).

PROCEDURE

1. A student who, in the assessment of the Instructor, exhibits unsafe clinical performance will be taken off the clinical assignment for remediation. The student will be permitted to gather any necessary data before being sent off the clinical unit. The student will be advised as to appropriate remediation needed depending on the situation. The student will be placed on probation or be dismissed from the program and the appropriate form(s) will be placed in the student’s file. If the event does not result in dismissal, the student will make up the day and pay the $150.00 make up day fee.

2. If the student has an unsafe clinical behavior, the student will be presented to the Evaluation & Promotion Committee for disposition of the event (probation or dismissal).

3. The clinical evaluation form will reflect the event.

4. If the student is sent off the clinical area a second time for an unsafe clinical performance, the student, clinical instructor, Academic Coordinator and Dean of Education will meet to review the incident. This will result in the student receiving a failing grade in the course.
Identify patients correctly
NPSG.01.01.01  Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment. Make sure that the correct patient gets the correct blood when they get a blood transfusion.

NPSG.01.03.01

Improve staff communication
NPSG.02.03.01  Get important test results to the right staff person on time.

Use medicines safely
NPSG.03.04.01  Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01  Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01  Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely
NPSG.06.01.01  Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection
NPSG.07.01.01  Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01  Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01  Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01  Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01  Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks
NPSG.15.01.01  Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery
UP.01.01.01  Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.

UP.01.02.01  Mark the correct place on the patient’s body where the surgery is to be done.

Up.01.03.01  Pause before the surgery to make sure that a mistake is not being made.
The Code of Ethics project was initiated by the ANA Board of Directors and the Congress on Nursing Practice in 1995. The Code of Ethics Project Task Force, appointed in 1996, was charged with establishing a comprehensive process of review, analysis and revision of the Code for Nurses (1985), providing initial substantive critique and suggested modifications, creating open review process, and developing final recommendations.

In June of 2001, the ANA House of Delegates voted to accept the nine major provisions of a revised Code of Ethics. In July, 2001, the Congress of Nursing Practice and Economics voted to accept the new language of the interpretive statements resulting in a fully approved revised Code of Ethics for Nurses.

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal professional growth.

6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.
PURPOSE:  Provide guidance and direction for student learning.

POLICY:

1. If a student’s performance in the clinical area is less than satisfactory, the student will be placed on clinical warning.

2. The student will receive written documentation on the clinical warning form.

3. The documentation will describe the specific behavior (s) the student was not demonstrating and its (their) relationship to the course objectives.

4. A plan of action for the student will be developed by the student and faculty member to achieve the course learning outcome (s) and signed by the student and faculty member.

5. The plan of action will state:
   a. The time limit of the clinical warning.
   b. The faculty member who will be responsible for evaluating the student.
   c. “Skills Laboratory Prescription” form will also be used as appropriate.

6. A copy of the signed form is to be given to the student.

7. A copy of the signed form is to be forwarded to the Dean of Education for placement in the student’s file.

8. Failure to successfully meet the plan of action within the specified time limit will result in clinical probation.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING

CLINICAL WARNING FORM

________________________________________________________________________________________

Name: _____________________________________________    Course: ___________________

This is to inform you that you are being placed on clinical warning.

The following area (s) need to improve:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

The following activities have been identified as ways to assist you with improvement:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Improvement or correction of this problem must occur by ________________________________ or you will be placed on probation.

_______________________________________________________________________________________

Faculty Signature ________________________________ Date ____________

_______________________________________________________________________________________

Student Signature ________________________________ Date ____________

Copies to: Student

Faculty

Student File
PURPOSE: Provides guidance and direction for student learning.

POLICY:

1. A student who is deficient in meeting course learning outcomes during the clinical experience will be placed on clinical probation.

2. The student will receive written documentation on the clinical evaluation tool and clinical probation forms. The clinical instructor and another course faculty member will meet with the student initially, to discuss the reason(s) for clinical probation.

3. A conference between the clinical instructor and the student will be held to develop a plan for the student to meet the clinical learning outcomes. “Skills Laboratory Prescription” will be considered if appropriate (see form).

4. An executed copy of the clinical probation form with the remedial plan, signed by both the student and clinical instructor, will be given to the student with the original retained by the instructor and forwarded to the Dean of Education for filing in the student's educational file.

5. Probationary status, uncorrected by the end of the term, will result in course failure.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING

PROBATION FORM

Name: ____________________________ Course: _________

This is to inform you that you are being placed on clinical probation. The following area(s) need(s) improvement:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

The following activities will be required during the probationary period:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Improvement must occur before ________________ or a failure in the course will be received.

_____________________________________________ Date
Faculty Signature

_____________________________________________ Date
Student Signature

Copies to: Student
Faculty
Student File
STUDENT REPRESENTATION ON SCHOOL COMMITTEES

PURPOSE: Student participation on RMH/SON committees provides the student with the opportunity to participate in the governance of the School.

POLICY:

MEMBERSHIP

Curriculum Representatives
Call to the attention of the faculty any concerns or recommendations within the curriculum.
Membership: one Year I student and one Year II student.

Library Committee
Review, recommend, and evaluate the availability of appropriate library and computer resources to meet the teaching/learning needs of students and faculty.
Membership: one Year I student and one Year II student.

Student Ad Hoc Committee
To address a specific question presented to the Faculty Organization.
Membership: Students from each class will elect two (2) students to serve on Ad Hoc Committees.
STUDENT GOVERNMENT ORGANIZATION RULES AND REGULATIONS

PURPOSE: The name of the student organization shall be the Student Government (SG) of the Roxborough Memorial Hospital School of Nursing. The purpose of the SG shall be to establish a governmental body consisting of students, which provides a means of communication between the faculty and students while promoting leadership, professionalism, school spirit, social activities, and community involvement. SG shall also stimulate interest, understanding, and participation of the students in higher professional organizations, such as Student Nurses Association of Pennsylvania and National Student Nurses Association.

POLICY:

MEMBERSHIP & ATTENDANCE
All nursing students enrolled in the School of Nursing are members and are to attend scheduled meetings. Membership shall also include elected student committee members, President, Vice President, and a secretary. In addition, a faculty advisor is appointed by the Dean of Education and the Director of Recruitment, Admissions and Student Health Services will also attend all meetings. The SG Secretary should record attendance in the minutes. During terms when both classes are not on site at the school on the same day separate SG meetings will be held with faculty advisor acting as a liaison and the Director of Recruitment, Admissions and Student Health Nurse.

STUDENT GOVERNMENT BOARD:
The Board shall be nominated by the student body and voted into office each May (rising second year students) and September (1st year students). They shall serve for a period of one year, providing they are not in academic jeopardy. These members should demonstrate the qualities of leadership and initiative and should be active in gaining the cooperation of the entire student body. The Board for the SG will consist of the President of the 2nd year, Vice President of the 1st and 2nd year, Secretary of the 2nd year, appointed Faculty Advisor and the Director of Recruitment, Admissions and Student Health Services. Voting shall be by means of secret ballot counted by the SG Faculty Advisor and Director of Recruitment, Admissions and Student Health Services. In the event of a vacancy, new board members will be elected to fill the vacancy. The duties of the Board members are as follows:

The President will:
a. Preside and maintain order at all meetings and be held ultimately responsible for the SG.
b. Acquire a working knowledge of parliamentary law and procedure and a thorough understanding of the bylaws and standing rules of the organization.
c. Prepare an agenda for all meetings and discuss the agenda with the Faculty Advisor before each meeting.
d. Open the session, at the time at which the assembly is to meet, by calling the members to order, and announce the business before the assembly in the order in which it is to be acted upon.
e. Entertain only one motion at a time and state all motions properly.
f. Put all motions to vote and give results.
g. Call special meetings as necessary.
h. Officially represent the students where such representation is needed.
i. Meet with the 1st year students during orientation to explain their participation in SG.
j. Hold committee chairs responsible for the work of their respective committees.
k. Cast a deciding vote in case of a tie.
1. Meet with the Faculty Advisor as the need arises.
2. Review SG Rules and Regulations yearly and revise as needed with student input.
3. Orient newly elected President to duties of this office.

The **VICE PRESIDENT** will:
4. Assume all the duties of the President in their absence.
5. Assist the President with the aforementioned as necessary.

The **SECRETARY** will:
6. Keep accurate records of all the proceedings and meetings of SG, including attendance. Meeting minutes will be due one week after each meeting and are to be given to the Faculty Advisor.
7. Keep the SG members informed of all meetings at least one week in advance and place memo of upcoming meetings on the student bulletin board.
8. Be responsible for each class sign-in sheet at each meeting in order to determine the quorum.
9. Submit minutes to the Faculty Advisor.
10. Be responsible for all correspondence.
11. Orient newly elected secretary to duties of this office.

The **FACULTY ADVISOR** will:
12. Be an appointed member of the faculty by the Dean of Education and will serve as advisor to the SG organization.
13. In the event of a vacancy, the Dean of Education shall elect a new advisor as an alternate.

The **DIRECTOR OF RECRUITMENT, ADMISSIONS AND STUDENT HEALTH SERVICES** will:
14. Assist the faculty advisor with all SG activities

**ELECTIONS**
Nominations and elections for the SG Board and class representatives from each class (1st & 2nd year) will be accepted for the ballot and voted on during September annually.
15. All students will be given a ballot for voting.
16. The candidates receiving the greatest number of votes shall be elected and are expected to maintain the office for a period of one academic year. The Faculty Advisor and Faculty Representatives from the 1st and 2nd year class shall be present during the voting process.

**MEETINGS:**
17. Meeting of the SG shall be held at least once per term and as deemed necessary.
18. The President shall call meetings.
19. Special meetings may be called at the discretion of the Faculty Advisor, Dean of Education, and/or the President of the SG.
20. A quorum shall consist of a simple majority of the students present.

**ORDER OF BUSINESS:**
The order of business for any meetings shall be:
21. Call to Order
22. Approval of Minutes
23. Faculty and Student Committee Reports
24. Old Business
25. New Business
26. Announcements
27. Adjournment
PARLIAMENTARY AUTHORITY:
In case of procedures not covered by the Rules and Regulations of the SG organization, Roberts Rules of Order shall be regarded as authority in all meetings.

METHOD OF AMENDING RULES:
Any student can propose a change to the rules.
   a. Amendments to rules may be proposed through an Ad Hoc committee.
   b. All amendments shall be approved by the SG President and may be subject to the approval of the Faculty Advisor.

COMMITTEES:
The RMH/SON Faculty Committees with student representatives are:
   a. Curriculum
   b. Library
   c. Ad Hoc (1st & 2nd year)

Specific committee functions are listed in the Student Committees policy. The general functions of the student representative are to:
   a. Attend scheduled committee meetings or find an alternate if scheduling problems arise.
   b. Entitled to discuss concerns, recommendations and feedback on success of the program from the student body but do not have voting privileges.
   c. Present a verbal report to the committee and written report for the committee recorder.
   d. Present an oral report at the next SG meeting.

There is one standing committee of the SG, which is as follows:
Social Committee
   a. This committee plans and conducts social activities. Activities and traditions of the school include the following:
      1. Welcome picnic. It is held during the first term of each academic year and is sponsored by ROXBOROUGH MEMORIAL HOSPITAL. It allows everyone to get acquainted and all nursing students are invited.
      2. Holiday lunch or Multicultural luncheon. The SG may wish to plan a potluck meal and refreshments.
      3. Student Recognition Ceremony. This ceremony recognizes students receiving awards. A breakfast for 2nd year students, sponsored by the 1st year students, will be planned before this award ceremony.
      4. Graduation. 1st year students assist with the graduation ceremony.

The SOCIAL CHAIR is a 2nd year student elected in September. The Social Chair shall be ultimately responsible for:
   a. Coordinating and planning all social activities and traditions of the school as well as community involvement events.
   b. Presenting an oral report at SG meetings.
   c. Orienting the newly elected Social Chair to the duties of this office.

SPECIAL COMMITTEES
The SG President and the Faculty Advisor may appoint special Committees. Special committees are assigned with a specific task and are discharged as soon as the task is complete. Each special committee

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will have a chairperson responsible for calling meetings and seeing that the special committee works toward its goal. The chair of a special committee shall also report at scheduled SG meetings.

AWARDS
The following are considered SG awards:

Team Leadership Award
With each graduating class, the 2nd year students will choose a peer to receive the Team Leadership Award. The SG President will assist 2nd year students to nominate and select the recipient of this award one month prior to graduation. The recipient:
- a. Creates a positive school atmosphere.
- b. Is active in Student Government activities.
- c. Is a role model for all nursing students.
- d. Inspires all students to succeed.
- e. Exemplifies the core values of Roxborough Memorial Hospital School of Nursing.
- f. Demonstrates leadership quality and skills and acts as a member of the team.

This award will consist of the student’s name engraved on a plaque, which is displayed in the School of Nursing. The Dean of Education presents the plaque to the recipient at the Graduation Breakfast. The winner will also be acknowledged at Graduation and recognized with a certificate by the Dean of Education.

The Student Spirit Award
With each graduating class, the 1st year students will choose a classmate to receive a Student Spirit Award. This award will recognize a student who has been an inspiration to the class by demonstrating enthusiasm and class, school, and community spirit. 1st year students will be asked to submit nominations with rationale for selection. All nominations will be placed on a ballot for final vote in April. The Dean of Education announces the winner at the Graduation Breakfast. The winner will also be acknowledged at Graduation and recognized with a certificate presented by the Dean of Education.
PURPOSE: To promote professionalism and leadership.

POLICY:

All students are enrolled in the local chapter of the National Student Nurses Association - the only national organization for nursing students and the largest independent student professional organization in the United States.

Some of the functions of the local chapter are to assume responsibility for contributing to nursing education, to provide programs of fundamental and current professional interests and to aid in the development of the whole person and his/her professional role and his/her responsibility for the health care of all people.

The local group has its own officers and delegates to the state and national conventions. To qualify for one of these positions a student must be a member of Student Nurses Association of Pennsylvania (S.N.A.P.) and must be in good academic standing.

In order to be eligible to have an excused absence from school to attend a non-local S.N.A.P. convention, a student must be a member of S.N.A.P., and actively supported the local group throughout the year. The student must also be in good academic standing.
STUDENT BILL OF RIGHTS AND RESPONSIBILITIES

PURPOSE: To provide direction and guidance.

POLICY:

The NSNA Student Bill of Rights and Responsibilities was initially adopted in 1975. The document was updated by the NSNA House of Delegates in San Antonio, Texas (1991); and item #4 was revised by the NSNA House of Delegates in Baltimore, Maryland (2006).

1. Students should be encouraged to develop the capacity for critical judgment and engage in a sustained and independent search for truth.

2. The freedom to teach and the freedom to learn are inseparable facets of academic freedom: students should exercise their freedom in a responsible manner.

3. Each institution has a duty to develop policies and procedures, which provide and safeguard the students' freedom to learn.

4. Under no circumstances should a student be barred from admission to a particular institution on the basis of race, creed, sex, color, national origin, ethnicity, age, gender, marital status, lifestyle, disability, or economic status.

5. Students should be free to take reasoned exception to the data or views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.

6. Students should have protection through orderly procedures against prejudiced or capricious academic evaluation, but they are responsible for maintaining standards of academic performance established for each course in which they are enrolled.

7. Information about student views, beliefs, political ideation, or sexual orientation which instructors acquire in the course of their work or otherwise should be considered confidential and not released without the knowledge or consent of the student, and should not be used as a basis of evaluation.

8. The student should have the right to have a responsible voice in the determination of his/her curriculum.

9. Institutions should have a carefully considered policy as to the information which should be a part of a student's permanent educational record and as to the conditions of this disclosure.

10. Students and student organizations should be free to examine and discuss all questions of interest to them, and to express opinions publicly and privately.

11. Students should be allowed to invite and to hear any person of their own choosing within the institution's acceptable realm, thereby taking the responsibility of furthering their education.

12. The student body should have clearly defined means to participate in the formulation and application of institutional policy affecting academic and student affairs, e.g., through a faculty-student council, student membership or representation on faculty committees.
13. The institution has an obligation to clarify those standards of behavior which it considers essential to its educational mission, its community life, or its objectives and philosophy.

14. Disciplinary proceedings should be instituted only for violations of standards of conduct formulated with significant student participation and published in advance through such means as a student handbook or a generally available set of institutional regulations. It is the responsibility of the student to know these regulations. Grievance procedures should be available for every student.

15. As citizens and members of an academic community, students are subject to the obligations, which accrue to them by virtue of this membership and should enjoy the same freedoms of citizenship.

16. Students have the right to belong or refuse to belong to any organization of their choice.

17. Students have the right to personal privacy in their living space to the extent that the welfare and property of others are respected.

18. Adequate safety precautions should be provided by nursing programs, for example, adequate street lighting, locks, and other safety measures deemed necessary by the environment.

19. Dress code, if present in school, should be established with student input in conjunction with the Dean of Education and faculty, so the highest professional standards are maintained, but also taking into consideration points of comfort and practicality for the student.

20. Grading systems should be carefully reviewed periodically with students and faculty for clarification and better student-faculty understanding.

21. Students should have a clear mechanism for input into the evaluation of nursing faculty.
SEXUAL AND OTHER UNLAWFUL HARASSMENT POLICY

PURPOSE: To provide an environment free from harassment.

POLICY:

The School of Nursing is committed to providing an environment free from discrimination and unlawful harassment. Actions, words, jokes or comments based on an individual's sex, race, ethnicity, age, religion, sexual orientation or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of misconduct that is demeaning to another person, undermines the integrity of the School of Nursing relationship, and is strictly prohibited. Anyone engaging in sexual or other unlawful harassment will be subject to corrective action, up to and including dismissal.

Examples of unlawful sexual harassment include, but are not limited to unwelcome sexual advances, requests for sexual favors and other verbal, visual or physical conduct of a sexual nature.

Any student who wants to report an incident of alleged sexual or other unlawful harassment should promptly report the matter to his or her instructor. If the instructor is unavailable or the student believes it would be inappropriate to contact that person, the student should immediately contact the Dean of Education. The student may raise concerns and make reports without fear of reprisal.

This policy also may, under certain circumstances, apply to agents and non-employees who have contact with our employees and students.

If you have any questions concerning this policy, please feel free to contact the Dean of Education.
VIOLENCE IN THE WORK PLACE/SCHOOL

PURPOSE: To provide a safe environment.

POLICY:

Your safety and security are of vital importance. Acts of threats of physical violence including intimidation, harassment and/or coercion which involve or affect the School of Nursing or which occur on hospital property will not be tolerated from anyone. The prohibition against threats and acts of violence applies to all persons involved in the operation of the hospital and its facilities, including but not limited to hospital, students, contract and temporary workers and anyone else on company property. Violations of this policy by any individual will result in corrective action, up to and including termination from the School of Nursing, and/or legal action as appropriate.

Workplace/school violence is any intentional conduct which is sufficiently severe, offensive or intimidating to cause an individual to reasonably fear for his or her personal safety or the safety of his or her family, friends and/or property such that learning conditions are altered or a hostile, abusive or intimidating learning environment is created. Examples of workplace/school violence include, but are not limited to, the following:

1. Threats, threatening language or any other acts of aggression or violence made toward or by any Facility employee will not be tolerated. For purposes of this policy, a threat includes verbal or physical harassment or abuse, attempts to intimidate or instill fear in others, menacing gestures, bringing weapons to the workplace, stalking, or any other hostile, aggressive, injurious and/or destructive actions undertaken for the purpose of domination or intimidation.

2. Threats or acts of violence occurring off the School of Nursing premises involving someone who is acting in the capacity of a representative of the School of Nursing.

3. Threats or acts of violence occurring off the School of Nursing premises involving a student enrolled in the School of Nursing as a victim if the school determines that the incident may lead to an incident of violence on school premises.

4. Threats or acts resulting in the conviction of an employee or agent of company, or of an individual performing services for company on a contract or temporary basis, under any criminal code provisions relating to violence or threats of violence, which adversely affect the legitimate business interests of company.

5. Specific examples of conduct, which may be considered threats or acts of violence under this policy include, but are not limited to the following:
   - Threatening physical or aggressive contact directed toward another individual or his/her family, friends, associates or property with physical harm.
   - The intentional destruction or threat of destruction of company property or another's property.
   - Harassing or threatening phone calls, e-mails or harassment via social media.
   - Surveillance.
   - Stalking.
   - Veiled threats of physical harm or like intimidation.

Report any acts or threats of physical violence, including intimidation, harassment and/or coercion, which involve or affect the School of Nursing, or which occur on hospital property should be reported immediately to your instructor and/or Academic Coordinator, as appropriate to the situation.

Adapted from Prime Health Care Employee Handbook
PURPOSE: To provide supervisors with appropriate guidelines regarding Roxborough Memorial Hospital's intent to provide security for its property, its employees, students, and authorized visitors to its premises.

POLICY:

It is the policy of Roxborough Memorial Hospital to maintain a work environment that is free of illegal drugs, alcohol, firearms, explosives, or other improper materials. In administering this policy, the Hospital prohibits the possession, transfer, sale, or use of such materials on its premises. Roxborough Memorial Hospital requires the cooperation of all employees in administering this policy.

Desks, lockers, and other storage devices may be provided for the convenience of employees but remains the sole property of Roxborough Memorial Hospital. Accordingly, they, as well as any articles found within them, may be inspected by any agent or representative of Roxborough Memorial Hospital at any time, either with or without prior notice.

Roxborough Memorial Hospital likewise wishes to discourage theft or unauthorized possession of the property of employees, Roxborough Memorial Hospital, visitors, and customers. To facilitate enforcement of this policy, Roxborough Memorial Hospital or its representative may inspect not only desks and lockers but also persons entering and/or leaving the premises and any packages or other belongings. Any employee who wishes to avoid inspection of any articles or materials should not bring such items onto Roxborough Memorial Hospital's premises.

PROCEDURE

1. Employees, students, and/or Department Heads are required to report any security violations or potential problems to Security immediately.

2. All employees and students are required to wear issued identification badges at all times while on the premises.

3. All employees and students are required to cooperate and/or assist the Security Department/Human Resources Department with any investigations pertaining to security matters.

4. Roxborough Memorial Hospital may conduct video surveillance of non-private workplace areas. Video monitoring is used to identify security and safety concerns, maintain quality control, detect theft and misconduct, and discourage or prevent acts of harassment and workplace violence. Because the Hospital is sensitive to the legitimate privacy right of employees, every effort will be made to guarantee that workplace monitoring is done in an ethical and respectful manner.
5. **Reasonable Searches**

a. The Hospital reserves the right to perform reasonable searches of individuals and their personal effects upon reasonable cause. This may include, but is not limited to, lockers, lunch boxes, purses, brief cases, packages and private vehicles (if parked on the premises).

b. Searches may be determined to be necessary, and may be initiated by the Hospital without prior announcement and will be conducted at such times and locations as deemed appropriate by the Hospital.

c. Only the Chief Human Resource Officer/designee may authorize such searches. After business hours this individual may be reached by pager, through the page operator, or through the Administrator on Call.

d. The Chief Human Resource Officer/designee will consult with the Director of Security regarding the search.

e. The search will be conducted by the Director of Security/designee in the presence of the Director of Human Resources/designee.

f. A written report of the search will be prepared by those conducting the search.

g. A photographic record of the results of the search may be made at the discretion of those conducting the search.

h. Every attempt will be made to perform the search in as private a location as feasible.

i. Any individual refusing to submit to a search will be considered to be insubordinate, and will be subject to disciplinary action up to and including termination. In the case of a contracted employee, they will be immediately removed from the premises and not permitted to return.
PURPOSE: To establish the School of Nursing’s commitment to provide a drug-free, healthy, and safe workplace and educational environment for students and employees.

POLICY:

I. STANDARDS OF CONDUCT:

A student who is, or becomes, impaired in his/her ability to adequately perform in the classroom and/or clinical environment due to drug or alcohol use may impede the School of Nursing from achieving its purpose. Therefore, the use of alcohol, illegal use of drugs, and/or the misuse of legal therapeutic drugs while engaged in any portion of their educational experience or school-related activity, is strictly prohibited, and students engaging in such conduct will be subject to expulsion from the School of Nursing.

No alcoholic beverages or illegal drugs are permitted in the School of Nursing building at any time.

Prior to the beginning of any scheduled clinical experience, students are required to report the use of any prescribed drug, or any other substance, which can impair clinical performance to the School Health Nurse (Director of Recruitment, Admissions and Student Health Services). Further, any student using a prescribed drug or other substance which could impair clinical performance is required to provide documentation to the School Health Nurse, confirming that the student can safely provide patient care while taking the medication.

II. DRUG/ALCOHOL COUNSELING:

The Greater Philadelphia area has numerous facilities available for the treatment of individuals experiencing a chemical abuse disorder. The School of Nursing, however, is not responsible for the treatment of individuals with a substance abuse disorder. The following is a partial list of institutions, which offer services for treatment of substance abuse. If additional information is needed, please contact the School Counselor or the Blue Pages of a local telephone book.

Institutional Referrals for Substance Abuse:
Inpatient Rehab Units

1. Malvern Institute
   940 King Road
   Malvern, PA
   1-610-647-0330
   Detoxification, Rehabilitation and Dual Diagnosis
   24 hours a day
2. Caron Foundation  
   Galen Hall Road, Box A  
   Wernersville, PA 19565  
   1-610-678-2332  
   Detoxification and Rehabilitation and Residential Treatment

3. Livengrin Foundation  
   4833 Hulmeville Road  
   Bensalem, PA 19020  
   1-800-245-4746

4. Fairmount Behavioral Health System Institute,  
   Dual Diagnosis Unit with Primary Psychiatric problem  
   561 Fairthorne Avenue  
   Philadelphia, PA 19128  
   215-487-4100

Intensive Outpatient Programs

1. Rehab After Work  
   5 locations including Paoli, Upper Darby, and NJ and the following in Philadelphia:  
   15th & Locust Streets  
   Philadelphia, PA 19102  
   215-546-2200  
   and  
   8400 Bustleton Avenue  
   Philadelphia, PA 19152  
   215-342-4400

Outpatient Treatment (HMO-type care)

1. Livengrin Foundation  
   4833 Hulmeville Road  
   Bensalem, PA 19020  
   1-800-245-4746

Support Groups

1. Alanon - For family and friends affected by another's addiction 215-222-5244

2. Alcohol Abuse 24 Hour Hotline 1-800-444-9999 or 1-800-930-9329

3. Alcoholics Anonymous (AA) 215-923-7900


5. Philadelphia Recovering Nurses Association (PRNA)  
   Hall Mercer, Room 209, Philadelphia  
   Meetings held Fridays at 7 p.m.  
   Open meetings last Friday of the month  
   215-725-5035

6. Free Quit line for Smokers 1-877-724-1090
III. DISCIPLINARY SANCTIONS

The illegal possession, use, manufacture, sale or purchase of narcotics, drugs (including alcohol), drug paraphernalia, or controlled substances while on Roxborough Memorial Hospital or affiliate clinical agencies property will result in expulsion and in the filing of criminal charges. Illegal substances will be confiscated and the appropriate law enforcement agencies notified. A student who is arrested or charged with a drug offense which involves the sale, manufacture, possession, or purchase of illegal drugs must inform the Dean of Education within five (5) days of the nature of the charges and the ultimate disposition of the charges. Failure to do so is grounds for disciplinary action, up to and including expulsion. Such arrest/conviction will subject the student to discipline, up to and including expulsion.

IV. REPORTING OF DRUG & ALCOHOL RELATED VIOLATIONS & FATALITIES

Any drug and alcohol related violations and fatalities that occur at Roxborough Memorial Hospital or at any school activity are reported to the Dean of Education. Disciplinary sanctions are outlined above in Section III.

V. SEARCHES OF STUDENTS AND PROPERTY

In accordance with School policy as stated in the Student Handbook, the School of Nursing reserves the right to search a student or a student’s property when there is reasonable suspicion of illegal possession, use, manufacture, sale, or purchase of drugs or alcohol. Student property subject to searches include, but is not limited to, personal belongs and private vehicles parked on Hospital property. Any student who refuses to submit to such a search will be subject to expulsion.

VI. DRUG AND ALCOHOL TESTING

A. All applicants for admission to the School of Nursing are required to submit to drug screening as a condition of enrollment. Any applicant who tests positive for illegal use of drugs or who refuses to submit to such testing will not be admitted.

B. All enrolled students are subject to mandatory testing for illegal drug use or alcohol during their enrollment at the School of Nursing. Such testing may be required of all students, for reasonable cause, or as part of a program of random testing. Any enrolled student who tests positive for illegal use of drugs or for being under the influence of alcohol, or any student who refuses to submit to such testing, will be subject to expulsion.

C. Any applicant or student who is refused admission to, or is expelled from the School of Nursing, as a result of a positive drug or alcohol test, or a refusal to submit to such testing, will forfeit all monies paid for tuition or fees to the School.

D. When a student exhibits impaired academic or clinical performance and reasonable suspicion exists that he/she is under the influence of alcohol and/or drugs while in class, in the clinical laboratory or at a community agency affiliation, the instructor is to:

   1. Arrange if practical, to have another person observe and document the impaired performance or suspicious behavior, and notify the Dean of Education as soon as possible of the behavior observed.

   2. Conduct a private meeting with the student to discuss the behavior and observations. The student is to explain why he/she is not in a condition to adequately perform assigned clinical or academic responsibilities.
E. Should reasonable suspicion remain that the student in question is under the influence of alcohol and/or drugs, the Dean of Education shall be notified, and the student will be escorted for appropriate testing according to Roxborough Memorial Hospital's policy for "On Job Impairment Drugs and Alcohol Screening."

F. Symptoms leading to reasonable suspicion may include dilated pupils, constricted pupils, uncoordinated gait, slurred speech, poor motor coordination, glossy eyes, drowsiness, disorientation or confusion, odor of alcohol on breath or clothes, extreme nervousness or irritability, profuse perspiration, unusual talkativeness, convulsions, and the inability to perform routine tasks.

G. Referral to Testing:
1. No individual will be tested unless he or she signs a consent form.
2. Where possible the consent form shall be executed prior to referral; in all other cases the consent form shall be executed at the collection site.
3. When the form is executed prior to referral a copy shall be given to the student to present to the collection site representative.
4. The consent form shall be signed by the Employee Health clinician, or by Emergency Room staff during off hours.
5. The individual to be tested shall be escorted by instructor or director to the collection site.
6. Any student who refuses to submit to such testing will be subject to expulsion.

H. Verification of Identity and Obtainment of Consent:
1. The collection site shall be clean, well lit and dedicated solely to urinalysis and blood collection during the collection process. Whenever possible, the collection site shall have a collector of each gender.
2. Upon arrival at the collection site, the individual to be tested shall be asked to provide the collection site person with the consent form and an additional form of identification. If the individual does not have photo identification, a detailed description of the person being tested should be included on the consent form. The individual to be tested shall acknowledge the description by signing their name to same.
3. The collection site person shall check that the individual signed the consent portion of the consent form.
4. If an individual refuses to execute the consent, no sample shall be collected. The individual's refusal should be noted on the consent form and reported to the Dean of Education.

I. Confidentiality
1. The School of Nursing shall not disclose the results of any drug or alcohol test except to individuals who have a need to know, as required by law, or with the student’s consent.
ROXBOROUGH MEMORIAL HOSPITAL  
SCHOOL OF NURSING  

PLEASE READ CAREFULLY, SIGN AND RETURN  

DRUG AND/OR ALCOHOL TESTING  

I understand that for the protection of the patients, and myself, any offer of acceptance I may receive will be conditioned upon my taking and passing a drug test, given by a physician, registered nurse, or nurse practitioner approved by Roxborough Memorial Hospital and/or School of Nursing. I also agree to take a drug or alcohol test, at such other times unannounced as required by the Hospital/School of Nursing during the period of my enrollment.

I understand that if I am found to be positive for alcohol or drugs, i.e. marijuana or other controlled substances, I will not be admitted or will be immediately expelled from the School of Nursing and forfeit all monies paid for tuition to the School.

The Roxborough Memorial Hospital School of Nursing adheres to Section 14 of the Professional Nursing Law that addresses chemical dependency and will not tolerate any circumstances in which a student or employee compromises the established standard.

Name of Student: (PRINT) __________________________ Date: ____________
Signature of Student: ________________________________ Date: ____________
Witness: _________________________________________ Date: ____________
1. **Accrediting Commission for Education in Nursing (ACEN)** – The organization which establishes Standards and Criteria through which the school of nursing regularly performs self-evaluation for educational equality. Program accreditation is based on resources invested, processes followed and results achieved. This organization also serves as the gatekeeper for Title IV-Higher Education Act programs, programs administered by the Department of Education and/or other federal government agencies.

2. **Attrition** – The reduction or decrease in the number of students admitted to the school of nursing for academic, financial or personal reasons.

3. **Best Practices** – Optimal techniques, procedures or programs identified through evidence-based research or field experience of one or more organizations (Spears 2003) that improve care effectiveness and efficiency while enhancing positive patient outcomes (Benefield 2002). The term best practice is also frequently used as an umbrella label for algorithms, protocols, care pathways and clinical practice guidelines that reflect optimal clinical interventions. The implementation of best practice in encouraged in patient care (Grol and Grimshaw, 2003) and is typically available in health literature: Huffman, M. (2005) Implementing Outcome-based Home Care, Sudbury, MA: Jones & Bartlett.

4. **Clinical Experiences** – Instructional activities with patients across the lifespan that aid in the achievement of the student learning outcomes and program outcomes. Clinical experiences are supervised by qualified faculty who provide feedback in the support of learning. Clinical experiences may include (but are not limited to) traditional hospital or outpatient settings, laboratory or simulation activities.

5. **Concept** – A general notion, idea or thought, i.e., content areas, integrated throughout the nursing courses, application simple to complex.

6. **Communication/Leadership** - Verbal and non-verbal messages used to convey information and build relationships/Clinical coordination and management of care, priority setting, time management, conflict resolution, team work.

7. **Communities of Interest** – Persons, groups, agencies, and/or organizations that influence the mission, services, and outcomes of the nursing education unit. Examples include students, graduates, healthcare employers, governing organizations, state regulatory agencies and the public.

8. **Concepts** - A general notion, idea or thought, i.e., content areas integrated throughout the nursing courses, application simple to complex.

9. **Conceptual Framework** – is the foundation of the curriculum that represents the beliefs of the faculty.

10. **Course** – Specific content to be studied within each term to meet specific objectives.
11. **Course Credit** – One term credit is equal to 12.5 hours of theory or 50 hours of clinical practice. Term credits assigned to nursing courses are utilized for grading and financial purposes and are not meant to imply transferable credits.

12. **Criteria** – Statements that identify the variables that are examined and evaluated in a standard.

13. **Critical Thinking** – The process of analyzing and understanding how and why we reach a certain conclusion by examining data, gathering information from the literature, organizing observations, and drawing upon past experience.

14. **Cultural Competence** – Ability to recognize and respect cultural differences and the willingness to work with those differences in order to provide meaningful patient care.

15. **Culture** - The totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, and lifeways and all other products of human work and thought characteristics of a population of people that guide their worldview and decision-making.

16. **Curriculum** – Course offerings that make up the Program of Study.

17. **Default Rate** – The rate of student borrowers who fail to remain current on their loans.

18. **Disease Prevention** – Actions, interventions to reduce health threats prior to disease onset.

19. **Distance Technology** – Instructional methods which include one way or two way transmissions. General as well as specific course information is shared via platforms. Platforms utilized include but are not limited to Pearson, Evolve, and ATI (Assessment Technologies, Inc).

20. **Due Process** – A decision making procedure that is based on published rules of procedure and is free of improper influence.

21. **Employer Satisfaction with Graduates** – Ability of the graduate to administer the Nurse Practice Act.

22. **Enrichment Program** – provides students with the opportunity to receive further clarification of curricular content in a small group or one-on-one environment. The ultimate goal of the program is to produce a graduate who will be successful in the clinical and theory aspects of nursing as well as on the NCLEX-RN licensure examination.

23. **Evidence-based Nursing Care/Practice** – The provision of nursing care to individuals, groups and communities that evolves from the systematic integration of research findings related to a particular clinical problem. Intervention strategies are designed based on the evidence garnered through research, questions are raised about clinical practices that lead to new research endeavors, and the effectiveness of interventions are systematically evaluated in an effort to continually improve care.

24. **Evidence-based Teaching Practice** – Using systematically-developed and appropriately-integrated research as the foundation for curriculum design, selection of teaching/learning strategies, selection of evaluation methods, advisement practices, and other elements of the educational enterprise.
25. **Expected Level of Achievement** – The measurable index that reflects a desired outcome.

26. **Faculty Development** – Activities that facilitate faculty maintenance or enhancement of expertise including certification, continuing education, formal advanced education, clinical practice, research, publications, and other scholarly activities.

27. **Faculty Handbook** – Guidelines and policies needed by the faculty to effectively execute the program.

28. **Faculty – Instructor** – Used interchangeably. Person who engages students both in a teaching and/or evaluative manner.

29. **Faculty Workload** – Average number of hours that reflect the manner in which faculty responsibilities are completed over the course of the year. Categories include student contact hours, faculty organizational activities, community activities, continuing education, preparation and evaluation, and miscellaneous.

30. **Graduate Competencies** – The expected measurable levels of graduate performance that integrate knowledge, skills and abilities. Competencies include specific knowledge areas, clinical judgments, and behaviors based upon the role and/or scope of practice of the graduate nurse. Graduate competencies are synonymous with the program learning outcomes.

31. **Grievance** – A procedure which provides prompt, non-discriminatory settlement of differences that a student may have with other students or the faculty. This will be characterized as academic or nonacademic.

32. **Guidelines of the Faculty Organization** – The faculty body where committees disseminate information and where decisions regarding curriculum and policies are made.

33. **Governing Organization** – Prime Healthcare Services is headquartered in Ontario, California, manages and oversees Roxborough Memorial Hospital and the School of Nursing.

34. **Health** – A continuum of wellness and illness; dynamic and ever changing state.

35. **Health Education** – Developing and providing instruction, learning experiences to facilitate health in individuals, families, and groups.

36. **Health Maintenance** – A systematic program or procedure planned to prevent illness, to maintain maximal function and to promote health.

37. **Health Promotion** – Interacts as a health team member to support the health of the individual, groups and communities.

38. **Holism** - Man is composed of biological, psychological, social, cultural, and spiritual needs which must be met to maintain equilibrium.

39. **Hospital-based Program** – Used interchangeably with diploma program.

40. **Job Placement Rate** – The number of graduates employed in a position as a registered nurse, one year after graduation.
41. **Learning Assistance Program** – An individualized plan of remedial and tutorial assistance to address the remediation and learning needs of a student to attain Learning Outcomes.

42. **Life Cycle** – Processes that occur from conception through senescence.

43. **Mandatory Education** – An on-line enrichment program. There will be mandatory modules for both employees and students to complete which are assigned yearly. Employees and students are able to take a wide variety of courses at their own convenience, at their own pace, at work or home, via the internet.

44. **Mission / Philosophy** – The governing organization and School of Nursing’s statement that designates fundamental beliefs and characteristics and provides guidance and direction of the program.

45. **National League for Nursing (NLN) Competencies** – Core values established by the NLN which are integrated throughout the program.

1. **Human Flourishing** – Advocate for patients and families in ways that promote their self determination, integrity and ongoing growth as human beings.
2. **Nursing Judgment** – Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.
3. **Professional Identity** – Implement one’s role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and sage, quality care for diverse patients within a family and community context.
4. **Spirit of Inquiry** – Examine the evidence that underlies clinical nursing practice to challenge the status quo question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.

46. **Non-Traditional Student** – An individual who enters nursing as a second career and/or has a previous degree in another profession.

47. **Nurse Administrator** – Holds the overall administrative responsibilities for the School of Nursing; who reports directly to the Chief Executive Officer (CEO) of the hospital.

48. **Nursing** – Process of assisting an individual, family or community in the performance of those activities contributing to health or its recovery.

49. **Nursing 101** – Scope of Health & Wellness I.

50. **Nursing 102** – Scope of Health & Wellness II.

51. **Nursing 103** – Medical-Surgical Nursing I.

52. **Nursing 104** – Medical-Surgical Nursing and Mental Health Nursing.

53. **Nursing 201** – Medical-Surgical Nursing II.
54. **Nursing 202** – Medical-Surgical Nursing III.
55. **Nursing 203** – Nursing Care of Mothers & Children.
56. **Nursing 204** – Medical-Surgical Nursing IV.
57. **Nursing Process** – Form of problem-solving used to plan and organize care; consists of five steps: assessment, analysis, planning, implementation and evaluation.
58. **Patterns of Employment** – Employment in the health care field by all graduates.
59. **Pedagogical Research** – Systematic inquiry into all aspects of the teaching/learning process, including how students learn, effective teaching strategies, effective assessment or evaluation methods, curriculum design and implementation, program outcomes, learner outcomes, environments that enhance learning, and other components of the educational enterprise.
60. **Performance on NCLEX** – The NCLEX examination is developed by the National Council of State Boards to test minimum competencies of graduate nurses. First time candidates rate of successful passing will be used as an evaluation tool.
61. **Population-based Health Care** – A population health perspective encompasses the ability to assess the health needs of a specific population; implement and evaluate interventions to improve the health of that population; and provide care for individual patients in the context of the culture, health status, and health needs of the populations of which that patient is a member.
62. **Prerequisite Course** – A course that is required prior to admittance in the School of Nursing or progression to the next course within the School of Nursing.
63. **Professional Standards** – A set of standardized guidelines utilized in the evaluation of students throughout the curriculum. These include but are not limited to:
   - Pennsylvania Nurse Practice Act
   - The American Nurses’ Association Code of Ethics
   - The American Nurses’ Association Scope and Standards: Nursing Practice
   - The Joint Commission National Patient Safety Goals
   - National League of Nursing Competencies for Graduates of Nursing Programs
   - Quality and Safety Education for Nurses (QSEN)
64. **Program Completion Rate** – The number of students who complete the nursing program within 150% of the stated program length beginning with enrollment in the first nursing course.
65. **Program Length** – Total time required to complete the nursing program stated in academic terms exclusive of prerequisites.
66. **Program Outcomes** – Indicators which reflect the effectiveness of the nursing education, learning outcomes and graduate competencies. These include program completion rates, job placement rates, licensure/certification exam pass rates, graduate satisfaction, and employer satisfaction.
67. **Program Satisfaction** – Satisfaction among the students, graduates, employers, and faculty with educational offerings and services.

68. **Reflective Thinking** – is part of the critical thinking process referring specifically to the processes of analyzing, evaluating, and making judgments about what has happened. In reflective thinking, learners are aware of and in control of their learning by assessing what they know, what they need to know, and how they bridge that gap.

69. **Research-Critical Inquiry**: Gathering information, analyzing data, understanding, interpreting, utilizing.

70. **Retention** – The process of having a student successfully complete the nursing program.

71. **Scholarship** – Faculty define scholarship as expanding an individual’s knowledge base and skills through education and teaching which is based on academic preparation, continuing education, service, practice, and review of current literature, as applied to the nursing faculty role. In the discipline of nursing it is important to keep current with scientific inquiry in response to the rapidly changing academic and health care environments. Faculty’s evidence of scholarship is based upon Ernest L. Boyer (1990) and the American Association of Colleges of Nursing (1999), who reconsidered and defined the concept of scholarship for the discipline of nursing. Boyer (1990) identifies four types of scholarship: the scholarship of teaching, discovery, application, and integration that are defined below.

1. **Teaching** – provision of knowledge, insight and skills in nursing
2. **Application** – practical use of the knowledge, insight and skills in nursing
3. **Integration** – combine into a whole the body of knowledge, insight and skills relevant to nursing
4. **Discovery of Knowledge** – acquisition of the body of facts, principles, insight and skills relevant to nursing.

All are essential in the academic enterprise and must be represented by the School of Nursing faculty. However, whereas all faculty members must be involved in scholarship, all faculty need not be involved in all of Boyer’s four types of scholarship. Faculty, therefore, integrate the terms used in their scholarship definition to expand and demonstrate their application of scholarship within their faculty role.

**Service** – is defined as contributing one’s expertise, time, and effort to the students, the School of Nursing, one’s profession, higher education, organizations, and the community.

**Practice** – is defined to mean professional engagement in nursing. This can be determined through the combined activities inherent in the theoretical and clinical teaching of nursing as well as professional practice outside of the parameters of the school.

**Academic Preparation** – is defined as the theoretical and clinical education that includes knowledge and skills acquired from an accredited graduate nursing program that prepares a faculty member for advanced practice and teaching.

**Continuing Education** – is defined as maintaining one’s knowledge and skills by attending educational conferences and reading the literature.
Review of Current Literature – is defined as having the skill to access information on a topic using various data bases i.e., CINAHL, Cumulative Index of Nursing and Allied Health Literature, PubMed/Medline (via National Library of Medicine) and EBSCO HOST.

72. School Catalog – Provides information to prospective students regarding admission and curricular requirements.

73. Staff – Non-faculty personnel who facilitate the attainment of the goals and outcomes of the nursing education.

74. Standard – Agreed-upon rules established by the ACEN to measure quantity, extent, value, and quality of the nursing program.

75. Standardized Tests – Exams used as a measurement of student progress in the curriculum.

76. Student Handbook – Contains those guidelines and policies pertaining to the student’s responsibilities while in the program.

77. Student Learning Outcomes – Statement of written expectation of what the student will know, do or think at the end of each course. Student Learning Outcomes are measurable and must be fully achieved for succession to the next course.

78. Systematic Evaluation Plan (SEP/SPE) – The written document demonstrating ongoing comprehensive assessment of the student learning outcomes, program outcomes, role specific graduate competencies and the ACEN standards.

79. Term – A time period during which a course begins and ends; denotes a ten-week block of time.

80. Therapeutic Intervention – Application of the nursing process in the practice of professional nursing within the standards of the Nurse Practice Act.

81. Traditional Student – An individual who enters nursing directly after high school and completion of college prerequisite courses.
PURPOSE: To describe acceptable uses of the School's computer lab equipment.

POLICY:
I. Access
   A. The equipment in the computer lab is maintained for use of the students, faculty, and staff of the School of Nursing. No other persons are authorized to be in the labs or to use this equipment except by permission of and arrangement with the Facility Receptionist.

   B. The computer labs are accessible during the same hours as the Library. Instructors may reserve all or part of the computer labs for class sessions requiring or teaching computer use; otherwise, no reservations are accepted.

II. Acceptable Use
   A. The computer labs may be used for course work, computer-assisted instruction directly related to course work, and for other applications relevant to nursing education.

   B. Software that is not the property of the School of Nursing may not be used or installed on the computers. No user may alter or delete any permanent file on a hard drive.

   C. Unless otherwise authorized by the Librarian, users are to save their work on their own flash drives, rather than on the "hard" drives intended for permanent storage. Files left on the hard drives not only are accessible to other users, but also are subject to deletion as staff undertakes routine maintenance.

   D. Equipment is not to be moved, disconnected, or reconfigured without permission from the Librarian.

III. Other Information
   A. Besides the computers in the Computer Lab, there six computers in the library and six computers in the back room of the library. (change number of computers).

   B. All of the computers have the web based EBSCOHOST icon, the OPAC catalog icon, and Microsoft Office, including Word, Excel, and PowerPoint loaded onto them.

   C. There are also several NCLEX-RN (nursing exam) programs on the computers. Some of the NCLEX-RN programs require the CD-ROM of the program in order to do the exam; some of the NCLEX-RN programs are stored on the computer itself. CD-ROMs of the NCLEX-RN programs are available for check-out from the Librarian. All of the NCLEX-RN programs vary in content, format, and printing. (remove)

   D. While anti-virus software is installed on the computers, the School cannot guarantee that every virus will be detected and neutralized. Users are therefore requested to bring in only CD’s or memory sticks that they are certain, are free of viruses.

   E. Assistance with the computers or the installed software may be obtained from the Librarian.

   F. Under no circumstances are food or drink allowed in the computer lab.
INTERNET ACCEPTABLE USE

PURPOSE: To provide students with guidelines regarding Roxborough Memorial Hospital’s intent to maintain an educational facility free of harassment and sensitive to the diversity of students through the use of computers and computer software, including electronic (e-mail) and Internet access.

POLICY:

This policy governs the use of Roxborough Memorial Hospital’s e-mail and internet usage. Computers, computer files, the e-mail system and all software furnished to students are Roxborough Memorial Hospital property intended for school use only. These systems, including the equipment and the data stored in the systems, are and remain at all times the property of Roxborough Memorial Hospital. As such, all messages created, sent, received or stored in the systems and all information and materials downloaded into Roxborough Memorial Hospital computers are and remain the property of Roxborough Memorial Hospital. Students should not use a password, other than the ones created to access our computer system without authorization from the Director of the Hospital IT Department. To contact the Director you can call the HELP desk at 215-487-4357. Students must use good judgment when communicating through e-mail. These electronic communications have the same effect as if they are created on a hard copy document. To ensure compliance with the policy, computer and e-mail usage may be monitored.

STATEMENT OF POLICY

I. Use of Information Systems

Roxborough Memorial Hospital strives to maintain an academic facility that is free of harassment and sensitive to the diversity of its students and employees. Therefore, Roxborough Memorial Hospital prohibits the use of computers and the e-mail and Internet systems in ways that are disruptive, offensive to others or harmful to morale.

A. Examples of inappropriate use of the information systems include, but are not limited to the following:
   1. Threatening or harassing other students;
   2. Using obscene or abusive language;
   3. Creating, displaying or transmitting offensive or derogatory images, messages or cartoons regarding sex, race, religion, color, national origin, marital status, age over 40, physical or mental disability, medical condition or sexual orientation.
   4. Creating, displaying or transmitting “junk mail” such as cartoons, gossip or “joke of the day” messages.
   5. Creating, displaying or transmitting “chain letters”; and,
   6. Soliciting or proselytizing others for commercial ventures or for religious, charitable or political causes. This includes “for sale” and “for rent” messages or other personal notices.

II. Privacy Considerations

Students should not expect privacy with regard to Roxborough Memorial Hospital’s information systems. Any communication, which is private, confidential or personal, should not be placed on Roxborough Memorial Hospital’s information systems. Students should expect that any e-mail that is created, sent or received and any file in the computer network, in local PCs or on disks located on
Roxborough Memorial Hospital property may be read at any time. Roxborough Memorial Hospital expressly reserves the right to intercept, read, review, access and disclose all e-mail messages; and to intercept, listen to, review, access and disclose all voice mail messages; and to intercept, read, review, access, and disclose all computer files, including, but not limited to Internet usage and Web sites that you have accessed. Every time you use or log on to these devices, you are consenting to such action. The reasons for these actions, include, without limitation, to investigate wrongdoing, to determine whether security breaches have occurred, to monitor compliance with policies and to obtain work products needed by other employees.

Deleting e-mail messages and computer files does not necessarily mean that there are not copies on the network or in storage, or that the information cannot be retrieved. Accordingly, nothing should be written in a computer file or in e-mail that you would not put in a traditional hard copy document. Please note that it is possible that Roxborough Memorial Hospital could choose to or be compelled to produce e-mail and computer files in litigation.

III. Licensing of Computer Software

The Roxborough Memorial Hospital purchases and licenses the use of various computer software for the school’s curriculum purposes and does not own the copyright to this software or its related documentation. Unless authorized by your Information Systems Director, who is be contacted by request by the Administration Secretary of the School of Nursing, does not have the right to produce such software for use on more than one computer.

It is the Roxborough Memorial Hospital’s policy to acquire software through legitimate means and respect agreements concerning the use and copying of software. Students must not borrow, “bootleg” or copy Roxborough Memorial Hospital’s licensed software for personal use or utilize it outside the limits of the license agreement negotiated by the hospital or its school. You may not use any personally acquired software on Roxborough Memorial Hospital’s computers without the express approval of the Information Systems Director, again see the School of Nursing Administration Secretary.

IV. Security Precautions

Security of the School of Nursing information systems is a priority and the responsibility of all students. Each student must log off the PC he or she uses when away from the PC for extended periods and at the end of each session/day. Computer log-on ID’s and passwords for network access, e-mail, and other applications should never be revealed to anyone unless requested by authorized school personnel.

V. Violations of Policy

Students should notify the Dean of Education upon learning of violations of this policy. The information age makes it difficult to cover every possible emerging technology adequately as to its capacity for abuse. Students are expected to use good judgment in using any Roxborough Memorial Hospital provided business tool. While not all-inclusive, any breach of the guidelines, statements, or spirit of this policy, may result in disciplinary action up to and including dismissal from the School of Nursing.
PROCEDURES

Students

1. Report any violations or potential problems with communication to the Librarian.
2. Utilize the computer and computer networks solely for school assignments in accordance with this policy.
USERS MANUAL FOR CINHAL DATABASE
EFFECTIVE SEARCHING OF CINAHL & MEDLINE

CINAHL with Full Text is the world’s most comprehensive source of full text for nursing & allied health journals, providing full text for more than 580 journals indexed in CINAHL. Of those, 278 are not found with full text in any version of Academic Search, Health Source, or Nursing & Allied Health Collection. This authoritative file contains full text for many of the most used journals in the CINAHL index - with no embargo. With full-text coverage dating back to 1981, CINAHL with Full Text is the definitive research tool for all areas of nursing and allied health literature.

CINAHL with Full Text also includes the Pre-CINAHL dataset. Pre-CINAHL is intended to provide current awareness of new journal articles, and is collection of records that provide basic bibliographic information before they are indexed with CINAHL Headings. As Pre-CINAHL journal articles are indexed, the records are replaced with complete CINAHL records.

There are a number of helpful tips and hints you can use to improve your search results. For example, you can use Boolean operators to link terms together; limit the search to a specific title; and /or restrict the search to a particular date range.

CINAHL with Full Text can be accessed on any computer at the Roxborough Memorial Hospital School of Nursing by clicking on the EbscoHost icon on the computer or by typing in the following URL into the Explorer browser: http://search.ebscohost.com

Check the CINAHL with Full Text box and you will be logged into the CINAHL Database. Should you wish to search the Medical Database, Medline with Full Text, check the Medline with Full Text box and you will be logged into the Medline with Full Text database described after the CINAHL information below.
You can also search Ebscohost from your home computer with Internet access. In order to access Ebscohost from home type in the same URL as above. You will be prompted for your user I.D. and password. This is the same for everyone: USERID: roxborough       Password: nursing.

**Boolean Operators**

Sometimes a search can be overly general (results equal too many hits) or overly specific (results equal too few hits). To fine tune your search, you can use AND, OR, and NOT operators to link your search words together. These operators will help you narrow or broaden your search to better express the terms you are looking for and to retrieve the exact information you need quickly.

**USING THE "AND" OPERATOR:** If you have a search term that is too general, you can append several terms together using "AND". By stringing key terms together, you can further define your search and reduce the number of results. Note: Unless you define a specific search field, the result list will contain references where all your search terms are located in either the citation, full display or full text.

- For example, type high risk AND injury to find only articles that reference high risk injuries.
- **USING THE "OR" OPERATOR:** In order to broaden a search, you can link terms together by using the "OR" operator. By using "OR" to link your terms together you can find documents on many topics. Linked by this operator, your words are searched simultaneously and independently of each other.
  - As an example, search high risk AND injury OR trauma to find results that contain either the terms "high risk" and "injury", or the term "trauma".
- **USING THE "NOT" OPERATOR:** In order to narrow a search, you can link words together by using the "NOT" operator. This operator will help you to filter out specific topics you do not wish included as part of your search.
  - Type: high risk OR injury NOT trauma to find results that contain the terms "high risk" or "injury", but not the term "trauma".

To further define your results, type: high risk AND injury AND trauma to constrict the search to include all terms linked by the "AND" operator. Including Phrases in a Search

When your search string includes phrases, the default search order is that phrases are searched in the order in which they are typed in and with the words right next to each other

**Using Quotation Marks**

Typically, when a phrase is enclosed by double quotations marks, the exact phrase is searched. This is not true of phrases containing stop words. A stop word will never be searched for in an EBSCOhost database, even if it is enclosed in double quotation marks. A search query with stop words only (i.e. no other terms) yields no results.

When Boolean operators are included in a phrase search that is enclosed by quotations marks, the operator is treated as a stop word. When this is the case, any single word will be searched in its place.

If one of the words in your search term is also a searchable field code, that word will be treated as a searchable field code unless your phrase is surrounded by quotation marks.

If the "Automatically And Search Terms" expander is set to "On" during your search, your words will be searched individually, as if the word "and" were included between each word in your search. However, if “Automatically And Search Terms” is set to “On” and your phrase is enclosed in quotation marks, your keywords will still be searched as a phrase.

**CINAHL with Full Text Subject Headings**

The CINAHL with Full Text Subject Headings authority file is a controlled vocabulary thesaurus that assists in more effectively searching the CINAHL with Full Text database. Each bibliographic reference in the database is associated with a set of subject terms that are assigned to describe the...
content of an article. There are more than 10,600 main subject headings as well as thousands of cross-references that assist in finding the most appropriate subject heading. CINAHL with Full Text accepts the U.S. National Library of Medicine's Medical Subject Headings (MeSH) as the standard vocabulary for disease, drug, anatomical, and physiological concepts. CINAHL with Full Text subject heading terms are arranged in a hierarchy, or "tree structure", that permits searching at various levels of detail from the most general level to more narrow levels to find the most precise terms. The subject headings include indexing annotations, tree numbers, scope notes, entry vocabulary, history notes, and allowable qualifiers. The headings can be exploded to retrieve all references indexed to that term as well as all references indexed to any narrower term(s). Searches can also be limited with specific qualifiers (subheadings) to improve the precision of the search, and limited to major subject headings indicate the main focus of an article. The list is updated annually by subject specialists. This authority file defaults to an alphabetical listing of subject headings. Browsing the list provides a relevancy ranked list of related descriptors.

Evidence-Based Practice Limiter
The Evidence-based practice journal subset is applied to articles from evidence based practice journals (including Cochrane), as well as articles about evidence based practice, research articles (including systematic reviews, clinical trials, meta analyses, qualitative studies), commentaries on research studies (applying practice to research), case studies if they meet the criteria of the use of research and/or evidence based practice terms.

Publications Authority File
The publication authority file is an alphabetical list of the journal titles included in this database. Any publication found in the product's data will be listed in this authority file. As a result, any exclusive search of a publication in this list is guaranteed to create results.

Copyright and Restrictions of Use
The CINAHL with Full Text® database is a bibliographic database which indexes over 1,700 journal titles. It includes original documents. Copyright in the database and these original documents is owned by CINAHL with Full Text Information Systems. The database is intended solely for the use of the individual patron of the licensing party. Copyright of the full text of journal articles, author abstracts and most other full text materials is the property of the publisher or copyright holder of the original publication. Text may not be copied without express written permission except for the print or download capabilities of the retrieval software used to access it. This text is intended solely for the use of the individual user.

MEDLINE with Full Text
MEDLINE with Full Text is the world’s most comprehensive source of full text for medical journals, providing full text for more than 1,240 journals indexed in MEDLINE. Of those, more than 1,220 have cover-to-cover indexing in MEDLINE, and of those, 410 are not found with full text in any version of Academic Search, Health Source or Biomedical Reference Collection. This wide-ranging file contains full text for many of the most used journals in the MEDLINE index - with no embargo. With full-text coverage dating back to 1965, MEDLINE with Full Text is the definitive research tool for medical literature.

Medical Subject Headings (MeSH)
MeSH is the National Library of Medicine's controlled vocabulary thesaurus. Each bibliographic reference is associated with a set of MeSH terms that are assigned to describe the content of an article. There are more than 19,000 main headings in MeSH, as well as thousands of cross-references that assist in finding the most appropriate MeSH heading. MeSH terms are arranged in a hierarchy, or "tree structure", that permits searching at various levels of detail from the most general level to more narrow levels to find the most precise terms. MeSH is updated annually by subject specialists at the NLM.
MeSH records include indexing annotations, tree numbers, scope notes, entry vocabulary, history notes, and allowable qualifiers. MeSH headings can be exploded to retrieve all references indexed to that term as well as all references indexed to any narrower term(s). Searches can also be limited to Major Headings where MeSH headings indicate the main focus of an article. Searches can also be qualified with specific subheadings to improve the precision of your search. Subheadings and their abbreviations are listed below:

**Publication Authority File**

The publication authority file is an alphabetical list of the journal titles included in this database. Any journal found in the product's data will be listed in this authority file. As a result, any exclusive search of a journal in this list is guaranteed to create results. Note: Format of titles in main data does not necessarily match the format in Journal authority, which is build from the NLM Serfile serials data.

**FOR MORE HELP WITH THE CINAHL DATABASE PLEASE SEE THE LIBRARIAN.**
ONLINE CATALOG

DESCRIPTION
The online catalog searches for any item that is cataloged and available for check-out in the library, including books, videotapes, and CD-ROMs. Also in the online catalog are titles on Reserve (including textbooks used in classes) and Reference (for example, encyclopedias of drugs and diseases). Books and videos are shelved by call number on the book shelves. Reserve and reference materials are shelved on specific shelves. The online catalog is available on all of the computers in the Computer Lab and the Library.

HOW TO SEARCH
To search the online catalog, follow these steps:
• Double-click on the shortcut on the computer monitor marked OPAC.
• This screen will appear:

• To search for a book, video, etc., click the word Regular
• This screen will appear:

• The box for Title will be checked. To search for a title, click inside the box to the right of Value to Search: Contains, then type any word in the title. You can also type in a phrase (for instance, cardiovascular nursing), part of a word, or the beginning of a title. (If typing in the beginning of a title, do not use the first words a, an, or the.) After you type in word(s) of a title, click Search (at the lower left of the box, next to the picture of binoculars).
• A list of titles with the word(s) you searched for will appear on the screen. To see more detail about a title, click on the title, then click Details (at the bottom of the screen, to the right of Search).
• Another screen will appear with the details of the title, including Title, Author(s), Subjects, Publisher, etc. It will also say (under Loan Type) if the title is a Book, Book Non-Circulating (Reference or Reserve), Video, CD-ROM, etc.
• The call number on the same screen as Title, Author, etc. tells you the location of the book, video, etc. The call number is a Library of Congress call number, which is assigned by subject and author. The books and videos are on the shelves in order by call number. Call numbers include letters and numbers. To find a book on the shelves, look first by letter(s), then by the number after the letter(s), then by the
letter-number combination after the number, then by the date of publication. CD-ROMs are kept in the Librarian’s office; please see the Librarian for help with CD-ROMs.

- To check details of other titles on the list click the left or right hand arrows at the bottom of the screen to go backward or forward on the list.
- To start a new search, click the X in the upper right hand corner of the Details screen, then click Search (at the lower left of the box) to start a new search.

HOW TO PRINT TITLE LIST

- To print a list of the titles, click Print (at the bottom of the screen with the list of titles) – you will see a Print Preview screen of the titles. To print the list, click the printer icon (in the upper left-hand corner of the screen). Click OK – the list will print. The list of titles will include Call #, Title, Author, and Card Code (a computer-assigned barcode – you don’t need to worry about this).

SEARCH FOR ITEMS BESIDES BY TITLE

- If you want to search for something other than a title, click the box next to the word Title. The check inside the box will disappear. You can check another box (for instance, Author or Subject), then click inside the box next to Value to Search: Contains, then type in word(s), name, etc. (Please note: when searching for an author, type in last name first.) You can also check several boxes at the same time (for instance, Title and Subject), to search for words under more than one way.

ADVANCED SEARCHING

- To search for a combination of words, click Advanced on the first screen you see after clicking OK at the beginning.
- The following screen will appear:

Click Add (on the upper right-hand side of the box).
- This box will appear:

Title will automatically be marked, but if you click on the down arrow at the end of the box with Title, you will see several other options (Author, Subject, Note, etc.).
- If you want to search something besides the title, click on another option (Author, Subject, etc.). That option will automatically replace Title.
- Click inside the box under Value to Search:
- Type in the word, part of a word, or a phrase you want to search.
- Click Ok.
To add another word to search for, click **Add**. This screen will appear:

```
 Add Search Condition

<table>
<thead>
<tr>
<th>Logic</th>
<th>Field</th>
<th>Condition</th>
<th>Value to Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND</td>
<td>Title</td>
<td>Contains</td>
<td></td>
</tr>
</tbody>
</table>

Ok  Cancel  Help
```

If you want to add another word or phrase to search along with your first word, follow the directions above. If you want to search either of the two words, click the **down arrow** after the word **AND**, then click the word **OR**. Click **Ok** after typing in the word or phrase.

You will see a screen with the terms you typed in, for instance:

```
 librarysoft advanced search

<table>
<thead>
<tr>
<th>Logic</th>
<th>Field</th>
<th>Condition</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND</td>
<td>Title</td>
<td>Contains</td>
<td>cardio</td>
</tr>
<tr>
<td>AND</td>
<td>Title</td>
<td>Contains</td>
<td>nursing</td>
</tr>
</tbody>
</table>
```

You can click **Add** to add more words or phrases. If you add too many words, though, your search may come up with few or no titles.

To find the titles with the words you typed in, click **Search** on the right-hand side of the box you see just above.

A list of titles will appear, just like when you do a **Regular** search. Follow the directions under **Regular** searching to see the individual titles and to print lists of titles.

If you want to start a new **Advanced** search, click the **X** on the upper right-hand corner of the list of titles you see after clicking **Search** on the box you see just above.

To start a new **Advanced** search, click **Clear All** on the right-hand side of the box you see just above, then follow the steps for an **Advanced** search.

**HOW TO QUIT THE ONLINE CATALOG**

- Click on the **X** in the upper right-hand corner of whatever screen(s) you are on.
- Click on the **X** in the upper right-hand corner of the first screen you see after you double-click the shortcut on the monitor to open up the catalogue
STUDENT FINANCIAL AID POLICY

PURPOSE: To guide and direct students.

POLICY:

The School of Nursing receives and offers a wide variety of financial aid packages. Nearly 90% of all of our students receive some type of financial aid. This handbook outlines what aid is available and how to apply for it.

FINANCIAL AID PROGRAMS:

The Federal and State governments offer several different funding sources to our students. These include Federal PELL Grants, PHEAA State Grants, Federal Direct Loans, and PLUS Loan.

All students seeking financial aid must complete the "Free Application for Federal Student Aid" (FAFSA). The Financial Aid Officer may need an IRS Tax return transcript for you, your spouse and/or parent’s from last year. We may also need copies of other information.

Presently, the deadline for filing the FAFSA application is August 1st for new applicants. It is urged that you do not wait this long. Apply after January 1st or as early as you can. Seniors must apply before April 15th. If you miss these deadlines you will lose your grant eligibility for PHEAA state grants. In order to apply for financial aid you need to go to www.fafsa.gov and complete the FAFSA online.

All students must re-apply for financial aid each year they are in school.

STUDENT ELIGIBILITY REQUIREMENTS:

To receive any type of aid, a student must be enrolled in the School of Nursing as at least a half-time student and must maintain a passing grade. **You cannot receive federal funds to repeat a year or course previously failed.** Federal PELL Grants and PHEAA state grants will not be awarded if you already have an undergraduate degree.

SELECTION CRITERIA:

Financial aid funds are allocated based upon financial need. Congress has adopted a financial analysis model that takes into consideration a wide variety of economic factors in determining the "Expected Family Contribution." Factors such as earned income, savings, etc. all enter into these calculations. This information is derived from the FAFSA application described earlier.

AMOUNT OF LOAN OR GRANT:

Financial aid funds provide a base level of aid for most students. They were not intended to fund the entire cost of attendance at the post-secondary level. The basic formula in determining the financial need of students is as follows:

a. Cost of Attendance (Tuition, Fees, Living Expenses)  
b. Minus Expected Family Contribution  
c. Minus Other Financial Aid  
d. Equals Financial Need
This formula is the same for all students and is the basis for allocating all Title IV grants and loans. It is important for all students to understand that Congress assumes some funds will come from the family, which includes the student's earnings. The Federal or State agency determines the amount of aid you will receive, if any. The Financial Aid Office has no part in this decision other than verifying the information you provide to the government.

STUDENTS' RIGHTS:

All students have the right to receive financial aid counseling prior to and during their attendance at our school. The Financial Aid Office is located in Room #101 at the school. Office hours are 7:30 a.m. to 2:00 p.m., every Monday and Thursday. The telephone number is 215-487-4286. A FAX machine is available at telephone number 215-487-4591.

All students have the right to examine their own financial aid file. The school must allow this examination within seven working days of receiving a written request. Please note that this is a school policy and is provided as a courtesy to our students.

All students have the right, and are encouraged to check on the status of their FAFSA application. You can do this by calling the following toll-free numbers:

PHEAA Grant Information: 1-800-692-7392 or www.Pheaa.org
PELL Grant Status & Duplicate Student Aid Reports: 1-800-4FEDAI D
DIRECT LOAN Information: 1-800-557-7394 or www.Studentloans.gov
Department of Education website: WWW.ED.GOV
AES Website: www.AESSUCCESS.ORG
Online filing of FAFSA www.fafsa.gov
On-line completion of Direct Loan Master Promissory Note: www.Studentloans.gov

STUDENT'S RESPONSIBILITIES:

All students receiving grants or loans must sign an Affidavit of Educational Purpose relating to the student’s education. This affidavit is on the FAFSA application.
All students must notify the school of any name or address change occurring during enrollment.
All students must notify the Financial Aid Office of any significant change in financial resources. Increases as well as decreases must be reported.

VERIFICATION OF FINANCIAL AID INFORMATION:

The Congress has charged all schools with the responsibility of verifying, on a random basis, the financial aid information submitted by students. If you are asked to provide documentation you must comply within forty-five days of receiving written notification. Failure to comply may result in a loss of grant or loan eligibility under Title IV. Suspected cases of fraud and abuse must be reported to the Regional Office of the Inspector General in accordance with regulation 34 CFR 668.14 (G). Fraud may exist if the institution has reason to suspect any of the following:

- Falsified or forged documents or signatures;
- Use of false or fictitious names, addresses, or social security numbers;
- A pattern of misreported information from one year to the next;
- A pattern of filing special condition applications for two or more years for the same reasons;
- Stolen or fraudulently endorsed financial aid checks;
- Embezzlement of financial aid checks;
- Kickbacks to receive grants or loans;
- Unreported prior loans or grants during one award year.
BASIC INFORMATION ON TITLE IV GRANTS AND LOANS:
NOTE: Students can file the FAFSA over the Internet. The website is: www.fafsa.Gov.

PENNSYLVANIA HIGHER EDUCATION ASSISTANCE AGENCY GRANT (PHEAA GRANTS)

A. Grants range from $500 to $3,414 but can change annually
B. Eligibility requirements:
   1. Part-time student with 6 or more credits per semester
   2. Must not already possess a Bachelor's degree
   3. Demonstrated financial need via the FAFSA application and subsequent need analysis
   4. Pennsylvania resident for at least 12 months prior to the date of the application
   5. Satisfactory academic progress
C. Application Fee: none
D. Application Form: "Free Application for Federal Student Aid (FAFSA)"
E. Application Process: Complete the application online at www.FAFSA.gov
F. Application Deadlines:
   May 1st of the following school year.
G. Application is the FAFSA

II. FEDERAL PELL GRANTS:

A. Grants range from $602 to $5,730 at present but change annually based on congressional appropriations.
B. Eligibility Requirements:
   1. Demonstrated financial need based on Department of Education analysis
   2. Must not possess a Bachelor's degree
   3. U.S. citizen or eligible non-citizen
   4. Satisfactory academic progress
C. Application Fee: none
D. Application Form: "Free Application for Federal Student Aid (FAFSA)"
E. Application Process: Complete the application online at www.FAFSA.gov
F. Application Deadline: May 1st of the following school year
G. Students who are Pell eligible and have a Title IV credit balance after required charges are paid will have access to their Title IV credit balance within SEVEN days of the start of the payment period.
H. Pell Grant duration of eligibility. Once you have received a Pell Grant for 12 semester, you are no longer eligible for Pell Grants.

III. FEDERAL DIRECT LOANS (Federal Family Education Loan)

A. Annual maximum loan: (independent students)
   $9,500 for first level students
   $10,500 for second level students up to a maximum of $57,500 during your undergraduate years of study
B. Eligibility Requirements:
   1. U.S. citizen or eligible non-citizen
   2. Satisfactory academic progress
   3. Must carry at least 6 credits per semester
C. July 1, 2014 Application Fees and Interest Charges.
   NOTE: Fees and interest are subject to changes from year to year. Presently, fees are
   1.072% for unsubsidized loans and 1.072% for subsidized loans. Subsidized Direct Loans are at a 4.66% fixed rate and
   unsubsidized Direct Loans are at a 4.66% rate for the 2014-2015 academic year.

D. Direct Loan Application (Master Promissory Note.)

E. Application Process: All students must first complete Free Application for Federal Student Aid (FAFSA). Next you must go to www.studentloans.gov and complete a Direct Loan Master Promissory note. You will also need to complete Direct Loan Entrance Counseling at www.studentloans.gov.

F. Application Deadline: 30 days prior to the end of the school year to avoid a request for late disbursements.

G. Loan Repayment: Must begin following a grace period of 6 months after graduation, withdrawal or decrease in academic load to less than 6 credits per semester. Interest may have to be paid while in school if loan is unsubsidized. Borrower may have option to capitalize interest into the original loan amount.

H. There is a limit on the maximum period of time (measured in academic years) that you can receive Direct Subsidized loans. In general, you may not receive Direct Subsidized loans for more than 150% of the published length of any program of study. The published length of any program of study is in a school’s catalog or on their website. If you lose eligibility for Direct Subsidized loans, you will be responsible for interest that accrues on your Direct Subsidized loans for the period when you meet the 150% limit. You can still be eligible to receive a Direct Unsubsidized Loan. You can check your Pell grant and Federal Stafford loans history at www.nslds.ed.gov.

IV. FEDERAL PLUS LOANS:

   A. The dependent student must complete a current year FAFSA before the parent can apply for a Plus Loan.
   
   B. Annual Maximum Loan: Parents of dependent students may borrow up to the amount of unmet need per year for each undergraduate child attending school on at least a part-time basis.
   
   C. Fees and Interest Charges: The interest rate for the loans is 7.21%. Fees are 4.288% of the Loan.
   
   D. Application Process and Deadline: Students may apply for these loans any time up to six weeks before the end of the school year. It is strongly recommended however, that all students apply for all aid 60 days before school starts.
   
   E. To complete a Plus Master Promissory Note go to www.studentloans.gov.

OTHER SOURCES OF FINANCIAL AID:

In addition to these sources of aid, there are many private foundations and companies that offer aid. These sources are too numerous to list here but are compiled in a convenient report that is available in our library and may be photocopied. Alternative loan programs are also available for qualified students. Students can also search the Internet for other sources of financial aid through most common search engines. e.g. AOL, GOOGLE.COM, ALTAVISTA, etc.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING
STUDENT LENDING CODE OF CONDUCT

Roxborough Memorial Hospital School of Nursing, hereafter known as RMH/SON, is committed to providing students and their families with the best information and processing alternatives available regarding student borrowing. In support of this and in an effort to rule out any perceived or actual conflict of interest between RMH/SON officers, employees or agents and education loan lenders, RMH/SON officers, employees or agents and education loan lenders, RMH/SON has adopted the following:

- RMH/SON does not participate in any revenue-sharing arrangements with any lender.
- RMH/SON does not permit any officer, employee or agent of the school who is employed in the financial aid office or is otherwise involved in the administration of education loans to accept any gifts of greater than a nominal value from any lender, guarantor or servicer.
- RMH/SON does not permit any officer, employee or agent of the school who is employed in the financial aid office or is otherwise involved in the administration of education loans to accept any fee, payment or other financial benefit (including a stock purchase option) from a lender or affiliate of a lender as compensation for any type of consulting arrangement or contract to provide services to a lender or on behalf of a lender relating to education loans.
- RMH/SON does not permit any officer, employee or agent of the school who is employed in the financial aid office or is otherwise involved in the administration of education loans to accept any thing of value from a lender, guarantor, or group of lenders and/or guarantors in exchange for service on an advisory board, commission or other group established by such a lender, guarantor group of lenders and/or guarantors. RMH/SON does allow for the reasonable reimbursement of expenses associated with participation in such boards, commissions or groups by lenders, guarantors, or groups of lenders and/or guarantors.
- RMH/SON does not assign a lender to any first-time borrower through financial aid packaging or any other means.
- RMH/SON recognizes that a borrower has the right to choose any lender from which to borrow to finance his/her education. RMH/SON will not refuse to certify or otherwise deny or delay certification of a loan based on the borrower’s selection of a lender and/or guarantor.
- RMH/SON will not request or accept any offer of funds to be used for private education loans to students from any lender in exchange for providing the lender with a specified number or volume of Title IV loans, or a preferred lender arrangement for Title IV loans.
- RMH/SON will not request or accept any assistance with call center or financial aid office staffing.

FINANCIAL AID POLICY:

1. All first-time borrowers requesting a Federal Direct Loan must complete entrance counseling before any financial aid can be credited to their school account. Entrance counseling can be completed online at [www.studentloans.gov](http://www.studentloans.gov).
2. Upon withdrawal or before graduation all students, who received a Federal Direct Loan, must have an exit interview. This interview is conducted with the Financial Aid Officer. The purpose of the interview is to make students familiar with their rights and obligations for the loans they took while a student and to apprise them of repayment schedules, grace periods, etc. Exit counseling must also be completed online at www.studentloans.gov.

3. Commitment of federal or state funds are made contingent upon the regulations of the individual program. Such funds are subject to annual legislative approval and are not, in any way, under the direct control of the School of Nursing. Signed affidavits are usually required on such matters as drug use and draft status.

4. Each applicant seeking financial aid must submit the FAFSA application before any aid can be awarded. In addition, you may be asked to verify your income and other financial information. Refusal to provide these documents will automatically prevent you from receiving any needs-based aid. Willfully false information on finances can lead to federal or state prosecution for fraud. The school is required by law to report cases of fraud to the Inspector General. In addition, the school may dismiss any student for fraud, as this is a direct violation of the student code of conduct.

5. Students are to report any change in address or name to the Financial Aid Office. All grants, scholarships or other financial aid must be reported to the Financial Aid Office as these awards may affect your eligibility for government appropriated funds.

6. Roxborough Memorial Hospital is committed to all qualified persons regardless of their gender, race, religion, place of birth or origin, economic status, or sexual orientation.

7. The definition of an academic year for financial aid awarding is 900 clock hours or 24 credit hours.

8. All financial aid funds are made in two disbursements. The first at the start of the fall semester and the second at the start of the spring semester.
PURPOSE: To guide and direct students.

POLICY:

All Roxborough students are provided Entrance and Exit counseling regarding financial aid. Exit counseling is done prior to graduation or upon withdrawal from the program. Prior to the start of the program Entrance Counseling must be completed at www.studentloans.gov. Exit counseling is completed online at www.studentloans.gov. There is also a group exit counseling meeting prior to graduation.

Subsidized Direct Loan
- This is a need-based loan.
- Interest on the loan is paid by the federal government while you are in school, during your grace period, and during authorized periods of deferment.
- The interest rate is 4.66% effective 7/1/14.
- You must be enrolled at least halftime in an eligible program of study to qualify.
- Repayment begins six months after you are no longer enrolled on at least a half-time basis.

Unsubsidized Direct Loan
- This is not a need-based loan.
- You are responsible for paying all of the interest on your loan.
- The interest rate is a fixed rate of 4.66% effective 7/1/14.
- You must be enrolled at least halftime in an eligible program of study to qualify.
- Repayment begins six months after you are no longer enrolled on at least a half-time basis.

Important!

It is important to remember that loans must be repaid even if you do not complete your education, are not employed upon completion of your studies, or feel that the education you received did not meet your expectations. Information about your rights and responsibilities will be provided by your financial aid counselor. Please review it carefully.

What is the Master Promissory Note (MPN)?

Once you have decided to borrow money to finance your education, the Financial Aid Office at your school will verify your need for funds and provide you with instructions as to how to request a loan. Before you can receive the loan funds you must sign a Master Promissory Note. A Promissory Note is a binding legal document that you sign to indicate that you agree to repay your student loans. It must be signed by you before loan funds are disbursed by the lender. It lists the conditions under which you are borrowing and the terms for your repayment of the loan. The MPN is designed to be used a multi-year note. The multi-year feature means borrowers sign one MPN to receive maximum loan eligibility for all years of borrowing under the subsidized and unsubsidized Federal Direct Loan programs. The MPN simplifies the loan application process for borrowers and also serves to provide significant process improvements for schools. It is important that you thoroughly read and save this document for when you begin repaying your loan.
Who uses the MPN?

All borrowers may use the MPN for Federal Direct Loans. Roxborough Memorial Hospital School of Nursing uses the multi-year feature of the MPN. Only first year students need to complete the Direct Loan Master Promissory Note. The Master Promissory can be completed at www.studentloans.gov.

Do I have to accept the loan amount recommended?

Because our school uses the multi-year MPN, you will not have to reapply/request funds for each year. Your school will certify you for the maximum amount of loans dollars for which you are eligible. If you do not need/want the certified loan amount you will have the opportunity to reduce it via one or both of the following ways:

a. The school will mail you a Financial Aid Award Letter listing out all of the aid for which you are eligible. If you wish to reject any of the awards, you need to indicate that on the award letter, sign the letter and return the award letter to the school.
b. You will receive written notice of credit to account. You must request loan return/cancellation within 30 calendar days of the date that you receive the letter.

When is a new MPN required?

Generally, a Multi-year promissory note is good for ten years.

PLUS Loan

- Dependent student must complete a FAFSA
- This is not a need-based loan.
- Parents borrow the money.
- The interest rate for the loans is 7.21%. Fees are 4.288% of the Loan.
- Repayment of a Direct PLUS Loan begins 60 days after the full amount you’ve borrowed for a school year has been disbursed. This means that you generally must begin repayment while your child is still in school. For Direct PLUS Loans with a first disbursement date that is on or after July 1, 2008, you may request that repayment be delayed while your child is enrolled at least half-time and during the 6-month period after your child graduates or is no longer enrolled at least half-time. If you would like to postpone repayment of your PLUS Loan based on your child’s enrollment status, you must contact the Direct Loan Servicing Center.
## FEDERAL DIRECT LOAN LIMITS 2014-2015

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Base Loan Amount Subsidized and Unsubsidized Loans</th>
<th>Additional Unsubsidized Eligibility for Dependent Students (Exclusive of dependent students whose parent(s) is not eligible to borrow a PLUS Loan)</th>
<th>Additional Unsubsidized Eligibility for Independent Students and Dependent Students whose parent(s) is not eligible to borrow a PLUS Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Year Undergraduate</td>
<td>$3,500</td>
<td>$2,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>2nd Year Undergraduate</td>
<td>$4,500</td>
<td>$2,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>3rd, 4th, 5th Year Undergraduate</td>
<td>$5,500</td>
<td>$2,000</td>
<td>$7,000</td>
</tr>
<tr>
<td>Graduate Students</td>
<td>Ø</td>
<td></td>
<td>$20,500</td>
</tr>
<tr>
<td><strong>Total Borrowing Allowed</strong></td>
<td></td>
<td><strong>Sum of Years</strong></td>
<td></td>
</tr>
<tr>
<td>Dependent Undergraduate</td>
<td></td>
<td>$31,000 of which no more than $23,000 may be subsidized Stafford Loans</td>
<td></td>
</tr>
<tr>
<td>Independent Undergraduate</td>
<td></td>
<td>$57,500 of which no more than $23,000 may be subsidized Stafford Loans</td>
<td></td>
</tr>
</tbody>
</table>

*Or dependent student whose parents cannot borrow a PLUS loan. The amount an independent student or eligible dependent student can borrow under the unsubsidized Direct Loan Program during an academic year is (A) the amount indicated in the first column minus the subsidized loan amount for which the student is eligible, plus (B) the amount indicated in the second column.

**Important! Important! Important!**

It is important to remember that loan must be repaid even if you do not complete your education, are not employed upon completion of your studies, or feel that the education you received did not meet your expectations.

Once you are out of school, you will have to pay back the loan. It is important that you develop a budget and stick with it while you are in school. This will keep you from accumulating a large debt and allow you to manage your monthly student loan payments when you have finished school.
Withdrawal and Refunds

If you withdraw from school before the end of a semester, a refund calculation will be performed complying with Federal requirements. If you do not complete a term, you may not be entitled to retain the full amount of aid you received originally. Student Financial Aid (SFA) programs are refunded in the following order: Unsubsidized Federal Direct Loans, Subsidized Federal Direct Loans, Federal PLUS Loans, Federal Pell Grant, other Title IV Aid Programs, other federal, state, private, or institutional aid, and the student.

KEEPING TRACK OF YOUR LOAN

Keeping a detailed file of your loan paperwork is essential. This is important when the time comes to communicate with your school, lender or service concerning any aspect of your loan. These organizations process thousands of documents and electronic data, and rely on many administrative systems to record and retrieve your information. Keeping your paperwork up-to-date and readily accessible will ensure your official records are kept accurate.

When the time comes to begin loan repayment, your lender offers several flexible repayment options to help you easily transition into repayment.

- Standard repayment is the traditional approach. Standard repayment requires minimum monthly payments of $50. The payment amount may be higher depending on your loan balance.
- Graduated repayment sets your payments to be smaller in the beginning of repayment and gradually increases in stages throughout the repayment period.
- Income-sensitive repayment adjusts your payment annually based on your gross income.

Everyone experiences financial difficulty at one time or another. Your lender understands this and therefore offers you several options that temporarily reduce or suspend your monthly payment.

A deferment is a period of time during which your lender temporarily suspends your regular payments. Types of deferments include: Full-time student, unemployment, active duty status in the Armed Forces, full-time volunteer in approved programs, temporary total disability, internship or residency, parental leave, full-time teaching in shortage areas, and economic hardship.

The federal government will pay the accrued interest on your subsidized Stafford Loan during deferment. You are responsible for the interest on unsubsidized Stafford Loans.

Your lender must determine your eligibility for any of these deferments. In order to receive a deferment, you must request deferment from your lender, complete the form with all required documentation, and return it promptly to your lender.

Forbearance is a period of time during which your lender temporarily reduces or suspends your regular payments. You may request forbearance if you are willing but unable to make your payments. You may also request a forbearance to reduce your payment amount for a short period of time. Unlike deferments, you are responsible for the interest that accrues during the forbearance period. You may choose to pay the interest as it accrues or allow it to capitalize.
Capitalization of interest may result in a higher monthly payment upon conclusion of the forbearance. You need to contact your lender for more information on applying for forbearance.

If you become totally and permanently disabled or you die, your loan obligation will be cancelled.

Notify your lender immediately if you anticipate difficulty making a payment. Failure to pay all or part of an installment payment when due can result in the addition of late charges. In addition, your lender has the option, in some cases, to file a lawsuit against you for failure to make timely payments.

You must start paying back your student loan six months after you are out of school. Failure to do so will put you in **default**.

Defaulting on your student loan can result in:

- Damage to your credit rating.
- Garnishment of your wages.
- Withholding of your IRS refund.
- Lawsuit.
- Liability for court costs/legal expenses.
- Loss of deferment entitlements.
- Loss of eligibility for further financial aid.
- Referral of account to a collection agency.

There are three basic loan maintenance guidelines to follow:

- Inform your school and lender of changes in your name, mailing address, telephone, or Social Security Number so that all correspondence is promptly directed to you.
- Read and keep all documents you receive pertaining to your student loan.
- If you're experiencing financial hardship and are unable to make your payments, call your lender for information regarding possible temporary postponement or reduction of payments through a deferment or forbearance.

Loan consolidation is available after you have completed your educational program. This program enables you to combine loans from different lenders or services into one loan, with one interest rate and repayment schedule.

While loan consolidation can extend your repayment period and lower your monthly payments, the interest rate and total interest you pay on the loan may be greater than if you kept the loans separate.

**Loan Servicer**

Your loan may be sold to another servicer at any time during the life of the loan. If this happens, you will be notified in writing and you must direct all future correspondence to the new lender.
HAVING PROBLEMS WITH YOUR LOANS?

Your first resource is the Financial Aid Office at the school you attended. Next would be the server who is servicing your loan. After you have exhausted these resources, if you are still unable to resolve your situation, the Department of Education, Office of Student Financial Assistance (OSFA) has an Ombudsman who works informally with student borrowers to resolve loan disputes and problems. Please use the following information to contact the FSA Student Loan Ombudsman Group.

Via telephone: 877-557-2575
Via Fax: 202-275-0549
Via Mail: U.S. Department of Education
FSA Ombudsman Group
830 First Street, N.E., Mail Stop 5144
Washington, D.C. 20202-5144

TRACK YOUR FEDERAL LOANS AND GRANTS USING THE NSLDS STUDENT ACCESS WEBSITE.

What is the National Student Loan Data System (NSLDS)?
NSLDS is the U.S. Department of Education's (ED's) central database for student aid records. NSLDS provides a centralized, integrated view of your federal Title IV education loans and grants, tracking from when they're approved through when you pay off your loans.

What is the NSLDS Student Access Web site?
The NSLDS Student Access Web site was designed for student and parent borrowers to track and manage their federal student loans and/or grants. The site displays information on your loan and/or grant amounts, outstanding balances, loan status, and loan amounts you receive. Both student and parent borrowers can use it.

What is the Web site's address?
It's at http://nslds.ed.gov. You can use it 24 hours a day, 7 days a week. Sometimes database maintenance occurs during weekends or late-night hours; scheduled maintenance hours are posted ahead of time.

How do I access the NSLDS Student Access Web site?
To access the Web site, you key in:
- your Social Security Number (SSN),
- the first two letters of your last name,
- your date of birth, and
- your government-provided personal identification number (PIN).
These are your "identifiers."

What if I enter my identifiers but no data or wrong data appear?
Check to be sure you entered all your personal information correctly. If so, and you still have problems, call the Federal Student Aid Information Center at 1-800-4-FED-AID.

How secure is the NSLDS Student Access Web site?
Very. The unique combination of SSN, PIN, and other personal information needed to access the Web site makes it as secure as using an automatic teller machine (ATM).
**TUITION AND FEES FOR 2014-15**

<table>
<thead>
<tr>
<th>Required Fees</th>
<th>Year I</th>
<th>Year II</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Tuition</td>
<td>$11,145.00</td>
<td>$11,291.00</td>
</tr>
<tr>
<td>* Matriculation (non-refundable)</td>
<td>300.00</td>
<td>300.00</td>
</tr>
<tr>
<td>* Library</td>
<td>250.00</td>
<td>250.00</td>
</tr>
<tr>
<td>* Testing</td>
<td>325.00</td>
<td>525.00</td>
</tr>
<tr>
<td>* Computer &amp; Technical Maintenance Fee</td>
<td>425.00</td>
<td>425.00</td>
</tr>
<tr>
<td>* Activity Fee</td>
<td>100.00</td>
<td>100.00</td>
</tr>
<tr>
<td>* Course material</td>
<td>400.00</td>
<td>400.00</td>
</tr>
<tr>
<td>* KAPLAN course</td>
<td></td>
<td></td>
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<tr>
<td>* Graduation</td>
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<tr>
<td>* Graduation</td>
<td></td>
<td></td>
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<tr>
<td>* NSNA-SNAP</td>
<td>50.00</td>
<td>50.00</td>
</tr>
<tr>
<td>Uniforms (estimated -paid directly to company)</td>
<td>150.00</td>
<td></td>
</tr>
<tr>
<td>Books (estimated -paid directly to company)</td>
<td>900.00</td>
<td>300.00</td>
</tr>
<tr>
<td>Lab Equipment Pack (paid directly to company)</td>
<td>120.00</td>
<td></td>
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<tr>
<td>Drug Screening</td>
<td>40.00</td>
<td>40.00</td>
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<tr>
<td>Child Abuse Clearance</td>
<td>10.00</td>
<td></td>
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<tr>
<td>Criminal Record Check</td>
<td>10.00</td>
<td></td>
</tr>
<tr>
<td>Clinical Make-Up Fee</td>
<td>150.00</td>
<td>150.00</td>
</tr>
<tr>
<td>Lab Make-Up Fee</td>
<td>75.00</td>
<td>75.00</td>
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</tbody>
</table>

*Check to be made out to Roxborough Memorial Hospital, School of Nursing. All payments should be given to the hospital cashier. (Located in the main Hospital lobby). Tuition and Fees are subject to change. MasterCard, VISA, American Express and Discover Card are accepted. The Matriculation Fee is non-refundable.

**Instruction for Payment**

*One-half of the yearly tuition, as well as all fees, with the exception of graduation, is payable on registration day. The balance of tuition is due on the first day of the third term. No student will be admitted to class without clearance form the Financial Aid Officer. You will receive an invoice showing all financial aid and the balance, if any, that is due. This balance must be paid before classes begin or a payment plan must be set up with the Financial Aid Officer. The hospital complies with the Return of Title IV Funds Regulations issued on October 7, 2000.

**Refund Policy**

It is the policy of Roxborough Memorial Hospital to provide fair and equitable refunds of institutional charges for students who withdraw from the diploma-nursing program. Effective January 1, 2005 the following policy is in effect:

<table>
<thead>
<tr>
<th>Date of Withdrawal</th>
<th>Percent Refunded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks or less from the start of the first semester</td>
<td>80%</td>
</tr>
<tr>
<td>Between 2 and 3 weeks from the start of the first semester</td>
<td>60%</td>
</tr>
<tr>
<td>Between 3 and 4 weeks from the start of the first semester</td>
<td>30%</td>
</tr>
<tr>
<td>Over 4 weeks from the start of the first semester</td>
<td>No refunds</td>
</tr>
<tr>
<td>Second Semester</td>
<td>No refunds</td>
</tr>
</tbody>
</table>

The school reserves the right to change its curriculum, educational policies, and expenses at any time. REASONABLE NOTICE WILL BE GIVEN.
PUROSE: To provide direction for all students.

POLICY:

This policy applies to tuition and fees for the School of Nursing.

It is the policy of Roxborough Memorial Hospital to provide fair and equitable refunds of institutional charges for students who withdraw from the diploma-nursing program. Effective January 1, 2005 the following policy is in effect:

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<td>Second Semester</td>
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</tr>
</tbody>
</table>

Official Withdrawal
To officially withdraw from the school, a student must provide a written Letter of Withdrawal to the Dean of Education within five working days of the last day they attended classes. The letter must state the last day of attendance in the program. The letter must be dated and signed by the student. Students should keep a copy of this letter for their own records. A sample Letter of Withdrawal is provided in this policy. This letter serves to document the correct actual last day of attendance and could affect the amount of the refund.

Unofficial Withdrawal
An unofficial withdrawal occurs if a student leaves the program without providing the school a Letter of Withdrawal. In such cases, the School is required to use the last documented day of attendance as the legal date of withdrawal. If this happens, the refund due to lenders and/or grant programs may be reduced to an amount lesser than would have been refunded if a Letter of Withdrawal was received.

Return of Title IV Financial Aid When a Student Withdraws from the Program

If a student completely withdraws from Roxborough Memorial Hospital School of Nursing and has utilized Federal Title IV funds (e.g. Federal Pell Grant, federal Direct Loan, Federal PLUS Loan) during the semester in which they withdraw, the school will adhere to the federally mandated process in determining what, if any, amounts of financial aid funding must be returned to the federal financial aid program(s).
The Financial Aid Office is required by federal statute to recalculate federal financial aid eligibility for students who withdraw, drop out, are dismissed or take a leave of absence prior to completing 60% of a payment period or semester.

If a student leaves the institution prior to completing 60% of a payment period or semester, the financial aid office recalculates eligibility for Title IV funds. Recalculation is based on the percentage of earned aid using the following Federal Return of Title IV funds formula: Percentage of payment period or semester completed = the number of days completed up to the withdrawal date divided by the total days in the payment period or semester. (Any break of five days or more is not counted as part of the days in payment period or semester). This percentage is also the percentage of earned aid.

Funds are returned to the appropriate federal program based on the percentage of unearned aid using the following formula: Aid to be returned = (100% of the aid that could be disbursed minus the percentage of earned aid) multiplied by the total amount of aid that could have been disbursed during the payment period or semester.

If the student earned less aid than was disbursed, the institution would be required to return a portion of the funds and the student would be required to return a portion of the funds. Keep in mind that when Title IV funds are returned, the students borrower may owe a debit balance to the institution.

If a student earned more aid than what was disbursed to him/her, the institution would owe the students a port-withdrawal disbursement which must be paid within 120 days of the student’s withdrawal.

The institution must return the amount of Title IV funds for which it is responsible no later than 45 days after the date of the determination of the date the student withdrew.

Refunds are allocated in the following order:

Unsubsidized Federal Direct Loans
Subsidized Direct Loans
Federal Parent Loans
Federal Pell Grant

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SAMPLE: LETTER OF WITHDRAWAL

I, (student’s name), do hereby formally withdraw from the Roxborough Memorial Hospital School of Nursing. My last day of attendance was (date).

Signed: _______________________________ Date: ____________________
Minimal Standards for Satisfactory Academic Progress for Financial Aid Applicants

Federal regulations require that an institution establish, publish, and apply reasonable standards for measuring whether a student who is otherwise eligible for aid, is maintaining satisfactory academic progress in his or her course of study. The standards must be the same or stricter than the institution’s standards for a student enrolled in the same academic program who is not receiving financial aid. In light of this federal requirement and existing Roxborough Memorial Hospital Grading Policy, which is outlined in detail in the student Handbook, listed below is the statement of Minimum Standards for Satisfactory Academic progress for financial aid recipients.

Financial Aid Satisfactory Academic Progress (SAP)

To receive financial aid a student must meet the Financial Aid Satisfactory Academic Progress (SAP) standard requirements at the end of each term.

The Financial Aid Satisfactory Academic Progress (SAP) policy, as required by federal regulation, is written to measure its standards as strict as the School’s academic progress standards for the Practical Nursing Program. The SAP standards are:

- **Cumulative Grade Point:** must maintain a cumulative grade average (GPA) of at least 75% (C) throughout the entire program. That is, a student must complete all courses with a grade of 75% (C) or better.
- **Cumulative Completion Rate:** must maintain a 100% completion rate throughout the entire program.
- **Maximum Time Frame:** must complete the program of study within three (3) calendar years of the student’s original start date.

Measurement of Academic Progress

Academic Progress will be measured at the end of each term. A student must successfully complete one term before they can move onto the next term. If a student does not successfully complete the term with a grade of C or better, they are not considered to be making Satisfactory Academic Progress for Financial Aid purposes and are no longer eligible for Federal Funds. The student must repeat the Term at their own expense. When a student successfully repeats the Term, they will then be considered to be making Satisfactory Academic Progress and will be eligible to receive Federal financial aid funds. All required Financial Aid Paperwork must be completed before aid can be reinstated.

Please refer to the Grading Policy section in the Student Handbook for policies on Cumulative Average, incomplete grades, grading method, course failure and course repeats.
PURPOSE: To provide guidance and direction for students regarding professional responsibility and to establish the parameters of confidential computer and non-computer information.

Definition: Confidentiality is keeping all entrusted private information/matters gained through a professional relationship to oneself unless the patient specifically gives permission for disclosure or, in certain circumstances, as required by law.

POLICY:

1. To prevent the misuse of patient information, congress has passed legislation that requires health care providers to take specific actions that will help protect patient privacy and confidentiality. This is called the Health Insurance Portability and Accounting Act (HIPAA) of 1996.

2. Students may not reveal confidential information except as required in their education and to other health care providers directly involved with the patient care on a “need to know basis”.

3. Students may not discuss or reveal confidential information in public places such as elevators, hallways, cafeteria, classrooms or computer screens.

4. Students may not give confidential patient, financial or personal information to anyone outside the school or hospital.

5. Students may not access a patient's records unless they are directly involved in the nursing care of that patient, or if their instructor gives permission to do so strictly for their educational purposes.

6. In the event that a member of a student's family, friend, etc. has been hospitalized, the student does not have the right to review the medical record or data in the computer system. Doing this is a breach of professional confidentiality. This applies to all agencies.

7. Students may not give someone any of their security codes, passwords or access numbers.

8. Students may not use another student’s or individual’s security code, password or access number. Your instructor will advise you of the affiliations policies.

9. All inquiries from the news media are to be referred to your instructor who will refer them to hospital administration.

10. Only authorized individuals may discuss hospital or patient business with the news media.

11. Reminder:
   - Respect a patient’s right to have his or her health information protected.
   - Remember that HIPAA makes it illegal to improperly release protected health information.
   - Be aware that there are civil and criminal penalties for improper release of Personal Health Information (PHI).

Disciplinary Sanctions for Unprofessional Behavior:
Confidentiality of patient information is a fundamental individual right upheld by the Roxborough Memorial Hospital School of Nursing. Breaching of confidentiality provides substantive grounds for immediate failure in a nursing course. Student nurses are expected to protect patient's confidentiality and to follow all associated contracted clinical agency guidelines. All students will be required to sign a Confidentiality Statement. (see form)
Overview: What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a multifaceted piece of legislation covering the following three areas:

- Insurance portability
- Fraud enforcement (accountability)
- Administrative simplification (reduction in health care costs)

The first two components of HIPAA, portability and accountability have been put into effect.

**Portability** ensures that individuals moving from one health plan to another will have continuity of coverage and will not be denied coverage under pre-existing condition clauses.

**Accountability** significantly increases the federal government’s fraud enforcement authority in many different areas. The third component, **administrative simplification**, is arguably the most significant part of the legislation.

Two rules covered under administrative simplification, **privacy** and **security** require administrative, technical and policy changes meant to protect patients’ privacy and the confidentiality of protected health information (PHI).

HIPAA’s privacy and security regulations punish individuals or organizations that fail to keep patient information confidential. Until these regulations were enacted, there was no federal framework to protect patient information from being exploited for personal gain. Now, the Office for Civil Rights in the Department of Health and Human Services has been charged with enforcing the HIPAA privacy rule. HIPAA states that **covered entities** must comply with its regulations. Covered entities for HIPAA’s privacy and security regulations are most healthcare providers, clearinghouses and health plans.

**Inadvertent violations vs. intended violations**

Breaking HIPAA's privacy or security rules can mean either civil or criminal sanctions. Civil penalties are usually fines. These are the result of "inadvertent violation," not necessarily resulting in personal gain. These penalties can result in fines of up to $100 for each violation of a requirement per individual. For instance, if the hospital disclosed 100 patient records, it could be fined $100 for each record, for a total of $10,000.

Have you ever accessed a co-worker’s medical record to learn his or her date of birth? Or looked up a neighbor’s medical history out of curiosity? Under HIPAA, this could earn your organization a civil sanction and a fine. In some specific cases, even “inadvertent violations” can result in criminal sanctions.

Criminal penalties for "wrongful disclosure" can include not only large fines but also jail time. The criminal penalties increase as the seriousness of the offense increases. In other words, selling patient information is more serious than accidentally letting it be disclosed, so it brings stiffer penalties. These penalties can be as high as fines of $250,000 or prison sentences of up to 10 years. For example:
• Knowingly releasing patient information can result in a one-year jail sentence and $50,000 fine.
• Gaining access to health information under false pretenses can result in a five-year jail sentence and a $100,000 fine.
• Releasing patient information with harmful intent or selling the information can lead to a 10-year jail sentence and a $250,000 fine.

For instance, criminal penalties for “egregious violations” could result from the sale of a celebrity’s medical record information to a tabloid newspaper or the sale of health information to marketing or pharmaceutical companies for personal profit.

Roxborough Memorial Hospital and its School of Nursing are committed to protecting patient privacy and confidentiality. When you fail to protect patient information and patient records by not following the Roxborough Memorial Hospital School of Nursing’s Confidentiality Policy, it can have an impact on your ability to continue working in the clinical area and can even affect your license to practice.

Why are privacy and confidentiality important?

Patients' expectations of privacy and confidentiality are central to any provider organization that has access to patient-identifiable information, be it a hospital, physician practice, lab, nursing home, pharmacy, payer or other provider service or organization. Under HIPAA, the hope is that educated patients will be able to trust their providers and the organizations in which they work. To build trust, HIPAA calls on covered entities to learn the rules for privacy and confidentiality and to live by them.

Privacy and confidentiality refer to an individual's right to control access and disclosure of his/her protected individually identifiable health information (PHI). Under HIPAA, this means that information provided by the patient to health care providers and notes and observations about the patient's health will not be used for purposes other than treatment, payment or health care operations.

These principles allow patients to feel comfortable sharing information with their providers. Privacy and confidentiality are essential to good patient care.

Hospitals and health care organizations have always upheld strict privacy and confidentiality policies. And unless you're new to health care, this idea is familiar to you.

But there are changes. The U.S. government has begun to strengthen the laws protecting privacy and confidentiality in response to cases of private medical information getting into the wrong hands.

In North Carolina, an employer fired a good employee shortly after the company learned that the employee had tested positive for a genetic illness that could lead to lost work time and to increased insurance costs. In New York, a congresswoman who had battled depression had her medical history given to newspaper reporters.

Not surprisingly, cases of misused health information have also caused lawsuits. A California woman sued a pharmacy that disclosed her medical information to her husband, who used it to damage her reputation in a divorce. And in another divorce case, a woman threatened to use information about her husband’s health status that she obtained from his health records in custody hearings, forcing him to settle to avoid public discussion of his health.
As cases of misused health information increase, Congress has taken action to make hospitals and health care providers do more to protect health information privacy and confidentiality.

And with enactment of the Health Insurance Portability and Accountability Act of 1996, or HIPAA as its known, the idea that patients have the right to privacy and to confidentiality became more than just an ethical obligation of physicians and health care organizations. It became the law.

The privacy regulation and protected health information (PHI)

Regulations implementing the privacy component of HIPAA cover protected individually identifiable health information (PHI) that is transmitted or that is maintained in any medium by covered entities. They were published in the Federal Register on December 28, 2000.

Individually identifiable information is any information, including demographic information, that identifies an individual and that meets any or all of the following criteria:

- Is created or is received by a health care provider, health plan, employer or health care clearinghouse
- Relates to the past, present or future physical or mental health or condition of an individual
- Describes the past, present or future payment for the provision of health care to an individual

It's important to realize that HIPAA's privacy regulation is not limited to health information that is maintained or transmitted electronically, but also information conveyed on paper or via the spoken word.

The Privacy rule also covers all "covered entities," which include health care providers, health plans, employers or clearinghouses, not just those entities that transmit information electronically.

What makes information identifiable?

Any information that might identify someone is called individually identifiable information, under HIPAA. Elements that make information individually identifiable include:

- Names
- Addresses
- Employers
- Relatives’ names
- Dates of birth
- Telephone and fax numbers
- E-mail addresses
- Social Security numbers
- Medical record numbers
- Member or account numbers
- Certificate numbers
- Voiceprints
- Fingerprints
- Photos
- Codes
- Any other characteristics, such as occupation, that may identify the individual
It's not always what you think it is

Essentially, individually identifiable information is anything that can be used to identify a patient. Releasing any of this information for other than permissible purposes is a violation of the HIPAA privacy regulation.

Remember to take care in disclosing any details that could allow a third party to guess at the identity of the patient, even when his/her name is not provided. An example of this type of information might be a patient’s condition or date of surgery.

Case #1: The problem

Consider the example of a male patient in the waiting room. He’s the only male in the room. His physician is discussing his condition—testicular cancer—with a nurse and everyone in the waiting room can hear the conversation.

Question: What could have been done differently to protect this patient’s privacy?

Case scenario #1: The answer

This patient’s case should only have been discussed in a private room or in a manner where details could not be overheard. Even when the patient’s name is not specifically used in conversation, remember that details about his or her case or condition can be identifying factors in certain circumstances.

Case #2: The problem

Mr. Olsen, a patient in the facility, has had an adverse reaction to his medications. The nurse tries several times to reach the patient’s physician for instructions, with no success. Finally, she reaches the club where the physician is attending a social event. She asks the receptionist to tell the physician that Mr. Olsen has had an adverse reaction to his medications, and she urgently needs the physician to call.

Question: What should the nurse have done differently?

Case scenario #2: The answer

Leaving a message with someone other than the physician that provides any identifying details about the patient or his condition is a breach of confidentiality. If the person receiving the message knows Mr. Olsen, then information about his presence at the facility and his condition could lead to speculation about the patient. Whether in person, on the phone or via voicemail, never leave a message with a third party that contains specific information about a patient that can identify him or her. The nurse should have simply requested an immediate call back from the physician about an urgent patient matter.

Health Care Operations

"Health care operations" are defined as activities considered to be in support of treatment and of payment and for which protected health information could be used or could be disclosed without individual authorization. Some examples provided by HIPAA include:

- Conducting quality assessment and improvement activities
- Reviewing and evaluating the competence, qualifications and licensing of health care professionals and plans
- Training future health care professionals
• Insurance activities relating to the renewal of a contract for insurance
• Conducting or arranging for medical review and auditing services
• Fundraising conducted by a provider or its fundraising arm for its own benefit, providing the patient is given an opportunity to opt out
• General administrative and business functions
• Population-based activities related to improving health or to reducing health care costs, protocol development, case management and care coordination
• Business planning and development, related to managing and operating the organization
• Resolution of internal grievances, including to an employee and/or employee representative; for example, when the employee needs protected health information to demonstrate that the employer’s allegations of improper conduct are untrue
• Among those activities not considered health care operations are:
  • Marketing of health and non-health items and services
  • Disclosure of protected health information for sale, rent or barter
  • Disclosure to an employer for employment determinations
  • Certain types of fundraising activities that require authorization, such as those not for the benefit of the provider or the provider organization

Authorization

Written authorization is required for the use and the disclosure of health information for business-related purposes, like releasing information to financial institutions that offer loans or selling mailing lists to marketing companies.

Patients have the right to revoke their authorization at any time. And they may ask providers to restrict how their medical information is used to carry out treatment, payment and health care operations.

Providers cannot deny treatment to patients who refuse to sign authorization forms.

Those other than the patient requesting use of health information that is not covered as a part of treatment, payment or healthcare operations (TPO) must submit an authorization form to providers. The form must include the following:

* The name of the patient, his/her signature and the person to whom the requested information will be disclosed
* A description of the information needed
* An expiration date capping the length of time the information can be used
* A warning so that the patient understands that re-disclosed information may not necessarily continue to be protected

Psychotherapy notes

Not all protected health information is treated the same under the privacy rule. Psychotherapy notes have much stronger protections. The rationale is that personal notes of the treating psychotherapist can be damaging if they fall into the wrong hands. Under HIPAA, the general category of treatment, payment and health care operations isn't adequate for psychotherapy notes. Instead, the law requires individual authorization for these notes. The final privacy rule defines psychotherapy notes in this way:
"Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date."

Case #3: The problem

Susan is a nurse in the ER of a city hospital, and she has just heard through the grapevine that a fellow nurse is pregnant. The other staff members would like to give this nurse a baby shower, but nobody knows when the baby is due or if it is a boy or a girl. Susan has access to the records, and could easily find the answers to both questions.

Question: Should Susan try to get information about the pregnancy and share it with the staff?

Case scenario #3: The answer

Absolutely not. This is clearly an unauthorized use of medical information. Remember that any time patient information is used for purposes other than treatment, payment or operations, it must be authorized.

Helping patients understand their rights

It's important that patients understand how they can protect their own health information and how their providers protect their information. Because of this, the HIPAA rule also requires health care providers to post notices telling patients how their information will usually be used.

HIPAA requires providers to make "good faith efforts" in obtaining patients' written acknowledgement that they have received a copy of the notice.

The minimum necessary standard

Providers must make a reasonable effort to disclose or to use only the minimum necessary amount of protected health information in order to do their jobs.

However, they can disclose information requested by other health care providers if the information is vital for treatment. To determine what is necessary to be disclosed and what should be withheld, consider the following questions:

How much information are you planning to use or to disclose? By using the information, will the number of people who are likely to have access to that information increase? How important is it that I use/disclose this information? What’s the likelihood that further uses or disclosures could occur? Where is the information being disclosed (location) and in what form (e-mail, conversation)? Making minimum necessary determinations is a balancing act. Providers must weigh the need to protect patients’ privacy against their reasonable ability to limit the information that is disclosed and to deliver quality care.
What if you see information you do not need?

There still will be occasions when you will have access to confidential information that you don’t need for your work. For example, if a patient is placed in an isolation room, you may become aware of why he or she is there, or you may suspect you know why. This is confidential information about a patient; do not communicate it to anyone else.

You may also see patient information on whiteboards throughout the facility. These are usually posted where the public cannot see them. In the course of providing patient care, you may work in areas where they are visible. You must keep this information confidential. Do not use it in anyway, and do not disclose it to anyone, including coworkers, other patients, patient visitors or anyone else who may ask.

In the course of doing your job, you may also find that patients speak to you about their condition. While there’s nothing wrong with this, you must remember that they trust you to keep what they tell you confidential. Do not pass it on.

Ways to protect patient privacy

Here are some common ways that nurses and other clinical staff members can protect patient privacy:

- Close patient room doors when discussing treatments and administering procedures.
- Close curtains and speak softly in semi-private rooms when discussing treatments and when administering procedures.
- Keep your voice down when discussing a patient’s care—especially when someone else is in the room.
- Avoid discussions about patients in elevators and cafeteria lines.
- Do not leave messages on answering machines regarding patient conditions or test results.
- Avoid paging patients using identifiable information, such as their conditions, names of physician or unit that could reveal their health issues.

Maintaining records

When patient information is in your possession, you are responsible for keeping it safeguarded. Do not leave it unattended in an area where others can see it.

This is especially important in public buildings, provider locations and areas with heavy pedestrian traffic.

When you are done using paper patient information, return it to its appropriate location, i.e., the medical records department or to a file at a nursing station. When you are done accessing electronic patient information, log off the system. Do not leave the information visible on an unattended computer monitor.

When discarding paper patient information, make sure the information is shredded and preferably locked in a secure bin. Leaving paper patient information intact in a wastebasket can lead to a privacy breach. What if the wastebasket is knocked over and the information is not placed back with the rest of the contents? What if the paper information falls off a recycle truck and blows down the street?
Patient directories

Hospitals can list certain information about each patient in their patient directories. However, they must give patients the opportunity to opt out of inclusion in the directory or to restrict the amount of information available in the directory. If a patient agrees to be listed in the directory, the following information can be given to visitors or to callers who ask for the patient by name:

* Location in the facility
* General condition (such as stable, good, fair, etc.)

If a patient opts out of the directory entirely, staff should not provide any information to callers or to visitors, including whether the patient is at the facility in the first place.

HIPAA does not require facilities to keep directories. But if the facilities have directories, you should follow HIPAA's rules and should respect the organization's policies on their use.

The security regulation

HIPAA’s Security and Electronic Signatures Standard proposed rule (published in the August 12, 1998, Federal Register) sets forth regulations to protect health information that is stored or that is transmitted electronically.

The security regulations call for certain technologies to protect electronic individually identifiable health information. The regulations require organizations to:

- Send and to store information over public networks only in ”encrypted form” —that is, in a kind of code within the organization’s computer network that keeps the data confidential and secure
- Have procedures to identify the senders and the recipients of data and to ensure they are known to each other and are authorized to receive and to decrypt the information and to use passwords to protect information from unauthorized users

Ways to protect electronic data

If you have access to electronic medical records, here are some ways to protect patient privacy:

- Use screen savers to block patient information that is displayed on unattended computer monitors. (Better yet, log off the system before you walk away.)
- Point computer monitors in such a way that people walking by or visitors cannot view the on-screen information.
- Always log off when leaving a workstation.
- If you need to discard data or information that is kept electronically, always check with your supervisor about the proper procedure. Confidential information stored on diskettes or CDs should never simply be thrown away in waste bins. Deleting information a single time from your PC's hard drive may not take care of the removal of all copies of the file.

Passwords

- Do not post passwords on monitors or walls, and do not leave them in easily discovered places.
- Never share passwords with anyone.
• Avoid guessable names for your passwords, such as your last name or the name of your child.
• Change your password regularly.
• Do not leave your workstation logged on under your password when you are not there.

Case #4: The problem
It has been the practice to leave the records system open and logged on at the nurses’ station computer at the end of a shift. This saves time during shift changes for staff that need to retrieve records.

Question: Is this an allowable practice under HIPAA?

Case #4: The answer
Although it may seem to be a timesaver, this practice is the same as sharing a password. Remember that when others are allowed to access the system under your password, there can be no way to audit who sees records and when they see them. You should never stay logged into the system beyond the end of your shift. Generally, you shouldn’t leave the system open when you leave the station for any reason.

Case #5: The problem
An individual tells you that he is here to work on the computers. He wants your password to log on to the electronic medical record system.

Question: What do you do?

Case #5: The answer
Before providing this person access, make sure he has passed through the appropriate clearance. A proper response may be to ask him who is his contact person at the hospital. Call the contact person to see if the individual has signed a confidentiality agreement. If you are unsure of the individual’s identity and of his reason for requesting access, contact your supervisor.

Faxes
HIPAA does not specifically address faxing patient information, but as with any form of health information, it is protected under the privacy rule. Nurses need to understand that faxed patient information can easily fall into the wrong hands, which would be a violation of privacy.

If you do fax patient information, make sure you are faxing it to a dedicated fax machine in a secure location and make certain that the person to whom the information is being faxed actually receives the fax. If you know you will receive a fax that contains patient information, tell the person faxing the information to warn you ahead of time so that you can be present to receive it.

Do not let faxed patient information lay around a fax machine unattended. Immediately dispose of or file faxed information before others can see it.

Case #6: The problem
You are just coming off a double shift at the hospital, and a physician has asked you to fax his patient’s lab test results to his office fax. The results are ready, but it’s after hours in his office, and none of his office staff is available to receive the fax.
**Question: What do you do?**

**Case scenario #6: The answer**

Don’t send the fax to an unattended machine unless you have been assured that it is in a locked room or has a locked cover. You have no way to ensure that someone will not see the fax besides the physician or his staff. Talk with the incoming shift about handling the fax during office hours, and leave a message with the physician’s office asking them to call for a fax of the results that were requested. Make sure not to leave the patient’s name or other identifying information on the message.

**Using E-mail**

HIPAA does not ban the use of e-mail for sending patient information, but the proposed security regulation does require organizations to put security mechanisms in place, including the use of password protection, encryption when sending patient information over a public network and technology that authenticates both the sender and the receiver. Remember that in your role at work, e-mail is not meant for personal use. Sharing or opening attached files from an unknown source can open the door to viruses and to hackers. It’s also important to remember that you can never be sure who will have access to your e-mail on the receiving end. So never send confidential information about a patient in an e-mail unless it is coded.

When you send e-mails, always double check the address line just before sending the message. Be sure that your e-mail doesn’t go to the wrong person or to the wrong list by mistake!

As with faxes, do not let printed e-mails lay around. Immediately dispose of printed e-mails after use or file them in the medical record, as appropriate.

**Exceptions to the rule**

The rule is that in no case should you be releasing confidential patient information outside the facility or be discussing it with anyone if it is not needed for treatment, billing or operations. That's important to remember.

But there are exceptional cases where providers are required to release patient information, and the law allows that.

**The following list highlights the conditions in which the hospital may release information.**

- There are laws that require hospitals to report certain communicable diseases to state health agencies. The hospital must report when patients have these diseases, even if the patient doesn't want the information reported.
- The Food and Drug Administration requires that certain information about medical devices that break or malfunction be reported.
- Some states require physicians or other providers who suspect child abuse or domestic violence to report it to the police.
- Police have the right to request certain information about patients to determine if they should be considered suspects in a criminal investigation.
- Certain courts have the rights in some cases to order providers to release patient information.
- The provider must report cases of suspicious deaths or certain injuries, such as people with gunshot wounds.
• The provider or facility reports information about patients' deaths to coroners and to funeral directors.
• Finally, the patient has a right to access and to request amendments to his or her own record.

**Patient access and amendment**

HIPAA gives patients the right to inspect and to copy the health information the plan or the provider keeps about them. Patients should be directed to the Medical Records department for processing requests for access to or copies of their medical records.

HIPAA allows patients to request amendments to their medical records. Organizations are not required to automatically make whatever changes a patient requests, but they must allow patients to make the requests and must adhere to the following specific process for handling them:
1. Respond to the request by either accepting or denying the amendment within 60 days. In many cases, the first step will be to forward the requests to the doctor or to other clinicians whose documentation the patient is disputing.
2. Inform the patient in writing whether it has accepted or has denied the request.

Patients requesting amendments to their medical records should be directed to the Medical Records department.

**When reporting is required**

In most cases, patients are informed when their health information is being reported to police or to others outside the facility, but these are cases where they do not have the right to control their information.

In all these cases, the organization complies with the law and makes reports when necessary. Remember, unless reporting this information is part of your job, you should not report this information. Check with your supervisor when you have questions about whether a report is necessary.

**SUMMARY**

1. General Information:
   All students/faculty enrolled in the Nursing Program are subject to the U.S. Department of Health and Human Services "Privacy Rule" contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This act, which became effective April 2003, is designed to guarantee patient rights and protects against the misuse or inappropriate disclosure of their individually identifiable health information. As part of their educational experience, students and faculty in health care professions are allowed access to protected health information as necessary to provide patient care. Students and faculty should access protected health information on the same basis as any other health care provider, which is a "need to know" basis only.

2. Identifiable information, as contained in HIPAA, includes:
   a Names
   b All geographic areas smaller than a state
   c All dates
   d Telephone numbers, addresses, hospital account numbers and any other identification information
   e Full face photographic images and any comparable images
3. Students/faculty enrolled in the Roxborough Memorial Hospital School of Nursing are required to take the following steps to protect the privacy of Health Care Recipients (HCR’s):
   a. Close room doors when discussing treatments and administering procedures.
   b. Close curtains and speak softly in semi-private rooms when discussing treatment and performing procedures.
   c. Avoid discussions about HCR’s in public areas such as cafeteria lines, waiting rooms, and elevators.
   d. Safeguard medical records by not leaving the record unattended in an area where the public can view or access the record.
   e. Log off the computer system immediately after reviewing an electronic medical record.
   f. Prior to leaving the clinical area, destroy any notes made about an HCR during a clinical experience that could identify the HCR.

4. Case Studies/Care Plans
   a. All information about the HCR must be hand copied from hospital records on the day the student/faculty provides health care.
   b. Students/faculty must adhere to Roxborough Memorial Hospital School of Nursing clinical agency policies related to access to patient information.

Students/faculty will not use the HCR’s name or initials on the Case Studies/Care Plans. Fictitious names/initials may be used.

Adapted from Legacy Health System “HIPAA Training for Student Nurses/Faculty” 6/03
INFORMATIONAL GUIDE FOR STUDENT SECURITY & WELFARE

OVERVIEW

Roxborough Memorial Hospital is committed to providing a safe and secure environment for its employees and students. Because no campus is isolated from crime, the School has developed this brochure to provide an overview of the Hospital’s safety and security program.

Population of Roxborough Memorial Hospital, School of Nursing

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<thead>
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<td>FACULTY (Full Time)</td>
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<td>TOTAL STUDENTS ENROLLED</td>
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NOTE: Since the School of Nursing is part of Roxborough Memorial Hospital, references to “Hospital property” are understood to include both the Hospital proper and the School.

WHO IS RESPONSIBLE FOR SECURITY AT THE SCHOOL OF NURSING?

The Hospital’s Public Safety Director oversees the hospital and school campus and investigates any conduct in violation of the hospital’s and school’s policies. The director can be reached at extension #6857. There are 12 Public Safety officers on staff. These Officers are uniformed with the exception of the Director. All Public Safety Officers have had a thorough character and work background investigations and have no police record, as verified by a Pennsylvania State Police. Roxborough Memorial Hospital Public Safety Officers have the authority to ask persons for identification and to determine whether individuals have lawful business at Roxborough Memorial Hospital. Roxborough Memorial Hospital Public Safety Officers do possess arrest powers. Major incidents are referred to the Philadelphia Police Department and State Police if appropriate.

All crime victims and witnesses are strongly encouraged to immediately report any crimes to the Roxborough Memorial Hospital Public Safety Department and the Philadelphia Police Department. Prompt reporting will assure timely warning notices on-campus and timely disclosure of crime statistics.

Additionally, the School of Nursing is monitored 24 hours-a-day, seven days a week with a CCTV system that stores all information for 90-days. The monitor is located at the receptionist desk and 8 cameras are located throughout the building.

WHAT IS THE PROCEDURE FOR STUDENTS OR OTHERS FOR REPORTING CRIMINAL ACTIONS OR OTHER EMERGENCIES WHICH OCCUR ON CAMPUS, AND HOW DOES THE HOSPITAL RESPOND TO SUCH REPORTS?
Students, faculty and staff should report all crimes to the Hospital Public Safety Department by immediately calling extension 333 or by dialing "0" and asking to have Public Safety dispatched. Officers will respond to the scene and complete an incident report. With victim’s consent, Public Safety will contact the Philadelphia Police Department. The Police Department will respond and file their report. If an **EMERGENCY** occurs and Officers are needed, the operator is to be called at 333 and told “Dr. Sam at the School of Nursing”. A team will immediately respond to that call. However, if there is a crime in progress you are encouraged to call 333 & 911 first to have Public Safety and Philadelphia Police Department dispatched. Remember your safety and the safety of the other students is paramount, do not take unnecessary chances, if you feel something is out of place or wrong, Dial 333.

**WHAT IS ROXBOROUGH MEMORIAL HOSPITAL’S POLICY ON TIMELY WARNINGS?**

In the event that a situation arises either at the School of Nursing or at the Hospital that, in the judgment of the Public Safety Director, constitutes an ongoing or continuing threat, a hospital wide “Timely Warning” will be issued. The warning will be issued through the Hospital e-mail System to students, faculty and staff and posted on the textbook platform for students and faculty.

Anyone with information warranting a Timely Warning should report the circumstances to the Public Safety Director by phone 215-509-6857 or the Operator at 333.

**WHAT IS ROXBOROUGH MEMORIAL HOSPITAL’S POLICY RELATING TO POSSESSION, USE OR SALE OR DISTRIBUTION OF ALCOHOLIC BEVERAGES AND ILLEGAL DRUGS?**

No alcoholic beverages or illegal drugs are permitted on the School of Nursing campus at any time. The use of alcohol or illegal drugs and the misuse of legal therapeutic drugs by students or Hospital employees while on Hospital property or while participating in any school related activity are strictly prohibited. For more information on the Drug-Free School Policy, refer to the Student Handbook.

If any student has information on illegal drug sales or usage on campus, you can contact the Philadelphia Police Departments Narcotics Field Unit (North) anonymously at 215-685-1127, or refer to Roxborough Memorial Hospital’s Security Policy Handling and Disposal of Controlled Substances – Policy # RXHSD-033. The hospital security and safety manual is kept at the receptionist desk.

**WHAT IS ROXBOROUGH MEMORIAL HOSPITAL'S POLICY ON POSSESSION AND USE OF WEAPONS BY HOSPITAL PERSONNEL OR ANY OTHER PERSONS?**

With the exception of on-duty law enforcement personnel, all persons are prohibited from possessing or using weapons on Hospital property. Or refer to Roxborough Memorial Hospital’s Security Policy – Weapons Employees/Visitors Police #RXHSD-021 & Appendix “A”. The hospital security and safety manual is kept at the receptionist desk.

**WHAT IS ROXBOROUGH MEMORIAL HOSPITAL SCHOOL OF NURSING'S POLICY WITH REGARD TO ANY STUDENTS WHO HAVE PREVIOUS CRIMINAL RECORDS?**
Both federal as well as state background investigations are conducted for students. This policy is found in the School of Nursing Student Handbook.

Students are required to sign an affidavit each year attesting that they have never been convicted of a felony.

**WHAT SECURITY CONSIDERATIONS DOES ROXBOROUGH MEMORIAL HOSPITAL FOLLOW FOR THE REPAIR AND UPKEEP OF CAMPUS FACILITIES, INCLUDING OUTDOOR LIGHTING, GROUNDSKEEPING AND LANDSCAPING?**

Roxborough Memorial Hospital facilities and grounds are maintained so as to avoid or minimize hazards of any sort. Malfunctioning lights and other unsafe conditions are reported immediately to the Hospital Facility Maintenance Department for correction, repair, or replacement at extension 4292.

**HOW DOES ROXBOROUGH MEMORIAL HOSPITAL INFORM THE SCHOOL OF NURSING COMMUNITY ABOUT SECURITY MATTERS?**

Brochures concerning safety are available to the Hospital and School community. Students receive a presentation on security measures during orientation. Additional details concerning student and facility regulations are included in the Student Handbook, which is updated annually.

Security issues are reported through the Accident and Illness Prevention Committee (AIPC). AIPC minutes are distributed to the School of Nursing to keep them aware of any security and/or safety issues in the campus environment. The Director of Public Safety is responsible to provide timely warnings in response to any security matters that may affect the School of Nursing Community. Emergency notifications of events that may affect the hospital campus including the School follow the procedures set forth in the Roxborough Memorial Hospital Disaster Plan.

**SCHOOL OF NURSING BUILDING INFORMATION**

Whenever school is in session, the front desk at the School of Nursing is open from 7:00am to 6:00pm, Monday to Friday. During those times school personnel cover the facility. In addition, Hospital Officers check the School as part of their regular evening and nighttime rounds.

Access to the School of Nursing building is through the front door, which is locked from the outside at all times. The door lock is released by the Facility Receptionist at the front desk. Other doors in the School serve primarily as emergency exits and cannot be opened from the outside without a key. Exit doors directly accessible to students have an audible alarm, which sounds whenever a door is opened. The ground level exit doors on Jamestown Street are also covered from the front desk by continuous camera surveillance.

During the summer the School is open weekdays from 7:00am to 6:00pm.

All visitors must sign a logbook upon entering and leaving the building. Any visitor who violates any regulation relevant to the conduct of visitors will be asked to leave.

Anyone entering the School who is not faculty, staff or a student must sign in the logbook upon entering and leaving the school building.
ROXBOROUGH MEMORIAL HOSPITAL  
SCHOOL OF NURSING  
SEXUAL ASSAULT PREVENTION AND RESPONSE POLICY

Roxborough Memorial Hospital realizes the seriousness of sex offenses. For information on sex offences, including rape, acquaintance rape, and other forcible and non-forcible sex offences, students and staff can access the following websites:

Women Organized Against Rape (WOAR) www.woar.org
Pennsylvania Coalition Against Rape (PCAR) www.pcar.org

If you are a victim of sexual assault at this institution, your first priority should be to get to a place of safety. You should then obtain necessary medical treatment. The two Philadelphia rape designated hospitals are Thomas Jefferson Hospital at 111 S. 11th street, 215-955-6000 and Episcopal Hospital at 100 E. Lehigh Avenue 215-707-1200.

Victims of sexual assault are to report the incident in a timely manner to the Director of Safety and Security, Matt Shelak, at extension #6857. Timely reporting is a critical factor for evidence collection and preservation. The Director of Safety and Security can assist you in contacting the Philadelphia Police Department.

Notifying the Director of Safety and Security does not obligate the victim to report to the police and prosecute.

If you decide to report to the police you can call 911 or the Special Victims Unit at 215-685-2251. Filing of a police report will:

- Ensure that a victim of sexual assault receives the necessary medical treatment and tests, at no expense to the victim.
- Provide the opportunity for collection of evidence helpful in prosecution, which cannot be obtained later (ideally a victim of sexual assault should not wash, douche, use the toilet, or change clothing prior to a medical/legal exam)
- Assure the victim has access to free confidential counseling from counselors specifically trained in the area of sexual assault crisis intervention.

The School also has a Part-Time Counselor, Dr. Jana Mallis, who is available to counsel students and can be contacted at 215-284-3646.

Confidential Reporting Procedures:
If you are the victim of a crime and do not want to pursue action within the criminal justice system, you may still want to consider making a confidential report. With your permission, the School of Nursing can file a report on the details of the incident without revealing your identity. The purpose of a confidential report is to comply with your wish to keep the matter confidential, while taking steps to ensure the future safety of yourself and others. With such information, the school can keep an accurate record of the number of incidents involving students, determine where there is a pattern of crime with regard to a particular location, method, or assailant, and alert the campus community to potential danger. Reports filed in this matter are counted and disclosed in the annual crimes statistics for the institution.
ROXBOROUGH MEMORIAL HOSPITAL
SCHOOL OF NURSING
POLICY STATEMENT ADDRESSING SEX OFFENDER REGISTRATION

In accordance with the “Campus Sex Crimes Prevention Act” of 2000 RMH/SON is providing a link to the Pennsylvania Sex Offender Registry. The link is http://www.pameganslaw.state.pa.us. This Act became effective on October 28, 2002.

The Sex Crimes Prevention Act requires institutions of a higher education to issue a statement advising the school community where law enforcement information provided by a State concerning registered sex offenders may be obtained. Unlawful use of the information for purposes of intimidating or harassing another is prohibited and violation is punishable as a class I misdemeanor.
CRIME ANALYSIS

5TH DISTRICT PSA for 2013

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Source: Crime Index

* In 2011/2012, reported crimes were given to us in sectors. The city will no longer do crime reports by sector, they will only report on districts, therefore these statistics are given on the entire district, not just the hospital sector.

* Information provided by the Philadelphia Police Department
CRIME ANALYSIS

5TH DISTRICT PSA for 2012

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* Information provided by the Philadelphia Police Department
CRIME ANALYSIS

5TH DISTRICT PSA for 2011

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<td>LIQUOR LAW VIOLATIONS</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
</tr>
</tbody>
</table>

* Information provided by the Philadelphia Police Department
ADDITIONAL POLICIES LOCATED IN HOSPITAL POLICY BOOK

Complete and detailed school policies are found in the Student Handbook. Additional hospital policies that the school abides by are on the hospital “O” drive.

- Theft Control
- Bomb Threats
- Serving of Subpoenas and Warrants
- Safety and Parking Regulations
- Handling and Disposing of Controlled Substances
- Code Red
- Fire Drills
- Hospital Disaster Plan

For additional information, please contact:
Bob Michetti,
Director of Safety and Security
(215) 487-4692