Dear Students:

Welcome or welcome back to Fairmont State University and to the School of Nursing and Allied Health Administration! You have made two excellent career choices with choosing FSU and nursing!

I am looking forward to seeing our returning students and meeting our new first year students. As your schedule permits, please stop by my office, ED 245, and let me know how you are doing. I am also interested in your thoughts and ideas about the programs. I have an open door policy, so if my door is open, you are most welcome. If you wish to talk for a period, please schedule an appointment so that our time will be uninterrupted.

Now, a few words about this handbook, and why it is essential that you know the policies it contains. The faculty and students of the School of Nursing have prepared this handbook. The purpose of producing such a manual is to ensure that the policies of the School are public and accessible.

The School of Nursing policies are nondiscriminatory and are congruent with the mission and goals of the University. The task of educating practitioners, who are prepared to safely practice professional nursing at the generalist level, mandates that certain nursing academic and clinical conduct requirements be more stringently delineated than general University requirements. In the event that a School of Nursing policy differs from the general University policy, communication of that difference occurs via this handbook.

The School of Nursing Handbook is accessible to students on our Web page at http://www.fairmontstate.edu/files/u242/ADNStudent_Handbook.pdf. This handbook is intended to supply accurate information to the reader. However, this handbook is NOT to be regarded as an irrevocable contract between the student and the School of Nursing. The School reserves the right to make and designate the effective date of curricula policies and other regulations, at any time such changes are considered desirable or necessary.

Policies affecting nursing students are developed and revised through the action of various nursing committees and are finalized by the faculty. Any changes throughout the year will be announced to students with discussion and an appropriate timeline for implementation.

If you have questions or concerns about any of the policies in the handbook, please direct them to a faculty member, your academic advisor, a member of the Student Advocacy Committee, or me.

Have a wonderful year!

Sincerely,

Mary Sharon Boni

Mary Sharon Boni. PhD, RN
Dean and Professor School of Nursing and Allied Health Administration
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Program Description

The Associate Degree Nursing Program at Fairmont State is designed to prepare graduates for a challenging and satisfying career as a registered nurse. The curriculum includes a balance of nursing and non-nursing courses. Students have the opportunity to apply nursing theory and skills in the campus laboratories, simulation labs, and a variety of health care agencies. Clinical settings may include hospitals in Morgantown, Clarksburg, Fairmont, and Weston as well as nursing homes, rehabilitation centers, schools, clinics, and physicians’ offices. Students are required to provide their own transportation to all clinical experiences.

Associate degree nurses are qualified to work in hospitals, nursing homes, physicians’ offices, and clinics. Graduates of our program have been employed in most states and several foreign countries. Graduates also have continued in higher education and have received their baccalaureate, master’s and doctoral degrees in nursing and other related fields. Graduates of the Associate Degree Nursing Program are eligible to be considered for admission to the Fairmont State Bachelor of Science in Nursing Program once they are licensed.

The FSU Associate Degree Nursing Program is accredited by the West Virginia Board of Examiners for Registered Professional Nurses (WVBOERPN) and the Accreditation Commission for Education in Nursing (ACEN). Graduates of the program are eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN) to become licensed as a registered nurse.

West Virginia Board of Examiners for Registered Professional Nurses
101 Dee Drive, Suite 102
Charleston, WV 25311
304-538-3596
http://www.wvrnboard.wv.gov
email: RNboard@state.WV.US

Accreditation Commission for Education in Nursing
3343 Peachtree Road NE, Suite 850
Atlanta, GA 30326
404-975-5000
http://www.acenursing.org
Mission Statement

The mission of the Fairmont State Associate Degree Nursing Program is to provide quality-nursing education to students in West Virginia and beyond.

Approved: 8/2015

Philosophy

The faculty of Fairmont State’s ASN Program believes that a quality education should be based on current professional standards and sound educational theory. The following documents and standards serve as a guide for the curriculum:

- National League for Nursing (NLN) Competencies for Nursing Education
- Quality and Safety Education for Nurses (QSEN) Competencies
- ANA (American Nurses Association) Code of Ethics
- WV Board of Examiners of Registered Professional Nurses (WVBOERPN) Standards and Scope of Practice
- Accreditation Commission for Education in Nursing (ACEN) Standards

To guide the approach to teaching and learning, the faculty adopted Malcolm Knowles’s Theory of Andragogy for theory application and David Kolb’s Theory of Experiential Learning for clinical application. The faculty believes that adult nursing students should be active in their own learning at all stages of teaching/learning process, build on personal experiences, focus on solving patient and healthcare problems, and exhibit characteristics of professionalism. Students learn best through experience and reflection. The process of teaching and learning is as important as the content delivered.

The following definitions reflect the faculty’s belief about the concepts that guide the curriculum.

Major Concept:

HUMAN FLOURISHING – The realization of maximum health potential in patients, families, & communities promoted by nursing care.

- Core Values – As sub-concepts for human flourishing, the focus is on patient care and maximizing potential.
- Patient-Centered Care – The nurse provides holistic care that reflects the patient as the source of control and a full partner and that is based on respect for the patient’s preferences, values, and needs. Individualized, therapeutic interventions create an effective care environment.
● **Teamwork and Collaboration** – The nurse provides quality, comprehensive and patient-centered care in coordination with the patient, family, and members of the inter-professional healthcare team within a mutually respectful environment.

● **Evidence-based Practice** – The nurse provides care that is based upon research, professional standards, clinical expertise, and patient and family preferences.

● **Quality Improvement** – The nurse provides care based on the continuous and deliberate evaluation of data and patient outcomes.

● **Safety** – Safety is essential to maximizing a patient’s health potential. The nurse, as a care provider reduces risk to the patient and provides protection from adverse events or exposures that can affect well-being.

► **Sub-concepts**

● **Holistic Care** – The integration of biologic, psychosocial, social, and spiritual dimensions in caring for the whole patient to facilitate psychosocial and physiologic integrity.

● **Health Promotion & Education** – Nursing care directed toward expected growth and development principles, protection, and illness prevention through a variety of strategies including education, risk assessment, physical assessment, screenings, and lifestyle choice and changes.

● **Growth & Development** - The progression of a patient’s function and skill, involving physical, mental, spiritual, emotional, cultural, and environmental influences.

● **Age-appropriate care** – Application of care with awareness, knowledge, sensitivity, and respect of diverse populations and associated ethnic, racial, social, socio-economic, and spiritual influences.

● **Culturally competent care** – Application of care with awareness, knowledge, sensitivity, and respect of diverse populations and associated ethnic, racial, social, socio-economic, and spiritual influences.

● **Therapeutic Communication** – The use of verbal and nonverbal messages to promote the physical and emotional well-being of a patient and to advance the healing process.

● **Informatics** – The integration of nursing and computer science to manage and communicate data, information, knowledge, and wisdom in promoting the quality and safety of patient care.

● **Content Mastery, including Pharmacology** – The advancement toward content expertise for the basis of safe and effective nursing practice and sound clinical reasoning.
Major Concept:
NURSING JUDGMENT – The integration of evidenced-based practice, critical thinking, and clinical judgment to manage and provide quality care.

► Core Values – As sub-concepts for nursing judgment, the focus is on clinical reasoning and decision-making.

● Patient-Centered Care – The nurse bases clinical judgments and planning on respect for the patient’s preferences, values, and needs. Decisions are made with the recognition that the patient is the source of control and a full partner in care planning.

● Teamwork and Collaboration – The nurse, working in partnership with the patient, family, and members of the inter-professional healthcare team, uses a knowledge base of accumulated evidence to plan and make decisions for providing respectful quality patient care.

● Evidence-based Practice – The nurse is responsible for diligent, deliberate, and conscientious use of a knowledge base of current “best evidence” and clinical expertise, incorporating patient and family preferences, to maximize the quality of healthcare.

● Quality Improvement – The nurse evaluates and revises current methods and uses data to continuously improve the quality and safety of health care.

● Safety – The nurse uses knowledge and experiences to reduce risk to patients and provide protection from adverse events or exposures that can affect well-being.

► Sub-concepts

● Nursing Process – A systemic, cyclical, problem-solving process that follows a logical progression, guides nursing practice, and includes assessment, diagnosis (problem identification), planning, implementation, and evaluation.

● Ethics & Legal Implications – The consideration of the laws, regulations, and standards of practice in conjunction with moral, spiritual, and ethical principles to assist in decision-making, patient advocacy, and conflict resolution.

● Prioritization – The act of utilizing mastery of content, situational data, theoretical principles, the nursing process and past experiences to organize and manage care in order of importance.

● Delegation – The nursing process of transferring authority or responsibility through a collaborative and cooperative relationship with another person to perform a provision of nursing care in accordance with legal and ethical principles while retaining accountability for the outcome.

● Knowledge Synthesis (from nursing and non-nursing courses) – The integration of knowledge, skills, attitudes, and ideas acquired through experience and education from nursing and non-nursing origins in order to make informed decisions.
Major Concept:
PROFESSIONAL IDENTITY – The demonstration of the core values of the nursing profession.

► Core Values – As sub-concepts for professional identity, the focus is on the nurse’s ability to operationalize core nursing values, and the basis is the ANA Code of Ethics.

● Patient-Centered Care – The nurse’s primary commitment is to the patient, whether an individual, family, group, or community. 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.

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

● Evidence-based Practice – 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.

● Quality Improvement – 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.

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

► Sub-concepts

● Self-Care & Awareness – The awareness and care of oneself related to cognitive, affective, and physical needs; ethical and spiritual values, beliefs, and biases; and strengths and weakness in providing holistic patient care.

● Professionalism – The ability of the nurse to exhibit accountability, responsibility, confidentiality, lifelong learning, collaboration, safe behaviors, and veracity in accordance with professional standards to provide patient-centered care and advance the nursing profession.

● Nursing Roles – The ability of the nurse to make decisions and function in the roles of care provider, care manager, team leader, team member, educator, advocate, and professional.
Major Concept:
SPIRIT OF INQUIRY – seeking truth, evidence, and innovation to improved quality patient care.

► **Core Values** – As sub-concepts for spirit of inquiry, the focus is on the nurse’s ability to exhibit characteristics of a spirit of inquiry through action.

- **Patient-Centered Care** – The nurse seeks information about a patient’s preferences, values, and needs and pulls that information together to improve the quality of care.

- **Teamwork and Collaboration** – The nurse seeks and analyzes knowledge, expertise, and strategies from all disciplines and team members to improve patient care and healthcare in general.

- **Evidence-based Practice** – The nurse is responsible for the diligent, deliberate, and conscientious pursuit of current “best evidence” and clinical expertise to maximize the quality of healthcare.

- **Quality Improvement** – the nurse continuously seeks data regarding patient care outcomes and processes and explores methods for improving them.

- **Safety** – The nurse identifies risk factors and implements methods to reduce a patient’s risk of adverse events or exposures that can affect well-being through the utilization of acquired knowledge and experiences.

► **Sub-concepts**

- **Critical Thinking** – a commitment to reason at the highest level of quality in a fair-minded way through self-improvement, consideration of outside perspectives, and recognition of the complexity of thought.

- **Informatics** – the use of data, information, technology, knowledge, and wisdom to support patients, nurses, and other health care providers in communicating, managing knowledge, mitigating error, and making decisions.
Conceptual ASN Curricular Model

- Human Flourishing
- Spirit of Inquiry
- Professional Identity
- Nursing Judgment

Patient-Centered Care
Teamwork & Collaboration
Evidence-Based Practice
Quality Improvement
Safety
CONCEPTUAL FRAMEWORK OUTLINE

Human Flourishing
- Core Values
  - Patient-Centered Care
  - Teamwork and Collaboration
  - Evidence-based Practice
  - Quality Improvement
  - Safety
- Holistic Care
- Health Promotion & Education
- Growth & Development
- Age-appropriate Care
- Culturally Competent Care
- Therapeutic Communication
- Informatics
- Content Mastery

Nursing Judgment
- Core Values
  - Patient-centered Care
  - Teamwork and Collaboration
  - Evidence-Based Practice
  - Quality Improvement
  - Safety
- Nursing Process
- Ethics & Legal Implications
- Prioritization
- Delegation
- Knowledge Synthesis (from nursing and non-nursing courses)

Professional Identity –
- Core Values
  - Patient-centered Care
  - Teamwork and Collaboration
  - Evidence-based Practice
  - Quality Improvement
  - Safety
- Self-Care & Awareness
- Professionalism
- Nursing Roles

Spirit of Inquiry
- Core Values
  - Patient-centered Care
  - Teamwork and Collaboration
  - Evidence-Based Practice
  - Quality Improvement
  - Safety
- Critical Thinking
- Informatics
Quality and safety for Nurses – QSEN

The overall goal for the Quality and Safety Education for Nurses (QSEN) project is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work. The knowledge, skills and attitudes include the following:

- Patient-centered Care
- Teamwork and Collaboration
- Evidence-based Practice (EBP)
- Quality Improvement (QI)
- Safety
- Informatics

ANA Code of Ethics

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 and 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.
PROGRAM OUTCOMES & ASSESSMENTS

Associate Degree Program Outcomes

- At least 80% of entering students will graduate within three years of enrolling in the ASN Program.
- The three-year mean NCLEX-RN pass rate for first time test takers will be at or above the national average for the same three-year period.
- At least 85% of the graduates will rate the program as satisfactory or above.
- At least 90% of the graduates will gain employment as a nurse, or enroll in a higher education program within 6 months of graduation.
- At least 85% of employers will rate graduate performance as satisfactory or above.

Approved: 5/4/01
Revised: 10/5/01
Reviewed 5/2010
Revised: 8/2014
Approved 8/2015
GRADUATE OUTCOMES & ASSESSMENTS

Associate Degree Graduate Outcomes

Graduates of the program will be able to:

- Promote human flourishing for patients of all ages.
- Utilize nursing judgment to provide quality nursing care.
- Demonstrate attributes of a professional identity consistent with core nursing values.
- Demonstrate characteristics of a spirit of inquiry to improve healthcare quality.

Approved 8/2015
Progression and Graduation

To remain in the nursing program, a student must receive a grade of “C” or above in every nursing course and in every required support course. Failure to meet either of these requirements will result in dismissal from the program. All courses must be completed by the semester displayed in the model schedule. Readmission (see Reentry Policy) is on the basis of space availability, the completion of a program exit interview, letter of petition to be readmitted submitted to the dean of nursing, Student Advocacy Committee review, and mutual student/faculty contract. Students may be readmitted to the program only one time.

To graduate from the nursing program, a student must have a grade of “C” or above in every nursing and support course and a cumulative 2.0 or higher grade point average. The college requires a grade of “C” or above in English 1104 and 1108 to graduate.

Graduates of the program are eligible to take the National Council Licensing Examination for licensure as a Registered Nurse. For licensure in West Virginia, candidates must meet the following legal requirements delineated in the West Virginia Code 30-7-6 http://www.legis.state.wv.us/WVCode/code.cfm?chap=&art=7#1 and Legislative Rule 19 http://apps.sos.wv.gov/adlaw/csr/ruleview.aspx?document=7255

These requirements are:

1. Is of good moral character and has not engaged in professional misconduct as noted in Legislative Rule 19-3-14 (Appendix A)
2. Has completed an approved four-year high school course of study or the equivalent thereof.
3. Has completed an accredited program of registered professional nursing education and holds a diploma of a school accredited by the board.
4. Has an unremarkable criminal background check.
5. Has not been convicted of a felony or violated any standards listed in 30-7-11 of the WV Code for Registered Professional Nurses.
6. Records of misdemeanors or felonies must be submitted to the WV Board of Examiners before graduation.

***Occurrences of misdemeanors or felonies must be discussed with the dean for the School of Nursing upon admission to the program.

Revised 8/2014
Approved 8/2015
General Application Questions on the WVBOERN’s Licensure Application

http://www.wvrnboard.com/images/LICENSE%20EXAM%20APPLICATION.pdf

20. Do you hold or have you held any other professional or occupational licensure or certification?

   If you answer YES to either 20 a or 20 b provide certified copies of related documents and a written narrative explaining the details of what happened.

   20.a. Has a complaint ever been filed against the above listed license(s) of certification(s)?

   20.b. Has action ever been taken against the above license(s) or certifications(s)?

21. Do you have a child support obligation?

22. Do you have an arrearage that equals or exceeds the amount of child support payable for six months?

23. Are you the subject of a child support subpoena or warrant?

24. Do you own all or part of a business that operates within WV: If YES, list the FEIN# WV Code 21A-2-6 (18) provides that a board may not issue or renew a license for you to engage in the practice of a profession if you are in default under either the unemployment compensation laws or the worker’s compensation laws, or under both laws of this State.

   If answering YES to ANY of the questions below attach an explanation and certified copies of related court documents if applicable. Traffic violations resulting in conviction must be reported.

25. Have you ever committed an act of academic dishonesty resulting in disciplinary action by the school?

26. Have you EVER been convicted of a felony or a misdemeanor or pled nolo contendere to any crime? Speeding, parking, registration, no insurance, seatbelt violations do not have to be reported. All other violations must be reported.

27. Have you ever or are you currently serving in a branch of the military? Have you ever been discharged from a branch of the military with anything other than an honorable discharge?

28. Do you have any criminal charges currently pending in any state, territory or country?

29. Have you ever or are you currently using illegal drugs?

30. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?
31. Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of registered professional nursing?

32. If you hold a professional or occupational license or certification of any kind, has your practice ever been monitored for any reason disciplinary action or otherwise, by any facility, board or group?

WV Code 30-7-11. Denial, revocation or suspension of license; grounds for discipline.

The Board shall have the power to deny, revoke or suspend any license to practice registered professional nursing issued or applied for in accordance with the provisions of this article, or to otherwise discipline a licensee or applicant upon proof that he or she:

(a) Is or was guilty of fraud or deceit in procuring or attempting to procure a license to practice registered professional nursing; or
(b) Has been convicted of a felony; or
(c) Is unfit or incompetent by reason of negligence, habits or other causes; or
(d) Is habitually intemperate or is addicted to the use of habit-forming drugs; or
(e) Is mentally incompetent; or
(f) Is guilty of conduct derogatory to the morals or standing of the profession of registered nursing; or
(g) Is practicing or attempting to practice registered professional nursing without a license or registration; or
(h) Has willfully or repeatedly violated any of the provisions in this article.
### Student with Disabilities

The FSU School of Nursing and Allied Health Administration complies with the University’s admission policy in response to the Americans with Disabilities Act. Students admitted to the associate degree of nursing program are expected to be able to complete curriculum requirements which include physical, cognitive, and behavioral skills that are essential to the function of the entry level professional nurse. Reasonable accommodations will be made in order that nursing students with disabilities can successfully complete the nursing program; however, the successful candidate for graduation is expected to perform in a reasonably independent manner as outlined in the Core Performance Standards. Any student or applicant for admission who believes he/she cannot meet the Core Performance Standards should seek assistance by contacting Andrea Pammer, Director of Disability Services on the 3rd Floor of Turley Student Services Center.

### Core Performance Standards

**Core Performance Standards as adapted from the Southern Council on Collegiate Education for Nursing and from the Validation Study, “Functional Abilities Essential for Nursing Practice” by the National Council of State Boards of Nursing.**

The core performance standards set forth cognitive, sensory, affective and psychomotor performance requirements for nurses. Under the ADA, the FSU nursing programs do not base admission, acceptance or continued enrollment on the core performance standards. Instead, the standards are used to assist applicants and students in the determination of need for ADA related accommodations and medications. The core performance standards are intended to constitute an objective measure of:

1. A qualified applicant’s ability with or without accommodations to meet the program performance requirements.
2. Accommodations required by a matriculated student who seeks accommodations under the ADA.

Applicants and students with disabilities seeking accommodations under the ADA, must contact Andrea Pammer in the Disability Services & Psychological Services at 304-367-4072, Turley Student Services Center.

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<td>Critical thinking</td>
<td>Critical thinking ability for effective clinical reasoning and clinical judgment consistent with level of educational preparation.</td>
<td>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 intervention</td>
</tr>
<tr>
<td>Professional Relationships</td>
<td>Interpersonal skills sufficient for Professional interactions with a Diverse population of individuals, Families and groups</td>
<td>Establishment of rapport with Patients/clients and colleagues Capacity to engage in successful conflict resolution Peer accountability</td>
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<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication adeptness sufficient for verbal and written professional interactions</td>
<td>Explanation of treatment procedures, initiation of health teaching. Documentation and interpretation of nursing actions and patient/client responses</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient for movement from room to room and in small spaces</td>
<td>Movement about patient’s room, work spaces and treatment areas Administration of rescue procedures-cardiopulmonary resuscitation</td>
</tr>
<tr>
<td>Motor skills</td>
<td>Gross and fine motor abilities sufficient for providing safe, effective nursing care</td>
<td>Calibration and use of equipment Therapeutic positioning of patients</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient for monitoring and assessing health needs</td>
<td>Ability to hear monitoring device alarm and other emergency signals Ability to discern auscultatory sounds and cries for help</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for observation and assessment necessary in patient care</td>
<td>Ability to observe patient’s condition and responses to treatments</td>
</tr>
<tr>
<td>Tactile Sense</td>
<td>Tactile ability sufficient for physical assessment</td>
<td>Ability to palpate in physical examinations and various therapeutic interventions</td>
</tr>
</tbody>
</table>
Competency Based Testing Program

The School of Nursing utilizes standardized competency testing for admission screening and for evaluation of students’ nursing knowledge throughout the program, and for program outcome benchmarking.

Thus, testing is required throughout the program. Students are assessed a nonrefundable testing fee at the beginning of each semester. Requirements for progression within the program, remediation within a course, and demonstration of course content competencies are provided in each course syllabi.
# Model Schedule—Traditional ASN Program

<table>
<thead>
<tr>
<th>1st Semester</th>
<th>2nd Semester</th>
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</thead>
<tbody>
<tr>
<td>ENGL 1104 Written English I</td>
<td>NURS 1108 Nursing Care of Adults I</td>
</tr>
<tr>
<td>NURS 1101 Fundamentals of Nursing</td>
<td>NURS 1115 Maternal-Child Nursing I</td>
</tr>
<tr>
<td>FOSM 1110 Nutrition</td>
<td>NURS 1120 Nursing Pharmacology I</td>
</tr>
<tr>
<td>HLCA 1170 &amp; 1171 Anatomy &amp; Physiology</td>
<td>BIOL 2205 Microbiology</td>
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<td>PSYC 1101 Introduction to Psychology</td>
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<table>
<thead>
<tr>
<th>3rd Semester</th>
<th>4th Semester</th>
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</thead>
<tbody>
<tr>
<td>NURS 2203 Mental Health Nursing</td>
<td>NURS 2215 Maternal-Child Nursing III</td>
</tr>
<tr>
<td>NURS 2208 Nursing Care of Adults II</td>
<td>NURS 2212 Nursing Care of Adults III</td>
</tr>
<tr>
<td>NURS 2110 Nursing Pharmacology II</td>
<td>NURS 2211 Professional Role Transition</td>
</tr>
<tr>
<td>NURS 2115 Maternal-Child Nursing II</td>
<td>NURS 2210 Nursing Pharmacology III</td>
</tr>
<tr>
<td></td>
<td>NURS 2220 Nursing Capstone Clinical</td>
</tr>
<tr>
<td></td>
<td>ENGL 1108 Written English II</td>
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ASN Program New Curriculum

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<tr>
<th>Course</th>
<th>Theory Hours</th>
<th>Clinical Site Hours</th>
<th>Simulation/Lab Hours</th>
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<tbody>
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<td>NURS 1108 (6)</td>
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<td>26</td>
<td>96</td>
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<td>NURS 1120 (1)</td>
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<td>NURS 1115 (4)</td>
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<td>96</td>
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<tr>
<td>TOTALS</td>
<td>480</td>
<td>356</td>
<td>176</td>
<td>532</td>
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Also, the course pages reflect the emphasis on care across the lifespan and holistic care of individuals and families. Communities and populations are addressed; however, those groups are emphasized more in the RN-BSN Program. The curriculum focuses on preventative, restorative, maintenance, and rehabilitative care.

The nursing curriculum complies with University and HEPC requirements for general education in an associate degree program. The ASN Model Schedule indicate that 19 of the 60 credit hours are outside of the major and expose students to biological, physical, and behavioral sciences. These courses are outlined below:

- ENGL 1104  Written English I  3 credits
- ENGL 1108  Written English II  3 credits
- FOSM 1110  Introduction to Nutrition  3 credits
- HLCA 1170/1171  Anatomy & Physiology  4 credits
- BIOL 2205  Technical Microbiology  3 credits
- PSYC 1101  Introduction to Psychology  3 credits
COURSE DESCRIPTIONS, OUTLINES, LEVELING, OUTCOMES, & ASSESSMENTS

NURS 1101 Fundamentals of Nursing (7 credits)

Course Description:

This course is designed to introduce the beginning student to nursing, concepts essential to the practice of nursing, and the role of the nurse as care provider. The clinical, laboratory, and simulation experiences involve the implementation of the nursing process and utilization of assessment and communication skills related to basic needs & life processes of individual patients. Factors, such as developmental levels, sociocultural differences, and mental & emotional status are included. (5 hours theory, 6 hours lab per week). PR: Admission to the ASN Nursing Program, FOSM 1100, BIOL 1170 and 1171. FOSM and BIOL may be taken concurrently.

Course Concepts Outline:

<table>
<thead>
<tr>
<th>Human Flourishing</th>
<th>Nursing Judgment</th>
<th>Professional Identity</th>
<th>Spirit of Inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-Centered Care Teamwork and Collaboration Evidence-based Practice Quality Improvement Safety</td>
<td>Patient-centered Care Teamwork and Collaboration Evidence-based Practice Quality Improvement Safety</td>
<td>Patient-centered Care Teamwork and Collaboration Evidence-based Practice Quality Improvement Safety</td>
<td>Patient-centered Care Teamwork and Collaboration Evidence-based Practice Quality Improvement Safety</td>
</tr>
<tr>
<td>Holistic Care Health Promotion &amp; Education Growth &amp; Development all stages Age-appropriate Care Culturally Competent Care Therapeutic Communication Informatics Content Mastery – basic needs</td>
<td>Nursing Process Ethics &amp; Legal Implications Prioritization Delegation Knowledge Synthesis (from nursing and non-nursing courses) – A&amp;P, Nutrition</td>
<td>Professionalism Nursing Roles Self-Care &amp; Awareness</td>
<td>Critical Thinking Informatics</td>
</tr>
</tbody>
</table>

Course Outcomes:

Upon completion of the course, the novice learner will be able to:

1. Promote human flourishing for patients of all ages.
2. Utilize nursing judgment to provide quality nursing care.
3. Demonstrate attributes of a professional identity consistent with core nursing values.
4. Demonstrate characteristics of a spirit of inquiry to improve healthcare quality.
5. Practice therapeutic communication techniques.
NURS 1108 Nursing Care of Adults I (6 credits)

Course Description:

Nursing Care of Adults I is designed to assist students to use the nursing process to address common health problems of adults. The nursing roles of care provider, communicator, and teacher are explored to assist individuals to promote and attain health. Clinical, laboratory, and simulation experiences enable the student to implement patient-centered care. The student is expected to integrate and use knowledge and skills acquired in prerequisite courses (4 hours class, 5 hours lab per week). PR: Admission to the ASN Program. PR: Admission to the ASN Program, NURS 1101, BIOL 2205 BIOL 2205 may be taken concurrently.

Course Concepts Outline:

<table>
<thead>
<tr>
<th>Human Flourishing</th>
<th>Nursing Judgment</th>
<th>Professional Identity</th>
<th>Spirit of Inquiry</th>
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</thead>
<tbody>
<tr>
<td>Patient-Centered Care Teamwork and Collaboration Evidence-based Practice Quality Improvement Safety</td>
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<td>Patient-centered Care Teamwork and Collaboration Evidence-based Practice Quality Improvement Safety</td>
<td>Patient-centered Care Teamwork and Collaboration Evidence-based Practice Quality Improvement Safety</td>
</tr>
<tr>
<td>Holistic Care Health Promotion &amp; Education Growth &amp; Development-adult stages Age-appropriate Care Culturally Competent Care Therapeutic Communication Informatics Content Mastery</td>
<td>Nursing Process Ethics &amp; Legal Implications Prioritization Delegation Knowledge Synthesis (from nursing and non-nursing courses) – A&amp;P, nutrition, micro, psychology</td>
<td>Professionalism Nursing Roles Self-Care &amp; Awareness</td>
<td>Critical Thinking Informatics</td>
</tr>
</tbody>
</table>

Course Outcomes:

Upon completion of the course, the advanced beginner learner will be able to:

1. Promote human flourishing for adult patients.
2. Utilize nursing judgment to provide quality nursing care.
3. Demonstrate attributes of a professional identity consistent with core nursing values.
4. Demonstrate characteristics of a spirit of inquiry to improve healthcare quality.
NURS 1120 Nursing Pharmacology I (1 credit)

Course Description:

The first pharmacology course is designed to introduce basic concepts of pharmacokinetics, classification, indications, contraindications, actions, adverse effects, interactions, and nursing considerations related to common medications and their administrations. Content is organized to correspond with concurrent nursing courses in a systems approach. (1 hour class per week). PR: Admission to the ASN program, NURS 1101.

Course Concept Outline:

<table>
<thead>
<tr>
<th>Human Flourishing</th>
<th>Nursing Judgment</th>
<th>Professional Identity</th>
<th>Spirit of Inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Mastery</td>
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</tr>
</tbody>
</table>

Course Outcomes:

Upon completion of the course, the novice learner will be able to:

1. Describe factors that influence pharmacokinetics.
2. Define common pharmacological terms.
3. List indications, actions, contraindications, adverse effects, and interactions for each medication or drug classification.
4. Discuss nursing considerations for each medication or drug classification.
5. Discuss age-related variations related to drug therapy.
NURS 1115 Maternal-Child Nursing I (4 credits)

Course Description:

Maternal Child Nursing I focuses on care of the mother in all stages of pregnancy and care of the healthy newborn, infant, child, and adolescent. Clinical, laboratory, and simulation experiences will give students the opportunity to implement patient-centered care for the selected population. (3 hours class, 3 hours lab per week) PR: Admission to the ASN Program, NURS 1108, PSYC 1101, NURS 1108 and PSYC 1101 may be taken concurrently.

Course Concept Outline:

<table>
<thead>
<tr>
<th>Human Flourishing</th>
<th>Nursing Judgment</th>
<th>Professional Identity</th>
<th>Spirit of Inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-Centered Care</td>
<td>Patient-centered Care</td>
<td>Patient-Centered Care</td>
<td>Patient-centered Care</td>
</tr>
<tr>
<td>Teamwork and Collaboration</td>
<td>Teamwork and Collaboration</td>
<td>Teamwork and Collaboration</td>
<td>Teamwork and Collaboration</td>
</tr>
<tr>
<td>Evidence-based Practice</td>
<td>Evidence-based Practice</td>
<td>Evidence-based Practice</td>
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</tr>
<tr>
<td>Quality Improvement</td>
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<tr>
<td>Safety</td>
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</tr>
<tr>
<td>Holistic Care</td>
<td>Nursing Process</td>
<td>Professionalism</td>
<td>Critical Thinking</td>
</tr>
<tr>
<td>Health Promotion &amp; Education</td>
<td>Ethics &amp; Legal implications</td>
<td>Nursing Roles</td>
<td>Informatics</td>
</tr>
<tr>
<td>Growth &amp; Development</td>
<td>Prioritization</td>
<td>Self-Care &amp; Awareness</td>
<td></td>
</tr>
<tr>
<td>- conception, fetal development, infancy through adolescence, (young and middle adult as it relates to pregnancy)</td>
<td>Delegation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age-appropriate Care</td>
<td>Knowledge Synthesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culturally Competent Care</td>
<td>(from nursing and non-nursing courses) – A&amp;P,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic Communication</td>
<td>Micro, nutrition, psych</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informatics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content Mastery</td>
<td></td>
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</tr>
</tbody>
</table>

Course Outcomes:

Upon completion of the course, the advanced beginner learner will be able to:

1. Promote human flourishing in the maternal-child healthcare setting.
2. Utilize nursing judgment to provide quality nursing care.
3. Demonstrate attributes of a professional identity consistent with core nursing values.
4. Demonstrate characteristics of a spirit of inquiry to improve healthcare quality.
5. Apply growth and development principles to nursing care.
NURS 2110 Nursing Pharmacology II (1 credit)

Course Description:

The second pharmacology course is designed to introduce basic concepts of pharmacokinetics, classification, indications, contraindications, actions, adverse effects, interactions, and nursing consideration related to common medications and their administration. Content is organized to correspond with concurrent nursing courses in a systems approach (1 hour class per week). PR: Admission to the ASN program, NURS 1110.

Course Concept Outline:

<table>
<thead>
<tr>
<th>Human Flourishing</th>
<th>Nursing Judgment</th>
<th>Professional Identity</th>
<th>Spirit of Inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Mastery</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Course Outcomes:

Upon completion of the course, the novice learner will be able to:

1. List indications, actions, contraindications, adverse effects, and interactions for each medication or drug classification.
2. Discuss nursing considerations for each medication or drug classification.
3. Discuss age-related variations related to drug therapy.
NURS 2115 Maternal-Child Nursing II (2 credits)

Course Description:

Maternal child nursing II focuses on nursing care during the stages of labor and delivery. Students will also examine health problems, disorders and illnesses common in pregnancy and children in each stage of development, from infancy through adolescence. The student will participate in clinical experiences to enhance his/her knowledge in maternal child nursing (1.5 hours class, 1.5 hours lab per week). PR: Admission to the ASN Program, NURS 1115.

Course Concept Outline:

<table>
<thead>
<tr>
<th>Human Flourishing</th>
<th>Nursing Judgment</th>
<th>Professional Identity</th>
<th>Spirit of Inquiry</th>
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<td>Patient-Centered</td>
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<td>Patient-Centered Care</td>
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<td>Care Teamwork and</td>
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</tr>
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<td>Holistic Care</td>
<td>Nursing Process</td>
<td>Professionalism</td>
<td>Critical Thinking</td>
</tr>
<tr>
<td>Health Promotion &amp;</td>
<td>Ethics &amp; Legal</td>
<td>Nursing Roles</td>
<td>Informatics</td>
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<td>Implications</td>
<td>Self-Care &amp; Awareness</td>
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</tr>
<tr>
<td>Growth &amp; Development-</td>
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<td>conception, fetal</td>
<td>Delegation</td>
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<td>development, infancy</td>
<td>Knowledge Synthesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>through adolescence,</td>
<td>(from nursing and non-</td>
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</tr>
<tr>
<td>(young and middle adult</td>
<td>nursing courses) – A&amp;P,</td>
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</tr>
<tr>
<td>as it relates to pregnancy)</td>
<td>Micro, nutrition, psych</td>
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</tr>
<tr>
<td>Content Mastery</td>
<td></td>
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</tr>
</tbody>
</table>

Course Outcomes:

Upon completion of the course, the advanced beginner learner will be able to:

1. Promote human flourishing in the maternal-child healthcare setting.
2. Utilize nursing judgment to provide quality nursing care.
3. Demonstrated attributes of a professional identity consistent with core nursing values.
4. Demonstrate characteristics of a spirit of inquiry to improve healthcare quality.
5. Provide age-appropriate care in the maternal-child healthcare setting.
NURS 2203 Mental Health Nursing (4 credits)

Course Description:
This course is a study of mental health and common mental illnesses as they affect adults, children, and families. Selected clinical experiences provide the student with the opportunity to develop the knowledge, empathy, and skills to provide patient-centered care in the psychiatric setting. The student may also participate in interdisciplinary team meetings. This course stresses the importance of developing self-awareness, improving communication skills, and establishing inter-personal relationships (3 hours class, 3 hours lab per week). PR: Admission to the ASN Program, PSY1101, NURS 1108.

Course Concept Outline:

<table>
<thead>
<tr>
<th>Human Flourishing</th>
<th>Nursing Judgment</th>
<th>Professional Identity</th>
<th>Spirit of Inquiry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-Centered Care-individuals &amp; families</td>
<td>Patient-centered Care</td>
<td>Patient-Centered Care</td>
<td>Patient-centered Care</td>
</tr>
<tr>
<td>Teamwork and Collaboration-care teams</td>
<td>Teamwork and</td>
<td>Teamwork and</td>
<td>Teamwork and</td>
</tr>
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<td>Evidence-based Practice</td>
<td>Collaboration</td>
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<tr>
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<td>Evidence-based Practice</td>
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<td>Practice</td>
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<td>Safety</td>
<td>Quality Improvement</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>Health Promotion &amp; Education</td>
<td></td>
<td>Safety</td>
<td>Safety</td>
</tr>
<tr>
<td>Growth &amp; Development- as related to mental health</td>
<td>Nursing Process</td>
<td>Professionalism</td>
<td>Critical Thinking</td>
</tr>
<tr>
<td>Age-appropriate care - mental health across life span</td>
<td>Ethics &amp; Legal Implications</td>
<td>Nursing Roles Ethics</td>
<td>Informatics</td>
</tr>
<tr>
<td>Culturally competent care</td>
<td>Prioritization</td>
<td>Self-Care &amp; Awareness</td>
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</tr>
<tr>
<td>Therapeutic Communication</td>
<td>Delegation</td>
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</tr>
<tr>
<td>Content Mastery</td>
<td>Knowledge Synthesis</td>
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<tr>
<td></td>
<td>(from nursing and non-nursing courses) – psychology a focus, nutrition, A&amp;P</td>
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</tbody>
</table>

Course Outcomes:
Upon completion of the course, the advanced beginner learner will be able to:

1. Promote human flourishing throughout the lifespan as it related to mental health & illness in individuals and families.
2. Utilize nursing judgment to provide quality nursing care for patients with mental illness.
3. Demonstrate attributes of a professional identity and self-awareness consistent with core nursing values.
4. Demonstrate characteristics of a spirit of inquiry to improve quality patient care.
5. Implement inter-professional and therapeutic communication skills in the psychiatric healthcare setting.
6. Promote the safety of the patient with mental illness.
NURS 2208 Nursing Care of Adults II (6 credits)

Course Description:

Nursing Care of Adults II is designed to assist students to use the nursing process to address common health problems. The nursing roles of care provider, communicator, and teacher are explored to assist individuals to promote and attain health. Clinical, laboratory, and simulation experiences enable the student to implement patient-centered care. The student is expected to integrate and use knowledge and skills acquired in prerequisite courses (4 hours class, 6 hours lab per week). PR: Admission to the ASN program, BIOL 2205, NURS 1108.

Course Concept Outline:

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Course Outcomes:

Upon completion of the course, the advanced beginner learner will be able to:

1. Promote human flourishing for adult patients.
2. Utilize nursing judgment to provide quality nursing care.
3. Demonstrate attributes of a professional identity consistent with core nursing values.
4. Demonstrate characteristics of a spirit of inquiry to improve healthcare quality.
NURS 2210 Nursing Pharmacology III (1 credit)

Course Description:

The third pharmacology course is designed to introduce the concepts of pharmacokinetics, classification, indications, contraindications, actions, adverse effects, interactions, and nursing considerations related to medications commonly administered in complex or emergent situations. Content is organized to correspond with concurrent nursing courses in a systems approach (1 hour class per week). PR: Admission to the ASN program, NURS 2110.

Course Concept Outline:

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Course Outcomes:

Upon completion of the course, the novice learner will be able to:

1. List indications, actions, contraindications, adverse effects, and interactions for each medication or drug classification.
2. Discuss nursing considerations for each medication or drug classification.
3. Discuss age-related variations related to drug therapy.
NURS 2211 Professional Role Transition (2 credits)

Course Description:

This course is designed to facilitate the nursing student’s transition to the role of registered professional nurse. This course addresses current nursing trends, issues, and the delivery and management of healthcare. The course stresses the importance of developing a professional goals with an emphasis on socialization into the nursing profession, management of multiple patients, and application of clinical judgment skills (2 hours class per week). PR: Admission to the ASN Program, NURS 2208, NURS 2115.

Course Concept Outline:

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Course Outcomes:

Upon completion of the course, the competent learner will be able to:

1. Promote human flourishing for patients of all ages.
2. Utilize nursing judgment to provide quality nursing care.
3. Demonstrate attributes of a professional identity consistent with core nursing values.
4. Demonstrate characteristics of a spirit of inquiry to improve healthcare quality.
NURS 2212 Adult Health Nursing III (3 credits)

Course Description:

Nursing Care of Adults III is designed to assist students to use the nursing process to address complex health problems of adults. Emergency care is also discussed. Students learn how to perform in multiple nursing roles within a complex healthcare environment. The student is expected to integrate and use knowledge and skills acquired in prerequisite courses (3 hours class per week). PR: Admission to the ASN Program, NURS 2208, NURS 2211. CR: NURS 2220. NURS 2211 may be taken concurrently.

Course Concept Outline:

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Course Outcomes:

Upon completion of the course, the competent learner will be able to:

1. Promote human flourishing in adult patients.
2. Utilize nursing judgment to provide quality nursing care.
3. Demonstrate attributes of a professional identity in nursing, consistent with core values.
4. Demonstrate characteristics of a spirit of inquiry to improve quality patient care.
5. Provide patient-centered care for individuals with complex health problems.
NURS 2215 Maternal-Child Nursing III (2 credits)

Course Description:

Maternal child nursing III focuses on nursing care of the mother and newborn experiencing complications during prenatal, labor, deliver, and postpartum periods. Students will also focus on the infant, child, and adolescent with more complex health problems. Clinical, laboratory, and simulation experiences will give students the opportunity to implement patient-centered care for the selected population (1.5 hours lab per week). PR: Admission to the ASN Program, NURS 2115.

Course Concept Outline:

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<td>Professionalism Nursing Roles Self-Care &amp; Awareness</td>
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Course Outcomes:

Upon completion of the course, the competent learner will be able to:

1. Promote human flourishing in the maternal-child healthcare setting.
2. Utilize nursing judgment to provide quality nursing care.
3. Demonstrate attributes of a spirit of inquiry to improve healthcare quality.
4. Provide age-appropriate care in the maternal-child healthcare setting.
NURS 2220 Nursing Capstone Clinical (2 credits)

Course Description:

This capstone clinical course allows students to synthesize knowledge from nursing and non-nursing courses to provide patient-centered care to adult patients. Students are assigned to preceptors in the clinical setting and participate in faculty-guided seminars and simulation experiences throughout the semester. Students integrate all program concepts and content as they prepare for the roles of the registered nurse (6 hours lab per week). PR: Admission to the ASN Program, NURS 2211, NURS 2215. CR: NURS 2212. NURS 2211 and NURS 2215 may be taken concurrently.

Course Concepts:

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Course Outcomes:

Upon completion of the course, the competent learner will be able to:

1. Promote human flourishing for adult patients.
2. Utilize nursing judgment to provide quality nursing care.
3. Demonstrate attributes of a professional identity consistent with core nursing values.
4. Demonstrate characteristics of a spirit of inquiry to improve healthcare quality.
General Policies

**Academic Honesty:** Fairmont State University values the academic honesty of students. A student must always submit work that represents original words or ideas. If any submitted content is used that does not represent the student’s original words or ideas, the student must make clear the extent to which such sources were used through the use of appropriate citation in accordance with the current edition of the *Publication Manual of the American Psychological Association* (APA manual). Words or ideas that require citations include, but are not limited to, all hardcopy or electronic publications of cited material, whether copyrighted or not.

Academic dishonesty reflected by cheating, plagiarism, and/or falsifying records may be grounds for dismissal from the FSU nursing program. The School of Nursing accepts and supports the Fairmont State policy on academic dishonesty. Additionally, any violation of academic honesty must be reported to the WV Board of Examiners for Registered Professional Nurses.

**Accreditation:** The Fairmont State Associate Degree Nursing Program is accredited by the
- West Virginia Board of Examiners For Registered Professional Nurses, 101 Dee Drive, Suite 102, Charleston, WV 25311, telephone number 304-558-3596; and
- Accreditation Commission for Education in Nursing, 3343 Peachtree Road NE, Suite 850, Atlanta, Georgia 30326, telephone number 404-975-5000.

**Advisory System:** Each nursing student is assigned an academic advisor who is a member of the nursing faculty. The faculty advisor is responsible for advising the student related to academic registration and planning and problem resolution toward successful program completion. The faculty advisor serves as consultant, mentor, coordinator, and advocate related to scheduling, registration, academic performance and program completion. The advisor will have access to a computer folder that includes a copy of the student transcript of courses taken and credits earned. The advisor will assist the student in selecting courses to meet the requirements of the program, but the student is responsible for knowing and completing these requirements and for taking the initiative to make and keep appointments for conferences with the advisor prior to pre-registration. Students are also required to register for classes after receiving a pin number from their advisor. All nursing faculty are available to address student difficulties. Faculty will post scheduled office hours by their office door as to when they will be available for pre-registering advisees and other issues.

Each student who has a grade below a “C” in nursing and/or support courses at mid-term is to make an appointment for a conference with his/her advisor. Students **may not progress** to the next nursing course with a D or F in required nursing or support courses. Students are also responsible for completing all required prerequisite courses for program progression and for attending any additional advisor-advisee meetings as scheduled and announced. Any changes in schedules for nursing students must be cleared through the student’s nursing advisor or through the Dean of Nursing. Advice from anyone other than these persons may be in error and could cause problems relating to eligibility for the next nursing course or for graduation.
Appeal of a Final Course Grade: Only a final course grade may be appealed. Students have only two bases for appeal: miscalculation of the final course grade by the instructor, or failure by the instructor to credit work items on evaluative instruments. The student must submit his/her written appeal to the appropriate party with two days of the beginning of the next semester. The written appeal must include all reasons in support of the appeal. The grade originally assigned will stand unless and until it is changed following appeal.

The Chain of Appeal is as follows:

1. The individual instructor.
2. The team coordinator.
3. The team coordinator and course faculty.
4. Student Advisory Committee
5. Dean for the School of Nursing and Allied Health Administration

If appeals are not satisfactorily resolved at the above levels, the student may pursue the University’s Grade Appeal Policy as found in the FSU Student Handbook, [link](http://www.fairmontstate.edu/publications/campushandbooks/studenthandbook/studenthandbook.pdf)

Assessment of Student Academic Achievement: The FSU SONAHA is committed to providing quality educational opportunities and experiences for every student. While grades are one measure of student performance, grades alone do not provide the school with the necessary data to ascertain areas of the curriculum that are strong as well as areas that need improvement. Therefore, nursing students must participate in periodic assessment activities as directed by the SONAHA. At the conclusion of each semester, students are required to take standardized tests after the completion of specified nursing courses as designated in the course syllabus). Students are also required to take a comprehensive standardized exam in the last semester of the nursing program. Assessment data may also be collected at additional times at the discretion of the SONAHA. The purpose of gathering assessment data is to monitor the quality of the nursing courses and to improve the educational experience of students.

Attendance – Classroom: To ensure success throughout the nursing program, students are required to attend all lecture and course material presentations. Students are accountable for all readings, assignments, and participation in class activities. If a class is missed, the student is responsible for obtaining assignments and notes from classmates. Misses in-class activities cannot be made up.

Classroom Absence Policy – If a student misses more than 10% of the total course class hours; the student will meet with the course coordinator, and one additional faculty member, and receive/acknowledge written notification of the absence policy. Thereafter, for each missed class, 3 points will be subtracted from the student’s total course points for the semester. (Ex. Miss 10% of class = meeting and written notice, 1 more abs. = 3 pts. 2 more abs. = 6 pts. etc.)

Attendance – Clinical: A clinical experience is defined as one campus lab, one skills check-off, one simulation experience, or one hospital experience. If a student misses either, 1) greater than one scheduled clinical experience OR, 2) greater than 10% of the required clinical hours for a given course, then the student will receive an unsatisfactory grade for the clinical course component.

In the event that an instructor cannot attend lab, he/she is to notify the students in the clinical group, the facility, and the course coordinator.

In the event that the student cannot attend clinical, simulation, or lab, he/she must notify the clinical instructor before the missed experience. The clinical instructor will give the student his/her number to
contact him-her should the need arise. In the event the instructor cannot be contacted, the student will need to call off to the floor/agency where the student is assigned.

Attendance for all clinical experiences (campus labs, skills labs, agency labs and simulation labs) is required. If a student misses a clinical experience, the student must meet with the course team to determine if the course outcomes can be achieved.

**Career Services:** The Office of Career Services provides students and alumni with a variety of benefits including career exploration, life planning, and job searching assistance. Students can utilize career counseling and online software to clarify their options. An extensive career resource library is also available. The Office of Career Services is located in Turley Student Service Center and is open Monday through Friday, 8:00 a.m. to 4:00 p.m. Evening appointments may be made by arrangement. (304) 367-4214.

**Classroom Policies and Expectations:**

- Visitors are not permitted in the classroom without prior permission of the instructor.
- All phones and beepers are to be on silent or turned off while class is in session as well as during testing periods.
- All phones are to be put away during class and testing periods.
- Laptops in the classroom are to be used only for accessing class material.
- Laptops are **required** for testing.
- Respect should be given to instructors and peers; unnecessary conversation or disturbances will not be tolerated and will result in expulsion from class.
- Students are expected to be **on time** for class and to be present for the entire class period.
- Video-taping of lecture is not permitted.
- Audio-taping of class is permitted. However, no recording devices are allowed to be placed on the instructor’s podium and posting of audio-recordings on the blackboard discussion boards is not permitted.

**Clinical Agency Policies:** Students and faculty are required to adhere to the policies of each clinical agency. This includes completing all clinical agency required competencies, immunizations and paperwork. Also students and faculty must adhere to the agencies tobacco and cell phone use policies.

**Clinical Agencies Selection and Transportation:** Clinical experiences are arranged in various agencies in local counties. Transportation is the student’s responsibility. Clinical times and sites will vary. Students will be required to travel to distant clinical agencies. **Due to the large number of students in each class and the limited agency availability, faculty will make clinical site assignments.**

**Competency Achievement Tests:** The student is required to take competency achievement tests upon completion of selected nursing courses. Testing fees are subject to change and are assessed at the beginning of each semester. This is a non-refundable fee. The results of achievement testing validate learning and help to inform students of how they are progressing while in the program. Test results are also a good indicator of the likelihood of the student passing the licensure exam.

**Confidentiality:** Confidentiality and Privacy mean that patients have the right to control who will see or know their protected health information. With the enactment of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a patient’s right to have his/her health information kept private,
secure, and confidential became more than just an ethical obligation of healthcare providers; it became a federal law. Confidentiality includes spoken and written words including all social media (phones, answering machines, texting, Facebook, twittering, etc.). Protected Health Information includes patient identity, address, age, social security number, and any other personal information the person has provided. In addition, protected health information includes why a person is sick or in the hospital, what treatments or medications he/she may receive, and other observations about his/her condition or past health conditions. Violations of confidentiality can result in dismissal from the nursing program and civil or criminal penalties.

_Counseling Services:_ Professional counselors whose offices are located in the Counseling Center, Suite 316 Turley Student Services Center. Counselors provide assistance with personal problems, problems of social relationships, test taking anxiety, and the understanding of oneself and others. The professional counselors are trained in clinical practice and counseling to deal with issues common to the college population. Contacts with the Counseling Center are held in strict confidence. Appointments can be made by calling (304) 333-3661 or in person at Turley Student Services Center.

_Course Evaluation:_ Students are given the opportunity to evaluate the course, the clinical experiences, and the faculty at the end of each nursing course in an anonymous manner. _These evaluations are to be completed in a constructive and professional manner._ The information from the evaluation is to be used by the instructor as a guide for improvement of the course.

_CPR Certification:_ Students are required to have CPR Health Care Provider certification through the American Heart Association _[prior to August 1st]._ The nursing program and students must maintain a current CPR card throughout the program. Information must be entered into Verified Credentials, Inc.

_Criminal Background Check:_ Students must have a completed criminal background check through verifiedcredentials.com by August 1. If a criminal background check comes back as positive, a student must discuss the results with the dean for the School of Nursing and AHA, and the student may not be admitted to the program.

_Drug/Alcohol Screening Policy:_ Students must complete an annual drug screen each year and have the results uploaded into their Verified Credentials account. Additionally, students may be subject to random drug/alcohol screening or psychiatric evaluation at their expense if their behavior puts patients, faculty, or peers in jeopardy. A positive drug/alcohol screening and unauthorized use of prescription drugs or controlled substances will be cause for dismissal from the nursing program.

_Ethical Code:_ One of the most important professional practice standards of nursing is to uphold the confidentiality of health record information and to protect the individual’s right to privacy in the collection and disclosure of personally identifiable medical and social information. Medical and social information documented in the medical record, or told to the student directly, is highly personal and sensitive. Because it is the patient’s information, it may be disclosed only as the patient authorizes or as required by the “Office for Civil Rights” (to view the entire Rule, and for other additional helpful information about how it applies, see the OCR website: [http://www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)). It is a violation of the FSU SON Standards of Safe Clinical Practice for any student to reveal or discuss (in any forum as noted under confidentiality), information about any client outside the clinical setting. Any student violations will be referred to the Dean of Nursing for possible disciplinary action.

_Grading System:_ For grading purposes, clinical courses will be broken down into three components: (1) Testing component, (2) Assignment component, and (3) Clinical component. In order to pass the course, a student must pass all three of the components. A student with a final score of less than 75% in either the
testing component or the assignment component, **OR** with an unsatisfactory in the clinical component, **will not** be allowed to progress in the nursing program. If a student has a final grade for one component of less than 75% or unsatisfactory, the grade given for the course will be “D.” If a student has a final grade for two components of less than 75% or unsatisfactory, the grade given for the course will be “F.” Grades will not be rounded up.

Grades are awarded on the following percentage scale:

- A = 92%-100%
- B = 84%-91%
- C = 75%-83%
- D = 66%-74%
- F = 1-65%

Each Nursing course is based on specific objectives, which are listed in the course syllabus. Some of the ways in which learning may be evaluated include written assignments, class participation, nursing assessments and care plans, quizzes, examinations, computer assisted instruction, article critiques, and presentations.

**Clinical Performance:** Clinical performance will be graded satisfactory/unsatisfactory. Each student must receive a clinical satisfactory grade to pass a clinical nursing course.

**Clinical Skills Proficiency:** Students will learn new technical skills throughout the program. Clinical skills will be evaluated via demonstration to determine proficiency. Each student must receive a satisfactory grade on skill demonstration examination(s). In the event that the initial skill demonstration is determined to be unsatisfactory, the student will be required to re-test, with a different instructor, after one week of remediation. During the remediation week, faculty will be available for assistance via student request. Following the one week remediation, the student will be required to demonstrate proficiency of the skill that received an unsatisfactory grade and will also be required to demonstrate proficiency of a second skill taught in the semester. A grade of satisfactory must be attained n each of these skills. An unsatisfactory on either skill will be considered a failure of the class clinical component and the student will have to withdraw from the class.

**Course Requirements:** All course requirements must be fulfilled in order to pass the course.

**Late Written Assignments:** If an assignment is not submitted to the instructor by the time and date specified, three points will be deducted from the assignment point total for each school day that an assignment is not turned in. If the student has a problem completing an assignment within the required time, other arrangements might be possible in extenuating circumstance. The student desiring a time extension must submit a written request to the course coordinator **prior** to the specified assignment due date. Permission for additional time may be given at the coordinator’s discretion. If arrangements are made for additional time, the student will then be responsible for turning in the appropriate materials within the arranged time or will receive a zero for that assignment.

**Bonus Points:** Bonus points will not be awarded in any class.
Graduation and Licensure: At the beginning of the 4th semester students should initiate the process for applying for licensure.

- It is the student’s responsibility to obtain the necessary information and forms for applying to take the NCLEX-RN licensing examination for licensure by accessing the Board of Nursing website in the state where the student plans to practice after graduation.
- To graduate, a student must officially apply for a degree and pay the graduation fee in the Office of the Registrar no later than 45 days prior to the planned graduation date.
- The student must apply for transcripts to be sent from the Registrar’s Offices to the respective Board of Nursing. The West Virginia RN Board website address is: http://www.wvrnboard.com.
- Students can download applications for licensure, applications to take the NCLEX-RN through Pearson VUE, and information about the required Criminal Background Check from the WV BON website.
- The cost is approximately $300 for testing, licensing and the criminal background check.
- *** It may take the Registrar 4-6 weeks to prepare the final transcripts and send them to the nursing boards AND it may take 4-16 weeks for criminal background checks to be completed. Students should plan their work schedules accordingly.

Requirement for Graduation: Associate Degree nursing students are required to take a comprehensive exit exam, during the 4th semester (prior to graduation). The cost of the comprehensive review course and test are included in the cost of the student’s testing package.

Grievances: Students who have a grievance should consult the Fairmont State Student Handbook for the appropriate procedure to be followed. Concerns should be handled professionally and follow the appropriate chain of command. This means that complaints should first be addressed by the faculty member, then the team coordinator, then the course team, then the Student Advocacy Committee (if appropriate), and then the dean. Grievances that are not resolved satisfactorily within the School of Nursing and Allied Health Administration should be addressed according to the appropriate University’s Appeal or Grievance Policies.

Health: Any major changes in health status or a pregnancy must be reported to your advisor and clinical instructor and may require having another physical examination or written consent from a healthcare provider to continue in the program. Following a medical condition, a surgery or pregnancy, a physician written “May Return to Clinical” slip must be turned into the course coordinator before a student will be permitted to attend any clinical labs.

Health Form: The completed health form supplied by the Nursing Program must be entered into the Immunization Tracker by August 1, 2015. If the completed health form has not been submitted, the student will be dropped from the program.
**Health Insurance:** Fairmont State does not provide individual health and accident insurance. The student is responsible for expenses incurred as a result of illnesses or accidents including those that might occur in the clinical area.

**Immunizations:** All students must have proof of vaccination and/or immunity for all required immunizations entered into the Immunization Tracker by **August 1, 2015.** The health form lists the following requirements:

1. **2-step PPD** – 2 separate skin tests, 2 weeks apart - if a PPD is obtained annually for work, the dates of the last 2 PPDs may be used. If you have had prior PPDs, 2 skin tests no longer than **12 months** apart can be used.

2. **Chest x-ray report** – **required only if the PPD is positive.**

3. **Measles, mumps and rubella immunity.** Must have a copy of **lab report** listing positive titer results for all 3 components. If **negative or equivocal**, proof of a booster immunization will be required.

4. **Varicella immunity** - must have copy of **lab report** listing positive titer results. If **negative or equivocal a booster immunization** is required. History of chicken pox is not adequate proof of immunity.

5. **Hepatitis B immunity**
   
   Must have **lab proof** of series of 3 immunizations.
   **Sequence of immunizations follow:**
   - 1<sup>st</sup> immunization
   - 2<sup>nd</sup> immunization – 1 month after the first
   - 3<sup>rd</sup> immunization – 5 months after the 2<sup>nd</sup>

6. **Hepatitis B titer**
   
   Copy of lab report listing positive titer results, this should be drawn **2 months** after the 3<sup>rd</sup> immunization. If titer is **negative a booster is required with another titer to determine results.**

7. **CPR Certification**
   
   Copy of current CPR card from **American Heart Association for Health Care Providers only** will be accepted.

8. **Drug Screening,** Annual 10 – panel urine drug screen. **Must be current annually.**

9. **Tdap immunization** – (combined Tetanus, Diphtheria, Pertussis Vaccine) – Adacel or Boostrix Vaccine, (required within 10 years of admission).

10. **Health Physical Form** – physical upon admission to nursing school. Must be signed off on by healthcare provider. **Form available on the nursing website for physical**

11. **Influenza Virus Vaccine** – **NOTE** Receive between **October 1 and October 31.** Must be renewed annually.
A waiver form must be signed by students who are unable to take the Hepatitis B vaccine or any other required immunization. If the required proof of immunization is not submitted by August 1, the student will be dropped from the program. (Proof=copies of immunity results or official immunization record.) If a student declines to take the Hepatitis B vaccine or any immunization, the healthcare agency has the right to decide where the student may practice in the facility, and this may affect the student’s clinical experience. All information must be entered into the Verified Credentials.

**Incident reporting:** Any student/patient/instructor incident occurring in a clinical or academic setting must be documented (Incident Report Form) and reported to the course coordinator and the dean of the SONAHA. An incident is any unplanned event, which may cause actual or potential risk of harm, jeopardize safety of health and welfare, or cause injury to a student, instructor or patient. A completed incident report provides a timely, accurate summary of the unusual event for risk management purposes, for use in follow-up interventions, and for problem solving to prevent similar incidents.

**Invasive Procedures:** Performing invasive procedures puts people at risk for injury and students are not to practice any invasive procedures on themselves or anyone else in an unsupervised setting. When in the clinical area, the only time a student should perform an invasive procedure is as part of client care and with instructor supervision.

**Legal Documents:** Students are not to witness legal documents, such as consent forms, in the clinical setting. Students are not legally covered for this responsibility.

**Liability Insurance:** Fairmont State carries liability insurance for students in clinical practice. Coverage includes $1,000,000 for each claim. The University covers the complete cost of the insurance for the student. This insurance does not apply when students are engaged in activities other than those sponsored by the School of Nursing and Allied Health Administration.

**Lockers:** Lockers will be assigned through the SONAHA’s Administrative Assistant. At the end of each semester, lockers are to be emptied. At the end of each year, locks are to be removed.

**Name Change:** A change in name and/or address must be reported promptly to the Dean of Nursing and to the Registrar's Office.

**Non-Traditional Students:** Over the past two decades, enrollment of adult learners at Fairmont State University has grown in both absolute numbers and in proportion to total enrollment. With this increase, the University recognizes the need for a pro-active approach to meeting the non-traditional student’s individualistic and special needs. The unique circumstances of the non-traditional student requires that the University offer special support services in order for these students to achieve academic success and to enhance the students’ capacities to become self-directed, lifelong learners. Students needing assistance should contact the advisor for non-traditional student in Turley Student Services Center.

**Personal Conduct Regarding Professionalism:** Nursing students will exhibit behavior which reflects professional nursing standards of conduct, the ANA Code for Nurses and the Nurse Practice Act of West Virginia. Nursing faculty will serve as role models in demonstrating professional nursing standards of conduct.
**Phones and Photos:** Cell phones are not allowed to be used in the clinical agencies except in designated areas. Photos may not be taken in a clinical agency without permission of the agency. Photos may not be taken of patients or their families.

**Policies:** Changes, revisions or drafting of new polices in the SON are accomplished through committee action and documentation recorded in committee minutes. The appropriate committee then makes recommendations to the ASN Faculty Committee. Draft policies will be posted in Blackboard for student comments. The Nursing Faculty Committee will vote on draft policies. If approved, the new or revised policies are communicated to the students in class and notification is also posted on Blackboard and on the School of Nursing and Allied Health Administration’s website.

**Professional Periodicals:** Students will be required to review current articles in nursing publications for nursing courses. Electronic journals are available through the Fairmont State Library databases from the library home page using “FirstSearch” “CINAHL/EBSCOhost” or Essential Nursing Collection (via OVID). The FSU Library continuously updates their professional database. Nursing textbooks may also offer current research articles.

**Program Fee:** A $250 program fee is assessed to every nursing major. The fee is prorated by credit hours for part-time student status.

**Skills Lab Security Codes:** Security access codes are assigned to each student to serve as entry codes to the skills labs. Individual codes are not to be shared with any other persons. Students may access the labs whenever the Education Building is open and the lab is not being used for a SON’s class or function.

**Student Health Service Center:** The Student Health Service Center provides a variety of outpatient services for all enrolled students. Services provided include acute illness care, health counseling and guidance, physical assessments, influenza vaccinations, PPD testing, limited lab testing, and health issues information groups. Based on availability, educational materials on various health concerns can be obtained from the nurse. The Student Health Service Center is located in the Falcon Center and is staffed by a nurse practitioner and support staff. Hours of operation are variable, but are always posted on the door. Students are responsible for all costs incurred for any medical referrals made off campus. Students who are injured in the clinical agency should abide by clinical agency guidelines. Any fees incurred are to be paid for by the student.

**Student Responsibilities for Testing:** A testing environment that is conducive to learning must be maintained, consequently, the following criteria will be adhered to:

- No student will be allowed to enter the classroom after testing has begun.
- Students must be seated and logged in to BlackBoard 10 minutes before the testing time.
- After entering the classroom, the room must be quiet. Please do not discuss the material to be tested.
- All belongings must be placed in lockers prior to testing.
- When a student completes the exam, the student will close their computer and remain seated until the testing period is over so as to not distract students who are still testing.
- Each student must have their own laptop computer to be used for testing.
- Directions regarding computer maintenance will be posted on BlackBoard throughout the semester.
- Each student is personally responsible to maintain his or her computer according to posted directions.
● Students experiencing computer problems while testing must: 1) close their computer, 2) remain seated until the testing period is over.
● There will be a minimum of two proctors present for every examination.
● Any and all computer problems must be reported to a proctor at the end of the testing period.
● Any computer with testing issues must be diagnosed by IT prior to the next scheduled exam. Written confirmation from IT will be required in order to sit for the next exam.
● School of Nursing policies regarding late exams will be adhered to.

Tobacco Policy – FSU is a smoke, tobacco & vapor free environment.

Test Policy: All tests must be taken when scheduled, unless an excused absence is obtained from the instructor. The nursing program employs timed testing.

Procedures to be Followed During Testing:
● During actual testing, students are not permitted to ask the proctors questions regarding the exam.
● Students may write questions, regarding the exam on clean paper provided by the instructor to turn in at the end of the exam period.
● Students must also remove hats, drinks, and all items from their desk.
● Calculators will be provided as needed.
● Tests and students questions pertaining to the test will be reviewed by the faculty.

Procedure for Online Testing:
● Some nursing courses offer online testing and students will be required to download and install Respondus Lock Down Browser™. This is a custom browser that locks down the testing environment. When students use Respondus Lock Down Browsers™, they are unable to print, copy, go to another URL, or access other applications. When an assessment is started, students are locked into it until they submit the test for grading.
● This is a requirement for taking any online test in the School of Nursing and Allied Health Administration.

Procedure for Appeal of a Test Question:
● Student will have 4 days from the test to submit the Question Review Form to appeal a test question.
● This form is to be submitted via email to all course faculty members.
● The faculty member will present the information regarding the question to the course faculty members.
● The faculty members will collectively determine if a grade adjustment should be offered.
● After this four-day period, no changes will be considered.

Procedure when you Miss an Exam and wish to Appeal the Penalty:
● Failure to take an exam when scheduled will result in a 10% reduction.
● A written appeal must be given to the course coordinator stating the reason for missing the exam and the basis for the appeal. Only extreme extenuating circumstances (hospitalization, accident, death of an immediate family member, etc.) will be considered.
● A panel of faculty will determine if the deduction will be given back to the student.
Textbooks: Do not sell any required or recommended nursing textbooks. They will be used throughout the program. Bundling of textbooks is recommended. Educational software and access codes may also be required.

*** ISBN numbers will be different for bundles
*** New editions will be adopted when available for incoming students and will stay the same during the student’s original program of study.

Required Resources Across the Curriculum
- All students have option of hard copy or e-books
- Elsevier textbook-based Adaptive Quizzing (all courses)
- Elsevier NCLEX-based Adaptive Quizzing (last semester)
- Internally-developed Documentation Package
- Mosby’s Skills Video Series (e-version only)


NURS 1101 Fundamentals


NURS 1108, 2208, and 2212 Nursing Care of Adults


NURS 1115, 2115, and 2215 Maternal-Child Nursing Required

**Recommended**


**NURS 2203 Mental Health Nursing**


**NURS 2211 Professional Role Transition**


**NURS 1110, 2110 and 2210 Pharmacology**


  ● ISBN will be different if purchased together or in a bundle.

**Tutoring Program:** Fairmont State provides an accredited tutoring program, which has been certified by the College Reading & Learning Association (CRLA) International Tutor Certification program. Tutoring is provided for most basic skills courses and a variety of other courses each semester. All students are entitled to free tutoring *each semester*. Students registered with documented academic accommodations through Disability Services can receive additional services as needed and available. Peer and professional tutors are available through Tutorial Services at 2nd Level Library on a drop-in basis and by appointment. The office houses study carrels and support materials for one-on-one or small group tutoring sessions. For further information, contact the Director of Tutorial Services at 2nd Level Library or at (304) 367-4294. The Writing Center is located 308 Jaynes Hall to assist all students in improving their writing abilities and critical thinking skills.
Scholarships

The SONAHA gratefully acknowledges and appreciates the support and generosity of our donors who make nursing education possible for our students.

Andee Pollastrini Scholarship
Non-traditional student in ASN or BSN
Renewable
Family requests that the recipient be informed of the origin of the scholarship

Cooper Joseph Towns Memorial Scholarship in Nursing
Applicant must submit an essay that relays the student’s interest in Pediatric Nursing
2.5 GPA or higher
Second year ASN
Renewable

Dr. Deborah M. Kisner Endowed Nursing Scholarship
Non-traditional ASN or BSN student
Completed 24 hours of course work and admitted to FSU Nursing Program
GPA 3.0 for initial award & is renewable
Yearly progress report required
Selected by SON Scholarship Committee

Elder Family Memorial Nursing Scholarship
Resident of WV
ASN or BSN
Demonstrated financial need
Renewable

Emma Jo Church
Awarded annually for tuition and books
Second year nursing student
Need based
2.0 minimal GPA
Preference if “VolunTEEN” or Volunteer of FGH
Selected by the Executive Committee of the Volunteer Association of Fairmont General Hospital
Deadline for application is March 31

Harry and Margaret Lamb Endowed Nursing Scholarship
Full-time nursing student
Financial need or scores in top 25% for nursing admission scores
GPA 3.0 for renewal
Preference to Marion County students then WV students
Non-traditional or second-degree nursing students
Jo S. Mallamo Memorial Scholarship
Second year ASN student
Full-time student
GPA 3.0
Renewable

Juanita “Fletch” Pearson Memorial Scholarship
Non-traditional ASN student from WV
GPA 3.0
Selection determined by the SON Scholarship Committee

Madge Rogers Memorial Endowed Scholarship
Awarded annually
Nursing major
ASN or BSN with one year of completed study
3.5 GPA
No other aid from the Foundation
Selected by the department scholarship committee

Mary Reitz Leeming Memorial Scholarship
Awarded annually
Nursing major – ASN or BSN
Need based
Selected by the department scholarship committee

Nola A. Matthew Nursing and AHA Endowed Scholarship
Selection determined by the SON Scholarship Committee

Rural Health/Claude and Stazie Morris Rader Scholarship
Awarded annually
Nursing major
ASN or BSN with one year of completed study
3.5 GPA preferred (3.0 GPA minimum)
Rural health/community service emphasis
Selected by the department scholarship committee

William and Linda Ullom Nursing Scholarship
Actively pursuing a BSN
Preference to WV resident who demonstrate need and making academic progress
Renewable up to 4 years, but not guaranteed
Selected by the department scholarship committee

The Scholarship Committee will distribute applications for all scholarships.

***If you receive a scholarship, it is appreciated and expected that you send a thank you note to the donor via the Fairmont State Foundation.
Uniform and Professional Attire

When you enter the Fairmont State Nursing Program, you represent the Nursing profession and the University. Respect your chosen career and dress accordingly. These requirements are to be observed for all clinical experiences: skills, simulation, and agency labs.

There is a required FSU nursing student uniform. White leather shoes, a stethoscope, scissors, name pin, and watch with a second hand are required. White socks may be worn with pant uniforms and hosiery with dress uniforms. Students will wear a uniform jacket with the FSU emblem, and a name pin. Safety precautions and professional appearance require that beards and mustaches be closely trimmed.

The following policies are to be observed when wearing your uniform:

1. **The only jewelry to be worn with the uniform is:**
   a. a plain wedding band (no stones)
   b. one pair of small (no dangling) stud earrings worn in the ears only
   c. a watch with a second hand
   d. no jewelry may be worn in any other piercings (tongue, brow, nose, etc.)
2. **Hair must be neat and secured back, up, and off the shoulders**
3. **Fingernails must be kept short. No nail polish, gel or artificial nails are to be worn**
4. **Make-up should be used in moderation**
5. **Sweaters are not to be worn when caring for patients. FSU white lab coats and ID tag may be worn over the uniform while caring for patients**
6. **All students must wear a FSU student nurse uniform**
7. **Please be aware that strong odors such as hair spray, perfume, smoke, and body odor may be offensive or hazardous to patients and co-workers and thus may warrant the student being asked to leave the hospital or agency. It is best to use only unscented products when in uniform.**
8. **Tattoos must be in compliance with agency requirements and must be covered unless the covering interferes with infection control such as hand washing. Students with visible, offensive tattoos may be asked to leave the clinical agency, which jeopardizes the student’s ability to achieve clinical objectives.**
9. **A clean uniform should be worn for each clinical experience**
10. **It should not be obvious that undergarments are worn or not worn**
11. **Clinical agency requirements supersede FSU’s dress policy where the clinical agency requires additional or a more extensive dress code policy.**

Uniforms are only to be worn in skills and simulation labs and on clinical units. Lab coat must be worn over uniforms when traveling to and from instructional settings.

The above regulations are based on policies of the clinical agencies and the FSU School of Nursing. For the protection of you, your patient, and others, student uniforms are not to be worn outside the clinical agencies. In addition, students are required to adhere to clinical agency uniform requirements.
Uniform and Professional Attire for Pinning & Graduation Ceremony

The uniform for pinning and graduation is the **standard white** nursing uniform. The uniform can be a nursing knee length dress uniform, pants uniform, or new scrubs and white nursing shoes (no high heels or clogs). If a dress is worn, white hosiery is to be worn with it. White socks may be worn with the pants uniform. No colored uniforms are permitted.

You must present with a professional appearance and adhere to the nursing uniform policy with respect to jewelry and hair. Thus, jewelry includes only 1 pair of small earrings, a wedding band, and a watch. Hair must be neat and secured back, up, and off the shoulders.
Clinical Evaluation Policies

1. In a nursing course with clinical experience, the student must perform at the satisfactory level in clinical experience in order to pass the course.
2. The instructors for each course will determine what constitutes satisfactory performance.
3. Evaluation of student clinical performance will be based on the degree of attainment of stated objectives. The instructors will determine if the student has attained the objectives necessary to be a safe practitioner.
4. Students will be given ongoing feedback related to their clinical performance throughout the semester.
5. A student is to be given a verbal and written warning of unsatisfactory clinical performance as soon as it becomes evident.
6. The Dean of Nursing must be consulted promptly regarding issues violating legal, ethical, or moral standards of practice. A conference will be held between the student, instructor, and dean as a first priority.
7. Reports to the Dean of Nursing will be made on the following instances:
   a. Student’s unsatisfactory performance
   b. Conflict between student and instructor
   c. Other special problems

Reviewed 8/2011
Approved 8/2015
Withdrawal Policy

Should a student leave/withdraw from the Nursing Program for any reason, the following process must be completed:

1. Make an appointment with their assigned faculty advisor and a member of the current nursing course faculty.
2. Meet with current course faculty to develop an individual consent agreement.
3. Meet with assigned faculty advisor to complete official university forms for withdrawal and to complete the exit process. Sign the Exit Interview Form.

In order for a student to reenter the program, it is essential that the student meet with their faculty advisor for an exit interview before leaving the University. Upon exit from the course, an individual consent agreement will be developed between the student and appropriate faculty describing the conditions for returning to the program.

Reentry to the program is not guaranteed. It will be granted in terms of meeting the conditions described in the exit agreement, current admission policy, space availability, and recommendation of the Student Advocacy Committee.
Exit Interview

Student

Date entered program ____ Date exiting program ______ Anticipated reentry date ______

Form of exit: LOA ______ Academic Failure _________ Personal Withdrawal _________

1. Have you exited the program previously? No___Yes__(Describe)____________________

2. Which of the following affected your ability to concentrate or do your best in the nursing program?
   Academic___Clinical___Personal___Other___Comments:

3. Describe the efforts made with nursing faculty during the semester to improve performance.

4. Which Fairmont State campus counseling services were utilized?

5. What changes would help you to become more successful in the future?

6. Describe in detail your remediation plans for returning to the program.

7. Indicate your previous clinical instructors.

8. Student was able to verbalize the program reentry procedure.
   The student received a written copy of the procedure ____________ Student initials _________

9. Indicate both the courses you passed and failed during the semester in which you left the program.

10. Contact information: Address, email, telephone

I understand that I must apply for readmission to the nursing program by sending a certified with signature letter to the SON Student Advocacy Committee Chair. To be considered for readmission to the Fall semester, that letter must arrive between February 1 and March 1. To be considered for admission to the Spring semester, the letter must arrive between September 1 and October 1. Readmission into the nursing program is based upon fulfillment of the exit agreement, current readmission policy criteria, availability of space and the recommendation of the Student Advocacy Committee.

Student Signature: _______________________________ Date: ______________________________
Reentry Criteria

1. Students are allowed to re-enter the nursing program only **ONE** time.
2. The student must have participated in an exit interview before the student left the university.
3. A registered letter of intent stating that the student is seeking readmission is to be sent to the Student Advocacy Committee between **February 1** and **March 1** for consideration for the fall semester and between **September 1** and **October 1** for the spring semester.
4. Applicants for readmission must possess a 2.0 cumulative average or higher to be considered. Applicants for readmission will be considered upon fulfillment of the exit agreement, current readmission policy criteria, availability of space and the recommendations of the Student Advocacy Committee.
5. Applications for readmission are evaluated based on academic performance. Students are considered for readmission in the following order:
   A. Withdrawal for non-academic reasons
   B. Withdrawal for academic reasons
      1. D, F, or W in a required support course
      2. D, F, or W in a required nursing course
6. Individuals who have not been enrolled in nursing courses for two or more academic years must demonstrate proficiency in completed nursing courses. This may be accomplished through department exams, or standardized proficiency exams. Audit of completed courses may be recommended or required.
7. The student must meet the conditions of the consent agreement. See the withdrawal policy/LOA policy.
8. Students must meet withdrawal policy requirements to qualify for readmission.
9. Students must meet withdrawal LOA policy requirements to qualify for reentry.
10. Readmission will be subject to Student Advocacy Committee approval followed by full faculty approval.

**Transfer Students**
Transfer students will be required to provide a current transcript and the grading policies regarding academic progression from their previous school of nursing. All academic failures as described by applicable policies will be recognized by Fairmont State University’s School of Nursing and Allied Health Administration during consideration of the proposed transfer. **Only** NURS 1101, Fundamentals of Nursing will be considered for transfer credit. All other nursing courses must be taken at FSU.
Reentry Criteria Checklist

The following criteria must be met by the student and will be evaluated by Student Advocacy Committee for the consideration of student readmission. Students will be readmitted to the nursing program only ONE time.

1. _____The student must participate in an exit interview with faculty advisor. Date of interview:________________________. Advising faculty will complete the exit interview form.

2. _____The student took a leave of absence from the program. Students must follow the guidelines for the LEAVE OF ABSENCE POLICY and/or WITHDRAWAL POLICY found in the Associate Degree Nursing Student Handbook

3. _____The student must submit a letter of intent requesting readmission to the program to the Student Advocacy Committee. The letter must be received between February 1 and March 1 for consideration for the Fall semester and between September 1 and October 1 for the Spring semester or Summer terms.

The following criteria will be examined for readmission for academic failure or withdraw:

   a. _____ Failure/Withdraw of Nursing Course     Grade_____
   b. _____ Failure/Withdraw of Support Course     Grade_____
   c. _____ Number of Violations in Safe Clinical Practice
   d. _____ Attempted hours _____Earned hours_____ Cumulative FSU GPA_____
   e. _____ Associate Degree Nursing Program GPA ______
   f. _____ Letter of intent to reenter the program and plan for success

Applicants for readmission will be ranked on the basis of academic performance. Priority consideration will be given to students who were successful in one of the two nursing courses in the semester. See Readmission Criteria Policy.

4. _____Students who gained clinical experience in nursing during the period not enrolled in the nursing program will also be considered.

   ________________________ Type of Experience
   ________________________ Written evidence must be submitted of this experience upon the student’s request to be readmitted.

5. Faculty may have some discretion in evaluating the above criteria especially if the student had performed unsafe clinical nursing practice as evidenced by violations in safe clinical practice.
Leave of Absence Policy

Students may request a leave of absence (LOA) for extraordinary circumstances. Rationale for the LOA is to be identified by the student in writing and submitted to the student’s advisor. LOA is not considered a withdrawal.

Procedure for obtaining a LOA from the ASN program:
1. Meet with advisor and submit written request.
2. Complete an exit interview.
3. Student and advisor will take written request to Student Advocacy Committee.
4. Additional documentation may be required to clarify the circumstances for the request.
5. Student Advocacy Committee will evaluate the contract, which will be designed to suit the circumstances of the student’s request and may include the following:
   a. Program to be completed within 5 years of initial admission
   b. Must return within 2 years of LOA date
   c. Potential date of Readmission
   d. If LOA was due to a physical or emotional problem, the student will need to provide documentation from a health care provider that states the student is capable of returning to nursing practice.
   e. To complete a LOA process, a student must withdraw from all nursing courses (See the Withdrawal Policy).

Dismissal from the Program

Dismissal from the nursing program will be determined on an individual basis. Problem behaviors such as academic dishonesty, drug use, and violation of the ethical code, which are mentioned in the Nursing Student Handbook, can be reasons for dismissal; however, there may be other situations, which could cause for dismissal.

If the possibility for dismissal arises the student will meet with the Dean of Nursing and at least two designated faculty members. These individuals will determine if a dismissal is warranted or a consent agreement can be reached.
Student Responsibility Statement

Instructions: Please read carefully and decide if you can commit to these requirements. Your signature of this document indicates that you have received and read the Fairmont State University ASN Student Handbook and accept the conditions of the agreement.

1. I am aware that the following characteristics are necessary to complete the nursing program and be employed as a nurse. I must be able to:
   a. perform medium to heavy work
   b. walk and stand on hard surfaces for prolonged periods of time
   c. climb stairs, stoop, kneel, and crouch
   d. reach, stretch, feel, lift, push, and pull.
   e. hear acutely for auscultation of vital sign measurement or have appropriate corrective device
   f. see acutely close-up and at a distance, have depth perception, discriminate colors, or have appropriate correction.
   g. communicate both verbally and in writing – grammar, punctuation, and spelling are critical
   h. function in stressful situations
   i. demonstrate integrity, honesty, and reliability.

2. Once admitted to the nursing program, I understand it is my responsibility to read and adhere to all policies and procedures of Fairmont State as defined in the FSU Catalog. Student Handbook, and the ASN Student Handbook.

3. It is my responsibility once admitted to the program to see that a completed physical exam form, appropriate laboratory studies, and immunization records are scanned into my Verified Credentials Account for the SON. I realize that this information may be released to the clinical agencies affiliated with this program.

4. It is my responsibility once admitted to the program to see that a completed criminal background check is submitted to the Nursing Office. I realize that this information may be released to the clinical agencies affiliated with the program. I also understand that an affiliating clinical agency, and the School of Nursing based on information obtained in the criminal background check may refuse to allow me to practice in an agency and may require me to withdraw from the nursing program.

5. It is my responsibility once admitted to the program to see that I have a current AHA Health Care Provider CPR card.

6. It is my responsibility to have a personal laptop available for all testing and to adhere to the Student Responsibilities for Testing and testing procedures.

7. It is my responsibility to exhibit behavior which reflects professional nursing standards of conduct, the ANA Code for Nurses and the Nurse Practice Act of West Virginia, and to treat others with respect and dignity.

8. I am aware that any major change in health status, including pregnancy, must be reported to my advisor and clinical instructor. An additional evaluation and release of information by an appropriate health care provider may be required.

9. I realize that I may be subject to random drug screening or psychiatric evaluation at my expense if my behavior puts patients, faculty, peers, or myself in jeopardy. Unauthorized use of controlled substances or demonstration of intemperate behavior will be cause for dismissal from the nursing program.
10. I realize that I may be exposed to blood and body fluids.

11. I realize that I am required to attend and be on time for all nursing classes and clinical experiences.

12. I understand that the FSU campus is a smoke, tobacco, and vapor free environment.

13. I will be responsible for payment of the testing fee and program fee at the beginning of each semester.

14. I understand that while doing clinicals in any healthcare agency, that I must adhere to the policies of the agency with respect to the responsibilities of a nursing student.

15. I understand that travel is required while enrolled in the nursing program and it is my responsibility. I may be assigned to more than one of the hospitals used for clinical experience in Morgantown, Fairmont, Weston, or Clarksburg while enrolled in the nursing program. I acknowledge that the faculty reserves the right to make final clinical placement decisions.

16. If I have not demonstrated competency with information from nursing or support courses, I may be required to complete a remediation plan.

17. I have been informed that Fairmont State does not provide individual health and accident insurance. I will be responsible for any expense incurred as a result of illness or accident while in the nursing program.

18. I understand that if I leave the nursing program for any reason (academic, withdrawal, LOA) I must meet the requirements for reentry by the deadlines listed. I know that reentry is not automatic and only one readmission opportunity is allowed.

19. Students may request a leave of absence for extraordinary circumstances, but must abide by the Leave of Absence policy to gain reentry into the program.

20. I am aware that I may or may not be allowed to take the licensure exam for Registered Nurses if I have been convicted of a felony or have violated any of the WV Code and Legislative Rules for Registered Professional Nurses in Sections 30-7-11, 19-3-2, and 19-3-14. I further understand that I must submit any information regarding a conviction for felony or misdemeanor to the Dean of Nursing upon admission to or during the program.

21. I further understand that failure to provide the above information or any falsification of records will result in immediate dismissal from the nursing program.

22. Reasonable accommodations that will not alter the scope of the program for any of the above requirements may be requested in writing to the Dean of Nursing and the Office of Student Disability Services Requests will be evaluated on an individual basis. Reasonable disability accommodations must be made and approved by the Coordinator for Services for Students with Disabilities. Documentation of the disability that is to be accommodated for is required.

If any of the above statements are not fully understood, it is my responsibility to request clarification from the Dean of Nursing and Allied Health Administration.

With a clear understanding of what is required of me to be admitted to and remain in FSU’s Associate Degree Nursing program, I will date, sign, and retain a copy of this statement for future reference.

Date _____/_____/_____

Print Name _________________________________

Revised 8/2014
Approved 8/2015

Signature _________________________________
Safe Clinical Practice

There are certain professional characteristics involving responsibility and accountability, which are expected in all clinical courses. In order to provide safe care to patients, these behaviors must be met consistently. These behaviors include but are not limited to:

- Preparing appropriately for clinical practice as described in course syllabus.
- Having immunizations, Titers, Health Form or CPR completed and current for clinical practice.
- Arriving promptly to clinical
- Complying with designated dress code
- Assuming the role of client advocate by maintaining client confidentiality and protecting client’s legal rights at all times.
- Abiding by Section 30-7-11, 19-3-2, and 19-3-14 of the West Virginia Code and Legislative Rules for Registered Professional Nurses.
- Practicing within the boundaries of the nursing student role.
- Demonstrating the application of previously learned skills and principles in providing nursing care.
- Administering medications, treatments, and care responsibly according to guidelines provided by the School of Nursing and agency.
- Complying with the Standards of Professional Performance found in the FSU School of Nursing Student Handbook.

Acknowledgment

I have read the Fairmont State School of Nursing Standards for Safe Clinical Practice. I understand that these requirements are expectations, which guide my clinical practice, and will be incorporated into the evaluation of my clinical performance in all clinical courses. Failure to meet these requirements may result in my removal from the clinical area, which may result in clinical failure.

Signature: __________________________ Date: __________________________
Standards of Safe Clinical Practice

Policy: In order to assure safe clinical practice, students must abide by the standards of Safe Clinical Practice. Should a student fail to meet one of the Standards, the following will occur.

A. First failure – A verbal reprimand will be given to the student. In addition, the Safe Clinical Practice Violation form will be completed, shared with the student, and placed in the student’s folder. Based upon the seriousness of the infraction, dismissal from the program is possible.

B. Second failure – The Safe Clinical Practice Violation form will be completed and shared with the student. The form will be copied and sent to the Fairmont State Dean of Nursing. The original form will go into the student’s folder. The Dean will review the form and make a recommendation regarding further action.

C. If the student has not be dismissed and remains in the Nursing Program following the above disciplinary action, any additional violation will be documented and referred as above to the Dean of Nursing.
# Student Incident Report

**To be completed by student**

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT ID</td>
<td></td>
</tr>
<tr>
<td>PROGRAM (ASN/LPN-ASN/BSN)</td>
<td></td>
</tr>
<tr>
<td>INSTRUCTOR</td>
<td></td>
</tr>
<tr>
<td>SEMESTER</td>
<td></td>
</tr>
</tbody>
</table>

Date of Incident: ______/______/______ Time: ______/______ AM PM

Location/Facility Name: ________________________ Dept/Unit: ________________________

Site Preceptor: ________________________________ Work/Cell Number: ________________

Site contact for follow-up: _________________ Title: ________________ Phone: __________

**Type of Event:** _____________________________________________________________________

(Student illness/injury, needle stick, medication error, fall event, etc.)

DETAILED DESCRIPTION OF EVENT: (per privacy laws, do not include patient name or identifiers)

- How did the incident happen?

- What caused the incident?

- Was the incident witnessed by anyone? If so, please provide their name and contact information.
If additional space is needed, please attach to back of this form.

Were the appropriate facility reporting procedures followed? ____________________________

Were you treated for the incident? ______ Facility name: ______________________________

Please attach a copy of the facility treatment report, if applicable.

Follow-up planned with who and where?

________________________________________________________________________________

Fairmont State University School of Nursing
Faculty Report of Student Incident

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT ID</td>
<td></td>
</tr>
<tr>
<td>PROGRAM (ASN/LPN-ASN/BSN)</td>
<td></td>
</tr>
</tbody>
</table>

Date and time you were notified of event:

________________________________________________________________________________

Faculty Report:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Grade of Event:  □ Student illness/injury □ Human error  □ At-risk
                     □ Reckless

Actions and/or improvement plan:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
□ Human error: lapse or slip in judgment or action.
□ At-risk: error not recognized or was felt as justified.
□ Reckless: intentional risk taken or conscious decision to commit the error.

Faculty Signature: _____________________________ Date: ________________

Dean Signature: _____________________________ Date: ________________
Fairmont State University
Department of Nursing
Illness/Injury Form

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT ID</td>
<td></td>
</tr>
<tr>
<td>PROGRAM (ASN/LPN-ASN/BSN)</td>
<td></td>
</tr>
<tr>
<td>INSTRUCTOR</td>
<td></td>
</tr>
<tr>
<td>SEMESTER</td>
<td></td>
</tr>
</tbody>
</table>

Date of Incident: ______/______/______ Time: ______/______ AM PM

Location/Facility Name: _________________________ Department/Unit: _________________________

Site Preceptor: ________________________________ Work Phone & Cell #________________

Site contact for follow-up: _________________________ Title: _________________________

Phone: _________________________

Type of Incident

➤ Sharps injury ________ Type of needle _________________ was the needle/syringe equipped with a safety device? _________________________

➤ Other sharp object _________________________

➤ TB exposure _________________________

Type of Exposure

➤ Body fluid splash Blood Urine Saliva Wound drainage

➤ Mucous membrane Eye Mouth Nose

➤ Broken skin Location________________

➤ Intact skin

➤ Inhalant

➤ Animal/human scratch

➤ Animal/human bite

➤ Other _________________________

Other Incident (syncopal episodes, allergic reactions,) _________________________
Who witnessed the incident? ______________________________________________________

When was FSU faculty notified? __________________________________________________

Where you were treated for the exposure? Facility name: _____________________________

Please attach a copy of the facility treatment report _________________________________

Follow-up planned with who and where? ____________________________________________

FULLY describe the incident/injury/exposure and explain in detail what you were doing when
the incident/injury/exposure occurred, including the use of tools, equipment or materials.
Please use additional sheets if necessary.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Student Signature __________________________ Date __________________________

To be completed by FSU Nursing Clinical Faculty:

Date & Time you were notified of event: _____________________________________________

Faculty Report:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Faculty Signature __________________________ Date __________________________
**Approximate Extra Costs for Nursing Students**

**Admission & First Year**

- $200  Uniforms, stethoscope, scissors, lift belt
- $200-$500  Physical exam, immunizations, titers, drug screen, criminal background check
- $1,400  Textbooks and lab supplies
- $310  Standardized Testing Fee ($165 per semester)
- $75  Verified Credentials Account
- $250  Program fee which is prorated according to credit hours.

Transportation to and from surrounding clinical agencies and a laptop computer.

**First Semester Second Year**

- $500  Textbooks
- $50  Hepatitis B Titer
- $20-$50  Drug Screen
- $25  Verified Credentials renewal
- $165  Standardized Testing Fee
- $250  Program Fee

Transportation to and from surrounding clinical agencies and a laptop computer.

**Second Semester Second Year**

- $500  Textbooks
- $350  NCLEX fees, passport photo, criminal background check
- $50  Criminal Background Check
- $165  Standardized Testing Fee
- $50-$175  FSU Nursing Pin
- $35-$45  Graduation pictures and composite of class (optional)
- $50  Graduation fee (includes cost of cap and gown)
- $250  Program Fee

++Transportation to and from clinical agencies
NCSBN’s NCLEX® Examinations Go “Green”

In an effort to improve both effectiveness and efficiency the National Council of State Boards of Nursing’s (NCSBN) NCLEX® program will go “green” and transition to a completely paperless program. Internet access has largely replaced print-based materials for information gathering and transactions; because of this NCSBN can now deliver the same information more expeditiously and reliably through electronic means.

The list of current paper-based materials that have been identified as going paperless include:

- Authorization to Test (ATT) letter
- NCLEX® Examination Candidate Bulletin At-A-Glance
- “Eight Steps of the NCLEX®” handout
- Scan form registrations
- Money order, certified check and cashier check payments
- “You’ve Completed the NCLEX® but Still Have Questions” brochure

To begin the process of transitioning to paperless, an email address for all candidates that register on the phone or online will be required immediately. Candidates who do not have an email address will be instructed to obtain a free email account through providers such as Gmail or Yahoo. Once the email account has been created the candidate may register for the NCLEX online at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex) or by phone.

Implementation for the paperless initiative will take place in the first quarter of 2014. NCSBN ensures a smooth transition and that the same information will be delivered through electronic means. Visit [www.nclex.org](http://www.nclex.org) for more detailed information or join the NCLEX electronic mailing list.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories—American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 16 associate members.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

The statements and opinions expressed are those of NCSBN and not the individual member, state or territorial boards of nursing.
Transition into the RN-BSN Program

Students who are currently enrolled in the Associate Degree Nursing Program who plan to continue their education through the RN-BSN track may transition into the Bachelor of Science in Nursing (BSN) Program in the second year of their Associate Degree classes. Students are eligible to enroll in Nursing 3320, Health Assessment, and in Nursing 3340, Nursing Care of the Older Adult, with consent of the instructor. Since it is important for students to progress from the physiologic normals to the abnormals it is strongly recommended that Nursing 3320, Health Assessment, be the first class taken. There is also a test out option for NURS 3320. ASN students are still held responsible to meet all of the requirements to graduate with the Associate Degree at the end of their second year of nursing. Students must also successfully complete their licensing exam to continue in the Bachelors of Science Nursing Program. Students may choose from an accelerated track, intermediate track, or traditional track to complete their BSN.

After graduation from the ASN Program, students who wish to pursue the BSN must change their major in the Registrar’s Office. See a BSN faculty member for current information regarding program requirements.
Competency Testing for NURS 3320 Health Assessment (Test-Out Option)

In order to give students credit for previous knowledge, skills, and experiences, students will have the opportunity to test out of NURS 3320, Health Assessment. Successful completion of both an electronic comprehensive exam and an assessment demonstration will result in four hours of NURS 3320 credit (CR). If the student is unsuccessful on either component, no credit will be given (NC), and the student will have to take NURS 3320. Letter grades are not awarded for the test-out option, and students will only have one attempt. Those who took NURS 3320 but are past the five-year expiration date may also select the test-out option.

Students must pay the University’s standard rate for competency and course testing, at which time they will receive an approval to test. Next, the student should contact Janice Porto in the School of Nursing and Allied Health Administration at Office, 239 Education Building, Janice.Porto@fairmontstate.edu, or 304-367-4133 to schedule appointments at least one week before desired testing time. Appointments will be available each month on campus and will be posted at the beginning of each academic semester. Students may reschedule one time but may only reschedule for an available appointment (if space allows). Students may request textbook information and copies of the skills checklists; however, because the testing is competency-based, faculty instruction will not be available.

The following guidelines apply:

**Electronic Comprehensive Examination**
- Passing score is 75% or above (percentage is not rounded)
- Exam is administered through Blackboard (must be enrolled at FSU as ASN 2nd year student, LPN-ASN student who completed first semester successfully, or BSN student)
- Exam is parallel to course final exam and based on course outcomes
- There are two different but parallel versions of the exam
- There will be 20 seats available for each sitting.

**Assessment Demonstration**
- Students must pass the electronic examination before completing the demonstration; however, students may choose between completing both components on the same day or completing demonstration within two months of successfully completing the exam
- Passing score is 75% or above (percentage is not rounded)
- Only the physical assessment will be demonstrated
- Students will draw the system that will be assessed from the following: 1. Skin, hair, nails; 2. Head and neck; 3. Nose, mouth, throat, and pharynx; 4. Ears, 5. Eyes; 6. Lungs and respiratory system; 7. Cardiac and vascular system; 8. Abdomen and Gastrointestinal system; 9. Neurological system, and 10. Musculoskeletal System
- Students must bring their own adult “patient” to the demonstration
- There will be 10 appointments per day
BSN Program Requirements Form

Student Name: FSU ID:  
Year admitted to NURS 3350:  

Desired Track:  
- Traditional (4+ semesters)  
- Intermediate (3-semester)  
- Accelerated (2-semester)  
Plan of progression completed

Previous 4-year Degree:  
- No  
- Yes (review transcript for Math, English 1104, 1108, statistics, and management)

Required General Studies Outcomes, Courses, and Credit Hours  
(Course lists for general studies outcomes are listed in FSU catalog)

<table>
<thead>
<tr>
<th>Outcome (credit hours)</th>
<th>Accepted Courses</th>
<th>Completed</th>
<th>Course(s) Used (*=memo in file)</th>
<th>*Unique Credit Hours Applied</th>
<th>Grade Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA. Critical Analysis (3)</td>
<td>NURS 3360, NURS 4440, any other choice</td>
<td>☐</td>
<td>NURS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IB. Quantitative Analysis (3)</td>
<td>MATH 1107 or higher</td>
<td>☐</td>
<td>MATH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IC. Written Communication (6)</td>
<td>ENGL 1104 AND ENGL 1108</td>
<td>☒</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID. Teamwork (3)</td>
<td>NURS 4400, NURS 4440, any other choice</td>
<td>☐</td>
<td>NURS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IE. Information Literacy (3)</td>
<td>NURS 4400, any other choice</td>
<td>☐</td>
<td>NURS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF. Technology Literacy (3)</td>
<td>NURS 4430, any other choice</td>
<td>☐</td>
<td>NURS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IG. Oral Communication (3)</td>
<td>COMM 2200, 2201, or 2202</td>
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<td></td>
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</tr>
<tr>
<td>III. Citizenship (3)</td>
<td>Any choice</td>
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<td>Click here to enter text.</td>
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</tr>
<tr>
<td>IV. Ethics (3)</td>
<td>NURS 3360, any other choice</td>
<td>☐</td>
<td>NURS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Health (3)</td>
<td>NURS 4410, any nursing course, any other choice</td>
<td>☐</td>
<td>NURS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI. Interdisciplinary (3)</td>
<td>NURS 4440, any other choice</td>
<td>☐</td>
<td>NURS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIIC. Social Sciences (3)</td>
<td>Any choice</td>
<td>☐</td>
<td>Click here to enter text.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIIC. Humanities (3)</td>
<td>Any literature course</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIIID. Natural Sciences (3-4)</td>
<td>Any choice</td>
<td></td>
<td>Click here to enter text.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIII. Cultural Awareness (3)</td>
<td>Any choice</td>
<td></td>
<td>Click here to enter text.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Unique General Studies Credit Hours (30 required)

Required Support Courses

- Statistics
  - PSYC 2240, BSBA 3310, MATH 1113, or SOCY 2240 | ☐ | Click here to enter text. |
- Management
  - BSBA 2209 or MGMT 3308 | ☐ | Click here to enter text. |
- Nursing Credits Over 35
  - Any nursing credits over the 35 credits given for licensure | ☐ | Total hours: Click here to enter text. |

Free Electives

- Credits needed to get 120 or more total credit hours. | | Click here to enter text. |

* In order to count as unique general studies credit hours, courses cannot be in the Major (NURS) or duplicated (used in more than one category). Courses can only be used twice.

Notes
### Totals

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total Unique General Studies Credit Hours (30 required)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Required Support Course Credits (6-7 required)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Credits for Licensure</td>
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<td></td>
<td>35</td>
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<tr>
<td>Total Required BSN Nursing Course Credits</td>
<td></td>
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<td>28</td>
</tr>
<tr>
<td>Nursing Credits over the 35 Credits for Licensure</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total Free Elective Credits</td>
<td></td>
<td></td>
<td></td>
<td>TOTAL CREDITS (120)</td>
</tr>
</tbody>
</table>

### Required BSN Nursing Courses

<table>
<thead>
<tr>
<th>Nursing Course (credit hours)</th>
<th>Semester Offered</th>
<th>Completed</th>
<th>Grades (*=memo in file)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3320 Health Assessment (4) w/lab hours</td>
<td>Fall or spring – ASN 2nd year, BSN 1st semester</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>NURS 3340 Nursing Care of the Older Adult (3) w/lab hours</td>
<td>Fall or Spring – ASN 2nd year, BSN 1st semester</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>NURS 3350 Professional Concepts in Nursing (3)</td>
<td>Fall or Spring – BSN 1st year (point of admission)</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>NURS 3360 Nursing Ethics (3)</td>
<td>Fall or Spring – BSN 1st year</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>NURS 4400 Research in Nursing (3) (prerequisite or concurrent enrollment - statistics)</td>
<td>Fall or Spring – BSN 2nd year</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>NURS 4410 Community Health Nursing (5) w/clinical</td>
<td>Fall or Spring – BSN 2nd year</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>NURS 4430 Nursing Leadership and Management (3) (prerequisite or concurrent enrollment - management)</td>
<td>Fall or Spring – BSN 2nd year</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>NURS 4440 Nursing Practicum (4) w/clinical (must complete all coursework prior to or concurrently)</td>
<td>Fall or Spring – BSN 2nd year, capstone course, last semester</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

### School Nurse Certification Courses

<table>
<thead>
<tr>
<th>School Nurse Certification Courses</th>
<th>Semester Offered</th>
<th>Completed</th>
<th>Grades (*=memo in file)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDUC 2200 Introduction to Education (3)</td>
<td>Any semester</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>NURS 4441 School Nurse Practicum (4)</td>
<td>Last semester or after graduation</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
### BSN Intermediate Track

#### Semester I

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 3320</td>
<td>Health Assessment</td>
<td>4 credits</td>
</tr>
<tr>
<td>NURS 3350</td>
<td>Professional Nursing Concepts</td>
<td>3 credits</td>
</tr>
<tr>
<td>NURS 3340</td>
<td>Nursing Care of the Older Adult</td>
<td>3 credits</td>
</tr>
<tr>
<td>NURS 3360</td>
<td>Nursing Ethics*</td>
<td>3 credits</td>
</tr>
</tbody>
</table>

Total: 13 credits (room for one general studies course)

*NURS 3360 may be moved to Semester II*

#### Semester II

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 4400</td>
<td>Research in Nursing</td>
<td>3 credits</td>
</tr>
<tr>
<td>NURS 4410</td>
<td>Community Health Nursing</td>
<td>5 credits</td>
</tr>
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</table>

Total: 8 credits (room for 3 general studies courses)

#### Semester III

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<tr>
<th>Course</th>
<th>Title</th>
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<tr>
<td>NURS 4430</td>
<td>Nursing Leadership &amp; Management</td>
<td>3 credits</td>
</tr>
<tr>
<td>NURS 4440</td>
<td>Nursing Practicum</td>
<td>4 credits</td>
</tr>
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</table>

Total: 7 credits (room for 3 general studies courses)

---

Total BSN Nursing Hours: 28
# MODEL SCHEDULE

**BSN FAIRMONT STATE UNIVERSITY**

## ACCELERATED TRACK

### Fall Semester

<table>
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<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>NURS 3320</td>
<td>Health Assessment</td>
<td>4</td>
</tr>
<tr>
<td>NURS 3350</td>
<td>Professional Nursing Concepts</td>
<td>3</td>
</tr>
<tr>
<td>NURS 4400</td>
<td>Research in Nursing</td>
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<tr>
<td>NURS 4410</td>
<td>Community Health Nursing</td>
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15 credits

(room for one general studies course)

### Spring Semester

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<tbody>
<tr>
<td>NURS 3340</td>
<td>Nursing Care of the Older Adult</td>
<td>3</td>
</tr>
<tr>
<td>NURS 3360</td>
<td>Nursing Ethics</td>
<td>3</td>
</tr>
<tr>
<td>NURS 4430</td>
<td>Nursing Leadership &amp; Management</td>
<td>3</td>
</tr>
<tr>
<td>NURS 4440</td>
<td>Nursing Practicum</td>
<td>4</td>
</tr>
</tbody>
</table>

13 credits

(room for 1-2 general studies courses)

Total BSN Nursing Hours 28

*The accelerated program of study is very rigorous and includes clinical requirements*
SCHOOL NURSE CERTIFICATION

Students enrolled in the School Nurse Certification Program must meet the following criteria:

1. Achieve a minimum grade point average of 2.75.

2. Submit a background check by the Criminal Investigation Bureau of the West Virginia State Police, including fingerprint examination (cost incurred).

3. Achieve acceptable scores on the Pre-Profession Skills Test (PPST) (cost incurred)

4. Completed a Bachelor’s Degree in Nursing or be enrolled in the final semester of FSU’s BSN Program.

5. Complete the following courses:

   - Education 2200 3 credit hours
   - Nursing 4441 4 credit hours
   - 7 Total Additional Hours

6. Submit a copy of the WV nursing license, final FSU transcript, ACT scores, PPST/Praxis I exam scores, and completed certification application to the Certification Officer in the FSU School of Education.

Approved 8/2015
Appendix A: WVBOERPN Legislative Rule

Title 19

Series 3
TITLE 19

LEGISLATIVE RULES

WEST VIRGINIA BOARD OF EXAMINERS FOR
REGISTERED PROFESSIONAL NURSES

SERIES 3

REQUIREMENTS FOR REGISTRATION AND LICENSURE AND CONDUCT CONSTITUTING PROFESSIONAL MISCONDUCT

19-3-1. General.

1.1. Scope. -- This rule establishes the requirements for registration and licensure of a registered professional nurse and describes behavior which constitutes professional misconduct subject to disciplinary action.


1.3. Filing Date. -- April 27, 2007.

1.4. Effective Date. -- July 1, 2007.

§19-3-2. Definitions.

The following words and phrases as used in this rule have the following meanings, unless the context requires otherwise:

2.1. "Certificate of registration" means a document issued by the board upon original licensure by examination in West Virginia;

2.2. “Direct supervision” means the activity of a registered professional nurse with an unencumbered license in West Virginia being present at all times in the same assigned physical work area as the person being supervised.

2.3. “Good professional character” means the integrated pattern of personal, academic and occupational behaviors which, in the judgment of the board, indicates that an individual is able to consistently conform his or her conduct to the requirements of W.Va. Code § 30-7-1 et seq., the board’s rules and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability and integrity.
2.4. "Impaired" means the condition of a licensee whose performance or behavior is altered through the use of alcohol, drugs, or other means.

2.5. "Licensure card" means the wallet-sized document issued annually to indicate current registration or re-registration.

2.6. “National Council Licensure Examination” (NCLEX-RN) means the licensure examination for registered nurses which is owned and controlled by the National Council of State Boards of Nursing.

2.7. "Structured treatment program" means a program for physical, psychological, social and/or spiritual rehabilitation, if the program has been expressly approved by the board.

2.8. "Temporary permit" means a permit authorizing the holder to practice registered professional nursing in this state until the permit is no longer effective or the holder is granted a license by the board. The holder of a temporary permit is subject to all provisions of W. Va. Code §30-7 et.seq., and all other relevant sections of the West Virginia Code and rules promulgated by the board.

§19-3-3. Application for Examination.

3.1. Qualifications for application

3.1.a. Applicants educated in the United States or United States Territory shall:

3.1.a.1. have completed an approved four-year high school course of study or an equivalent course of study, as determined by the appropriate educational agency;

3.1.a.2. be of good moral character;

3.1.a.3. have completed the basic curriculum in a program in nursing education approved by the board, or in a school accredited or approved by a comparable board or other recognized authority in another jurisdiction. He or she must hold a diploma from that school and be recommended to the board by the faculty of the school of nursing; and,

3.1.a.4. Request and submit to the board the results of a state and a national electronic criminal history records check by the State Police.

3.1.a.4.A. The applicant shall furnish to the State Police a full set of fingerprints and any additional information required to complete the criminal history records checks.

3.1.a.4.B. The applicant is responsible for any fees required by the State Police in order to complete the criminal history records checks.

3.1.a.4.C. The criminal history records required by this paragraph must have been requested within the twelve (12) months immediately before the application is filed with the board.
3.1.a.4.D. The board may require the applicant to obtain an electronic criminal history records check from a similar agency in the state of the technician or applicant’s residence, if outside of West Virginia.

3.1.a.4.E. To be qualified for licensure, the results of the criminal history records checks must be unremarkable and verified by a source acceptable to the board other than the applicant.

3.1.a.4.F. Instead of requiring the applicant to apply directly to the State Police for the criminal history records checks, the board may contract with a company specializing in the services required by this paragraph.

3.1.a.4.G. The board may deny licensure or certification to any applicant who fails or refuses to submit the criminal history records checks required by this subsection.

3.1.b. Applicants seeking licensure as veterans in lieu of the educational qualifications specified in subdivision 3.1.c. of this rule, and qualifying under W. Va. Code §30-24-1 et seq. an applicant who is a veteran shall:

3.1.b.1. have completed an approved four-year high school course of study or an equivalent course of study, as determined by the appropriate educational agency;

3.1.b.2. be of good moral character;

3.1.b.3. have served on active duty in the medical corps of any of the armed forces of the United States for at least one (1) year within the three (3) year period immediately preceding the date of application and have successfully completed the course of instruction required to qualify her or him for rating as a medical specialist advanced, medical service technician or advanced hospital corpsman technician, or other equivalent rating in her or his particular branch of the armed forces;

3.1.b.4. be honorably discharged from military service; and,

3.1.b.5. Request and submit to the board the results of a state and a national electronic criminal history records check by the State Police.

3.1.b.5.A. The applicant shall furnish to the State Police a full set of fingerprints and any additional information required to complete the criminal history records checks.

3.1.b.5.B. The applicant is responsible for any fees required by the State Police in order to complete the criminal history records checks.

3.1.b.5.C. The criminal history records required by this paragraph must have been requested within the twelve (12) months immediately before the application is filed with the board.

3.1.b.5.D. The board may require the applicant to obtain an electronic criminal history records check from a similar agency in the state of the technician or applicant’s residence, if outside of West Virginia.
West Virginia.

3.1.b.5.E. To be qualified for licensure, the results of the criminal history records checks must be unremarkable and verified by a source acceptable to the board other than the applicant.

3.1.b.5.F. Instead of requiring the applicant to apply directly to the State Police for the criminal history records checks, the board may contract with a company specializing in the services required by this paragraph.

3.1.b.5.G. The board may deny licensure or certification to any applicant who fails or refuses to submit the criminal history records checks required by this subsection.;

3.1.c. Applicants educated outside the United States or United States Territory shall:

3.1.c.1. have completed an approved four-year high school course of study or an equivalent course of study, as determined by the appropriate educational agency;

3.1.c.2. be of good moral character;

3.1.c.3. submit a copy of the certificate issued by the commission on graduates of foreign nursing schools (CGFNS), as specified in the board’s rule, Qualification of Graduates of Foreign Nursing Schools for Admission to the Professional Nurse Licensing Examination, 19CSR4;

3.1.c.4. submit a copy of the transcript from a professional nursing education program, translated in the English language;

3.1.c.5. submit satisfactory documentation of the English language proficiency by one of the following methods:

3.1.c.5.A. submit evidence that the nursing education, text books, and majority of the clinical experiences were in English;

3.1.c.5.B. submit an original report showing a score of at least 530 for the written exam or 200 for the computer exam on the Test of English as a Foreign Language (TOEFL) plus a score of at least 50 on the Test of Spoken English (TSE);

3.1.c.5.C. submit an original report showing a score of at least 700 on the Test of English for International Communication (TOEIC) plus a score of at least 50 on the Test of Spoken English (TSE); or,

3.1.c.5.D. provide a VisaScreen certificate; and,

3.1.c.6. Request and submit to the board the results of a state and a national electronic criminal history records check by the State Police.

3.1.c.6.A. The applicant shall furnish to the State Police a full set of fingerprints and any additional information required to complete the criminal history records checks.
3.1.c.6.B. The applicant is responsible for any fees required by the State Police in order to complete the criminal history records checks.

3.1.c.6.C. The criminal history records required by this paragraph must have been requested within the twelve (12) months immediately before the application is filed with the board.

3.1.c.6.D. The board may require the applicant to obtain an electronic criminal history records check from a similar agency in the state of the technician or applicant’s residence, if outside of West Virginia.

3.1.c.6.E. To be qualified for licensure, the results of the criminal history records checks must be unremarkable and verified by a source acceptable to the board other than the applicant.

3.1.c.6.F. Instead of requiring the applicant to apply directly to the State Police for the criminal history records checks, the board may contract with a company specializing in the services required by this paragraph.

3.1.c.6.G. The board may deny licensure or certification to any applicant who fails or refuses to submit the criminal history records checks required by this subsection.

3.2. Filing of Application.

3.2.a. Applicants educated in the United States.

3.2.a.1. An applicant for licensure by examination shall meet the requirements set forth in subdivision 3.1.a. of this section and submit the following to the board office:

3.2.a.1.A. A completed board application forty-five (45) days prior to the date the applicant wishes to take the examination;

3.2.a.1.B. The required fee for licensure by examination set forth in the board’s rule, Fees, 19 CSR 12. Payment shall be in the form of a cashier's check or money order, and made payable to the West Virginia Board of Examiners for Registered Professional Nurses. Application fees are not refundable, nor applicable to other test dates;

3.2.a.1.C. One (1) passport type identification photograph of the applicant signed on the front by both the applicant and the director of the nursing education program completed by the applicant; and

3.2.a.1.D. A final official transcript showing the type of degree and date conferred shall be sent directly to the office of the board from a board approved nursing education program. The final official transcript may be submitted after the forty-five (45) day filing deadline, but shall be submitted prior to the examination date. The board will not consider an application for approval until the final, official transcript is received in the board office.
3.2.a.2. An applicant for licensure by examination shall submit an application directly to the contracted test service for the National Council Licensure Examination (NCLEX-RN) with the application fee forty-five (45) days prior to the date the applicant wishes to take the examination.

3.2.a.3. The authorization to test for any one application is valid for ninety (90) days, and may not be extended.

3.2.b. Applicants educated outside the United States or United States Territory.

3.2.b.1. An applicant who was educated outside the United States or United States Territories and who seeks licensure by examination shall submit the following:

3.2.b.1.A. A completed board application forty-five (45) days prior to the date the applicant wishes to sit for the examination;

3.2.b.1.B. The required fee for licensure by examination set forth in the board’s rule, Fees, 19 CSR 12. Payment shall be in the form of a cashier’s check or money order, and made payable to the West Virginia Board of Examiners for Registered Professional Nurses. Application fees are not refundable, nor applicable to other test dates; and

3.2.b.1.C. One (1) passport type identification photograph of the applicant signed on the front by the applicant;

3.2.b.2. An applicant for licensure by examination shall submit directly to the current test service under contract with national council, a completed National Council Licensure Examination (NCLEX-RN) application with the application fee forty-five (45) days prior to the date the applicant wishes to take the examination.

3.2.b.3. The authorization to test for any one application is valid for ninety (90) days, and may not be extended.

3.2.c. Veteran applicants pursuant to W. Va. Code §30-24-1 et seq.

3.2.c.1. An applicant for licensure by examination who qualifies under W. Va. Code §30-24-1 et. seq. (veterans) shall submit the following information to the board office:

3.2.c.1.A. A completed board application forty-five (45) days prior to the date the applicant wishes to take the examination;

3.2.c.1.B. The required fee for licensure by examination as set forth in the board’s rule, Fees, 19 CSR 12. Payment shall be in the form of a cashier’s check or money order, and made payable to the West Virginia Board of Examiners for Registered Professional Nurses. Application fees are not refundable, nor applicable to other test dates;

3.2.c.1.C. One (1) passport type identification photograph of the applicant signed on the
front by the applicant and the dean or director of the nursing program completed;

3.2.c.1.D. An official copy of military form DD214 directly from the national personnel records center; and

3.2.c.1.E. Any additional information requested by the board including but not be limited to:

3.2.c.1.E.1. Copies of certificates of completion for military education including course and occupation credit recommendations; and,

3.2.c.1.E.2. Course outlines for military education documenting nursing science content in the training program.

3.2.c.2. An applicant for licensure by examination who qualifies under West Virginia Code §30-24-1 et. seq. shall submit directly to the current test service under contract with national council a completed National Council Licensure Examination (NCLEX-RN) application with the application fee forty-five (45) days prior to the date the applicant wishes to take the examination.

3.2.c.3. The authorization to test for any one application is valid for ninety (90) days, and may not be extended.

§19-3-4. Temporary Permit to Practice as a Registered Professional Nurse.

4.1. A temporary permit issued to an applicant awaiting initial examination for licensure as a registered professional nurse is valid until three (3) days from the date the applicant's licensing examination results are mailed from the office of the board.

4.2. The board may issue a temporary permit to an applicant for examination following graduation from a state approved nursing education program. The temporary permit expires ninety (90) days following graduation, or at the time licensure examination results are announced, whichever comes first. A temporary permit is not renewable.

4.3. The board shall not issue a temporary permit which permits the holder to practice registered professional nursing while awaiting initial examination for licensure and the reporting of the results of the examination until it has received and approved an application for licensure by examination.

4.4. The holder of a temporary permit is subject to all provisions of West Virginia Code § 30-7-1 et. seq. and all other relevant provisions of the West Virginia Code and rules promulgated by the board.

4.5. The holder of a temporary permit shall work under the direct supervision of a licensee, until the applicant has successfully passed the NCLEX-RN and a license is issued.

§19-3-5. Licensure Examination.
5.1. The licensure examination is the national council licensure examination for registered nurses (NCLEX-RN) which is owned and controlled by the National Council of State Boards of Nursing, Inc.

5.2. The board shall determine the availability of the examination dates, times, and places of administration.

§19-3-6. Failure to Pass Licensure Examination.

6.1. An applicant for licensure by examination who fails to attain a passing score on the examination shall, upon notification of examination results, immediately return any temporary permit to practice registered professional nursing to the office of the board.

6.2. In considering an application for licensure by examination, the number of times the applicant has taken the licensing examination shall include each time that the applicant has taken an examination for licensure as a registered professional nurse in any jurisdiction.

6.3. In the event an applicant fails the licensure examination two times, he or she may petition the board for permission to repeat the licensure examination. The board may deny approval for an applicant to repeat an examination after two failures if more than two years has lapsed since the applicant graduated from a nursing education program. In addition, the board may deny approval to repeat the examination after two failures if the applicant cannot show in the petition to repeat the examination more than two times that any further education has been taken by the applicant to correct deficiencies in his or her nursing knowledge.

6.4. An examination applicant may not repeat the licensure examination more than four times per year, nor more often than every forty five (45) days.

6.5. A repeat examination applicant shall complete the application for examination as specified in subsection 3.2. of this rule and be subject to other requirements as established by the board.

§19-3-7. Licensure by Endorsement.

7.1. An applicant for permanent licensure by endorsement shall:

7.1.a. be currently licensed in another state and shall have passed the licensure examination that was used in the state of West Virginia at the time of his or her graduation from a professional nursing education program.

7.1.b. complete and submit to the board an accurately completed application for licensure by endorsement;

7.1.c. submit the non-refundable fee set forth in the board’s rule, Fees, 19 CSR 12.

7.1.d. have submitted a verification of licensure from the state in which he or she was originally licensed and the state in which he or she is currently employed if it is different than the original state of licensure. If these boards participate in the licensure verification system maintained by the National
Council of State Boards of Nursing, the applicant shall follow the process of verification to another state in accordance with the procedures set in place for that system.

7.2. Temporary permit for endorsement applicant.

The holder of a temporary permit is subject to all provisions of W. Va. Code §30-7-1 et. seq. and all other relevant sections of the West Virginia Code and rules promulgated by the board.

7.2.a. A complete endorsement application shall be on file in the board office prior to the issuance of a temporary permit including the notarized form, identification photograph, and endorsement application fee.

7.2.b. The board shall not issue a temporary permit until a complete board application for a temporary permit for an endorsement applicant is on file in the board office including the form and the fee set forth in the board’s rule, Fees, 19 CSR 12.

7.2.c. The temporary permit expires one hundred eighty (180) days from the date of issuance and the expiration date shall be printed on the temporary permit.

7.2.d. The holder of the temporary permit shall immediately return the temporary permit upon request of the board. A temporary permit holder who fails to complete the endorsement application for full licensure is not entitled to an extension of the temporary permit. An applicant must provide a satisfactory explanation to the board prior to any subsequent request for endorsement by the applicant if the one hundred eighty (180) day period expires prior to the completion of the required procedure for licensure by endorsement by an applicant licensed as a registered professional nurse in another state, territory, or foreign country. The applicant shall repeat the process for endorsement in its entirety if the explanation is considered acceptable by the board.

7.2.e. A temporary permit is not renewable, and the board shall not extend the initial one hundred eighty (180) day period.

7.2.f. The holder of any temporary permit to practice registered professional nursing shall furnish the board with his or her address and telephone number, and the name, address, and telephone number of his or her employer at all times while the permit is effective.

7.2.g. The board shall not issue a temporary permit if it determines upon satisfactory proof that the applicant has in any way falsified his or her qualifications for the temporary permit.

7.2.h. The board shall not issue the temporary permit if it is presented with satisfactory proof that the applicant has any action pending against his or her license to practice registered professional nursing in another state, territory, or foreign country, or if the license is encumbered in any way.

7.2.i. A temporary permit becomes void during the one hundred eighty (180) days if the board determines, upon satisfactory proof, that it will deny the applicant full licensure for any of the causes set forth in West Virginia Code §30-7-6. The board may also revoke the temporary permit at any time.
§19-3-8. Change of Name and/or Address.

8.1. If a licensee legally changes his or her name through marriage, divorce court order or other means, he or she shall send this information to the office of the board. The information shall include both the full prior name and the new name, in a properly executed affidavit or a certified copy of the marriage certificate or divorce decree. The licensee shall submit these documents along with the fee set forth in the board’s rule, Fees, 19 CSR 12.

8.2. A licensee shall notify the board of any change in residence or mailing address within thirty (30) days of the change. This notification shall be submitted in writing to the board office by facsimile, electronic communication or postal service.

§19-3-9. Renewal of License.

9.1. Each license issued by the board expires on October 31 of each year. In order to continue practicing a licensee shall renew his or her license annually. The deadline for receipt of the renewal application and fee is thirty days after receipt of the renewal application. A license for which a renewal application is received after October 31 is lapsed. The board shall consider the application for renewal of the license of each licensee upon receipt of:

9.1.a. an accurately completed application for renewal of the license;

9.1b. submission of additional documents as determined by the board;

9.1.c. verification that he or she meets the continuing competence requirements specified in the board’s rule, Continuing Education, 19CSR11;

9.1.d. all additional requirements set forth by the board; and,

9.1.e. the fee for renewal set forth in the board’s rule, Fees, 19 CSR 12.

9.1.f. The fee for a license issued by renewal after the implementation of the October 31 renewal date shall be prorated.

9.2. Request for inactive status.

A licensee who is not practicing, and who has no disciplinary action pending against his or her license, may request his or her name be entered on the inactive list by the executive secretary of the board by completing the renewal application furnished by the board and indicating his or her desire to be placed on inactive status. The board shall then designate the licensee’s records “inactive”. No fee is required for inactive status and no license is issued. The board may provide the inactive licensee, upon application, payment of the current fee, and completion of required continuing education, an active license to practice registered professional nursing in West Virginia. The board may inquire into activities and events during
the term of the inactive license period.

9.3. Request for permanently retired status.

A licensee who has permanently retired from the practice of nursing in all states may upon request be designated as a “Retired Registered Professional Nurse” and shall receive an identification card with that designation. The recipient of the designation may not practice as a registered professional nurse in any state and may not in any way indicate to any persons that he or she is licensed to practice as a registered professional nurse. If the individual identified as the “Retired Registered Professional Nurse” does practice in any form, voluntarily or for pay, as a registered professional nurse, he or she is guilty of practicing nursing without a license and shall be subject to the appropriate penalties contained in law and rule. If at any time the individual designated as the “Retired Registered Professional Nurse” desires to return to the practice of nursing, he or she shall submit the reinstatement application along with the current fee and shall meet all reinstatement requirements.

§19-3-10. Reinstatement of Lapsed License.

10.1. Non-renewal of license. If a licensee fails to renew his or her license before the current license expires, the license shall lapse.

10.2. The fee to reinstate a lapsed license is set forth in the board’s rule, Fees, 19 CSR 12.

10.3. Any person practicing registered professional nursing during the time his or her license has lapsed is considered an illegal practitioner and is subject to the penalties provided for violation of W.Va. Code §30-7-1 et seq.

§19-3-11. Verification of Licensure to Another State Board of Nursing.

The board shall furnish a certified statement verifying West Virginia licensure upon submission of a written request by the licensee for the verification and payment of a fee set forth in the board’s rule, §19 CSR 12, Fees. If the licensee is a graduate of a school which has closed and his or her records are on file in the board office, the board shall provide a copy of school records upon written request and payment of the fees set forth in the board’s rule, Fees, 19 CSR 12.

§19-3-12. Loss of Certificate of Registration or Current Licensure Card.

12.1. To replace a lost or destroyed certificate of registration the licensee shall send an affidavit certifying the loss or destruction of the certificate of registration and the fee set forth in the board’s rule, Fees, 19 CSR 12.

12.2. To replace a lost or destroyed current licensure card, the licensee shall send an affidavit certifying the loss and the fee set forth in the board’s rule, Fees, 19 CSR 12.

12.3. The board may publish notice of the issuance of a duplicate certificate of registration or current
licensure card at the board’s discretion.

§19-3-13. Penalty for Presentation of Non-negotiable Check.

13.1. The board shall assess the fee set forth in the board’s rule, Fees, 19 CSR 12 to any individual who presents a check payable to the board that is later returned by the bank as non-negotiable. The presenter of the non-negotiable check shall redeem the non-negotiable check within fourteen (14) days of notification by certified mail. This fee is in addition to any reinstatement or other fee which may additionally become due because the applicant or licensee submits an application or registration form after a board deadline. The applicant, licensee, or other person who presents a non-negotiable check shall redeem it with cash, a money order, or a cashier's check.

13.2. The board shall designate the license or temporary permit of a registered professional nurse as invalid if fees are not paid within 14 days for a non-negotiable check submitted with an application for renewal or reinstatement or any other application form.

§19-3-14. Professional Misconduct

14.1. Conduct, including, but not limited to the following, if proven by a preponderance of evidence, constitutes professional misconduct subject to disciplinary action pursuant to W. Va. Code § 30-7-11(f). The applicant or licensee:

14.1.a. failed to adhere to common and current standards for professional nursing practice, including but not limited to standards established by a national professional nursing organization, nursing research, nursing education, or the board;

14.1.b. failed to adhere to established standards in the practice setting to safeguard patient care;

14.1.c. knowingly committed an act which could adversely affect the physical or psychological welfare of a patient;

14.1.d. abandoned patients by terminating responsibility for nursing care, intervention, or observation without properly notifying appropriate personnel and ensuring the safety of patients;

14.1.e. practiced or offered to practice beyond the scope permitted by law or accepted and performed professional responsibilities that the licensee knows or has reason to know that he or she is not licensed, qualified, or competent to perform;

14.1.f. impersonated another licensed practitioner;

14.1.g. permitted another person to use the licensee's license for any purpose;

14.1.h. permitted, aided, or abetted an unlicensed, uncertified, or unregistered person to perform activities requiring a license, certificate, or registration;
14.1.i. delegated professional responsibilities to a person when the licensee delegating the responsibilities knows or has reason to know that person is not qualified by training, experience or licensure to perform them;

14.1.j. practiced registered professional nursing while his or her license is suspended, lapsed, or inactive;

14.1.k. failed to comply with terms and conditions as may be imposed by the board based upon previous disciplinary action of the board;

14.1.l. practiced professional nursing while the ability to safely and effectively practice is compromised by alcohol or drugs;

14.1.m. is addicted to a controlled substance;

14.1.n. is a chronic or persistent alcoholic;

14.1.o. engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public or any member of the public; thus, not exercising good professional character;

14.1.p. practiced professional nursing while the ability to safely and effectively practice was compromised by physical or mental disability;

14.1.q. refused or failed to report for a physical or mental examination, including but not limited to laboratory or other tests, requested by the board;

14.1.r. provided false or incorrect information to an employer or potential employer regarding the status of a license, or failed to inform an employer or potential employer of a change in the status of a license;

14.1.s. knowingly falsified an application for employment;

14.1.t. knowingly provided false information regarding completion of educational programs;

14.1.u. falsified patient records, intentionally charted incorrectly;

14.1.v. improperly, incompletely, or illegibly documented the delivery of nursing care, including but not limited to treatment or medication;

14.1.w. knowingly made or filed a false report;

14.1.x. knowingly or negligently failed to file a report or record required by state or federal law;

14.1.y. willfully impeded or obstructed the filing of a report or record required by state or federal law;

14.1.z. induced another person to file a false report or obstructed the filing of a report required
by state or federal law;

14.1.aa. failed to report to the board within thirty (30) days, knowledge of a violation by a registered professional nurse of W. Va. Code §§ 30-7-1 et seq., 30-15-1 et seq., this rule, any other applicable state law or rule or any applicable federal law or regulation;

14.1.bb. failed to report through proper channels a violation of any applicable state law or rule, any applicable federal law or regulation or the incompetent, unethical, illegal, or impaired practice of another person who provided health care;

14.1.cc. impeded or obstructed an investigation by the board by failing to comply or respond to requests for action or information, whether the failure was known or negligent;

14.1.dd. violated any provision of W. Va. Code §30-7-1 et seq., or rules governing the practice of registered professional nursing, or a rule or order of the board, or failed to comply with a subpoena or subpoena duces tecum issued by the board;

14.1.ee. failed to register or notify the board of any changes of name or mailing address;

14.1.ff. failed to accept certified mail from the board, when mailed to the licensee’s last address on record in the board’s office;

14.1.gg. failed to disclose to the board a criminal conviction in any jurisdiction;

14.1.hh. was convicted of a misdemeanor with substantial relationship to the practice of registered professional nursing, in a court of competent jurisdiction.

14.1.ii. failed to disclose information when required by the board concerning treatment or counseling for substance abuse, or participation in any professional peer assistance program;

14.1.jj. provided false information on any application, or any other document submitted to the board for the purpose of licensure, advanced practice recognition, or prescriptive authority;

14.1.kk. misappropriated medications, supplies, or personal items of a patient or employer;

14.1.ll. self-administered or otherwise took into his or her body any prescription drug in any way not in accordance with a legal, valid prescription or used any illicit drug;

14.1.mm. prescribed, dispensed, administered, mixed or otherwise prepared a prescription drug, including any controlled substance under state or federal law, not in accordance with accepted nursing practice standards or not in accordance with the board’s rule Limited Prescriptive Authority For Nurses in Advanced Practice, §19 CSR 8;

14.1.nn. physically or verbally abused, or failed to provide adequate protection or safety for an incapacitated individual in the context of a nurse-patient/client relationship;

14.1.oo. used the nurse-patient/client relationship to exploit a patient or client;
14.1.pp. engaged a patient or client in sexual activity or became romantically involved with a patient or client while still responsible for the care of that patient or client;

14.1.qq. failed to maintain appropriate professional boundaries in the nurse-patient/client relationship;

14.1.rr. failed to report that his or her license to practice registered professional nursing in any other state, territory, jurisdiction or foreign nation was revoked, suspended, restricted or limited, or otherwise acted against, that he or she was subjected to any other disciplinary action by the licensing authority, or that he or she was denied licensure in any other state, territory, jurisdiction, or foreign nation;

14.1.ss. violated the confidentiality of information or knowledge concerning a patient;

14.1.tt. practiced registered professional nursing by way of telecommunications or otherwise, in any other state, territory, jurisdiction, or foreign nation, without a license to do so and not in accordance with the law of that state, territory jurisdiction, or foreign nation; or

14.1.uu. was found guilty for improper professional practice or professional misconduct by a duly authorized professional disciplinary agency or licensing or certifying body or board in this or another state or territory, where the conduct upon which the finding was based would, if committed in this state, constitute professional misconduct under the laws of this state, may serve as a basis for disciplinary action by this board.

14.2. Upon a finding of probable cause that a basis for disciplinary action exists, the board may require a licensee or a person applying for licensure to practice as a registered professional nurse in this state to submit to a physical or psychological examination by a practitioner approved by the board. Any individual who applies for or accepts the privilege of practicing as a registered professional nurse in this state is considered to have given consent to submit to all such examinations when requested to do so in writing by the board and to have waived all objections to the admissibility of the testimony or examination report of any examining practitioner on the ground that the testimony or report is a privileged communication. If an applicant or licensee fails or refuses to submit to any examination under circumstances which the board finds are not beyond his or her control, that failure is prima facie evidence of his or her inability to practice as a registered professional nurse competently and in accordance with accepted standards for professional practice. A licensee or person applying for licensure as a registered professional nurse who is adversely affected by this provision may request a hearing within thirty days of any action taken by the board.

14.3. Based on the nature of the complaint filed against the licensee, technician, or of the information received about an applicant, the board may require the technician or applicant to request and submit to the board the results of a state and a national electronic criminal history records check by the State Police.
14.3.a. The licensee, technician, or applicant under investigation shall furnish to the State Police a full set of fingerprints and any additional information required to complete the criminal history records check.

14.3.b. The licensee, technician, or applicant under investigation is responsible for any fees required by the State Police in order to complete the criminal history records check.

14.3.c. The board may require the licensee, technician, or applicant to obtain an electronic criminal history records from a similar agency in the state of the technician or applicant’s residence, if outside of West Virginia.

14.3.d. Instead of requiring the licensee, technician, or applicant under investigation to apply directly to the State Police for the criminal history records checks, the board may contract with a private vendor to provide the services required in this subsection.

14.3.e. The board may deny licensure or certification or take disciplinary action against any licensee, technician, or applicant who fails or refuses to submit the criminal history records checks required by this subsection.

14.4. If the board finds that public health, safety and welfare requires emergency action and incorporates a finding to that effect into its order, the board shall order summary suspension of a license pending proceedings for revocation of the license or other action. The board shall promptly institute and determine further disciplinary action.

§19-3-15. Impaired Nurse Treatment Program

15.1. The board may permit a licensee or applicant for licensure who has been found guilty of prohibited conduct, to participate in a structured treatment program and meet other terms and conditions for continued licensure, in lieu of disciplinary action.

15.1.a. The board may appoint a designee to monitor participation in a approved treatment program;

15.1.b. The board may excuse an applicant or licensee that remains in compliance with the terms of an approved treatment program, to the satisfaction of the board's designee, from appearing before the board or hearing examiner to respond further to charges of misconduct;

15.1.c. An applicant or licensee that fails to comply with the terms of an approved treatment program, to the satisfaction of the board's designee, may be subject to further disciplinary action to the fullest extent of the board's authority;

15.2. The board may establish or approve impaired nurse treatment programs.
APPENDIX B:

CRITERIA FOR DETERMINING SCOPE OF PRACTICE

CRITERIA FOR DETERMINING

SCOPE OF PRACTICE FOR LICENSED NURSES

AND

GUIDELINES FOR DETERMINING ACTS

THAT MAY BE DELEGATED OR ASSIGNED

BY LICENSED NURSES

Revised by:
The West Virginia Board of Examiners
For Registered Profession Nurses
And
The West Virginia State Board of Examiners
For Licensed Practical Nurses
March 2015
INTRODUCTION

The intent of this document is to present a process to determine acts appropriate to nursing at various levels, and acts appropriate for delegation to the licensed practical nurse, as well as to those acts appropriate for assignment to unlicensed assistive personnel. Individuals must consult the law, applicable rules and Board position statements in making a practice decision. Related position statements are included in the Appendix of this document. Additional law, rules or position statements may be developed after the publication of this document. The nurse must assure that current publications are referenced when using the Models in this publication.

Changes in health care delivery are occurring in health care organizations throughout West Virginia and the nation. These changes could lead to a role confusion. In view of the mandates of the West Virginia Board of Examiners for Registered Professional Nurses and the West Virginia State Board of Examiners for Licensed Practical Nurses to act in the best interest of public safety and health, the respective boards support professional collaboration to deliver competent care and treatment of the client in a safe, professional and cost effective manner.

The guidelines contained in this document provide comprehensive criteria and examples for use in the decision making process required to determine acts that are appropriate to nursing at various levels, and acts appropriate for delegation to the licensed practical nurse as well as to those acts appropriate for assignment to unlicensed assistive personnel. The guidelines, however, do not have the for and effect of law except as provided through the Legal Standards of Practice, WV 19 CSR10 and WV CSR 3.

Many nurses would like a “yes” or “no” answer to questions about the delegation of nursing practice, however, in most cases it is not that simple. In reality, the answer to most questions is “it depends.” It depends upon the complexity of the task to be delegated. It depends upon the care needs of the client, as assessed by the advanced practice registered nurse or registered professional nurse. It depends upon the educational preparation, skills, and ability of the licensed practical nurse or unlicensed person to whom the task is to be delegated/assigned. And, it depends upon the availability and accessibility of essential resources including supervision, while the task is being performed. Nursing judgment is the essential element in every delegation or assignment decision (NCSBN, 2007).

Licensees are expected to read this entire document then refer back to the portions that will assist in making a final decision. Thus, this document is best used when an individual has the time to review all related information so the foundation for decision making is present when a quick decision is required.
DEFINITIONS

**Accountability**  Being responsible or answerable for actions or inactions of self or others in the context of delegated or assigned.

**Advanced Practice Registered Nurse**  “Advanced practice registered nurse” is a registered nurse who has acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect care to patients, who has completed a board approved graduate-level education program and who has passed a board-approved national certification examination. An advanced practice registered nurse shall meet all the requirements set forth by the board by rule for an advanced practice registered nurse which shall include, at a minimum, a valid license to practice as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist or a certified nurse practitioner,” (Code of WV § 30-7-1).

**Assignment**  Designating nursing activities to be performed by another nurse or nursing assistive personnel that are consistent with his/her scope of practice (licensed person) or role description (unlicensed person), (NCSBN, 2014).

**Competence**  Possessing verifiable knowledge and skill to perform an activity or task safely and effectively.

**Delegation**  Transferring to a competent individual the authority to perform a selected nursing task in a selected situation (NCSBN, 2014).

**Licensed Practical Nurse**  “Practical Nursing” means the performance for compensation of selected nursing acts in the care of the ill, injured or infirm under the direction of a registered professional nurse or licensed physician or licensed dentist, and not requiring the substantial specialized skill, judgment and knowledge required in professional nursing. (Code of WV § 30-7A-1).

§83-7A-2.  Use of titles.  (a) Any person licensed pursuant to this article may use the title “licensed practical nurse,” “practical nurse” and the abbreviation “L.P.N.” or the term “nurse.” Except as otherwise provided in article seven of this chapter, no other person may assume such title, or use such abbreviation, or any other words, letters, figures, signs, or devises to indicate that the person using the same is a licensed practical nurse or a practical nurse.

**Registered Professional Nurse**  “Registered professional nursing” shall mean the performance for compensation of any service requiring substantial specialized judgment and skill based on knowledge and application of principles of nursing derived from biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and the accurate recording of the facts, or the
supervision and teaching of other persons with respect to such principles of nursing, or in the administration of medications and treatments as prescribed by a licensed physician or a licensed dentist, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others. (Code of WV § 30-7-1).

§30-7-10. Use of titles. Any person licensed pursuant to this article may use the title “registered nurse” and the abbreviation “R.N.” or the term “nurse.” Except as otherwise provided in article seven-a of the chapter, no other person may assume a title that the person using the same is. 1. Using the same is a registered professional nurse.

Responsible Liable to legal review or in the case of fault to penalties, able to answer for one’s conduct or obligation, able to choose for one’s left right from wrong.

Unlicensed Assistive Personnel (UAP) Any unlicensed person, regardless of the title, to whom nursing tasks are delegated or assigned.
AGENCY REFERENCES

There are a variety of agencies that have laws, standards and guidelines that may directly affect the practice of nursing and health care, or guidelines to assist in decision-making. Some of the most commonly referenced agencies are provided herein.

ANA  American Nurses Association is the national professional organization for nurses. This association has developed many standards of practice for nursing including the Code of Ethics.  
   Web site: www.nursingworld.org

BOM  Board of Medicine regulates the practice of medical doctors, podiatrists and physician assistants. 
   Web site: www.wvdhhr.org/wvbom/  
   Phone: 304-558-2921

BOO  Board of Osteopathy regulates the practice of osteopathic physicians, surgeons and osteopathic physician assistants. 
   Web site: www.wvbodosteo.org/  
   Phone: 304-723-4638

BOP  Board of Pharmacy regulates the practice of pharmacists, pharmacy technicians and pharmaceutical services  
   Web site: www.wvbop.  
   Phone 304-558-0558

NCSBN  National Council for State Boards of Nursing is the national association providing assistance to nursing regulatory boards. This association authors many regulatory related documents and research. This association has also developed a paper on Delegation. 
   Web site: www.ncsbn.org  
   Phone: 312-525-3600

Nurse Aide Registry  The state agency responsible for the regulation of certified nurses aides and the abuse registry. 
   Web site: http://www.wvdhhr.org/ohflac/NurseAide/  
   Phone: 304-558-0688
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>OEMS</strong></td>
<td>Office of Emergency Medical Services; a division of the West Virginia Department of Health and Human Resources responsible for regulating emergency medical services. Web site: <a href="http://www.wvoems.org">www.wvoems.org</a> Phone: 304-558-3956</td>
</tr>
<tr>
<td><strong>OHFLAC</strong></td>
<td>Office of Health Facility Licensure and Certification; a division of the West Virginia Department of Health and Human Resources responsible for regulating dialysis facilities and nursing homes. Web site: <a href="http://www.wvdhhr.org/ohflac/">www.wvdhhr.org/ohflac/</a> Phone: 304-558-0050</td>
</tr>
<tr>
<td><strong>WVNA</strong></td>
<td>West Virginia Nurses Association (WVNA) is the West Virginia chapter of the American Nurses Association (ANA). Web site: <a href="http://www.wvnurses.org">www.wvnurses.org</a> Phone: 304—342-1169</td>
</tr>
</tbody>
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CRITERIA FOR DETERMINING SCOPE OF PRACTICE FOR THE LICENSED NURSE

You may use the process explained below to determine, on an individual basis, if a specific activity or task is within the scope of practice for an advanced registered practice nurse (APRN), registered professional nurse (RN) or a licensed practical nurse (LPN).

I. DEFINE THE ISSUE

Clearly define the activity or task to be performed. Steps essential in this process Include:

A. CLARIFICATION OF THE ISSUE: What is the issue or problem? Gather facts that may influence the decision. Are there written policies and procedures available that relate to this act? Is this a new expectation or just new to you? What is the decision to be made and where, (in what setting or organization), will it take place? Has the issue been discussed previously?

B. ASSESSMENT OF SKILLS AND KNOWLEDGE: What skills and knowledge are required? Do you possess those skills? Is your competence documented? Who is available to assist you who has that skill and knowledge? Is that person accessible to you?

C. IDENTIFICATION OF OPTIONS: What are possible solutions? What are the risks? What are the implications of your decision? How serious are the consequences? Should you choose to perform an act, you are responsible for performing it accurately and safely.

II. REVIEW EXISTING LAWS, POLICIES, AND STANDARDS OF NURSING PRACTICE

The APRN, RN and LPN are responsible for implementing the nursing process in the delivery of nursing care. The Boards receive many questions about the LPN’s role in the assessment component of the nursing process. While the law does not specifically address the issue of the LPN’s role in the assessment process, the rule clearly places the responsibility for the analysis of the data on the RN (WV10CSR3). It is the responsibility of the LPN to contribute to that data analysis by collecting objective and subjective data at the direction of the APRN or RN and by reporting and documenting the information collected (OBON, 2014).

The legislative rules which provide the legal standards of practice for APRN’s, RN’s and LPN’s in West Virginia are included in this document as appendices F and G. Based on the definitions of practice in the Code, the APRN and RN can independently engage in activities including assessing the health status of an individual, teaching, delegating, supervising, diagnosing, intervening and evaluating. The LPN has a dependent role and provides care only at the direction of the APRN, RN physician or dentist (WV10CSR3; OBON, 2014).
Once the problem has been clearly defined, review existing laws, policies, and standards of the nursing Practice:

A. Definitions of nursing practice (§30-7-1a,c)* or advanced practice registered nursing practice (19 CSR 7) and the Legal Standards of Practice for the Registered Professional Nurse (19 CSR 10), (Definitions, page 3 & Appendix F).

B. Definition of practice for the licensed practical nurse (§30-7A-1.a)* and Legal Standards of practice for the Licensed Practical Nurse (10 CSR 3). (Definitions, page 3 & Appendix G).

*The Boards receive questions from licensees who hold an active APRN or RN license and an active LPN license. There is nothing that prohibits having all of these licenses, however, the Boards caution the licensee regarding role confusion related to differences in scope of practice based on the role in which they are employed. The Boards hold the licensee to their highest level of education.

C. Medication Administration by Unlicensed Personnel (WV Code §16-50-1 et. Seq.) (Appendix I)

D. School Nurse Law and Rules

E. Dialysis Technician Law and Rules

F. Office of Emergency Medical Services Personnel Law and Rules regarding paramedics in the emergency department setting.

G. Agency Accreditation Standards

H. National Council of State Boards of Nursing (NCSBN)

I. Office of Health Facility Licensure and Certification (OHFLAC)

J. Standards of practice of a national nursing specialty organization.

K. Positive and conclusive data in nursing literature and supported by nursing research

L. Established policy and procedure of employing facility or agency, as long as the policy and procedures are not in conflict with the law or rules.
Following a review of these items ask yourself the following questions:

A. Is the act expressly addressed in existing law or rules and regulations for your licensure category? Is the activity or task consistent with the scope of practice for an advanced practice registered nurse, registered professional nurse or a licensed practical nurse?

B. Is the activity or task within the accepted standards of care? Would a reasonable and prudent nurse with similar training and experience perform the activity under similar circumstances?

III. MAKING THE DECISION

After defining the issue and reviewing significant materials, a decision must be made. To facilitate this process, ask yourself the following questions:

A. What is the best decision? When should it be done? By whom? What are the implications of your decision? How will you evaluate your decision? Is the act within the scope of practice for a registered professional nurse, or is it an advanced practitioner role? Should it be performed by the licenses practical nurse or can it be performed by an unlicensed individual?

B. Do you personally possess the depth and breadth of knowledge to perform the activity or task safely and effectively as demonstrated by knowledge acquired in a pre-licensure, post-basic or continuing education program?

C. Do you personally possess current clinical competence to perform the activity or task safely? Is this competence documented?

D. Are you physically and mentally capable of performing the activity safely?

E. Are you prepared to accept the consequences of your actions and assume accountability for provision of safe care?

If you answered in the affirmative to all of the questions above, you may perform the activity or task.

NOTE: A Scope of Practice Decision Model Follows
SCOPE OF PRACTICE DECISION MODEL
FOR THE APRN, RN AND LPN

Is this activity or task consistent with or permitted by the West Virginia Nurse Practice Act and legal standards of practice for APRN, RN or LPN, or position statements issued by the Boards, or any other applicable law? Is the skill for APRN's within the generally recognized scope and experience of your entity body?

Yes

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

Decision 1

NO

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

Is the task consistent with all of the following:
- Current National Nursing Standards?
- Current Research
- Current Institutional Policy/Procedures?
- Current Agency Accreditation Standards?
- Current Board Position Statement?

Yes

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

Is there a written order from a licensed physician, APRN or PA or is there a signed written protocol?

Yes

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

Do you have the current knowledge and ability to perform the activity and is this documented?

Yes

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

Would a reasonable and prudent nurse perform the act?

Yes

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

Are you prepared to accept the consequences of your actions?

Yes

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

Do the written policies of your employer allow you to perform the activity?

Yes

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.

STOP

REPORTEESER IS QUALIFIED INDIVIDUAL.
REGISTERED PROFESSIONAL NURSE RESPONSIBILITY AS A SUPERVISOR OF DELEGATED OR ASSIGNED ACTIVITIES

The focus of advanced practice registered nursing or registered professional nursing is on the application of substantial specialized knowledge, judgment and nursing skill in the assessment, analysis, planning, implementation and evaluation of nursing care. The advanced practice registered nurse or registered professional nurse is responsible and accountable for:

A. Clinical decision making regarding nursing care
B. Assuring that care is provided in a safe and competent manner
C. Determining which nursing acts in the implementation of care can be delegated or assigned and to whom
D. Providing direction and assistance, periodic observation and evaluation of effectiveness of acts performed by those under supervision

Only those nursing activities commensurate with the educational preparation and demonstrated ability of the person who will perform the act may be delegated or assigned. Entry level nurses and those re-entering nursing will need continued education and support as they gain skills as supervisors of delegated skills and tasks.

“Direct supervision” means the activity of a registered professional nurse with an unencumbered license in West Virginia being present at all times in the same assigned physical work area as the person being supervised (WV19CSR3).

An applicant for licensure by examination who is a graduate of an accredited program in practical nursing, may work under the direct supervision of an advanced practice registered nurse or registered professional nurse, licensed physician, or licensed dentist and render nursing services during the period between graduation and notification of the results of the first licensing examination following graduation upon issuance of a temporary permit from the board. The board shall issue a temporary permit, valid for up to ninety (90) days from the date of graduation, to cover the period of time between graduation and notification of the results of the first licensing examination.

The holder of a temporary permit shall work under the direct supervision of a licensee, until the applicant has successfully passed the NCLEX-RN and a license is issued.
FIVE RIGHTS OF DELEGATION/ASSIGNMENT

1. **RIGHT TASK**
   Right person is delegating or assigning the right task to the right person to be performed on the right person.

2. **RIGHT PERSON**
   Right person is delegating or assigning the right task to the right person to be performed on the right person.

3. **RIGHT DIRECTION/COMMUNICATION**
   Clear, concise description of the task, including its objective, limits and expectations.

4. **RIGHT SUPERVISION**
   Appropriate monitoring, evaluation, intervention, as needed and feedback.

5. **RIGHT CIRCUMSTANCES**
   Appropriate patient setting, available resources, patient stability, etc.
GUIDELINES FOR DELEGATION OF NURSING ACTS
TO THE LICENSED PRACTICAL NURSE

The decision to delegate should be consistent with the time-honored and well established nursing process, i.e., appropriate assessment, planning, implementation and evaluation by the nurse delegator. This necessarily precludes a complete listing of tasks that can be routinely and uniformly delegated for all patients in all situations. Rather, the nursing process and decision to delegate must be based on careful analysis of the patient and circumstances. The authority and qualifications of the proposed nurse delegator are critical to delegation decisions. The five Rights of Delegation may facilitate appropriate delegation decisions. Consequences of error and patient health and safety must be evaluated with each decision.

1. Delegation of acts beyond those taught in the basic educational program for the LPN should be based on a conscious decision of the registered nurse.
   - Practice beyond entry level for the LPN should not be automatic nor should it be based solely on length of experience.

2. Practice beyond entry level **must** be competency based.
   - Competency based practice is defined by structured educational activities which include assessment of learning and demonstration of skills.

3. Records of educational activities designed to enhance entry level knowledge, skill and ability **must** be maintained and available to the APRN or RN making the decision.
   - The employer and employee must maintain records which include an outline of the educational content and an evaluation of achievement of educational objectives and demonstrated skills.

4. Competency based enhancement of practice must be reviewed periodically by the advanced practice registered nurse or registered nurse.
   - Practice beyond the entry level should be more closely supervised.

5. Practice is limited to those activities addressed in the written policies and procedures of the employing agency, as long as those policies are not in conflict with West Virginia Law or rules.
   - Job descriptions and employing agency policies should specifically address functions that the LPN will be expected to perform as part of basic, as well as enhanced practice. Policies should also address the conditions under which the procedures and services are to be performed.
ACTIVITIES THAT MAY BE DELEGATED TO THE LPN

Activities appropriate for delegation to the LPN should be those that, after careful evaluation by the supervising APRN or RN, are expected to contain only one option. That is, the LPN is expected to be able to proceed through the established steps or an activity without encountering an unexpected response or reaction, and competence in performance of the activity has been demonstrated.

ACTIVITIES THAT SHOULD NOT BE DELEGATED TO THE LPN

Activities that are NOT appropriate for delegation to an LPN are those that are likely to present decision making options, requiring in depth assessment and professional judgment in determining the next step to take as the provider proceeds through the steps of the activity.

GUIDELINES FOR ASSIGNING TASKS TO UNLICENSED PERSONNEL

There is a need and a place for competent, appropriately supervised, unlicensed assistive personnel in the delivery of affordable, quality health care. However, it must be remembered that unlicensed assistive personnel are to assist – not replace – the nurse. This, unlicensed assistive personnel should be assigned to the nurse to assist with patient care rather than be independently assigned to the patients.

ACTIVITIES THAT MAY BE ASSIGNED TO AN UNLICENSED PERSON

Nursing practice assigned to unlicensed assistive personnel is limited to performance of the basic nursing care services, such as taking vital signs, providing personal hygiene, comfort, nutrition, ambulation and environmental safety and protection. Unlicensed workers are PROHIBITED from performing any licensed nursing function that is specifically defined for licensed nurses in the nursing practice acts or rules of the Boards of Nursing, except as specifically provided in West Virginia Code and Rules (AMAPS, School Nurse, Dialysis Techs, EMS, etc.)

The APRN or RN remains the manager of care even for the assignment of tasks to an unlicensed person under a life threatening emergency. Nurses have always been accountable or responsible for their assignment decisions. Responsibility or answerability when delegating or assigning cannot be avoided.

ACTIVITIES THAT SHOULD NOT BE ASSIGNED TO AN UNLICENSED PERSON

Activities that are not appropriate for assignment to an unlicensed person are those that require nursing judgment and skill and have substantial potential to jeopardize client safety and welfare. Except as specifically provided in law. (WV Code §16-50-1 et. Seq., and other laws and rules). The Boards receive
questions about delegation to medical assistants. Medical assistants are unlicensed personnel and have no defined scope of practice, have no laws or rules governing practice and may be not delegated activities by the nurse that require professional licensure (i.e. intravenous medication administration).

CLIENT SELF-CARE

The performance of nursing acts by the client for self-care or by the client’s family members does not constitute delegation or assignment of nursing acts to unlicensed personnel for compensation.

Client and family education is a part of nursing practice. Nurses may teach and supervise the performance of activities by clients and family members who have demonstrated willingness and an ability to perform the activity.

THE DIFFERENCE BETWEEN “ASSIGNMENT” AND “DELEGATION”?

Understanding the difference between “delegation” and “assignment” can be a challenge. In an effort to help nurses better understand the concepts as they apply to this document and practice in West Virginia, the following paragraphs are provided:

Delegation is always downward. That is, delegation occurs when one individual has the authority to perform the task or activity, and transfers that authority to another competent individual. The APRN or RN delegating the task retains the responsibility for the decision to delegate. The person performing the task is responsible and accountable for that task and related activities.

Assignment means that a nurse designates another competent nurse or unlicensed person to be responsible for specific patients or selected nursing functions for specifically identified patients. Assignment occurs when the authority to do a task already exists. Both registered nurses and licensed practical nurses have a defined scope of practice established in law; therefore, APRN to APRN, APRN to RN, RN to RN, and (when the activity is within the LPN’s scope of practice) RN to LPN, or LPN to LPN is an assignment. The APRN, RN or LPN making the assignment retains the responsibility for the task being completed by a competent person.

An element of assignment exists in all delegation; however, assignment, which is horizontal in nature, does not require delegation. Both “assignment” and “delegation” decisions must be made by a licensed nurse on the basis of the skill levels of the care givers, patient or client care needs, and other considerations. Nurses have always been accountable or responsible for their assignment decisions. Responsibility or answerability when delegating or assigning cannot be avoided.

NOTE: A Delegation/Assignment Decision Model follows
Delegation/Assignment Decision Model

Before this model can be appropriately used the Scope of Practice Model must be applied to available staff.

Do you have the competencies to perform the task you are delegating?

- National Nursing Standards?
- Nursing Literature/Research?
- Institution Policy/Procedures?
- Agency Accreditation Standards?
- Board Position Statements**
- West Virginia Code and Rules**

No

STOP

Yes

STOP

Is the task to be delegated by you medication administration?

No

STOP

Yes

CONTINUE

May be delegated to another RN or LPN, who has demonstrated and documented competence, and the activity is within their respective scope of practice.

Does the activity fall within the scope of provision of personal hygiene, vital signs, comfort, nutrition, ambulation, safety, protection or collection of specimens?

No

STOP

Yes

CONTINUE

May be delegated to RN, APRN or LPN or assigned to an unlicensed individual except in accordance with Office of Emergency Medical Services (OEMS) Rules related to delegation to paramedics in a qualifying hospital emergency department.

Is the patient's condition stable and outcome of the act predictable?

No

STOP

Yes

CONTINUE

Do not delegate to LPN. Delegate to RN or APRN with demonstrated and documented competence.

Is the person's competency to perform the specific task demonstrated and documented?

No

STOP

Yes

CONTINUE

Do not delegate to LPN. Delegate to RN or APRN with demonstrated and documented competence.

Do you believe the person is competent at this time in this situation?

No

STOP

Yes

CONTINUE

Report/describe to qualified individual.

Would a reasonable and prudent nurse delegate the act?

No

STOP

Yes

CONTINUE

Report/describe to qualified individual.

Are you prepared to accept the consequences of your decision to delegate?

No

STOP

Yes

CONTINUE

PRECEED

1/27/2016
WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
Charleston, WV 25311-1620

POSITION STATEMENT

The role of the Advanced Practice Registered Nurse, Registered Professional Nurse, and Licensed Practical Nurse in Intravenous Therapy

In response to the numerous inquiries the Board has received concerning the role of the practical nurse, in the administration of intravenous therapy and in the management of the patient receiving intravenous therapy the Board issues the following clarification of its position statement.

The advanced practice registered nurse (APRN) or registered professional nurse (RN) is responsible and accountable for the administration and clinical management of intravenous therapy. The APRN or RN may delegate selected activities associated with the administration and management of intravenous therapy to a licensed practical nurse qualified by education and experience. The delegation of these activities is based upon the APRN’s or RN’s judgment, policy and procedure of the institution and standards of nursing practice.

A 1982 opinion for the West Virginia Attorney General’s office states: “Inherent in the definition of the registered professional nurse is the responsibility to administration (management) of the application of all nurse procedures, including intravenous therapy. The licensed practical nurse may, under the direction of a registered professional nurse, perform selected acts, which could conceivably include procedural aspects of intravenous therapy. However, performance of procedural aspects of intravenous therapy by a licensed practical nurse does not relieve the registered profession nurse of the responsibility provided for in law, for assigning the procedure to the licensed practical nurse. The APRN or RN must know that the LPN has the appropriate education and demonstrable skills to perform the act. Regardless of who performs the act or procedure, the APRN or RN retains the responsibility for supervision of the patient, including observation of symptoms and reactions and supervision of other persons (including the LPN) with respect to application of nursing procedures.”

APPENDIX C

Standards for Professional Nursing Practice

Title 19
Series 10
'19-10-1. General

1.1. Scope. – This rule establishes standards of safe practice for the registered professional nurse, and serves as a guide for the board in evaluating nursing care to determine if it is safe and effective.

1.2. Authority. – W. Va. Code '30-7-4

1.3. Filing Date. – March 31, 1994

1.4. Effective Date. – April 1, 1994

'19-10-2. Standards Related to the Registered Professional Nurse's Responsibility to Implement the Nursing Process.

2.1. The registered professional nurse shall conduct and document nursing assessments of the health status of individuals and groups by:

2.1.1. Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner. The data includes but is not limited to:

2.1.1.a. The client's knowledge and perception about health status and potential, or maintaining health status;

2.1.1.b. Consideration of the client's health goals;

2.1.1.c. The client's biophysical and emotional status;

2.1.1.d. The client's growth and development;

2.1.1.e. The client's cultural, religious and socio-economic background;
2.1.1.f. The client's ability to perform activities of daily living;

2.1.1.g. The client's patterns of coping and interacting;

2.1.1.h. Environmental factors (e.g. physical, social, emotional and ecological);

2.1.1.i. Available and accessible human and material resources;

2.1.1.j. The client's family health history; and

2.1.1.k. Information collected by other health team members;

2.1.2. Sorting, selecting, reporting and recording the data; and

2.1.3. Continuously validating, refining and modifying the data by utilizing all available resources, including interaction with the client, the client's family and significant others, and health team members.

2.2. The registered professional nurse shall establish and document nursing diagnoses and/or client care needs which serve as the basis for the plan of care.

2.3. The registered professional nurse shall identify expected outcomes individualized to the client and set realistic and measurable goals to implement the plan of care.

2.4. The registered professional nurse shall develop and modify the plan of care based on assessment and nursing diagnosis and/or patient care needs. This includes:

2.4.1. Identifying priorities in the plan of care;

2.4.2. Prescribing nursing intervention(s) based upon the nursing diagnosis and/or patient care needs;

2.4.3. Identifying measures to maintain comfort, to support human functions and responses, to maintain an environment conducive to well being, and to provide health teaching and counseling.

2.5. The registered professional nurse shall implement the plan of care by:

2.5.1. Initiating nursing interventions through:

2.5.1.a. Writing nursing orders and/or directives;

2.5.1.b. Providing direct care;

2.5.1.c. Assisting with care; and

2.5.1.d. Delegating and supervising nursing care activities;
2.5.2. Providing an environment conducive to safety and health;

2.5.3. Documenting nursing interventions and responses to care; and

2.5.4. Communicating nursing interventions and responses to care to other members of the health care team.

2.6. The registered professional nurse shall evaluate patient outcomes and the responses of individuals or groups to nursing interventions. Evaluation shall involve the client, the client's family and significant others, and health team members.

2.6.1. Evaluation data shall be documented and communicated to other members of the health care team.

2.6.2. Evaluation data shall be used as a basis for reassessing the client's health status, modifying nursing diagnoses and/or patient care needs, revising plans of care, and prescribing changes in nursing interventions.

19-10-3. Standards Related to the Registered Professional Nurse's Responsibility as a Member of the Nursing Profession.

3.1. The registered professional nurse shall know the statutes and rules governing nursing and function within the legal boundaries of nursing practice.

3.2. The registered professional nurse shall accept responsibility for his or her individual nursing actions and competence.

3.3. The registered professional nurse shall obtain instruction and supervision as necessary when implementing nursing techniques or practices.

3.4. The registered professional nurse shall function as a member of the health team.

3.5. The registered professional nurse shall collaborate with other members of the health team to provide optimum patient care.

3.6. The registered professional nurse shall consult with nurses and other health team members and make referrals as necessary.

3.7. The registered professional nurse shall contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to nursing practice within the employment setting.

3.8. The registered professional nurse shall participate in the systematic evaluation of the quality and effectiveness of nursing practice.

3.9. The registered professional nurse shall report unsafe nursing practice to the Board and unsafe practice conditions to recognized legal authorities.
3.10. The registered professional nurse shall delegate to another only those nursing measures which that person is prepared or qualified to perform.

3.11. The registered professional nurse shall supervise others to whom nursing interventions are delegated.

3.12. The registered professional nurse shall retain professional accountability for nursing care when delegating nursing interventions.

3.13. The registered professional nurse shall conduct practice without discrimination on the basis of age, race, religion, gender, sexual preference, socio-economic status, national origin, handicap, or disease.

3.14. The registered professional nurse shall respect the dignity and rights of clients regardless of social or economic status, personal attributes, or nature of the client's health problems.

3.15. The registered professional nurse shall respect the client's right to privacy by protecting confidential information unless obligated by law to disclose the information.

3.16. The registered professional nurse shall respect the property of clients, family, significant others, and the employer.

3.17. The registered professional nurse assuming advanced practice shall be qualified to do so through education and experience as set forth in W. Va. Code '30-7-1 et seq. and the rule governing Announcement of Advanced Practice, 19 WV CSR 7.
APPENDIX D

Accepting & Rejecting an Assignment

Guidelines for the Nurse

West Virginia Board of Examiners for Registered Professional Nurses

West Virginia State Board of Examiners for Licensed Practical Nurses

Approved October 2010
Registered professional nurses and licensed practical nurses, as licensed nurses, share the responsibility and accountability along with their employer to ensure that safe and effective nursing care is provided. When presented with a questionable situation it is important to continue to explore options in a positive manner, recognizing that both you and the facility have a responsibility for safe patient care. This accountability is both a legal responsibility as specified in the West Virginia Nurse Practice Acts and rules and regulations; it is also an ethical one as indicated in the American Nurses Association (ANA) Code for Nurses. In addition, there are individual employer requirements as outlined in the health care facility personnel policies and clinical guidelines/procedures.

For registered nurses the ANA Code for Nurses states “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.” The nurse’s decision regarding accepting or making work assignments is based in the legal, ethical, and professional obligation to assume responsibility for nursing judgment and action.

- Suppose you are asked to care for an unfamiliar patient population or to go to a unit for which you feel unqualified – what would you do?
- Suppose you are approached by your supervisor and asked to work an additional shift – what do you do? West Virginia Code §21-5F-3, the Nurse Overtime and Patient Safety Act, impacts nurses employed in hospitals (not state or federal agencies). It mandates that any RN or LPN who works twelve or more consecutive hours shall be allowed at least eight hours of off-duty time immediately following the completion of the shift. No nurse shall work more than sixteen hours in a twenty-four hour period unless there is an unforeseen emergent situation such as a natural disaster, adverse weather conditions, or disease outbreak that jeopardizes patient safety.

Such situations are familiar and emphasize the rights and responsibilities of the registered nurse to make informed decisions. However, differences among the members of the healthcare team in interpretation of legal or ethical principles may lead to conflict.

This document endeavors to facilitate a strategy for problem solving as the staff nurse, nurse manager, chief nursing executive and administrator operationalize practice within the complex environment of the health care system.

The complexity of the delivery of nursing care is such that registered professional nurses with appropriate education and experience can direct nursing care. Upon employment with a healthcare facility the nurse contracts or enters into an agreement with that facility to provide nursing services in a collaborative practice environment. Nurses are encouraged to seek consultation with their nurse manager/executive to discuss the facility’s mission and goals as well as their policies and procedures.
It is the nurse’s responsibility to:

- Provide competent nursing care to the patient
- Exercise informed judgment and use individual competence qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.
- Clarify assignments, assess personal capabilities, and jointly identify options for patient care assignments when he/she does not feel personally competent or adequately prepared to carry out a specific function. The nurse has the right to refuse an assignment that he/she does not feel prepared to assume; however, the nurse should be prepared for potential disciplinary action by the employer.

It is the nurse manager’s responsibility to:

- Ensure competent nursing care is provided to the patient
- Evaluate the nurse’s ability to deliver specialized patient care
- Organize resources to insure that patients receive appropriate nursing care
- Collaborate with the staff nurse to clarify assignments, assess personal capabilities, and jointly identify options for patient care assignments when the nurse does not feel personally competent or adequately prepared to carry out a specific function. The facility has the right to take appropriate disciplinary action according to the facility policies
- Communicate to staff through written policies the process of making assignment and reassignment decisions
- Provide education to staff and supervisory personnel in the decision making process regarding patient care assignments and reassignments including patient placement and allocation of resources
- Plan and budget for staffing patterns based upon patient’s acuity and priorities for care
- Provide a clearly defined written policy for immediate internal review of proposed assignments which includes the participation of the staff involved
- Provide a grievance procedure for use by staff after the fact
- The right of the patients to receive safe, professional nursing care in accordance with standards accepted standards of practice
- The responsibility for appropriate utilization and distribution of nursing care services when nurses become a scarce resource

Issues Central to Potential Dilemmas
The responsibility for providing a practice environment that assures adequate nursing resources for the facility, while meeting the current socioeconomic and political realities of shrinking health care dollars.

Behavior and activities relevant to giving, accepting, or rejecting a work assignment that could lead to disciplinary action include:

- Practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities when the licensee knows or has reason to know that he/she is not competent to perform.
- Performing without adequate supervision professional services which the licensee is authorized to perform only under supervision of a licensed professional. (Exception to this is an emergency situation where a person’s life or health is in danger.)
- Failure to exercise supervision over persons who are authorized to practice only under supervision of that licensed professional
- Abandoning or neglecting a patient who is in need of nursing care without making reasonable arrangements for the continuation of such care of the above, the issue of abandonment or neglect has thus far proven the most legally devastating. Abandonment or neglect has been legally defined to include such actions as insufficient observation (frequency of contact), failure to assure competent intervention when the patient’s condition changes (qualified physician not in attendance), and abandoning patients by terminating responsibility for nursing care, intervention, or evaluation without properly notifying appropriate personnel and ensuring the safety of patients. Since nurses at all levels most frequently act as agents of the employing facility, the facility shares the risk of liability with the nurse.

The following questions are some specific examples of how a nurse may apply the guidelines for decision making and the legal concepts as outlined in this document.

1. **CLARIFY what it is you are being asked to do.**
   a) What is the typical nurse to patient ratio on the unit?
   b) Does the care of these patients require you to have specialty knowledge and skills in order to deliver safe nursing care:
   c) Will there be qualified and experienced RNs on the unit?
   d) What procedures and/or medications will you be expected to administer?
   e) What kind of orientation will you receive to function safely?

2. **ASSESS yourself**
   a) Do you have the knowledge and skill to meet the expectations that have been outlined to you?
   b) Have you had experience with similar patient populations:
c) Have you been oriented to this unit or a similar unit?

d) Would the perceived discrepancies between your abilities and the expectations lead to an unsafe patient care situation?

3. **IDENTIFY options and implications of your decision.**

   a) If you determine that you can provide safe patient care you should accept the assignment. You would then be ethically and legally responsible for the nursing care of these patients.

   b) If you determine that there is a discrepancy between your abilities and the expectations of the assignment, further dialog with the nurse supervisor is needed before you reach a final decision. At this point it may be appropriate to consult with the next level of management, such as the House Supervisor or the Chief Nurse Executive.

In further dialogue, continue to assess whether you are qualified to accept either a portion or the whole of the assignment. Also, point out options which might be mutually beneficial. For example, obviously it would be unsafe for you to administer chemotherapy without prior training. However, it someone else administered chemotherapy perhaps you could provide the remainder of the requested nursing care for that patient. If you feel unqualified for the assignment in its entirety, the dilemma becomes more complex. At this point it is important for you to become aware of the legal rights of the facility. Even though you may have legitimate concern for the patient safety and your own legal accountability in providing safe care the facility has legal precedent to initiate disciplinary action, including termination, if you refuse to accept an assignment. **Again, it is important to continue to explore options in a positive manner, recognizing that both you and the facility have a responsibility for safe patient care.**

4. **POINT OF DECISION/IMPLICATIONS**

   a) Before you accept or reject an assignment make sure that you have explored all options. Accept the assignment: Document carefully your concern for the patient’s safety and the process you used to inform the facility (manager) of your concerns. Keep a personal copy of this documentation and send a copy to the Chief Nurse Executive. Courtesy suggests that you also send a copy to the manager(s) involved. Once you have reached this decision, it is unwise to discuss the situation or your feelings with other staff or patients. From this point withdrawal from the agreed upon assignments may become abandonment.

   b) Reject the assignment. Be prepared for potential disciplinary action by the employer. Document your concern for patient safety, the process you used to inform the facility (manager) of your concerns, and the steps taken in making your decision. Keep a personal copy of this documentation and send a copy to the manager(s).

**Summary**

Staffing dilemmas will always be present and mandate that active communication between staff nurses and all levels of nursing management be maintained to assure patient safety. The likelihood of a satisfactory solution will increase if there is prior consideration of the choices available. This consideration of available alternatives must include nurses in the decision making process.
Nurses are accountable for nursing judgment and actions regardless of the personal consequences. Providing safe and effective nursing care to the patient is the ultimate objective of the nurse and the healthcare facility.

For more information, you may contact the following resources:

**Office of Health Facility Licensure and Certification (OHFLAC):** The state agency responsible for promulgation of Rules regarding various types of healthcare facilities. Contact OHFLAC: Telephone 304-558-0050; Website [www.wvdhhr.org/ohflac](http://www.wvdhhr.org/ohflac).

**West Virginia Nurses Association (WVNA):** The statewide organization of registered nurses which represents nursing in the governmental and policy making arena and maintains current information and publications relative to the nurses' practice. Membership is also available to licensed practical nurses. WVNA is a constituent member of the American Nurses Association (ANA). Contact WVNA: 405 Capitol St, Suite 600, Charleston, WV 25301; Website [www.wvnurses.org](http://www.wvnurses.org); Telephone 304-342-1169, Toll Free 1-800-400-1226; Email centraloffice@wvnurses.org.

**West Virginia Hospital Association (WVHA):** The statewide organization with the goal of promoting a strong healthcare system in West Virginia that supports and improves the health of those served by our hospitals, as well as the economic condition of the state. Contact WVHA: 100 Association Drive, Charleston, WV 25311; Website [www.wvha.org](http://www.wvha.org); Telephone 304-344-9744; FAX 304-344-9745.

**West Virginia League for Nurses (WVLN);** A statewide organization of persons interested in fostering the development and improvement of nursing services and nursing education. The WVLN is concerned with service, education, and research programs that are designed to meet the needs of the area. Contact the West Virginia Nurses Association for the current address for the WVLN.

**West Virginia Board of Examiners for Registered Professional Nurses:** The state government agency which oversees education, licensure, and practice of the RNs. A copy of the Registered Nurse Practice Act is available on the Board’s website at [www.wvrnboard.com](http://www.wvrnboard.com). Contact the RN Board: 101 Dee Drive, Suite 102, Charleston, WV 25311; Telephone 304-558-3596; Toll Free 877-743-NURS (6877); FAX 304-558-3666; Email rnboard@state.wv.us.

**West Virginia State Board of Examiners for Licensed Practical Nurses:** The state government agency which oversees the education, licensure, and practice of LPNs. Rules and Regulations regarding LPN practice in West Virginia are available on the Board’s website at [www.lpnboard.state.wv.us](http://www.lpnboard.state.wv.us). Contact the LPN Board: 101 Dee Drive, Suite 100, Charleston, WV 25311; Telephone 304-558-3572; Toll Free 877-558-LPNS (5767); FAX 304-558-4367; Email LPN.Board@wv.gov.

The following are statements originally issued by the West Virginia State Board of Examiners for Licensed Practical Nurses in June, 1977, in response to frequent requests.

**Administration of Intravenous Fluids**
The law in West Virginia is not specific in that no duties are spelled out as being duties of a licensed practical nurse. The West Virginia State Board of Examiners for Licensed Practical Nurses can only recommend that licensed practical nurses perform duties and procedures for which training has been provided during the 12 month training program. The administration of I.V. fluids is not a part of the standard curriculum for accredited schools of practical nursing in West Virginia. However, if written hospital policy permits, additional training has been received and can be verified, providing there is adequate supervision and the licensed practical nurse is willing to accept responsibility, it is not illegal for a licensed practical nurse to perform more difficult procedures, such as administration of I.V. fluids.

**Verbal and Telephone Orders**
The West Virginia State Board of Examiners for Licensed Practical Nurses does not have a specific policy or rule in reference to this procedure. The following rules, however, apply in specific practice settings:

**General Hospitals:** 64 CSR 12, West Virginia Legislative Rules, Department of Health and Human Resources, Hospital Licensure, 2006, section 7.2.q states in part “The hospital shall ensure that verbal and telephone orders shall be given to registered professional nurses and other licensed or registered health care professionals, in their area of training and professional expertise, when authorized by the medical staff policies: Provided, that any verbal or telephone order received by a licensed or registered health care professional shall also be communicated to the registered professional nurse responsible for the overall care of that patient.”

**Nursing Homes:** Historically the Legislative Rules, West Virginia Department of Health and Human Resources, Nursing Home Licensure, have permitted both R.N.s and L.P.N.s to take verbal or telephone orders in a nursing home. While currently 64 CSR 13, Nursing Home Licensure Rules, 2007, do not specifically address verbal or telephone orders, section 8.14.d states that “A nursing home shall have a registered nurse on duty in the facility for at least eight states that “A nursing home shall have a registered nurse on duty in the facility for at least eight (8) consecutive hours, seven (7) days a week. It is therefore a common practice for licensed practical nurses, functioning without a registered nurse on the premises, to take verbal and telephone orders from the physician.

**Other Work Settings:** Consult policies of the employer and rules of appropriate accrediting or certifying agencies to determine whether the L.P.N. may take verbal or telephone orders.

DELEGATION BY SCHOOL NURSES OF ADMINISTRATION OF MEDICATION IN EMERGENCY SITUATIONS

The West Virginia Board of Examiners for Registered Professional Nurses has considered two separate inquiries related to the authority of a certified school nurse who is a registered professional nurse to delegate the administration of student medications to a teacher or other school employee. After reviewing the questions and available information, the Board offers the following guidance:

Under ideal circumstances, a school nurse should be physically present in each school, or at least in each school in which a child requiring performance of specialized nursing functions is educated. Again under ideal circumstances, a Registered Professional Nurse should be responsible for the administration of all medications to children who require medication during the school day. The Board recognizes that these ideal circumstances do not yet exist. While practices may be developed to enable a minimum standard for safe care to be met, it is not the Board’s intent to advocate anything less than the highest possible standard of care.

Injectable and other emergency medications:

It is recognized that particular health problems may precipitate emergency situations requiring immediate treatment. Emergency situations are situations which cannot be predicted to occur at a particular time, or with a great degree of regularity, and which require definitive treatment within a very narrow period of minutes to avoid severe and perhaps permanent harm. Specific health problems or illnesses may create a high likelihood of the occurrence of such emergencies; to this extent, the emergency may be “predictable” because the underlying illness predisposes to its occurrence.

For students in whom there is a predisposition to an emergency health procedure, including but not limited to profound hypoglycemia in the student known to be diabetic, an anaphylactic reaction in the student with a history of such reactions, or a seizure in a student with a known seizure disorder, it is acceptable for the certified school nurse to delegate administration of medications used to treat such emergencies to qualified professional school employees, to provide for the safety of the student. Such delegation, consistent with the general guidelines set forth above, must be at the absolute discretion of the certified school nurse who is a registered professional nurse.

As the general discussion indicates, a written request and baseline information should be submitted by the parent(s), and signed by the physician. In addition to training related to the illness and the medication, the designee who will administer the medication should demonstrate understanding of additional information. Addition understanding must include a clear comprehension of the indications for administration of the emergency medication, ability to perform an accurate, appropriate assessment to determine the need for the emergency medication, demonstration and verbalization of proper preparation and administration of the emergency medication, and knowledge of responses to the medication. The designee who will administer the emergency medication should also understand that,
in any instance that such medication is given, the student must be entered into the formal health care system for evaluation and follow up, most likely by utilization of the “911” or other emergency medical response system. Documentation of events preceding the medication, during administration, following administration, and the time and personnel that assumed care of the student following the episode should be completed as soon as possible after care for the student has been assumed by emergency medical services or other health care personnel. Documentation should be delayed until it is clear that the professional school employee is no longer required to assist in providing care to or information regarding the student.

The law pertaining to providing nursing care in the school setting falls under west Virginia Code Chapter §18-5-22. School nurses have a policy book that provides all policies and procedures approved by the Department of Education. All school nurses are required to have knowledge of these policies and practices.

APPENDIX E

POSITION STATEMENT
EMERGENCY MEDICAL SERVICE PERSONNEL
PARAMEDICS
EMPLOYED IN HOSPITAL EMERGENCY DEPARTMENTS

Consistent with applicable law, the West Virginia Board of Examiners for Registered Professional Nurses (Board) is issuing this statement to direct Advanced Practice Registered Nurses and Registered Professional Nurses who work with Emergency Medical Services (EMS) personnel in hospital Emergency Departments. Advanced Practice Registered Nurses and Registered Professional Nurses are authorized to delegate and direct paramedic Emergency Services (EMS) personnel to perform skills and tasks within their scope of practice in Emergency Departments of a hospital, if there are approved written hospital policies and procedures governing paramedic services within the hospital emergency department, and the hospital is licensed at a EMS agency with the West Virginia Bureau for Public Health Office of Emergency Medicine Services (WVBPH OEMS, 2014, Doc Number 10.2-060114),

Professional nursing functions, including tasks which require assessment, planning, and professional judgment, must remain the responsibility of the Advanced Practice Registered Nurse (APRN) and Registered Professional Nurse (RN). The APRN and RN must not delegate professional functions to caregivers not qualified as professional nurses.

Patient care in the Emergency Department must be coordinated by an advanced practice registered nurse or registered professional nurse, who defines the standards of care and scope of practice for all nursing and assistive personnel. While other participants in the health care process may provide assistance in defining the role(s) of the non-RN caregiver in the Emergency Department, the final responsibility for delegating patient care activities must remain with the Advanced Practice Registered Nurse or Registered Professional Nurse who serves as the manager and coordinator of care (ANA, 2010).

The approved related guidelines begin on page 24 of this document.

'10-3-1. General.

1.1. Scope. – This legislative rule establishes minimum standards of safe practice for the Licensed Practical Nurse.


1.3. Filing Date. – April 24, 2001.

1.4. Effective Date. – May 24, 2001.

’10-3-2. Purpose of Standards.

The purpose of this rule is:

2.1. to establish minimum acceptable levels of nursing practice for the licensed practical nurse; and

2.2. to serve as a guide for the board to evaluate the practice of the licensed practical nurse to determine if the practice is safe and effective.

The licensed practical nurse practicing under the direction of a registered professional nurse, licensed physician or licensed dentist shall:

3.1. contribute to the nursing assessment by collecting, reporting and recording objective and subjective data in an accurate and timely manner. Data collection includes, but is not limited to observation of:

3.1.a. the condition or change in the condition of a client; and

3.1.b. signs and symptoms of deviation from normal health status;

3.2. participate in the development of the strategy of care in consultation with other nursing personnel. Participation in the development of a strategy of care includes:

3.2.a. contributing to the identification of priorities;

3.2.b. contributing to setting realistic and measurable goals; and

3.2.c. contributing to the selection of nursing interventions which include measures to maintain comfort, support human functions and responses, maintain an environment conductive to well-being, and provide health teaching and counseling.

3.3. provide nursing care under the direction of a registered professional nurse by:

3.3.a. caring for clients whose conditions are stabilized or predictable;

3.3.b. assisting with clients whose conditions are critical and/or fluctuating under the direct supervision of the registered professional nurse;

3.3.c. implementing nursing care according to the priority of needs and established practices;

3.3.d. providing an environment conducive to safety and health;

3.3.e. documenting nursing interventions and responses to care; and

3.3.f. communicating nursing interventions and responses to care to appropriate members of the health team.

3.4. Assign components of nursing care to other qualified persons; and

3.5. Contribute to the evaluation of the responses of individuals and groups to nursing interventions by:
3.5.a. monitoring the responses to nursing interventions;

3.5.b. documenting and communicating assessment data to appropriate members of the health care team;

3.5.c. contributing to the modification of the strategy of care on the basis of the assessment data.

‘10-3-4. Standards Relating to the Licensed Practical Nurse’s Responsibilities as a Member of the Health Care Team.

The Licensed Practical Nurse shall:

4.1. be familiar with the statutes and rules governing nursing;

4.2. clearly display on his or her name tag or other identification badge their licensing credential (LPN);

4.3. function within the legal boundaries of practical nursing practice;

4.4. accept responsibility for individual nursing actions, competencies and behavior;

4.5. function under the direction of a registered professional nurse, licensed physician or licensed dentist;

4.6. consult with the registered professional nurse to seek guidance in delivery of nursing care as necessary;

4.7. obtain instruction and supervision as necessary from the registered professional nurse when implementing nursing techniques or practices;

4.8. retain accountability for the timely and accurate completion of tasks assigned to other qualified persons;

4.9. function as a member of the health team;

4.10. contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies related to practical nursing practice within the employment setting;

4.11. participate in the evaluation of nursing through peer review;

4.12. report unsafe nursing practice to the Board and unsafe practice conditions to
recognized legal authorities;

4.13. conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin or handicap;

4.14. respect the dignity and rights of clients regardless of social or economic status, personal attributes or the nature of the health problem;

4.15. respect the client’s right to privacy by protecting confidential information, unless obligated by law to disclose the information;

4.16. respect the property of employers, clients and their families; and

4.17. participate in relevant continuing competence activities to maintain current knowledge and skill levels in practical nursing as required in West Virginia State Board of Examiners for Licensed Practical Nurses Rule, Continuing Competence, 10 CSR 6.
CHAPTER 30. PROFESSIONS AND OCCUPATIONS.

ARTICLE 7. REGISTERED PROFESSIONAL NURSES.

§30-7-1. Definitions

As used in this article the term:

(a) The practice of “advanced practice registered nurse” is a registered nurse who has acquired advanced clinical knowledge and skills preparing him or her to provide direct and indirect care to patients, who has completed a board-approved graduate-level education program and who has passed a board-approved national certification examination. An advance practice registered nurse shall meet all the requirements set forth by the board by rule for an advance practice registered nurse which shall include, at a minimum, a valid license to practice as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist or a certified nurse practitioner.

(b) “Board” means the West Virginia Board of Examiners for Registered Professional Nurses;

(c) The practice of “registered professional nursing” means the performance for compensation of any service requiring substantial specialized judgment and skill based on knowledge and application of principles of nursing derived from the biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and accurate recording of the fats, or the supervision and teaching of other licensed physician or a licensed dentist, or the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others;

(d) “Temporary permit” means a permit authorizing the holder to practice registered professional nursing in this state until such permit is no longer effective or the holder is granted a license by the West Virginia State Board of Examiners for Registered Professional Nurses.

§30-7-1a. Eligibility for licensure by meeting requirements which existed prior to the legislative enactments during the 1012 legislative session.

An applicant for licensure as an advanced practice registered nurse as set forth in section one of this article who completed an advanced nursing education and was recognized, licensed or certified in an advanced practice or a certified nurse midwife by West Virginia or another state before December 31, 2012, may apply for and receive an advanced applicant qualified for initial advanced practical licensure.

§30-7-2. License required to practice.

In order to safeguard life and health, any person practicing or offering to practice registered professional nursing in this state for compensation shall hereafter be required to submit evidence that he or she is qualified so to practice, and shall be licensed as hereinafter provided. After the thirtieth day of June, one thousand nine hundred sixty-five, it shall be unlawful for any person not licensed under the provisions of this article to practice or to offer to practice registered professional nursing in this state, or to use any title, sign, card or device to indicate that such person is a registered professional nurse:

Provided, That any professional nurse holding an active, unencumbered license to practice in another state, who accompanies a patient to whom he or she administers nursing care while such patient is in transit or being transported into, out of, or through this state, may practice without a license issued under this article with the following limitations: (a) Such nurse may only administer nursing care to the patient whom they are accompanying in this state; and (b) under no circumstances is any such nurse authorized to practice nursing in this state for longer than forty-eight hours within any three-month period; and (c) under no circumstances shall any such nurse hold him or herself out as a registered professional nurse licensed in this state. Such forty-eight hour period shall commence and run from the time such nurse first enters the borders of this state in the company of his or her patient and therefrom run continuously, whether or not such nurse dispenses nursing care, until such forty-eight hour period has elapsed.
§30-7-3. Board of examiners for registered professional nurses.

The governor shall appoint, by and with the advice and consent of the Senate, a board consisting of five members who shall constitute and be known as the West Virginia board of examiners for registered professional nurses.

Appointments hereunder shall appoint, by and with the advice and consent of the Senate, from lists submitted to the governor by the West Virginia nurses’ association. Such lists shall contain the names of at least three persons eligible for membership for each membership or vacancy to be filled and shall be submitted to the governor on or before the first day of June of each year and at such other time or times as a vacancy on the board shall exist. Appointments under the provisions of this article shall be for a term of five years each or for the unexpired term, if any, of the present members. Any member may be eligible for reappointment, but no member shall serve longer than two successive terms. Vacancies shall be filled in the same manner as is provided for appointment in the first instance. The governor may remove any member for neglect of duty, for incompetence, or for unprofessional or dishonorable conduct.

Each member of the board hereafter appointed shall (a) be a citizen of the United States and a resident of this state, (b) be a graduate from an accredited educational program in this or any other state for the preparation of practitioners of registered professional nursing, or be a graduate from an accredited college or university with a major in the field of nursing, (c) be a graduate from an accredited college or university, (d) be a registered professional nurse licensed in this state or eligible for licensure as such, (e) have had at least five years of experience in teaching in an educational program for the preparation of practitioners of registered professional nursing, or in a combination of such teaching and either nursing service administration or nursing education administration, and (f) have been actually engaged in registered professional nursing for at least three within the past five years preceding his or her appointment or reappointment.

Each member of the board shall receive fifty dollars for each day actually spent in attending meetings of the board, or of its committees, and shall also be reimbursed for actual and necessary expenses: Provided, That the per diem increased by this amendment shall be effective upon passage of this article.

§30-7-4. Organization and meetings of board; quorum; powers and duties generally; executive secretary; funds.

The board shall meet at least once each year and shall elect from its members a president and a secretary. The secretary shall also act as treasurer of the board. The board may hold such other meetings during the year as it may deem necessary to transact its business. A majority, including one officer, of the board shall constitute a quorum at any meeting. The board is hereby authorized and empowered to:

(a) Adopt and, from time to time, amend such rules and regulations, not inconsistent with this article, as may be necessary to enable it to carry into effect the provisions of this article;

(b) Prescribe standards for educational programs preparing persons for licensure to practice registered professional nursing under this article;

(c) Provide for surveys of such educational programs at such time as it may deem necessary;

(d) Accredit such educational programs for the preparation of practitioners of registered professional nursing as shall meet the requirements of this article and of the board;

(e) Deny or withdraw accreditation of educational programs for failure to meet or maintain prescribed standards required by this article and by the board;

(f) Examine, license and renew the licenses of duly qualified applicants;

(g) Conduct hearings upon charges calling for discipline of a licensee or revocation or suspension of a license;

(h) Keep a record of all proceedings of the board;

(i) Make a biennial report to the governor;

(j) Appoint and employ a qualified person, who shall not be a member of the board, to serve as executive secretary to the board;
(k) Define the duties and fix the compensation for the executive secretary; and

(l) Employ such other persons as may be necessary to carry on the work of the board.

The executive secretary shall possess all of the qualifications prescribed in section three for members of the board, except that he or she shall (a) have had at least eight years of experience in the practice of registered professional nursing since graduation from a college or university, at least five of which shall have been devoted to the teaching in or to the administration of an educational program for the preparation of practitioners of registered nursing, or to a combination of such teaching and administration, and (b) shall have been actively engaged in the practice of registered professional nursing for at least five years preceding his or her appointment by the board.

All fees and other moneys collected by the board pursuant to the provisions of this article shall be kept in a separate fund and expended solely for the purpose of this article. No part of this special fund shall revert to the general funds of this state. The compensation provided by this article and all expenses incurred under this article shall be paid from this special fund. No compensation or expense incurred under this article shall be a charge against the general funds of this state.

§30-7-5. Schools of nursing; accreditation; standards; surveys and reports; failure to maintain standards.

An institution desiring to be accredited by the board for the preparation of practitioners of registered professional nursing shall file an application therefor with the board, together with the information required and a fee of fifty dollars. It shall submit written evidence that: (a) It is prepared to give a program of nursing education which meets the standards prescribed by the board; and (b) it is prepared to meet all other standards prescribed in this article and by the board.

Instruction and practice may be secured in one or more institutions approved by the board. Such institution or institutions with which the school is to be affiliated shall be surveyed by the executive secretary of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements for an accredited school to prepare time as deemed necessary by the board, it shall be the duty of the board, through its executive secretary, to survey all such schools. Written reports of such surveys shall be submitted to the board. If the board determines that any such accredited school is not maintaining the standards required by this article and by the board, notice thereof in writing specifying the defect or defects shall be immediately given to the school. A school which fails to correct these conditions to the satisfaction of the board within a reasonable time shall be removed from the list of accredited schools.

§30-7-6. Qualifications; licensure; fees; temporary permits.

To obtain a license to practice registered professional nursing, an applicant for such license shall submit to the board written evidence, verified by oath, that he or she (a) is of good moral character; (b) has completed an approved four-year high school course of study or the equivalent thereof, as determined by the appropriate educational agency; and (c) has completed an accredited program of registered professional nursing education and holds a diploma of a school accredited by the board.

The applicant shall also be required to pass a written examination in such subjects as the board may determine. Each written examination may be supplemented by an oral examination. Upon successfully passing such examination or examinations, the board shall issue to the applicant a license to practice registered professional nursing. The board shall determine the times and places for examinations. In the event an applicant shall have failed to pass examinations on two occasions, the applicant shall, in addition to the other requirements of this section, present to the board such other evidence of his or her qualifications as the board may prescribe.

The board may, upon application, issue a license to practice registered professional nursing by endorsement to an applicant who has been duly licensed as a registered professional nurse under the laws of another state, territory or foreign country if in the opinion of the board the applicant meets the qualifications required of registered professional nurses at the time of graduation.

The board may, upon application and proper identification determined by the board, issue a temporary permit to practice registered professional nursing by endorsement to an applicant who has been duly licensed as a registered professional nurse under the laws of another state, territory or foreign country. Such temporary permit authorizes the holder to practice registered professional nursing in this state while the temporary permit is effective. A temporary permit shall be effective for ninety days, unless the board revokes such permit prior to its expiration, and such permit may not be renewed. Any person applying for a temporary license under the provisions of this paragraph shall, with his or her application, pay to the board a nonrefundable fee of ten dollars.
Any person holding a valid license designated as a “waiver license” may submit an application to the board for a license containing no reference to the fact that such person has theretofore been issued such “waiver license.” The provisions of this section relating to examination and fees and the provisions of all other sections of this article shall apply to any application submitted to the board pursuant to the provisions of this paragraph.

Any person applying for a license to practice registered professional nursing under the provisions of this article shall, with his or her application, pay to the board a fee of forty dollars; Provided, That the fee to be paid for the year commencing the first day of July, one thousand nine hundred eighty-two, shall be seventy dollars; Provided, however, That the board in its discretion may, by rule or regulation, decrease either or both said license fees. In the event it shall be necessary for the board to reexamine any applicant for a license, an additional fee shall be paid to the board by the applicant for reexamination; Provided further, That the total of such additional fees shall in no case exceed one hundred dollars for any one examination.

Any person holding a license heretofore issued by the West Virginia state board of examiners for registered nurses and which license is valid on the date this article becomes effective shall be deemed to be a license issued under this article and to be subject to the provisions hereof.

The board shall, upon receipt of a duly executed application for licensure and of the accompanying fee of seventy dollars, issue a temporary permit to practice registered professional nursing to any applicant who has received a diploma from a school of nursing approved by the board pursuant to this article after the date the board last scheduled a written examination for persons eligible for licensure: Provided, That no such temporary permit shall be renewable nor shall any such permit be valid for any purpose subsequent to the date the board has announced the results of the first written examination given by the board following the issuance of such permit.

§30-7-6a. Special volunteer registered professional nurse license; civil immunity for voluntary services rendered to indigents.

(a) There is established a special volunteer license for registered professional nurses retired or retiring from the active practice of nursing who wish to donate their expertise for the care and treatment of indigent and needy patients in the clinic setting of clinics organized, in whole or in part, for the delivery of health care services without charge. The special volunteer registered professional nurse license shall be issued by the West Virginia Board of Examiners for registered professional nurses to registered professional nurses licensed or otherwise eligible for licensure under this article and the legislative rules promulgated hereunder without the payment of an application fee, license fee or renewal fee, shall be issued for the remainder of the licensing period, and renewed consistent with the boards other licensing requirements. The board shall develop application forms for the special license provided in this subsection which shall contain the registered professional nurse's acknowledgment that:

(1) The registered professional nurse’s practice under the special volunteer registered professional nurse license will be exclusively devoted to providing nursing care to needy and indigent persons in West Virginia;

(2) The registered professional nurse will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any nursing services rendered under the special volunteer registered professional nurse license;

(3) The registered professional nurse will supply any supporting documentation that the board may reasonably require; and (4) The registered professional nurse agrees to continue to participate in continuing education as required by the board for the special volunteer registered professional nurse license.

(b) Any registered professional nurse who renders nursing service to indigent and needy patients of a clinic organized, in whole or in part, for the delivery of health care services without charge under a special volunteer registered professional nurse license authorized under subsection (a) of this section without payment or compensation or the expectation or promise of payment or compensation is immune from liability for any civil action arising out of any act or omission resulting from the rendering of the nursing service at the clinic unless the act or omission was the result of the registered professional nurse's gross negligence or
willful misconduct. In order for the immunity under this subsection to apply, there must be a written agreement between the registered professional nurse and the clinic pursuant to which the registered professional nurse will provide voluntary uncompensated nursing services under the control of the clinic to patients of the clinic before the rendering of any services by the registered professional nurse at the clinic: Provided, That any clinic entering into such written agreement is required to maintain liability coverage of not less than one million dollars per occurrence.

(c) Notwithstanding the provisions of subsection (b) of this section, a clinic organized, in whole or in part, for the delivery of health care services without charge is not relieved from imputed liability for the negligent acts of a registered professional nurse rendering voluntary nursing services at or for the clinic under a special volunteer registered professional nurse license authorized under subsection (a) of this section.

(d) For purposes of this section, "otherwise eligible for licensure" means the satisfaction of all the requirements for licensure as listed in section six of this article and in the legislative rules promulgated thereunder, except the fee requirements of that section and of the legislative rules promulgated by the board relating to fees.

(e) Nothing in this section may be construed as requiring the board to issue a special volunteer registered professional nurse license to any registered professional nurse whose license is or has been subject to any disciplinary action or to any registered professional nurse who has surrendered his or her license or caused such license to lapse, expire and become invalid in lieu of having a complaint initiated or other action taken against his or her license, or who has elected to place a registered professional nurse license in inactive status in lieu of having a complaint initiated or other action taken against his or her license, or who has been denied a registered professional nurse license.

(f) Any policy or contract of liability insurance providing coverage for liability sold, issued or delivered in this state to any registered professional nurse covered under the provisions of this article shall be read so as to contain a provision or endorsement whereby the company issuing such policy waives or agrees not to assert as a defense on behalf of the policyholder or any beneficiary thereof, to any claim covered by the terms of such policy within the policy limits, the immunity from liability of the insured by reason of the care and treatment of needy and indigent patients by a registered professional nurse who holds a special volunteer registered professional nurse license.

§30-7-7. Qualifications and licensure of persons not citizens of United States.

The board may, upon application, issue a license to practice registered professional nursing by endorsement to any person who is not a citizen of the United States of America if such person (a) has been duly licensed as a registered professional nurse under the laws of another state, territory or foreign country, and (b) shall, in any such state, territory or foreign country, have passed a written examination in the English language which, in the opinion of the board, is comparable in content and scope to the type of written examination which is authorized in the second paragraph of section six of this article.

All other provisions of this article shall be applicable to any application for or license issued pursuant to this section.

§30-7-8. Renewal of licenses; reinstatement; fees; penalties; inactive list.

The license of every person licensed and registered under the provisions of this article shall be annually renewed except as hereinafter provided. At such time or times as the board in its discretion may determine, the board shall mail a renewal application to every person whose license was renewed during the previous year and every such person shall fill in such application blank and return it to the board with a renewal fee of twenty-five dollars within thirty days after receipt of said renewal application: Provided, That the board in its discretion by rule may increase or decrease the renewal fee. Upon receipt of the application and fee, the board shall verify the accuracy of the application and, if the same be accurate, issue to the applicant a certificate of renewal for the current year. Such certificate of renewal shall entitle the holder thereof to practice registered professional nursing for the period stated on the certificate of renewal. Any licensee who allows his or her license to lapse by failing to renew the license as provided above may be reinstated by the board on satisfactory explanation for such failure to renew his or her license and on payment to the board of the renewal fee hereinabove provided and a reinstatement fee of fifty dollars. Any person practicing registered professional nursing during the time his or her license has lapsed shall be considered an illegal practitioner and shall be subject to the penalties provided for violation of this article. A person licensed under the provisions of this article desiring to retire from practice temporarily shall send a written notice of such desire to the board. Upon receipt of such notice the board shall place the name of such person upon the inactive list. While remaining on this list the person shall not be subject to the payment of any renewal fees and shall not practice registered professional nursing in
this state. When the person desires to resume active practice, application for renewal of license and payment of the renewal fee for the current year shall be made to the board.

§30-7-8a. Supplemental fees to fund center for nursing; emergency rules.

(a) The board is authorized to assess a supplemental licensure fee not to exceed ten dollars per license per year. The supplemental licensure fee is to be used to fund the center for nursing and to carry out its purposes as set forth in article seven-b of this chapter.

(b) The board shall propose rules for legislative approval in accordance with the provisions of article three, chapter twenty-nine-a of this code to establish the supplemental licensure fee.

(c) The board may promulgate emergency rules pursuant to the provisions of section fifteen, article three, chapter twenty-nine-a of this code for the initial fee assessment.

§30-7-9. Contents of license or certificate.

Each license or certificate issued by the board shall bear a serial number, the full name of the applicant, the date of expiration of any such license and the date of issuance of any such certificate, the seal of the board, and shall be signed by the executive secretary of the board.

§30-7-10. Use of titles.

Any person licensed pursuant to this article may use the title "registered nurse" and the abbreviation "R.N." or the term "nurse". Except as otherwise provided in article seven-a of this chapter, no other person may assume a title or use abbreviations or any other words, letters, figures, signs, or devices to indicate that the person using the same is a registered professional nurse.

§30-7-11. Denial, revocation or suspension of license; grounds for discipline.

The board shall have the power to deny, revoke or suspend any license to practice registered professional nursing issued or applied for in accordance with the provisions of this article, or to otherwise discipline a licensee or applicant upon proof that he or she:

(a) Is or was guilty of fraud or deceit in procuring or attempting to procure a license to practice registered professional nursing; or

(b) Has been convicted of a felony; or

(c) Is unfit or incompetent by reason of negligence, habits or other causes; or

(d) Is habitually intemperate or is addicted to the use of habit-forming drugs; or

(e) Is mentally incompetent; or

(f) Is guilty of conduct derogatory to the morals or standing of the profession of registered nursing; or

(g) Is practicing or attempting to practice registered professional nursing without a license or reregistration; or

(h) Has wilfully or repeatedly violated any of the provisions of this article.
§30-7-11a. Voluntary agreements relating to alcohol or chemical dependency; confidentiality.

(a) In order to encourage voluntary participation in monitored alcohol, chemical dependency or major mental illness programs and in recognition of the fact that major mental illness, alcoholism and chemical dependency are illnesses, any person who holds a license to practice registered nursing in this state or who is applying for a license to practice registered nursing in this state may enter into a voluntary agreement with a nurse health program as defined in section one, article seven-e of this chapter. The agreement between the licensee or applicant and the nurse health program shall include a jointly agreed upon treatment program and mandatory conditions and procedures to monitor compliance with the program of recovery.

(b) Any voluntary agreement entered into pursuant to this section shall not be considered a disciplinary action or order by the board, shall not be disclosed to the board and shall not be public information if:

(1) Such voluntary agreement is the result of the licensee or applicant self enrolling or voluntarily participating in the board-designated nurse health program;

(2) The board has not received nor filed any written complaints regarding said licensee or applicant relating to an alcohol, chemical dependency or major mental illness affecting the care and treatment of patients; and

(3) The licensee or applicant is in compliance with the voluntary treatment program and the conditions and procedures to monitor compliance.

(c) Pursuant to this section, if any licensee or applicant enters into a voluntary agreement with a nurse health program as defined in section one, article seven-e of this chapter, and then fails to comply with or fulfill the terms of said agreement, the nurse health program shall report the noncompliance to the board within twenty-four hours. The board may initiate disciplinary proceedings pursuant to section eleven of this article or may permit continued participation in the nurse health program or both.

(d) If the board has not instituted any disciplinary proceeding as provided for in this article, any information received, maintained or developed by the board relating to the alcohol or chemical dependency impairment of any licensee or applicant and any voluntary agreement made pursuant to this section shall be confidential and not available for public information, discovery or court subpoena, nor for introduction into evidence in any medical professional liability action or other action for damages arising out of the provision of or failure to provide health care services.

(e) Notwithstanding any of the foregoing provisions, the board may cooperate with and provide documentation of any voluntary agreement entered into pursuant to this section to licensing boards in other jurisdictions of which the board has become aware and may be appropriate.

§30-7-12. Exceptions.

This article shall not be construed to prohibit:

(a) The furnishing of nursing assistance in an emergency; or

(b) The practice of nursing incidental to a program of study by students enrolled in a nursing education program accredited by the board; or

(c) The practice of any legally qualified nurse of another state who is employed by the United States or any bureau, division or agency thereof, while in the discharge of his or her official duties.

§30-7-13. Prohibitions and penalties.

It shall be a misdemeanor for any person, including any corporation or association, to:

(a) Sell or fraudulently obtain or furnish any nursing diploma, license or record or aid or abet therein; or
(b) Practice registered professional nursing under cover of any diploma, license or record illegally or fraudulently obtained or signed or issued or under fraudulent representation; or

(c) Practice registered professional nursing unless duly licensed to do so under the provisions of this article; or

(d) Use in connection with his or her name any designation tending to imply that he or she is licensed to practice registered professional nursing unless duly licensed so to practice under the provisions of this article; or

(e) Practice registered professional nursing during the time his or her license issued under the provisions of this article shall be suspended or revoked; or

(f) Conduct a nursing education program for the preparation of registered professional nursing practitioners unless such program has been accredited by the board; or

(g) Otherwise violate any provisions of this article.

Upon conviction, each such misdemeanor shall be punishable by a fine of not less than twenty-five nor more than two hundred fifty dollars.

§30-7-14. Injunction or other relief against unlawful acts.

The practice of registered professional nursing by any person who has not been licensed under the provisions of this article, or whose license has expired or has been suspended or revoked, is hereby declared to be inimical to the public health and welfare and to be a public nuisance. Whenever in the judgment of the board any person has engaged in, is engaging in or is about to engage in the practice of registered professional nursing without holding a valid license hereunder, or has engaged, is engaging or is about to engage in any act which constitutes, or will constitute, a violation of this article, the board may make application to the appropriate court having equity jurisdiction for an order enjoining such practices or acts, and upon a showing that such person has engaged, is engaging or is about to engage, in any such practices or acts, an injunction, restraining order, or such other order as the court may deem appropriate shall be entered by the court.

The remedy provided in this section shall be in addition to, and not in lieu of, all other penalties and remedies provided in this article.

§30-7-15. Administration of anesthetics.

In any case where it is lawful for a duly licensed physician or dentist practicing medicine or dentistry under the laws of this state to administer anesthetics, such anesthetics may lawfully be given and administered by any person (a) who has been licensed to practice registered professional nursing under this article, and (b) who holds a diploma or certificate evidencing his or her successful completion of the educational program of a school of anesthesia duly accredited by the American association of nurse anesthetists: Provided, That such anesthesia is administered by such person in the presence and under the supervision of such physician or dentist.

§30-7-15a. Prescriptive authority for prescription drugs; coordination with Board of Pharmacy.

(a) The board may, in its discretion, authorize an advanced practice registered nurse to prescribe prescription drugs in a collaborative relationship with a physician licensed to practice in West Virginia and in accordance with applicable state and federal laws. An authorized advanced practice registered nurse may write or sign prescriptions or transmit prescriptions verbally or by other means of communication.

(b) For purposes of this section an agreement to a collaborative relationship for prescriptive practice between a physician and an advanced practice registered nurse shall be set forth in writing. Verification of the agreement shall be filed with the board by the advanced practice registered nurse. The board shall forward a copy of the verification to the Board of Medicine and the Board of Osteopathic Medicine. Collaborative agreements shall include, but are not limited to, the following:
(1) Mutually agreed upon written guidelines or protocols for prescriptive authority as it applies to the advanced practice registered nurse’s clinical practice;

(2) Statements describing the individual and shared responsibilities of the advanced practice registered nurse and the physician pursuant to the collaborative agreement between them;

(3) Periodic and joint evaluation of prescriptive practice; and

(4) Periodic and joint review and updating of the written guidelines or protocols.

(c) The board shall promulgate legislative rules in accordance with the provisions of chapter twenty-nine-a of this code governing the eligibility and extent to which an advanced practice registered nurse may prescribe drugs. Such rules shall provide, at a minimum, a state formulary classifying those categories of drugs which shall not be prescribed by advanced practice registered nurse including, but not limited to, Schedules I and II of the Uniform Controlled Substances Act, antineoplastics, radiopharmaceuticals and general anesthetics. Drugs listed under Schedule III shall be limited to a seventy-two hour supply without refill. In addition to the above referenced provisions and restrictions and pursuant to a collaborative agreement as set forth in subsections (a) and (b) of this section, the rules shall permit the prescribing of an annual supply of any drug, with the exception of controlled substances, which is prescribed for the treatment of a chronic condition, other than chronic pain management. For the purposes of this section, a “chronic condition” is a condition which lasts three months or more, generally cannot be prevented by vaccines, can be controlled but not cured by medication and does not generally disappear. These conditions, with the exception of chronic pain, include, but are not limited to, arthritis, asthma, cardiovascular disease, cancer, diabetes, epilepsy and seizures, and obesity. The prescriber authorized in this section shall note on the prescription the chronic disease being treated.

(d) The board shall consult with other appropriate boards for the development of the formulary.

(e) The board shall transmit to the Board of Pharmacy a list of all advanced practice registered nurse with prescriptive authority. The list shall include:

(1) The name of the authorized advanced practice registered nurse;

(2) The prescriber’s identification number assigned by the board; and

(3) The effective date of prescriptive authority.

§30-7-15b. Eligibility for prescriptive authority; application; fee.

An advanced practice registered nurse who applies for authorization to prescribe drugs shall:

(a) Be licensed and certified in West Virginia as an advanced practice registered nurse;

(b) Not be less than eighteen years of age;

(c) Provide the board with evidence of successful completion of forty-five contact hours of education in pharmacology and clinical management of drug therapy under a program approved by the board, fifteen hours of which shall be completed within the two-year period immediately before the date of application;

(d) Provide the board with evidence that he or she is a person of good moral character and not addicted to alcohol or the use of controlled substances; and

(e) Submit a completed, notarized application to the board, accompanied by a fee as established by the board by rule.
§30-7-15c. Form of prescriptions; termination of authority; renewal; notification of termination of authority.

(a) Prescriptions authorized by an advanced practice registered nurse must comply with all applicable state and federal laws; must be signed by the prescriber with the initials "A.P.R.N." or the designated certification title of the prescriber; and must include the prescriber's identification number assigned by the board or the prescriber's national provider identifier assigned by the National Provider System pursuant to 45 C. F. R. §162.408.

(b) Prescriptive authorization shall be terminated if the advanced practice registered nurse has:

(1) Not maintained current authorization as an advanced practice registered nurse; or

(2) Prescribed outside the advanced practice registered nurse's scope of practice or has prescribed drugs for other than therapeutic purposes; or

(3) Has not filed verification of a collaborative agreement with the board.

(c) Prescriptive authority for an advanced practice registered nurse must be renewed biennially. Documentation of eight contact hours of pharmacology during the previous two years must be submitted at the time of renewal.

(d) The board shall notify the Board of Pharmacy, the Board of Medicine and the Board of Osteopathic Medicine within twenty-four hours after termination of, or change in, an advanced practice registered nurse's prescriptive authority.

§30-7-16. General law applicable.

Except to the extent that the provisions of this article may be inconsistent therewith, the board shall conform to the requirements prescribed in article one of this chapter.

§30-7-17. Repealed.

Acts, 2010 Reg. Sess., Ch. 32.

§30-7-18. Nursing shortage study commission; legislative findings; members, appointment and expenses; duties.

(a) The Legislature finds the following:

(1) Health care services are becoming complex and it is increasingly difficult for patients to access integrated services;

(2) Quality of patient care is jeopardized because of insufficient nursing staff;

(3) To ensure the adequate protection of patients in acute care settings, it is essential that qualified registered nurses and other licensed nurses be accessible and available to meet the needs of patients;

(4) In West Virginia, and across the country, concerns about an increasing nursing shortage continue to grow;

(5) A number of factors contribute to the growing shortages in qualified nursing personnel;

(6) The way care is delivered has changed dramatically over the last decade with more people being treated in outpatient settings, shorter and more intense lengths of stay in acute and long-term care settings, and the development of alternatives to nursing home care;

(7) These changes have led to a number of employment options.
becoming available to nurses that did not exist previously, making it difficult for employers of nurses to recruit and retain qualified nursing personnel;

(8) Severe cutbacks in the federal medicare program, state budgetary pressures related to the medicaid program and continued pressure from insurers to reduce their costs and to retrospectively deny payment for services rendered, have: (A) Made it extremely difficult for many providers to keep up with other employers in salaries and benefits and to recruit and retain qualified nursing personnel; and (B) increased stresses in the work environment;

(9) The increasing reliance on temporary employment agencies to meet nursing personnel needs further complicates the situation as continuity of care is disrupted, quality of patient care is jeopardized, and costs pressures are further increased; and

(10) Because of the multifaceted nature of these problems, it is critical that all of the interested and affected parties cooperate and collaborate in the development of solutions.

(b) A nursing shortage study commission shall be created by the West Virginia board of examiners for registered professional nurses. The board shall appoint eleven members to the commission. The board shall appoint:

(1) Two individuals who are on the board of examiners for registered professional nurses, one of which is employed in a school of nursing;

(2) Two individuals that are employed as registered professional nurses in a hospital and who work primarily providing direct patient care;

(3) Two registered professional nurses who work as long-term care nurses, one of whom works in a nursing home and one of whom works for a home health agency, both of whom work primarily providing direct patient care;

(4) One administrator of a hospital in this state;

(5) One doctoral prepared nurse researcher;

(6) One nursing home administrator; and

(7) Two representatives of the public not currently or previously employed in hospital, nursing home or for a related entity.

(c) Members of the commission are not entitled to compensation for services performed as members, but are entitled to reimbursement for all reasonable and necessary expenses actually incurred in the performance of their duties. Six of the appointed members is a quorum for the purpose of conducting business. The board shall designate a chair, who is not a public official. The commission shall conduct all meetings in accordance with the open meeting law pursuant to article nine-a, chapter six of this code.

(d) The commission shall:

(1) Study the nursing shortage in West Virginia and ways to alleviate it, including, but not limited to:

(A) Evaluating mechanisms currently available in the state and elsewhere intended to enhance education, recruitment, and retention of nurses in the workforce and to improve quality of care;

(B) Assessing the impact of shortages in nursing personnel on access to, and the delivery of, quality patient care;

(C) Developing recommendations on strategies to reverse the growing shortage of qualified nursing personnel in the state, including:
(i) Determining what changes are needed to existing programs, current scholarship programs and funding mechanisms to better reflect and accommodate the changing health care delivery environment and to improve quality of care to meet the needs of patients;

(ii) Facilitating career advancement within nursing;

(iii) Identifying more accurately specific shortage areas in a more timely manner;

(iv) Attracting middle and high school students into nursing as a career; and

(v) Projecting a more positive and professional image of nursing.

(2) Report to the Legislature by the first day of February, two thousand two, its findings and recommendations on or before the first day of February each year thereafter.

§30-7-19. Circulating registered nurses.

A registered nurse as defined in this article, qualified by education, licensed, and experienced in operating room nursing, shall be present as a circulating nurse in each operating room in a hospital, or ambulatory surgical center as defined by section one, article five-b, chapter sixteen of this code, during operative procedures.

§30-7-20. Pilot program.

The board shall develop a pilot program for unlicensed personnel to administer medication in a nursing home including the development of a training program in cooperation with the West Virginia Board of Practical Nurses and the West Virginia Health Care Association. Prior to implementation of the pilot program, the board shall submit its plans for approval to the Legislative Oversight Commission for Health and Human Resources Accountability for its consideration prior to the 2011 Legislative session. The Board of Nursing shall propose rules for legislative approval in accordance with the provisions of article three, chapter twenty-nine-a of this code effectuate the provisions of this section.

Note: WV Code updated with legislation passed through the 2015 Regular Session
The WV Code Online is an unofficial copy of the annotated WV Code, provided as a convenience. It has NOT been edited for publication, and is not in any way official or authoritative.
Preceptorship Documents

New Curriculum

NURS 2211 and NURS 2403

General Preceptorship Guidelines

This preceptorship experience is designed to provide each student with the opportunity to work with an experienced registered nurse in an acute care facility in order to prepare for transition into nursing practice.

1. The student may not do the preceptor experience on a unit where they are employed.

2. The student may not do the preceptor experience during compensated work time.

3. The faculty will make every attempt to assign a student to a facility in which the student has had previous clinical experience so that all general orientation and immunization requirements are currently met. The orientation and immunization requirements will need to be met regardless and do not count toward the preceptorship hours.

4. All clinical hours must be completed in the state of WV.

5. Only students with an 80% test average or above in NURS 2208 or NURS 2301 at the time of preceptor requests can complete the hours in an intensive care unit, emergency room, pediatric unit, maternity unit, and other high acuity or specialty areas.

6. The experience will be at a facility where FSU SONAHSA already has an established contract unless the facility is requested the semester prior to the experience.

7. All preceptor experiences must be completed by the 13th week of the semester.

8. Students will complete a minimum of 90 clinical hours for the course.

9. The experience will address achievement of the course learning outcomes.

10. Students must be present at the beginning of the preceptor’s scheduled shift and must complete at least 6 consecutive hours for each experience.
**Faculty Coordinator Responsibilities**

The faculty member serves as the liaison and resource person to the student and the clinical preceptor. The faculty member assumes the following responsibilities:

1. Collaborate with the clinical agencies to determine a list of potential preceptors for student selection.

2. Collaborate with the student in determining clinical placement and preceptor selection.

3. Assist the student in writing the learning contract and additional learning objectives as needed.

4. Ensure that a current agency contract or working agreement with Fairmont State University is completed and on file for the clinical site.

5. Provide the preceptor with a packet of information delineating expectations and responsibilities of the preceptor role.

6. Provide consultation and support for the student, clinical preceptor, and facility administration during the experience.

7. Collaborate with the student and preceptor in evaluating the experience.

8. Evaluate student performance and give regular feedback regarding associated assignments and comments from preceptors.

9. Conduct regularly schedule seminars that assist students with pulling together important clinical concepts.

10. Write appropriate “Thank You” letters and recognitions.
Preceptor Responsibilities

The clinical preceptor serves as a resource person in a given agency. The preceptor’s role with a given student will be determined by the student’s learning contract. The preceptor assumes the following responsibilities:

1. Collaborate with the student and the faculty coordinator in the development and achievement of specific individualized learning objectives and goals which reflect the student’s needs, interests, and expectations of the clinical setting.

2. Review objectives of the preceptorship as provided by the student.

3. Provide adequate and appropriate education & direct supervision of the student while in the clinical setting.

4. Plan with the student experiences that provide for a progression from participant observer to responsible professional practice.

5. Assist the student in selecting experiences and utilizing resources that facilitate learning.

6. Orient the student to the agency or department including physical facilities, policies, and procedures consistent with the role the student will assume.

7. Serve as a role model for the student especially in the focus areas of leadership, management, and professional demeanor.

8. Focus experiences on decisions related to managing and prioritizing patient care; acting as leader/manager of ancillary staff; interacting with other members of the patient’s health care delivery team; and conflict management.

9. Delegate nursing tasks to the student, within the student’s scope of practice and when both the student and the preceptor are confident of the appropriateness of such delegation. The preceptor is responsible for patient care, and these legal and ethical obligations must be considered before delegation of patient care occurs.

10. Facilitate student learning and provide regular feedback to the student.

11. Communicate with designated faculty and concerned and/or problems regarding the student and/or the learning experience.

12. Complete the clinical evaluation forms (Preceptor Evaluation of Student Performance and Evaluation of Preceptorship Experience) during the last student clinical experience. Discuss the evaluation with the student. Forward the evaluation to the faculty coordinator as soon as the experience is completed (may give to student to turn into the coordinator).

13. Notify the student of work schedule changes.
Student Responsibilities

Each student is expected to adhere to the policies/guidelines of the clinical agency offering this experience and to the policies/guidelines of the Fairmont State University School of Nursing. Students are expected to:

1. Students must contact the preceptors and finalize experience details within a week of receiving their preceptor information.

2. Focus on decisions relating to managing and prioritizing client care; acting as leader/manager of ancillary staff; interacting with other members of the client’s health care deliver team; conflict management.

3. Collaborate with the preceptor and faculty coordinator in the development and achievement of an individualized learning contract which reflects the student’s needs, interests, and outcomes of the clinical experience.

4. Demonstrate responsibility and accountability, including preparation for the clinical experience, reading relevant materials, and practicing skills as needed.

5. Complete nursing tasks only within the student’s scope of practice, WV Nurse Practice Act, training, and confidence level, obtaining assistance as needed.

6. Comply with FSU and agency orientation, safety, health, and policy requirements.

7. Maintain patient confidentiality and HIPAA standards.

8. Communicate frequently with the preceptor and faculty regarding patient care, performance feedback, and outcome achievement.

9. Keep a daily journal discussing how outcomes were met; positive and negative aspects of the experience; and personal reflection.

10. Submit journal entries through BB and within 24 hours of the experience.

11. Complete and submit the “Student Evaluation of Preceptorship” and “Student Evaluation of Preceptor.”

12. Send a “Thank You” letter to the preceptor for allowing the student to participate in the preceptorship experience within 1 week of last clinical experience.
Date_________________

Dear Clinical Preceptor,

You are receiving this letter because you have agreed to be a clinical preceptor for a student in the Fairmont State Nursing Program in the final semester, capstone clinical course. This letter serves as verification that _______________________________ is an ASN student. The student is able to participate in any activity with which both parties feel comfortable.

This letter also outlines the responsibilities of the students and the preceptor. The student will be responsible for providing course and activity outcomes to the preceptor, including the required number of hours, the designated time frame, and all clinical requirements. The list of responsibilities and clinical policies are included for your convenience.

The preceptor is responsible for orienting the student to the facility and procedures, serving as a professional role model, and collaborating with the student to facilitate the achievement of outcomes. The preceptor should provide regular, objective feedback to the student, and if concerns regarding the student’s performance should arise, the preceptor should immediately notify the faculty member. The preceptor will complete an evaluation form for each student. This evaluation will provide information for the faculty and student to use in determining how well the student has met the course outcomes. The student will be responsible for distributing and collecting the form and submitting the appropriate forms to the faculty coordinator. The faculty member will be responsible for administering formal clinical grades.

In accepting the preceptor duties, you are agreeing to fulfill the responsibilities, credentials, and expertise requirements in the area in which the student is participating. Please complete the attached form and return the form to the student.

We thank you for serving our students and our institution. Please contact us if you have any questions. Our contact information is provided.

Sincerely,

Instructor and Contact Information
Student Name _________________________ Preceptor Name _________________________________

Health Care Facility ______________________________________________

Course _______________________________________________ Term __________________________

I. Preceptor Contact Information:

a. Preferred telephone number _________________________________

b. Preferred email address ____________________________________

II. Preceptor Qualifications

a. Highest level of education ____________________WV Nursing License # ______________________

b. Certifications ____________________________________________

c. Clinical expertise/years of experience __________________________________________

III. Preceptor Responsibilities

Please initial each item below indicating that you understand and agree to fulfill the responsibilities of a preceptor.

________ Collaborate with the student and the faculty coordinator in the development and achievement of specific individualized learning objectives and goals which reflect the student’s needs, interests, and expectations of the clinical setting.

________ Review objectives of the preceptorship as provided by student.

________ Provide adequate and appropriate education & direct supervision of the student while in the clinical setting.

________ Plan experiences with the student that provide for a progression from participant observer to responsible professional practice.

________ Assist the student in selecting experiences and utilizing resources that facilitate learning.

________ Orient the student to the agency or department including physical facilities, policies, and procedures consistent with the role the student will assume.

________ Serve as a role model for the student especially in the focus areas of leadership, management, and professional demeanor.
Focus experience on decisions related to managing and prioritizing patient care; acting as leader/manager of ancillary staff; interacting with other members of the patient’s health care delivery team; and conflict management.

Delegate nursing tasks to the student, within the student’s scope of practice and when both the student and the preceptor are confident of the appropriateness of such delegation. The preceptor is responsible for patient care, and these legal and ethical obligations must be considered before delegation of patient care occurs.

Facilitate student learning and provide regular feedback to the student.

Communicate with designated faculty and concerns and/or problems regarding the student and/or the learning experience.

Complete the clinical evaluation forms (Preceptor Evaluation of Student Performance and Evaluation of Preceptorship Experience) during the last student clinical experience. Discuss the evaluation with the student.

Forward the evaluation to the faculty coordinator as soon as the experience is completed (may give to student to turn into the coordinator).

Notify the student of work schedule changes.

IV. Signature

Please sign and date below.

Signature ______________________________________ Date ______________________________