

Baylor University

**Louise Herrington
School of Nursing**

**Faculty
Information
Manual**

Fall 2005



Preface



Preface

The school of nursing Faculty Information Manual is a compilation of policies and procedures that have been developed within the School of Nursing to facilitate the accomplishment of goals and objectives of the School. The Manual is intended to be a utilitarian tool to assist faculty in their day-to-day decisions and activities. The specific purposes for the Manual as well as plans for keeping the information contained therein current, pertinent, and useful are outlined below:

PURPOSES:

- To maximize communication within the School by providing written statements of all polices, procedures, and other pertinent information specific to the operation of the School of Nursing.
- To provide a readily accessible, up-to-date reference, which contains all information faculty need on a day-to-day basis in the performance of the various faculty roles.
- To provide a comprehensive resource for orientation of new faculty to the School of Nursing.
- To provide a written comprehensive statement of current information specific to the operation of the School of Nursing as might be required for various reports and accrediting bodies.

UPDATES:

- Additions/Deletions/Revisions. The online Faculty Information Manual will be updated to remain current. Faculty will be notified by e-mail of additions, deletions or revisions.

EVALUATION:

- The faculty reviews the manual biannually. The Associate Dean for Academic Affairs is responsible for the evaluation procedure, which allows for maximum input from faculty.

OTHER INFORMATION SOURCES

- All members of the faculty are expected to be knowledgeable regarding the content of the sources listed below.

Baylor University Personnel Policy Manual

<http://www3.baylor.edu/BUPP/>

Baylor University Student Policies and Procedures

<https://www3.baylor.edu/StudentHandbook/>

Baylor University Faculty-Student Telephone Directory

<https://www1.baylor.edu/directory/>

Baylor University Faculty Handbook

<http://www.baylor.edu/provost/index.php?id=001215>

Catalogs

[Undergraduate Catalog](#)

[Graduate Catalog](#)

[Information Systems Policies & Procedures](#)

Organizational Chart

<http://www3.baylor.edu/orgchart/chart.html>

School of Nursing Faculty Information Manual - LHSO Admin Website

Travel Policies & Procedures

<http://www.baylor.edu/travel/>



Section A

History

***A Brief History of
Baylor University
Louise Herrington School of Nursing***

Baylor University, chartered by the Republic of Texas in 1845, was established by the Union Baptist Association under the leadership of Judge R.E.B. Baylor, Rev. James Hickins, and Rev. William Milton Tyron. Originally located in Independence, Texas, the university was moved to Waco, Texas, in 1886 and merged with Waco University, another Baptist School.

The mission of Baylor University is to educate men and women for worldwide leadership and service by integrating academic excellence and Christian commitment within a caring community. The present university system includes the College of Arts and Sciences and the Schools of Business, Education Law, Engineering & Computer Science, Institutes & Special Studies, Music, Nursing, Seminary and the Graduate School. Enrollment stands at approximately 14,000 students.¹

The School of Nursing was established in 1909 as a diploma program of the Texas Baptist Memorial Sanitarium, the forerunner of the present Baylor University Medical Center. In 1950 the School became one of the six degree-granting schools within Baylor University. Graduating its first collegiate class in 1954, the School is one of the oldest baccalaureate programs in the United States.

A number of nurse educators have provided outstanding leadership and have contributed significantly to the history of the School of Nursing. Helen Holliday Lehmann served as Director when the School was a diploma program. She held this position from 1912 until 1923 and again from 1930 until 1943. Under her administration, the program obtained a "Class A" rating and became one of two schools to meet all of the requirements of the New York Board of Nurse Examiners at that time. In 1943 Mrs. Lehmann was succeeded by Zora Fiedler who held the position of director until 1951. It was largely through her efforts that the baccalaureate program was developed. Though the newly developed program was established on the Waco campus, Baylor University Medical Center in Dallas was utilized as a clinical teaching facility in addition to clinical facilities in Waco.

In 1954 the first class completed the new program and its members were granted the Bachelor of Science in Nursing from Baylor University. Further refinement of the program continued as nursing courses were taught on both the Waco and Dallas campuses.

Anne Taylor was appointed Dean in 1961. By this time, the School of Nursing, including administration, was based in Dallas on the Medical Center campus. During Miss Taylor's tenure, plans for Wilma Bass Residence Hall, which included classrooms and offices for the School of Nursing, were developed. In 1965 the School moved into the new facility, the same year in which Dr. Geddes McLaughlin succeeded Miss Taylor as dean. Under Dean McLaughlin's leadership, the School experienced significant increases in the number of students and faculty. The Harry Bass Memorial Education

¹ "Fall 2000 Facts" prepared by the Office of Institutional Research and Testing, Baylor University

Center was built to provide offices and classroom facilities for the School of Nursing in 1977.

Succeeding Dr. McLaughlin upon her retirement was Dr. Opal Hipps. Under the direction of Dean Hipps, Baylor University School of Nursing began admitting students in January as well as September. The library facilities were separated from the College of Dentistry and a Learning Resources Center was established in Wilma Bass Hall. Lines of administrative authority were clarified in that the dean reported directly to the University administrators in Waco. A BSN completion program was begun for RN's.

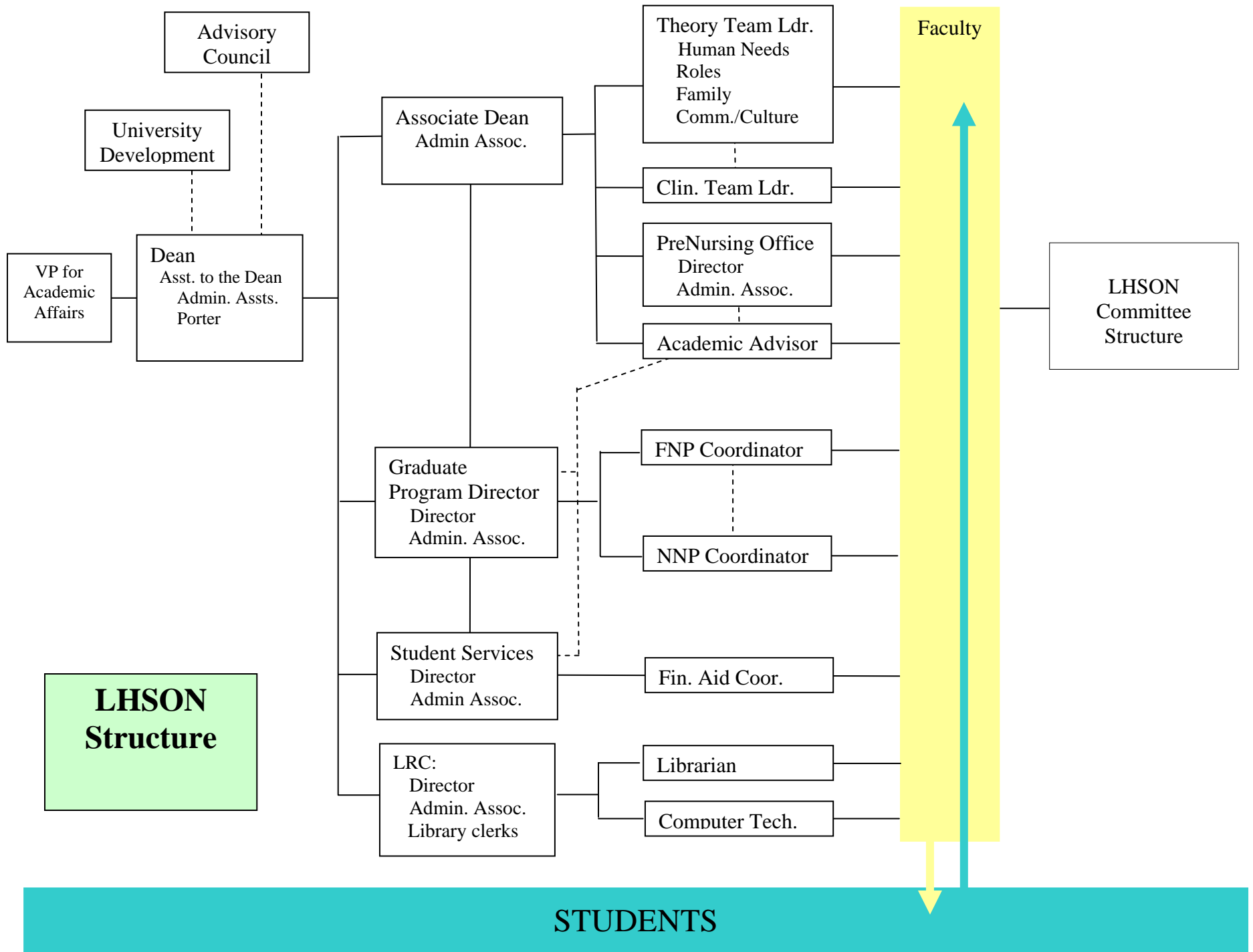
Dr. Phyllis Karns was appointed dean in 1987. Under her direction the Learning Resources Center was expanded and moved to the Harry Bass Education Building. The graduate program in Patient Care Management admitted the first student in the Fall of 1990. The graduate program received initial accreditation from the NLN in the Fall of 1994. In Fall, 1998, the Family Nurse Practitioner track was added, followed by the addition of the Neonatal Nurse Practitioner track in the Fall of 2000. A joint BSN-MSN program was added in the Spring of 2001 to replace the previous RN completion program. A major facility expansion and renovation was completed in August 1999, nearly doubling the size of the facility. Full national accreditation of the baccalaureate and graduate programs was granted by CCNE from 1999 through June 30, 2010. In the Fall of 2000, the school was endowed by Mrs. Louise Herrington Ornelas. The school was named the Louise Herrington School of Nursing in her honor.

Dr. Judy Wright Lott, DSN, RNC, NNP was appointed Dean of the school of nursing on December 20, 2002. Dr. Lott is a nationally recognized expert in skin science and a veteran neonatal nurse. Dr. Lott earned nursing degrees from Valdosta State University and Troy State University. She received her doctor of science degree in nursing from the University of Alabama-Birmingham, where her dissertation research focused on the effects of blood sampling from umbilical artery catheters on cerebral blood flow velocity in pre-term infants. Before joining the Baylor nursing faculty in the summer of 2001, Lott directed the neonatal nursing program at the University of Cincinnati and taught in the University of Florida College of Nursing neonatal nursing program.



Section B

Administration



Personnel Roster 2005-2006

Faculty-Administration

Judy Wright Lott, RN, DSN, FAAN	Dean and Professor
Martha J. Bradshaw, RN, PhD	Associate Dean for Academic Affairs and Professor
Frances Strodbeck, DNS, RNC, NNP, FAAN	Graduate Program Director and Professor
Jacqueline S. Neatherlin, PhD, RN, CNRN	Theory Team Leader and Associate Professor
Lewellyn Prater, RN, PhD	Clinical Team Leader and Senior Lecturer

Faculty

Patricia A. Akins, RN, MSN	Lecturer
Stephanie Allen, MS, RN	Senior Lecturer
Karen A. Bufton, MS, RNC	Lecturer
Judy L. Bezanson, DSN, RN	Assistant Professor
Patricia A. Cade, RN, MSN	Lecturer
Elizabeth Farren, RN, FNP, PhD	Professor
Mary Ann Faucher, CNM, PhD	Assistant Professor
Linda F. Garner, PhD, RN	Associate Professor
Kathy Lee Dunham Hakala, RN, MSN, CNS, CARN	Senior Lecturer
Carole Hanks, DrPH, RN, FNP-C	Associate Professor

Anna Hilton, RN, MSN	Lecturer
Judy W. Howden, RN, PhD	Assistant Professor
Karen S. Holub, RN, MS	Lecturer
Charles Kemp, CRNH, FNP-C, FAAN	Senior Lecturer
Jane Nunnelee, RN, MS, GNP	Lecturer
John Paschal, MSN, RN, BC, CPHQ, CPHRM	Lecturer
Theresa Posani, MS, RN, CNS, CS, CCNS, CCRN	Lecturer
Jane Price, RN, MSN	Lecturer
Catherine Rosser, RN, MS	Lecturer
Bonnie J. Savoldi, MS, RN	Senior Lecturer
Lori Spies, RN, NP-C	Lecturer
Linda M. Stevenson, PhD, RN	Assistant Professor
Lisa Taylor, PhD, RN, MS, FNP	Assistant Professor - Coordinator FNP Program
Valerie Trousdale, RN, MS, FNP	Lecturer
Mary Ann Yantis, PhD, RN	Assistant Professor

Academic Professional

Susan Gerding Bader, MLS, AHIP	Director of the LRC
--------------------------------	---------------------

Staff

Kaye Adams	Administrative Associate, Student Services
Judy Breshears-Williams	Administrative Assistant, LRC
Bill Bryan, BS	A-V / Facilities Technician
Vickie Capps	Administrative Assistant, Faculty
De-De Henson	Administrative Associate, Office of the Assoc. Dean
Diana Kohler, BSN	Coordinator, Prenursing Office, Waco
Beverly Kurfees	Administrative Associate, Graduate Program
Kathryn Leonard, MLA	Staff Librarian
Debbie Milam	Administrative Assistant, Faculty
Katina Potts	Financial Aid Coordinator
Becky Robbins, BBA	Assistant to the Dean
Tina Sims, MS Ed	Coordinator of Student Services

**BAYLOR UNIVERSITY
LOUISE HERRINGTON SCHOOL OF NURSING**

Program Evaluation Plan (Revised Fall 2003)

Category/ Variable	Input	Process	Time Frame	Outcome
I. Faculty A. Teaching Effectiveness	<p>Demonstrates mastery of content area.</p> <p>Uses effective teaching strategies.</p> <p>Makes scholarly presentations which reflect the body of nursing knowledge</p> <p>Exhibits enthusiasm for subject.</p> <p>Fosters student independence and creativity</p> <p>Uses class time effectively and efficiently to meet course objectives.</p> <p>Accessible to students to enhance professional and scholarly development.</p> <p>Demonstrates an ability to communicate with students by clearly stating objectives, uses teaching strategies appropriate to the level of student, and summarizes content for clarity.</p> <p>Demonstrates mastery of content area by presenting in a scholarly way, relating content to prior prerequisite courses.</p> <p>Exhibits enthusiasm, encourages class participation, and expression of diverse points of view.</p> <p>Presents advanced and current thinking about the subject. Is accountable for including the newest developments and research in the field.</p> <p>In clinical, demonstrates advanced care provider skills, supervises, provides guidance to student in application of theory to practice in clinical setting, computer and lab aides to enhance learning and increase ability to provide care.</p> <p>Acts as a role model.</p>	<p>Faculty are evaluated by students using designated tools.</p> <p>Student evaluations of faculty are analyzed by faculty themselves and the Office of the Dean.</p> <p>Annual evaluation of teaching and goals by Dean.</p> <p>Evaluation of faculty conducted by tenure and non-tenured faculty using designated tools.</p>	<p>As designated by Tenure Plan and Faculty Evaluation Plan</p> <p>Annually</p> <p>As designated by tenure plan.</p>	<p>Summary of the data analysis of student evaluations is discussed with faculty, placed in their personnel file, and used at the time of reappointment, promotion and merit awards.</p> <p>A plan for individual faculty development is jointly determined with the goal of improving teaching effectiveness.</p> <p>Documentation placed in faculty's personnel file and used at time of reappointment, promotion, and merit award.</p>

Category/ Variable	Input	Process	Time Frame	Outcome
B. Research/ Scholarly Activities	Demonstrates ability to expand nursing knowledge through research and contributions to the nursing literature and professional presentations. University promotion, reappointment and tenure guidelines. Supplemental salary adjustment awards (merit) guidelines.	Faculty submit updated vitae. University Yearly Activity Summary & Goals Faculty input data for decisions on merit award and release time for research.	Annually Annually As faculty need arises	Reappointment, promotion and merit recognition. Research studies in progress. Faculty publications in refereed journals. Scholarly presentation at professional conferences
C. Service to the University, community and the profession.	Participates in School and University committees. Provides service to church and the community. Participates actively in local, regional, and national nursing organizations.	Faculty submit updated vitae documenting service. University Yearly Activity Summary & Goals.	Annually Annually	Faculty contribute to committee goals. Reappointment, promotion and merit recognition. Membership and/or affiliation in professional organization. Presentations at conferences.
D. Faculty Appropriate to Attain School Mission /Goals	Number of faculty - full-time, part-time, joint appointment; educational preparation, credentials, expertise.	Analysis of student numbers, clinical agencies available, changes in health care delivery	Ongoing by tenured faculty.	Recommendations for changes as needed.
II. STUDENTS/ ALUMNI				
A. Admission criteria are to ensure success in the program	BSN: Admission criteria are predictive of ability to succeed in the program. Prenursing GPA is compared with grades in selected nursing courses and nursing GPA. MSN: Nursing GPA, GRE, and references are evaluated on individual basis. Attrition data are used to identify "high risk" student population. Appropriate strategies are used to keep attrition rates minimal.	Analysis of predictors of program success provides rationale for maintaining, revising admission criteria. Analysis of factors contributing to attrition. Retention and attrition data are analyzed by the Office of the Associate Dean Exit interview with Associate Dean	Ongoing Ongoing Ongoing Annually	Compliance with University's standard for high quality students. Associate Dean's office maintains admission/attrition statistics. High-risk students are counseled to assure progression.

Category/ Variable	Input	Process	Time Frame	Outcome
B. Achievement of course objectives.	<p>Written papers, written exams, and verbal presentations provide evidence of student's ability to conceptualize and to think critically.</p> <p>Demonstrates ability to synthesize knowledge from previous course work and professional literature in planning, implementing and evaluating nursing care.</p> <p>Masters students demonstrate ability to develop and complete a research problem in optional thesis or through participation in research.</p>	<p>Syllabi clearly identify course requirements/ evaluation.</p> <p>Students receive written grades and written feedback (where appropriate) on all course requirements.</p> <p>Students guided or supported by faculty throughout the thesis or research application experience.</p>	Each semester	<p>Students receive continual assessment and advisement of progress and assistance to achieve course objectives.</p> <p>Interactive communication between faculty & student.</p> <p>Maintain attrition statistics; provide counseling for student at risk for failure.</p> <p>Successfully completes requirements of research application course or defends thesis.</p>
C. Achievement of program objectives of undergraduate and masters programs.	Possesses prerequisite knowledge skills for progression in the curriculum - assessed by same as in B above.	<p>Student's knowledge and skills and competencies assessed in relation to the program objectives.</p> <p>Alumni and employers are surveyed using designated tools.</p>	Each semester	<p>Grade of C in all courses. Master's students successfully complete requirements for degree.</p> <p>Student, faculty, preceptors, alumni & employers validate achievements of program objectives.</p>
D. Ability to function upon graduation.	<p>BSN: Attainment of Terminal Objectives.</p> <p>MSN: Attainment of Terminal Objectives.</p>	<p>Graduating students, alumni and employers are surveyed using designated tools.</p> <p>BSN: HESI assessment test during last semester. Students must attain a score of 85 within 3 attempts. Assess strengths and weaknesses.</p>	BSN - Every 3 years	<p>BSN: Graduates pass licensing and/or certification exams.</p> <p>BSN and MSN: Graduate and major constituencies validate levels and patterns of professional performance and employment.</p>

Category/ Variable	Input	Process	Time Frame	Outcome
D. Ability to function upon graduation (continued)				MSN: projects, logs, successful completion of thesis/project. Graduate Survey
III. CURRICULUM				
A. Philosophy and Program Objectives.	<p>Reflects the beliefs of the faculty about nursing and are congruent with modern conceptualizations of the profession.</p> <p>There is progression from simple to complex learning experiences throughout the curriculum. Program objectives reflect current nursing theory and practice.</p>	<p>Curriculum Committee reviews philosophy and relevant literature.</p> <p>Data re: relevance and congruence of program objective are obtained from students, and faculty using course evaluation. These data are analyzed by the Curriculum Committee, the Graduate Committee, and the office of the Associate Dean and presented for faculty action.</p> <p>Evaluation of MSN program objective is also obtained through survey of alumni & employers.</p>	<p>At least every 2 years.</p> <p>Annually</p>	<p>Philosophy revised as appropriate.</p> <p>Program objectives are revised as appropriate.</p>
B. Organizing Framework	<p>BSN: The organizing framework is congruent with the School of Nursing's philosophy.</p> <p>MSN: Program Option Focus</p>	<p>Data on relevance/ completeness for organizing content are obtained from all students and faculty, using course evaluations</p> <p>Curriculum Committee/ Graduate Committee analyzes the consistency of courses with the organizing framework.</p>	<p>Annually</p> <p>Ongoing</p>	<p>Framework is revised as appropriate.</p> <p>Recommendations made for faculty actions.</p>
C: Course Objectives	The content is adequate in depth and breadth for credit allotment and reflects the organizing framework and philosophy.	Faculty review student course evaluations to determine the	Annually	Faculty incorporate recommendations, as appropriate.

Category/ Variable	Input	Process	Time Frame	Outcome
C: Course Objectives (continued)	The objectives are clear and attainable. Requirements are relevant. Evaluation methods are fair and yield accurate assessments of performance. There is a clear relationship of theory to clinical practice.	adequacy of course objectives Faculty submit written recommendations for changes to the Curriculum Committee/ Graduate Committee		Curriculum Committee recommends revisions to the faculty for action
IV. RESOURCES				
A. Clinical Agencies	The quality of care is appropriate for student learning. Experiences available for students for adequate exposure to diverse client populations. Clinically proficient role models are available for students. Opportunities exist for interaction with members of other health care disciplines.	Students and faculty responses are surveyed via course evaluations. Agency personnel are surveyed using designated tool. The Office of the Associate Dean analyzes and summarizes evaluations.	Ongoing Every 2 years	Students, agency personnel, and faculty validate that clinical experiences provide both depth and breadth of exposure to a variety of client populations and health care settings.
B. Collaborative Service Agencies	Faculty and masters students have access to conduct research. Faculty and student research is facilitated. Collaborative interdisciplinary research is available and fostered. Role models engaged in research are available for students.	Faculty and students are surveyed using designated tool. The Office of the Associate Dean summarizes evaluation data.	Annually	Students and faculty validate that learning experiences provide and foster opportunities for student and faculty research. Ongoing research is disseminated.
C. LRC	Both the print and non-print holdings are current and relevant in breadth and depth to the needs of the program. Computer equipment, supplies, library resources, support services, and media production services meet the needs of both faculty and students.	Library holdings are inventoried and reviewed for adequacy by director of LRC. The LRC director, as part of the Curriculum Committee, acts as liaison. Holdings are inventoried and reviewed for adequacy by faculty and the Curriculum Committee	Annually	Library resources are adequate to support learning experience. LRC user statistics reviewed. Validation of adequacy of resources and maximal use of resources.

Category/ Variable	Input	Process	Time Frame	Outcome
C. LRC (continued)				Validation of adequacy of resources and recommendations for acquisitions.
D. Physical Facilities	Classroom, office and conference room space is adequate.	Faculty and students are surveyed using course evaluation forms.	Annually	Dean is advised of adequacy of physical facilities.
E. Supportive Services - Research - Clerical	Research support, manpower, and equipment are available as fund permit to enable faculty to pursue their teaching, scholarly and research activities.	Faculty report service needs and satisfaction with services to the administration.	Ongoing	Dean is advised of adequacy of supportive services. Support services enhanced.
V. Administration A. Organizational Structure	Facilitates communication among all levels of the faculty, students and staff. Conducive to the accomplishment of the mission of the University and School. Facilitates and supports faculty to accomplish goals of the educational programs. Solicits input from faculty, staff and the Dean in making decisions. Keeps faculty informed of decision and new developments.	Faculty bylaws are reviewed and revised by Committee on Committees. Committee on Committees, Associate Dean and Team Leaders advise and recommend to the Dean. Faculty meet regularly and submit recommendations to the Dean. The Dean confers individually with Associate Dean, Team Leaders and Director of Graduate Program to review progress of each program. Team Leaders, Dean and Associate Dean meet to discuss administrative issues.	Annually Annually Each Semester Annually Monthly Monthly	Team Leaders, Associate Dean and Dean are assisted in decision-making about deployment of resources/man-power in an effective/efficient manner. Resources deployed effectively. Actions on governance and curriculum matters. Performance appraisal findings used to improve service to students and faculty.

Administrative Reports

Reports are prepared each year for the following bodies:

American Association of Colleges of Nursing (AACN) *

Baylor University Board of Trustees*

Board of Nurse Examiners for the State of Texas*

NLN - Annual Survey of State Approved Schools of Nursing*

Texas State Coordinating Board of Universities & Colleges †

* These reports are available for review by the faculty in the office of the Dean.

† This report is part of the larger University Report in Waco.



Section C

**Faculty
Organization**

Faculty Organization

Purpose

- A. To provide democratic discussion and decision making on academic and professional issues.
- B. To provide the opportunity for all faculty to contribute to the work of the school.

Rules and Procedures

- I. Chair:
In accordance with Baylor University policy, the Chair of the Faculty Organization shall be the Dean of the School of Nursing.
- II. Membership:
Voting members shall be faculty with at least half-time appointment as Lecturer, Instructor, or Professor.
- III. Meetings:
The Faculty Organization shall meet a minimum of twice a semester during the academic year beginning in August and ending in May.
 - A. Special meetings may be called by the Dean.
 - B. A quorum for the conduct of business at any meeting of the Faculty Organization shall be two-thirds of the members.
 - C. Minutes will be recorded and maintained in a permanent file by the Dean's administrative associate.
 - D. Agenda items for meetings and recommendations for faculty consideration should be submitted to the Dean by committees/individual faculty members) five (5) working days prior to scheduled meetings.
 - E. Parliamentary Procedure as specified by Roberts Rules of Order will be followed.
- IV. Committees:
 - A. Standing - Rotating
 - 1. Academic Policies
 - 2. Faculty Affairs
 - 3. Research Review
 - 4. Undergraduate Admissions
 - 5. Undergraduate Curriculum

- B. Standing – Non-Rotating
 - 1. Continuing Education
 - 2. Graduate Studies
 - 3. Tenured

- C. Special School Committees
The Dean will establish special Committees as deemed appropriate.

- V. Committee Memberships:
 - A. Faculty are appointed to Standing Committees by the Dean upon recommendation of the tenured faculty each April.
 - B. Terms of office for all standing rotating committees are two years with staggered terms.
 - C. Faculty members shall serve no more than two consecutive terms on any one rotating committee.
 - D. Committee Chairs are appointed by the Dean upon the recommendation of the tenured faculty.
 - E. A faculty member will normally serve as chair of only one standing committee during an academic year.
 - F. Staff may be appointed to committees as appropriate.
 - G. Responsibilities
 - 1. Attend all meetings
 - 2. Participate in work of committee
 - 3. Complete assignments as designated by chair or committee

- VI. Student Representatives on Committees:
 - A. Students will be appointed to standing committees as specified in individual committee memberships.
 - B. Students shall be selected by classes (or levels) in the fall.
 - C. Any student with a grade point average of 2.2 or greater is eligible for appointment to a Faculty Organization Committee.
 - D. Students will be encouraged to participate in deliberations of the committees.
 - E. The Director of Student Services shall coordinate student elections and communicate results to the appropriate committee chairs.

- VII. Committee Chair Responsibilities:
 - A. Circulate an agenda to committee members five (5) days before scheduled meetings.
 - B. Circulate minutes to committee members and Dean.
 - C. Submit agenda items for faculty meeting and recommendations (with rationale) for faculty consideration to the Dean five (5) working days prior to scheduled meeting.
 - D. Circulate resolutions for faculty action to the faculty five (5) working days prior to scheduled meeting

- E. Submit a written report to the Dean on committee activities one week prior to each scheduled faculty meeting.
- F. Maintain minutes file and a notebook of committee activities and decisions for faculty reference.
- G. Submit an annual report to the Dean before the last Faculty Organization meeting in May.
- H. Submit committee recommendations for changes in committee functions to Chair of Tenured Faculty by April 1.

VIII. Committee Meetings:

- A. Regular meetings of all standing committees, except the Undergraduate Curriculum Committee, shall be held at least once a semester.
- B. Regular meetings of the Undergraduate Curriculum Committee shall be held monthly during the academic year.
- C. Special meetings may be called by committee chair during the year as appropriate for the conduction of committee business.
- D. A quorum for the conduct of business at any meeting of the any committee unless specified otherwise in this document shall be two-thirds of the members. The members on the Waco Campus shall count in the quorum only when present.

Fall 1990

Revised Fall 1993, Fall 1996, Spring 1997, Fall 1999, Spring 2001, Spring 2004

Committee Functions

STANDING ROTATING COMMITTEES

A. ACADEMIC POLICIES COMMITTEE

FUNCTIONS:

1. Develop and/or evaluate policies and procedures pertaining to student admission, readmission, progression and probation and advanced standing.
2. Develop and/or evaluate policies and procedures related to class attendance, examination procedures, grading, and uniform codes.
3. Review student petitions for exception to academic regulations and recommend course of action when requested by the Dean.
4. Advise administration on policies and procedures related to the following matters:
 - a. Student orientation program
 - b. Health services
 - c. Counseling services
 - d. Academic Advisement
 - e. Student Information Guide
5. Develop criteria and select students for awards, including scholarships as needed.

Membership: A minimum of four faculty; a student representative from each level; Associate Dean for Academic Affairs (EO), Assistant Dean for Student Services (EO) and Chair, Curriculum Committee (EO)

Term of Office: Two years; staggered terms

Meeting: A minimum of one each semester with others as needed to fulfill responsibilities.

B. FACULTY AFFAIRS

Functions:

1. Plan, implement, evaluate and publicize faculty development activities and programs.
2. Plan, implement, evaluate and publicize School lectures and seminars; provide liaison with the A. Webb Roberts Center for Continuing Education.
3. Administer OSHA plan for education and testing to all faculty and staff in the fall of each year.
4. Serve as the social planning committee for faculty and staff.
5. Review and update the Peer Review Policy as necessary.
6. Propose budget for expenses related to carrying out committee functions.
7. Receive nominations and make recommendations for outstanding faculty awards.

Membership: A minimum of four faculty in addition to the Chairman.

Term of Office: Two years; staggered terms

Meeting: A minimum of one each semester with others as needed to fulfill responsibilities

C. RESEARCH REVIEW COMMITTEE

Function:

1. Serve as School peer review committee for the scientific merit of research proposals and protection of human subjects biological and behavioral research prior to submission to the University Committee for Protection of Human Subjects in Research.
2. Disseminate current information regarding guidelines for the University Committee for Protection of Human Subjects in Research and other institutional research board guidelines.

3. Foster the development of research in the School of Nursing.

Membership: A minimum of four faculty members with a demonstrated or expressed interest in research, Director of Graduate Program (EO) and Faculty Director of Scholarship Development (EO)

Term of Office: Two years; staggered terms

Meeting: as needed to fulfill responsibilities.

D. UNDERGRADUATE ADMISSIONS COMMITTEE

Functions:

1. Review applications for admission to undergraduate program
2. Decide admissions, waiting list and rejections to the undergraduate program

Membership: **Rotating** - 2 faculty members with undergraduate teaching responsibilities.
Non-Rotating – Dean, Associate Dean for Academic Affairs, Academic Advisor, Coordinator of Pre-Nursing Program, Director of Student Services

Term of Office: As Available

Meeting: A minimum of one time each semester.

E. UNDERGRADUATE CURRICULUM COMMITTEE

Functions:

1. Facilitate, coordinate, and monitor undergraduate curriculum development, implementation and evaluation.
2. Recommend to the faculty changes based on regular review related to the following:
 - a. Philosophy, purpose, objectives, and organizational framework of the curriculum
 - b. Sequence, continuity and integration of curriculum components

- c. Course description, credit, objectives, content, and syllabi format
 - d. Program evaluation plan
 - e. Pre-Nursing and nursing course and credit requirements for the Bachelor of Science in Nursing degree
 - f. Requirements for graduation
3. Conduct periodic studies of the total curriculum
 4. Maintain coordination with the Committee on Graduate Studies

Membership: A minimum of five faculty with representation from each level; Associate Dean (EO); Director of Learning Resources Center (EO); Theory Team leader (EO), Clinical Team leader (EO) and student representation from each level.

Term of Office: Two years; staggered terms

Meeting: Monthly during the academic year or as needed to fulfill responsibilities.

STANDING NON-ROTATING COMMITTEES

A. CONTINUING EDUCATION COMMITTEE

FUNCTIONS:

1. Administer Continuing Nursing Education Program as specified by the Policies & Procedures of Baylor University Louise Herrington School of Nursing Continuing Nursing Education Program approved by TNA .

Membership: Three (3) faculty as specified by the Policies & Procedures of Baylor University Louise Herrington School of Nursing Continuing Nursing Education Program approved as specified by TNA .

Meeting: As needed to fulfill responsibilities.

B. GRADUATE STUDIES

Functions:

1. Oversee the Graduate Program
2. Facilitate, coordinate, and monitor graduate curriculum development, implementation and evaluation.
3. Develop, implement and evaluate the curricular policies
4. Review and recommend policies and procedures for student recruitment, admissions, advisement, grading, retention and progression.
5. Plan for and participate in marketing of the Program.
6. Maintain coordination with the undergraduate curriculum committee.
7. Coordinate activities related to Graduate Student recognition and awards, communications, scholarships and financial assistance.
8. Advise the Director of the Learning Resources Center regarding resources for curricular implementation

- Membership:
1. Chairperson – Director of Graduate Studies
 2. All Faculty with membership on the graduate faculty and/or faculty teaching graduate courses
 3. Members are expected to keep informed of business, to convey information, opinions and support for the work of the committee and to attend meetings as possible
 4. Student Representative

- Meeting:
1. As needed to fulfill responsibilities.
 2. A quorum for the conduct of business at any meeting of the Committee on Graduate Studies shall be one-fourth (25%) of the graduate committee.

C. TENURED FACULTY

Functions:

1. Provide direction and support to the School related to its mission and goals.
2. Oversee collection of data related to scheduled faculty evaluation according to plan.
3. Recommend faculty appointments, reappointment, promotion, and tenure to the Dean or University Tenure Committee according to University policy.
4. Recommend contract renewal or reappointment of Lecturers.
5. Institute and evaluate long range strategic plans as charged by the Dean as leaders of the School.
6. Submit recommendations for committee assignments (including committee chairs) and changes in structure and/or function of committees to the Dean (April).
7. Recommend to faculty changes in guidelines for Promotion and Tenure.
8. Review Sabbatical Proposals and make recommendations as requested by the Dean.

Membership: All tenured faculty in the school

Meetings: A minimum of once each semester as needed to fulfill responsibilities.

FALL 1990

REVISED FALL 1993, FALL 1996, SPRING 1997, FALL 1999, SPRING 2001, SPRING 2004

External Committee Memberships

2001 - 2002

BUMC Committee Affiliations

Pauline Johnson: Institution Review Board for Human Protection
Baylor Asthma & Pulmonary Rehabilitation Research Committee

Alice Pappas: Committee on Institutional Ethics

Bonnie Savoldi: Emergency Department Policy & Procedure Committee
Emergency Department Recruitment/Retention Committee

Other Clinical Agency Affiliations

Stephanie Allen: CMC Special Interest Research Committee

Beth Farren: Member, Casa Shelter Governing Committee
Member, YMCA Community Services Board

Charles Kemp: Chair, Advisory Board, East Dallas Health Center
Member, Church Health Ministries Advisory Board

Jacque Neatherlin: Parkland Hospital Nursing Research Committee

Minutes

1. Minutes are to be recorded at all meetings in an organized manner.
2. The recorder's administrative assistant will type the minutes of all meetings, except the following:
 - All Theory – recorded, typed and distributed by assigned staff.
 - All Clinical – recorded, typed and distributed by assigned staff.
 - Curriculum – recorded, typed and distributed by assigned staff.
 - Faculty – recorded, typed and distributed by Assistant to the Dean
3. Format for Committee Minutes:

For each agenda item the following must be included:

 - a. The statement or problem being addressed, (agenda item)
 - Rationale presented as to why the problem is on agenda
 - Summary or discussion about agenda item including:
pros/cons of issue, questions raised and how answered
(Note: This information must be written so someone not at the meeting could understand what happened and why).
 - b. Action (recorded in quotes: specific decision/recommendation(s) made with a timeline if possible for outcome.)
4. Minutes must be typed and turned in to Chair within one week after the meeting. Chair will review and return to assigned administrative assistant for final changes. It will also be the responsibility of the designated administrative assistant to attach relevant materials (such as syllabi, reports, etc.) to the minutes. The Committee Chair will assure all attachments are included for the permanent record.
5. Format for Faculty Meeting Minutes:
 - a. All business items should be submitted in resolution format.
 - b. Following the faculty meeting it is the responsibility of the Chair of the committee submitting business items to submit to the Assistant to the Dean (in writing) the following:
 - summary of discussion in the faculty meeting
 - rationale for any changes in resolution, and
 - the final disposition of the resolution.
6. The administrative assistant will:
 - a. Provide one copy to the Assistant to the Dean for inclusion in the permanent record.
 - b. Circulate a copy to each member of the committee, the Dean and Associate Dean.

MINUTES

Committee:	Recorder:	Date:
Presider:	Where:	Time Began:
		Time Adjourned:
Present:		

Agenda Item:
Discussion:
Action:

Agenda Item:
Discussion:
Action:

Agenda Item:
Discussion:
Action:



Section D

Curriculum

Philosophy

The faculty of Baylor University School of Nursing believes in the philosophy, the Christian mission, and the goals of Baylor University and, in harmony with these, provides an environment in which the nursing student may grow in professional competence and Christian spirit. The faculty believes nursing is a service to humanity and is motivated by love for God and society. A commitment to this belief provides a foundation for teaching and learning in the School of Nursing.

The faculty believes the aim of undergraduate and graduate education in nursing is to provide an opportunity for personal and professional development. Professional education includes a study of the arts, sciences and humanities and is best achieved in a Christian setting beginning at the Baccalaureate level. The faculty believes that baccalaureate education in nursing is the basis for professional practice as a nurse generalist and should be equally accessible to generic students and to other students who have previous formal educational experience in nursing. The nurse generalist has the knowledge, skills, and competencies necessary for assuming the responsibility of entry-level professional nursing positions and for graduate study in nursing.

The faculty believes specialization occurs at the masters level of graduate education in the refinement of existing skills, expansion of knowledge, and development of competencies in a specific area of nursing practice.

The faculty believes individuals learn in a variety of ways. Learning is a life-long process built upon previous knowledge and experience. Learning occurs in a variety of situations and settings and should become self-directed over time. Knowledge acquisition, critical inquiry, reflection and decision-making prepare learners to respond to issues that confront them as professionals.

The faculty believes effective teaching employs a variety of strategies to foster independence, critical thinking and self discovery. The teacher as a facilitator strives to be innovative and flexible in planning, implementing, and evaluating educational experiences consistent with curriculum goals and objectives. The teacher as scholar participates in endeavors to acquire, create, and use new knowledge. As members of the academic community, the faculty recognizes that its professional role includes formal teaching, scholarly pursuits and community service.

The faculty believes the individual, in constant interaction with the changing environment, responds as a unified whole to life situations. In addition, the individual impacts the environment and his/her own welfare through a personal relationship with the Creator. As an integral part of a family, group or community the individual affects, and is affected by both culture and society.

The faculty believes health is a basic human condition which is uniquely perceived by individuals and groups. Health is a dynamic state of human functioning wherein clients exist with varying degrees of wellness and illness. The higher the level of human need fulfillment, the more optimal the state of wellness for the client. Individuals have the right to pursue that level of health perceived by them to be optimal, taking into account their social and cultural definitions of health. The level of health individuals can attain is influenced by the levels of health of families and communities of which they are a part and with whom they coexist.

The faculty believes professional nursing is the caring for individuals, families, groups, communities and society through the diagnosis and treatment of the responses to actual or potential threats to health and through facilitating human need fulfillment. Professional nursing is a practice discipline which has evolved from a rich, unique heritage. It encompasses the arts, sciences, ethics, and politics. Nursing has a dynamic body of knowledge based on nursing research and on the application of theories and concepts from the physical and behavioral sciences and the humanities. Professional nursing utilizes the nursing process in a caring, interactive manner to promote optimal wellness. Through a variety of roles, professional nursing contributes to the improvement of health care services to society.

ORGANIZATIONAL FRAMEWORK of the CURRICULUM

Schema

The curriculum schema depicts the structure for determining course sequence and content with the associated role functions to the curriculum organizers. The structural elements in the curriculum are continuity, sequence, and integration. Continuity refers to the recurrent consideration of the organizers across the curriculum. Sequence refers to the progressive level of consideration of clients, settings, and performance expectations between and among courses on the four levels. Integration refers to the provision for determining relationships among the content in concurrent courses, with prerequisites and between the curriculum organizers. The curriculum organizers providing for the continuity, sequence, and integration include: (1) complexity of care, (2) client, (3) roles, (4) professional nursing practice, and (5) human needs fulfillment.

Complexity of Care

The complexity of care organizer provides for progression of knowledge and skills from few to many variables, obvious to undefined parameters, structured to less structured experiences with increasingly diverse recipients of care. Concepts from the pre-nursing physical and behavioral sciences provide a foundation for the specialized applications and professional body of knowledge taught in nursing. The degree of human need fulfillment from few unmet needs to complex unmet needs whether in client, setting, or number of

variables involved provides for increasing depth and breadth throughout the four semesters.

Client

The client organizer provides the focus of care and progresses from the individual in Semester I to families in Semester II, to groups and the community in Semester III, and society in Semester IV. Age, cultural, life preference, and special need sensitive client issues are included.

Roles

The roles organizer includes the expectations about behaviors, status, customary functions, standards of practice, and emerging roles and settings for professional nursing practice. In Provider of care, the fundamental component of the professional role, incorporates the others which are studied separately, but included in practice of the provider role. The other roles include: (1) communicator, (2) consumer of research, and (3) manager. The knowledge and skills for the various roles are sequenced from the basic skills and performance expectations of the nurse as provider through to the nurse as manager, incorporating all the roles included in the curriculum. Each role is defined in the Glossary.

PROFESSIONAL NURSING PRACTICE

Professional nursing practice is the core of the program. It provides for continuity and sequencing of all learning experiences and facilitates the application of practice through use of a variety of roles. These roles are included as a curriculum organizer.

Professional nursing is the caring for individuals, families, groups, communities, and society through the diagnosis and treatment of responses to actual or potential threats to health through facilitating human need fulfillment. Utilizing the nursing process in a caring, collaborative manner, nurses plan and implement interventions aimed at health promotion, health maintenance or restoration, rehabilitation, and illness management or prevention, then evaluate the effects of the care. The goal of nursing is to assist humans to maintain or attain optimum health through fulfillment of human needs and the highest possible quality of life when fulfillment is delayed or not possible.

Preparation for assuming the professional roles upon degree completion includes: the history of the legal, ethical, practice, political, and social conditions of nursing and the health care delivery system from a broad perspective; the scientific basis for determining human need fulfillment and the interdisciplinary treatments indicated by the client's condition; the principles and practice of the most common or most acute nursing intervention skills, the nursing process as a mechanism for problem solving; self-

conscious commitment to the goals and standards of the nursing profession by the individual student/graduate, including analysis of values, practice, and performance strength.

HUMAN NEEDS FULFILLMENT

Human needs fulfillment provides for both continuity and sequencing of the learning experiences and integration of learning experiences with concurrent courses. Human needs provides a framework for nursing and facilitates the integration of knowledge from other disciplines.

Humans are unique complex beings created by God with a capacity for growth, creativity, critical thinking, truth seeking, making significant choices, and establishing and maintaining meaningful relationships with God and others. Humans respond holistically in interaction with a changing environment throughout their lifespans. Humans are effected by and effect other individuals, culture and society. One's relationship to God is fundamental and has an effect on all other relationships. While these complex beings cannot be reduced to components in reality, the Faculty has elected to view humans as comprised of body, mind, and spirit for clarity to facilitate teaching and understanding.

The curriculum organizers of human needs fulfillment and clients are generalized beyond individuals to collective humans as families, groups, aggregates, communities, and society. Needs of collectives may be more or less inclusive of physiological, psychological, sociological and spiritual components than of individuals. Collectives vary in size, defining characteristics, organization, homogeneity, and continuity.

A human need is defined as an internal tension that results from an alteration in some human component. Humans seek fulfillment of human needs by the choices made consciously or unconsciously in response to internal or external stimulation. The stimulation may be a change in the components, the quality of the need itself, or any threat to fulfillment of needs. The tension or stimulation of need initiates goal directed behavior that continues until goal satisfaction brings relief from the tension. The following is a list of human needs that are emphasized in this curriculum.

HUMAN NEEDS

BODY:

Physiological:

- Activity and Rest
- Nutrition
- Elimination
- Fluid and Electrolytes
- Oxygenation and Circulation
- Regulation, Sensation, and Perception
- Safety and Comfort
- Cellular Adaptation
- Reproduction

MIND:

Psychological:

- Understanding, order, and predictability
- Adequacy, competence, and security
- Self-esteem, worth, and identity
- Personal growth fulfillment

Sociological:

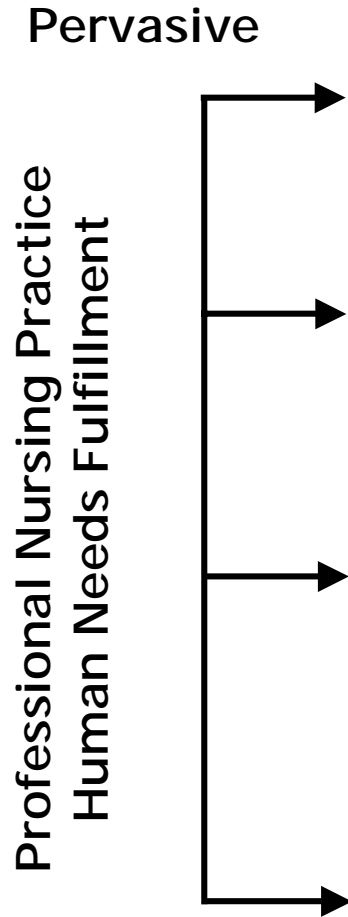
- Love, belonging and approval

SPIRIT:

Spiritual:

- Relatedness
- Values
- Meaning
- Hope
- Forgiveness

ORGANIZATIONAL FRAMEWORK OF THE CURRICULUM



Progressive	Complexity of Care	Client	Professional Role
Semester I	Obvious and/or Few Unmet Needs in Structured Experiences	Individual	Provider of Care and Role Definitions
Semester II	Interaction of Less Obvious and/or More Complex Unmet Needs in Structured Experiences	Family	<u>Communicator</u>
Semester III	Interaction of Less Obvious and/or More Complex Unmet Needs in Structured Experiences	Groups Community	Consumer of Research
Semester IV	Management of Undefined and/or Complex Unmet Needs in Less Structured Experiences for Diverse Recipients of Care	Society	<u>Manager</u>

Undergraduate Curriculum

Purposes and Objectives

Purposes

1. Provide graduates with a Christian foundation for continued personal, and professional growth.
2. Prepare beginning nurse generalists who can provide professional nursing care based on bio-psychosocial-spiritual theories and principles to individuals, families, groups, communities, and society in a variety of settings.
3. Prepare a practitioner to assume the responsibility of a professional person in contemporary society.
4. Provide a foundation for graduate study in nursing.

Objectives: The curriculum is designed to provide learning experiences that will prepare the graduates to:

1. Practice as a professional nurse to facilitate human need fulfillment of individuals, families, groups, communities, and/or society.
2. Provide nursing care which reflects consideration of the worth, dignity and spirituality of each person as a unique individual.
3. Integrate contemporary knowledge from the humanities, physical and behavioral sciences in professional nursing practice.
4. Utilize nursing theory and research as a basis for professional nursing practice.
5. Demonstrate responsibility and accountability in professional nursing practice.
6. Participate in identifying and effecting needed change to improve health care delivery for individuals, groups, communities, and society.
7. Participate in the delivery of interdisciplinary health care through collaboration, consultation, and coordination.
8. Demonstrate responsibility for personal and professional growth and advancement of the profession.

Level Objectives

1. PRACTICE AS A PROFESSIONAL NURSE TO FACILITATE HUMAN NEEDS FULFILLMENT OF INDIVIDUALS, FAMILIES, GROUPS, COMMUNITIES OR SOCIETY.

JUNIOR I

- a. Apply the Human Needs Framework in client situations.
- b. Establish therapeutic nurse-client situations.
- c. Apply the provider of care role to individuals with obvious and/or few unmet human needs.
- d. Perform selected psychomotor skills when providing nursing care.
- e. Perform comprehensive health assessment of individuals.
- f. Administer medications safely and with a basic understanding of pharmacology.

JUNIOR II

- a. Utilize therapeutic relationships with individuals and families to promote human need fulfillment.
- b. Apply the provider of care and teacher roles to individuals and families, with less obvious and/or more complex unmet human needs.
- c. Demonstrate competency in commonly used psychomotor skills.
- d. Utilize critical thinking and decision-making in integrating theory and clinical experience.
- e. Apply the principles of pharmacology in nursing practice.
- f. Demonstrate health and family assessment skills.
- g. Utilize the human needs framework when teaching health promotion to individuals and families.

SENIOR I

- a. Practice professional nursing to care for increasingly diverse clients with less defined and/or complex needs across all levels of care.
- b. Demonstrate use of psychomotor and health assessment skills that reflect client's developmental level.
- c. Utilize critical thinking and decision-making in integrating research findings, nursing theory, and clinical practice.
- d. Identify community assessment framework(s).

SENIOR II

- a. Utilize all professional nursing roles to plan and evaluate all levels of care for all categories of clients, synthesizing knowledge from theory and research in nursing, the humanities, and the physical and behavioral sciences.
- b. Utilize critical thinking and decision making to plan and manage the care of diverse clients with undefined and/or complex unmet human needs.

2. PROVIDE NURSING CARE WHICH REFLECTS CONSIDERATION OF THE WORTH, DIGNITY, AND SPIRITUALITY OF EACH PERSON AS A UNIQUE INDIVIDUAL.

JUNIOR I

- a. Discuss the effects of own value system on interpersonal relationships.
- b. Recognize the influence of cultural, religious, and spiritual values on human need fulfillment.
- c. Discuss legal, ethical, and moral issues identified in the clinical setting as they relate to provider of care role.

JUNIOR II

- a. Explain the influence of culture, religion and spirituality on human need fulfillment of individual and families.
- b. Explain the significant moral, legal and ethical implications of nursing practice.

SENIOR I

- a. Implement holistic nursing care that reflects consideration and respect for each person as a unique individual.
- b. Identify professional nursing practice considerations when providing care to diverse populations.

SENIOR II

- a. Use values clarification and ethical reasoning to evaluate one's personal philosophy of professional nursing.
- b. Provide care that reflects awareness of cultural, religious and spiritual diversity.

3. INTEGRATE CONTEMPORARY KNOWLEDGE FROM THE HUMANITIES AND THE PHYSICAL AND BEHAVIORAL SCIENCES IN PROFESSIONAL NURSING PRACTICE.

JUNIOR I

- a. Identify contemporary knowledge from the physical and behavioral sciences and the humanities that is pertinent to professional nursing practice.

JUNIOR II

- a. Utilize relevant scientific data and resources to provide care for individuals and families.

SENIOR I

- a. Analyze selected theories and research that promote effective professional nursing practice.

SENIOR II

- a. Synthesize knowledge from the theories and research of the humanities, physical, nursing and behavioral sciences to implement professional nursing practice.

4. UTILIZE NURSING THEORY AND RESEARCH AS A BASIS FOR PROFESSIONAL NURSING PRACTICE.

JUNIOR I

- a. Recognize fulfillment of human needs as the basis for nursing care.
- b. Utilize the Human Needs Framework to implement the provider of care role.
- c. Formulate nursing care incorporating the concepts of man, health, nursing and environment.

JUNIOR II

- a. Discuss the implication of research findings in professional nursing practice.
- b. Incorporate nursing diagnosis into the human needs framework for the delivery of nursing care.

SENIOR I

- a. Discuss the role of the nurse as a consumer of research.
- b. Analyze research findings and theoretical content for use in professional nursing practice.
- c. Utilize a theoretical base to implement communicator roles.

SENIOR II

- a. Analyze selected theories, conceptual frameworks and related research that promote effective implementation of professional nursing practice.

5. DEMONSTRATE RESPONSIBILITY AND ACCOUNTABILITY IN PROFESSIONAL NURSING PRACTICE

JUNIOR I

- a. Accept responsibility and accountability as characteristics of professional behavior.

JUNIOR II

- a. Assume responsibility and accountability in professional nursing practice.

SENIOR I

Demonstrate professional behaviors with consistency in professional nursing practice.

SENIOR II

- a. Analyze current issues and trends affecting the role of the professional nurse.
- b. Demonstrate responsibility and accountability in the evaluation of nursing care provided.

6. PARTICIPATE IN IDENTIFYING AND EFFECTING NEEDED CHANGE TO IMPROVE HEALTH CARE DELIVERY FOR INDIVIDUALS, GROUPS, COMMUNITIES AND/OR SOCIETY.

JUNIOR I

- a. Identify needed health resources to plan and provide nursing care for individuals.
- b. Discuss health care delivery in U.S.

JUNIOR II

- a. Identify needed changes in health care for individuals and families.
- b. Utilize health care resources that promote family adaptation and fulfillment of human needs and/or wellness.
- c. Discuss availability and accessibility of resources to promote wellness.

SENIOR I

- a. Identify factors that impact delivery of health services to individuals, families, and groups.
- b. Analyze factors which facilitate or hinder the community's ability to meet its health needs.
- c. Utilize agency and community resources for human need fulfillment.

SENIOR II

- a. Utilize the theory and process of change to meet a community need.
- b. Analyze factors that facilitate or hinder society's ability to meet the health needs of clients with chronic/complex problems or in atypical situations.

- c. Identify proactive behaviors needed to effect change.
- d. Adapt to contemporary changes which affect health care delivery.

7. PARTICIPATE IN THE DELIVERY OF INTERDISCIPLINARY HEALTH CARE THROUGH CONSULTATION, COLLABORATION, AND COORDINATION.

JUNIOR I

- a. Describe the health care delivery system.
- b. Identify roles of health care team members.
- c. Participate in coordination of care for an individual in selected client care settings.

JUNIOR II

- a. Consult with other health care team members.
- b. Provide coordinated care for an individual and family in selected settings using available tools (i.e. critical paths).
- c. Identify community resources available for selected individuals and families.

SENIOR I

- a. Collaborate with other health care team members when planning and providing care for individuals, families and groups.
- b. Consult with appropriate resources to promote coordination of services post discharge.

SENIOR II

- a. Identify personal, organizational, and environmental factors that influence implementation of the nurse manager role.
- b. Analyze the role of the nurse as manager, leader and change agent in relation to interdisciplinary health care.
- c. Coordinate, delegate and/or refer as appropriate in the provision of interdisciplinary health care.
- d. Participate in interdisciplinary patient care conferences.
- e. Explore trends in the design and delivery of health care.

8. DEMONSTRATE RESPONSIBILITY FOR PERSONAL AND PROFESSIONAL GROWTH AND ADVANCEMENT OF THE PROFESSION.

JUNIOR I

- a. Define professional nursing.
- b. Acknowledge awareness of professional standards for nursing practice.
- c. Assume responsibility for active participation in the learning process.

JUNIOR II

- a. Utilize professional standards for nursing practice.
- b. Exhibit behaviors to promote the provision of safe, competent care.

SENIOR I

- a. Analyze professional standards in own nursing practice.
- b. Demonstrate initiative for self directed learning opportunities.

SENIOR II

- a. Identify the contributions of professional nursing organizations to clinical practice.
- b. Implement corrective actions based on ongoing performance evaluation to improve personal nursing practice.
- c. Examine the scope of professional nurse practice.
- d. Discuss the process of socialization into professional nursing practice.
- e. Exhibit behaviors which contribute to lifelong learning.

Organizational Framework of the Curriculum

Three major criteria used in building a curriculum are continuity, sequence, and integration. Continuity refers to the reiteration of the same concepts (knowledge, skills, attitudes) to be learned over time. Sequence refers to the progression of continuity and new content in increasing levels of complexity. Integration refers to the provision for demonstrating relationships among content in concurrent courses.

The components of this curriculum providing for continuity, sequence, and integration include the following organizers: (1) complexity of care, (2) client, (3) roles, and (4) human needs fulfillment and the nursing process.

Complexity of Care

The complexity of care organizer provides for continuity of learning throughout the four semesters. This organizer provides for increased complexity of experiences (simple to complex; structured to unstructured). Concepts taught in the prenursing physical and behavioral sciences (biology, physiology, microbiology, sociology, and psychology) provide a foundation for the concepts taught in nursing. The concepts of nursing and human needs are formally introduced in Semester I and reiterated with increasing depth and breadth throughout the four semesters.

Client Organizer

The client organizer provides for continuity and sequence of learning experience throughout the major. The client focus moves from the individual in Semester I to families and groups in Semesters II and III, then to community in Semester IV. Emphasis is placed on the biopsychosocial-spiritual needs of the client.

Professional Role Organizer

The role component of the organizational framework also provides for continuity and sequence of learning experiences throughout the major. The professional role is a set of expectations about behaviors, status, customary functions, and standard practices of the professional nurse. Through a variety of roles professional nursing contributes to the improvement of health services to society. Provider of care, the fundamental component of the professional role, incorporates all other aspects. Additional aspects of the role which are emphasized in this curriculum are those of 1) communicator, 2) consumer of research and information, and 3) manager.

Provider of care is the culmination of both the science of nursing, principles drawn from supporting disciplines as well as nursing theory and research, and the art of nursing, the skillful and creative application of the nursing process to meet human needs. As a provider of care the professional nurse functions in a caring manner in the performance of nursing procedures and skills. Reciprocal interaction between the professional nurse and the client provides the basis for an environment which facilitates attainment of optimal health. The professional nurse facilitates fulfillment of human needs and provides care through the diagnosis and treatment of actual or

potential threats to health. The professional nurse has both interdependent functions in collaborating with other health care providers, as well as independent nursing functions in providing care to clients experiencing wellness and illness. Content related to the role as provider of care is taught in theory courses and implemented in practice. Thus, the role is emphasized continuously throughout the semesters in increasingly greater depth and breadth of complexity.

Communicator: The role of communicator is an integral part of all nursing activities and is the basis for interaction among health care personnel, and clients. Components of the role include: (1) client advocate - assisting the client to assimilate information and protecting the client's rights, (2) counselor - aiding the client to integrate health experiences with other life experiences; (3) teacher - promoting health by providing health information which enables the client to become more responsible for his own health; (4) collaborator - sharing ideas and blending of expertise with health care professional and clients, (5) consultant - serving as a resource person to other health care professions in providing information about health and nursing care in a specific client situation, (6) facilitator - effecting change through group interaction either as a leader or as a participant. These components are interrelated and are often utilized simultaneously. Although these terms are defined individually, in reality they often overlap and may not be distinguishable. Specific learning experiences for developing the role of communicator are included in the roles course in Semester II. These concepts are heavily emphasized in the second semester practicum in the psychiatric setting. Students are expected to apply the concepts throughout the curriculum.

Consumer of research and information: The faculty have determined that the role of the nurse as a consumer of research and information is essential for professional practice. As a consumer of research and information, the professional nurse critically processes information from the environment to validate existing knowledge or to generate new information, thereby contributing to the knowledge base and science of professional nursing. A study of the research process and use of technology on information utilization provide the foundation for the development of this role. Students are expected to utilize nursing research in Semesters I and II for the care of their clients with the assistance of their instructors. The process and critique of nursing research and the study of nursing informatics are introduced in Semester III.

Manager: The role of manager encompasses every aspect of professional nursing. As a manager the nurse mobilizes human material and resources for effective and efficient goal attainment. This is accomplished through: (1) continuous utilization of the managerial functions of planning, organizing, staffing, directing, and controlling; and (2) knowledge of relevant concepts and theories from economics, law, management, and leadership. Throughout the curriculum, the manager role is addressed. Initially, as a provider of care the student is expected to plan, organize and evaluate care for one client. The student in this situation serves as a manager of self and client. With each semester, the student is expected to implement management concepts to an increasingly complex group of clients. The manager-provider of care relationship culminates in the analysis of complex, global problems of a community and the health care delivery system, in general. The knowledge gained from the communicator course helps the student expand from teaching and counseling of individual clients to groups of clients, peers and employees and fosters use of the collaborative approach when critically analyzing client, group,

institutional, or community problems. Knowledge from the consumer of research course facilitates understanding and application of research principles when engaging in program and system evaluation. The role of manager culminates in a theoretical course that encourages synthesis of previously learned management concepts while addressing advanced organizational, management and leadership concepts and theories. A simulated laboratory experience is provided for theory and concept application in a non-threatening environment which fosters critical thinking.

Human Needs Fulfillment and the Nursing Process

Human needs fulfillment and the nursing process provide for both continuity and sequencing of learning experiences and integration of learning experiences in concurrent courses. Human needs and the nursing process provide a framework for nursing and facilitate the integration of knowledge from other disciplines.

Man is a complex being created by God with a capacity for growth, creativity, critical thinking, making choices, and establishing and maintaining meaningful relationships with God and others. While man cannot be reduced to components, the School of Nursing, for clarity in teaching and understanding, has chosen to view man as being comprised of body, mind, and spirit with corresponding human needs. Man responds as a unique whole as he interacts within a changing environment during his lifespan. Man responds adaptively either consciously or unconsciously to internal or external stimuli. Man also proactively seeks fulfillment of human needs by the choices he makes. Man is affected by and affects culture and society through his relationship to his Creator and to other men (the term man as used in this framework refers to mankind in the generic sense. The term client refers to any individual, family, group, or community as the recipient of nursing care and services.)

Health is a dynamic state of human functioning wherein the client exists with varying degrees of wellness and illness according to the status of need fulfillment. The individual has the right to pursue that level of health perceived by him to be optimal, taking into account his social and cultural definition of health. The level of health that the individual can attain throughout his lifespan is directly influenced by the level of health of the families and communities of which he is a part and with whom he coexists.

Professional nursing is the caring for individuals, families, groups, and communities through the diagnosis and treatment of responses to actual or potential threats to health and through facilitating human need fulfillment. Utilizing the nursing process in a caring, interactive manner, nurses plan interventions which are aimed toward health promotion, maintenance, restoration, rehabilitation, and illness prevention of clients. The outcome of these interventions are to assist the client to maintain or attain optimum health. The higher the level of human need fulfillment the more optimal the state of health of the client. If wellness can not be achieved, nurses assist the client to attain the highest possible quality of life.

A human need is defined as a requisite within a client system which is necessary in order to maintain or attain integrity or completeness. Human needs are met through an adaptive process

in which internal and/or external forces help maintain or restore integrity. The nurse serves as an external force for the client by assisting in the fulfillment of human needs.

One of the ways a client responds is through adaptation to internal or external stimuli. A stimulus is any factor which encourages man to seek fulfillment of human needs. It may be a change in the quality of the need itself (as in growth and development) or an internal or external factor which threatens the fulfillment of a need or needs. A response, which may be effective or ineffective, is a physiological, psychological, social, or spiritual action intended to fulfill human needs.

Human Needs may be broadly categorized as Body-Mind-Spirit with the following major divisions, physiological, psychological, sociological and spiritual. Although individual needs re categorized in this manner to facilitate learning experiences in concurrent courses, they may have components which fall into more than one category. The following is a list of human needs which are emphasized in this curriculum.

Human Needs

BODY:

Physiological:

- Activity and Rest
- Nutrition
- Elimination
- Fluid and Electrolytes
- Oxygenation and Circulation
- Regulation, Sensation, and Perception
- Safety and Comfort
- Cellular Adaptation
- Reproduction

MIND:

Psychological:

- Understanding, Order, and Predictability
- Adequacy, Competency, and Security
- Self-esteem, Worth, and Identity (Sexuality)
- Personal Growth and Fulfillment

Sociological:

- Love, Belonging, and Approval

SPIRIT:

Spiritual:

- Values
- Meaning
- Hope

The five-step Nursing Process which includes assessment, analysis, plan, implementation, and evaluation provides the framework for organizing and evaluating nursing practice.

Assessment: is a systematic and continuous process of gathering data (stimuli and responses) related to the level of fulfillment of human needs. Stimuli are factors which require adaptation or encourage man to seek fulfillment of human needs. Responses may be adaptive and occur without man's conscious choice or they may include man's conscious interaction with his environment in a proactive manner.

Analysis: Analysis includes the critical study of the assessment data in order to determine the level at which human needs are met. Based on this study nursing diagnoses are formulated. A nursing diagnosis is a statement of the effectiveness of a client's responses and the related stimuli, the management of which is within the domain of nursing. There are two components joined by a 'related to' phrase: (a) response component which is (1) stated clearly to give direction to client goals, (2) congruent with client goals, and (3) may be actual or potential; and (b) etiology component which (1) includes stimuli and (2) is concrete enough to suggest specific nursing interventions.

Plan: The planning stage consists of three components: designating client-centered goals, formulating appropriate nursing interventions, and establishing priorities of care. A goal is a statement of the client-centered desired outcome that is realistic, understandable, measurable, behavioral, and achievable. Goals should be mutually derived and may be short or long term. Nursing interventions are those actions designed to assist the client in fulfilling his human needs.

Nursing care may be prioritized according to the following categories: (1) The highest priority is any threat to the life of the client, (2) next are those which threaten the integrity or completeness of the client, (3) next are those which affect the normal growth and development of the client. Client centered priorities may vary according to his social and cultural definition of health and developmental stage. Priorities are also influenced by available resources and plausibility of outcome. Prioritizing needs should be a collaborative process among the client, the nurse, and other health care professionals.

Implementation: Implementation is the carrying out of the formulated plan and the reporting and recording of the interventions and clients responses.

Evaluation: Evaluation is determining the effectiveness of nursing care in assisting the client to meet his human needs. This is accomplished by ascertaining the extent to which the goals were met, whether the goals and nursing interventions were appropriate, and whether the plan was complete. Evaluation may indicate that the care planned must be reassessed, replanned, modified, reimplemented, and reevaluated. Thus there is a cyclic nature to the nursing process, and the movement is continuous between and among its components.

BACHELOR OF SCIENCE IN NURSING DEGREE REQUIREMENTS

Lower Division

	sem. hrs.
GENERAL EDUCATION ELECTIVES¹	6
HUMANITIES	23
English Composition.....	6
Literature ²	3
Religion ³	6
Foreign Language ⁴	8
NATURAL SCIENCE AND MATHEMATICS	22
Anatomy and Physiology I and II with labs.....	8
Chemistry	4
Microbiology or Bacteriology with Laboratory.....	4
Nutrition.....	3
Statistics ⁵	3
SOCIAL SCIENCES	15
American Constitutional Development ⁶	3
General or Introductory Psychology.....	3
History ⁷	3
Human Growth and Development ⁸	3
Introductory Sociology	3
Total Lower Division	66
Upper Division	
NURSING COURSES	65
Total Degree Requirements	131 sem. hrs.

NURSING



¹ Students are responsible for completion of approved general education courses before they arrive in Dallas. The School assumes no responsibility for circumstances beyond its control in students following through with their commitment.

² May be met by a course in British, American, or World Literature, or by an upper-level (that is, above the intermediate level) literature course in modern foreign languages or in classical languages.

³ The courses in religion must be “The Christian Scriptures” and “The Christian Heritage.”

⁴ Spanish language is strongly recommended because of the demographics of the area.

⁵ May be in a discipline other than mathematics if the course is judged as equivalent to MTH 1380 at Baylor.

⁶ Students transferring to Baylor who wish to fulfill this requirement before admission to Baylor must take six semester hours of American Government.

⁷ Must be a course in World History, Western Civilization, a survey course in American History, or History of the American Woman.

⁸ Course must cover entire life span.

SAMPLE CURRICULUM PLAN

LOWER DIVISION – PRENURSING – WACO CAMPUS

FRESHMAN YEAR

First Semester	sem. hrs.	Second Semester	sem. hrs.
ENG 1302 Thinking and Writing ¹	3	ENG 1304 Thinking, Writing and Research ²	3
CHE 1300 General Chemistry	3	BIO 2401 Anatomy and Physiology I	4
CHE 1100 Intro. Chemistry Laboratory	1	PSY 1305 Introductory Psychology ³	3
REL 1310 The Christian Scriptures ⁴	3	History Elective ⁵	3
SOC 1305 Introduction to Sociology ⁶	3	Foreign Language ⁷	4
Elective	3	Chapel*	—
Chapel*	—		17
	14		

*Waco campus students only.

SOPHOMORE YEAR

Third Semester	sem. hrs.	Fourth Semester	sem. hrs.
Literature Elective ⁵	3	STA 1380 Statistics	3
BIO 2402 Anatomy and Physiology II	4	BIO 1402 Microbiology	4
REL 1350 Christian Heritage ⁴	3	PSC 2302 American Constitutional Development ⁶	3
FCS 2351 Nutrition	3	PSY 3341 A Survey of Human Growth and Development ⁷	3
Foreign Language ⁷	4	Elective	3
	—		16
	17		

UPPER DIVISION – NURSING MAJOR – DALLAS CAMPUS

JUNIOR YEAR

First Semester	sem. hrs.	Second Semester	sem. hrs.
NUR 3310 Professional Development: Foundations	3	NUR 3222 Professional Development: Health Promotion and Patient Education	3
NUR 3314 Health Assessment	3	NUR 3224 The Maturing Family	2
NUR 3325 Pharmacology	3	NUR 3339 The Childbearing Family	3
NUR 3418 Human Needs I	4	NUR 3528 Human Needs II	5
NUR 3414 Professional Nursing Practice I	4	NUR 3425 Professional Nursing Practice II	4
	—		16
	17		

SENIOR YEAR

Third Semester	sem. hrs.	Fourth Semester	sem. hrs.
NUR 4339 The Childrearing Family	3	NUR 4240 Professional Development: Transition to Practice	2
NUR 4351 Professional Development: A Consumer of Research	3	NUR 4335 Clinical Internship	3
NUR 4353 Community and Culture	3	NUR 4341 Role of Nurse as Manager/Leader	3
NUR 4328 Human Needs III	3	NUR 4238 Human Needs IV	2
NUR 4435 Professional Nursing Practice III	4	NUR 4345 Professional Nursing Practice IV	3
	—	NUR Elective - see catalog for listings	3
	16		16

¹ Baylor Interdisciplinary Core (BIC) courses provide an alternative way to fulfill the requirements for these courses.

² ENG 3300 may be substituted for this course.

³ Must be a course in World History, Western Civilization, a survey course in American History, or History of the American Woman.

⁴ Spanish is strongly recommended.

⁵ May be met by a course in English, American, or World Literature, or by an upper-level (above intermediate level) literature course in modern foreign languages or in classical languages.

⁶ Students transferring to Baylor who wish to fulfill this requirement before admission to Baylor must take six semester hours of American Government.

⁷ Course must cover entire life span.

Optional Program Plans

The School of Nursing offers regular summer courses. These courses will not allow a student to graduate any earlier but will allow a student to take a lighter load during other terms except for those students beginning in the spring. Should those starting in the spring choose Option 2, which includes summer work, then their remaining terms would be lighter. The option of taking classes in the summer has become very popular and consequently, unless a student selects the summer option, the student may not be able to change at a later date. Following are the options from which a student may choose.

OPTION 1			
Semester 1	Semester 2	Semester 3	Semester 4
NUR 3310	NUR 3222	NUR 4339	NUR 4240
NUR 3314	NUR 3224	NUR 4351	NUR 4335
NUR 3325	NUR 3339	NUR 4353	NUR 4341
NUR 3418	NUR 3528	NUR 4328	NUR 4238
NUR 3414	NUR 3425	NUR 4435	NUR Elective (3)
			NUR 4345
Sem Hours - 17	Sem Hours - 16	Sem Hours - 16	Sem Hours - 16

Option 1 begins in either the Fall or Spring semesters; no planned summer courses. **MUST HAVE COMPLETED ALL PREREQUISITES** unless approved otherwise by the Associate Dean of the School of Nursing (phone 214.820.3361).

OPTION 2					
Spring 1	Summer 1	Fall 1	Spring 2	Summer 2	Fall 2
NUR 3310	*	NUR 3222	NUR 4339		NUR 4240
NUR 3314	Term 1	NUR 3528	NUR 4328		NUR 4335
NUR 3325	NUR 4353	NUR 3224	NUR 4435	NUR Elect. (3)	NUR 4341
NUR 3418	Term 2	NUR 3425	NUR 4351		NUR 4238
NUR 3414	NUR 3339				NUR 4345
Sem Hrs - 17	Sem Hrs - 6	Sem Hrs - 14	Sem Hrs - 13	Sem Hrs - 3	Sem Hrs - 13

Students start with full load in the Spring Semester, take summer courses; thus, decreasing load remaining regular semesters. **MUST HAVE COMPLETED ALL LOWER DIVISION GENERAL EDUCATION REQUIREMENTS** unless approved otherwise by the Associate Dean of the School of Nursing (phone 214.820.3361).

* **MUST ATTEND BOTH SUMMER TERMS (SUMMER 1 and SUMMER 2)**

OPTION 3					
Summer 1	Fall 1	Spring 1	Summer 2	Fall 2	Spring 2
*	NUR 3310	NUR 3528	*	NUR 4339	NUR 4240
Term 1	NUR 3418	NUR 3425	Term 1	NUR 4351	NUR 4335
NUR 3314	NUR 3222	NUR 3224	NUR 4353	NUR 4328	NUR 4341
Term 2	NUR 3414	NUR 3339	Term 2	NUR 4435	NUR 4238
NUR 3325			NUR Elect (3)		NUR 4345
Sem Hrs - 6	Sem Hrs - 13	Sem Hrs - 14	Sem Hrs - 6	Sem Hrs - 13	Sem Hrs - 13

Students' start in the summer; offers opportunity for decreased loads remaining semesters. MUST HAVE COMPLETED ALL LOWER DIVISION GENERAL EDUCATION REQUIREMENTS unless approved otherwise by the Associate Dean of the School of Nursing (phone 214.802.3361).

*MUST ATTEND BOTH SUMMER TERMS (SUMMER 1 & SUMMER 2)

OPTION 4 - 5 Semester Plan				
Semester 1	Semester 2	Semester 3	Semester 4	Semester 5
NUR 3310	NUR 3414	NUR 3339	NUR 4328	NUR 4341*
NUR 3314	NUR 3222	NUR 3425	NUR 4339	NUR 4335
NUR 3325	NUR 3224	NUR 4351	NUR 4435	NUR 4238
NUR 3418	NUR 3528	NUR 4353	NUR 4240*	NUR 4345
				NUR Elect (3)
Sem hours - 13	Sem hours - 13	Sem hours - 13	Sem hours - 13	Sem hours - 13

The 5-Semester Plan was implemented in Fall, 1997. It is intended to assist those students who cannot handle a full course load for a variety of reasons (family demands, academic challenges or the need to work while attending classes).

* One of these courses will be offered in the 4th semester of the 5-Semester plan (based upon scheduling).

Revised May 2002

GLOSSARY

ACCOUNTABILITY - Liability for one's actions, willingness to be judged against performance expectations; willingness to live with the results of one's actions and the ability to explain the rationale for actions taken which is consistent with the responsibility for which the nurse contracted.

ACUTE CARE - services that are provided in a hospital or comparable setting that treat the manifestations of illness.

ADAPTATION - One of the ways a client responds to internal or external stimulation or tension in an attempt to bring relief from the tension (homeostasis).

AGGREGATE -A body of units within a community or society loosely associated with each other by choice, characteristics, or convenience, i.e. homeless.

ALTERNATIVE CARE - Actions or interventions in various levels of care available to clients through practitioners and/or facilities atypical to the traditional health care delivery system.

ANALYZE - The logical reduction of entities or theories into component parts so that the organizational structure and/or function can be understood. It includes identifying the parts, the relationship between parts, and the organizational principles involved.

CLIENT - Any individual, family, group, community or society that is "served by or utilizes the services of" a professional nurse.

CLIENT ORGANIZER - Provides the focus of care and progresses from individual to society throughout major.

COMMUNICATION - The exchange of verbal, nonverbal & electronic information for the purpose of addressing the needs, demands and interests of individuals, families, communities and society.

COMMUNICATOR ROLE-A composite of skills that are an integral part of all nursing activities related to interaction between health care personnel and clients. Components of the role include: (1) client advocate, (2) counselor, (3) teacher, (4) collaborator, (5) consultant, (6) facilitator.

COMMUNITY - A group or groups of individuals who have in common one or, more physical, psychological, or environmental factors and who co-exist in a space-time framework.

COMPLEXITY OF CARE ORGANIZER - Provides for progression of knowledge and skills from few to many variables, obvious to undefined parameters, and structured to less structured experiences for increasingly diverse recipients of care.

CONSUMER OF RESEARCH ROLE-The composite of skills and knowledge related to analysis and validation of extant scientific knowledge and to generation of theory or practice related information.

CONTINUITY - The recurrent consideration of the organizers across the curriculum.

CRITICAL THINKING - A systematic, discriminating, purposive mental process used in decision making or independent judgment for determining a course of action or one's belief about an issue, question, thought process or fact.

DATA BASE - (a) Information collected about clients for the purpose of identifying unmet needs or problems and to establish a plan of care. (b) The form used as a guide to collect data.

DECISION MAKING - A process in which data are collected and evaluated; problems are identified; and alternative solutions and probable consequences are considered before formulating a course of action or response..

ENVIRONMENT Internal and external influences that impact the existence and continued survival of a client(s).

ETIOLOGY-the source or cause of internal tension (problem, threat, or disruption) of human need.

EXPERIENCES - Participation in activities that progress throughout the curriculum from more structured, predictable, routine situations in settings with available resources with clients who have minimal or obvious problems to less structured, unpredictable, non- routine situations in settings where resources are less readily available and with clients who have chronic/complex multisystem problems that may need intervention at a personal, family, group, community or societal level.

FAMILY - A group of people who are attached emotionally, interact regularly, and share concerns for the growth and development of individuals and the family. May include living in a house, genetic relations, legal relationships, and intentional attachments in determination of family members, i.e. a widow and her adult children residing elsewhere may be considered as a mature family.

GOAL - A client centered statement which reflects the expected changes in the person's status after receiving nursing care; reflects the highest level of functioning (human need fulfillment) possible in relation to the particular nursing diagnosis. Goal statements are related to responses and are realistic, understandable, behavioral, and achievable; mutually derived between client and nurse; may be long term or short term.

GOAL DIRECTED BEHAVIOR - See Response

GROUPS - Two or more persons engaged in an interdependent, purposeful relationship in which repeated face to face communication occurs. Health related purposes of groups include: support, task accomplishment, learning, socialization, and psychotherapy. (Smith, C.M. & Maurer, F.A. p. 300)

HEALTH - A dynamic state of human functioning wherein clients exist with varying degrees of wellness and illness according to the status of need fulfillment.

HEALTH PROMOTION - A primary level of care; refers to activities to promote general health.

HOMEOSTASIS - A tendency to bring relief from tension through goal directed behavior and/or mechanisms to restore and maintain a condition of balance or equilibrium.

HUMAN - A complex being created by God with a capacity for growth, creativity, critical thinking, making choices, and establishing and maintaining meaningful relationships with God and others; humans are comprised of body, mind and spirit with corresponding human needs, are in constant interaction with their changing environment, and respond as a unified whole to life situations.

HUMAN NEED - An internal tension that results from an alteration in some human component of: physiological, psychological, sociological, and/or spiritual.

ILLNESS- A state of homeostatic imbalance in which one's needs are not sufficiently met to allow the individual to have a sense of physiological, psychological, sociological or spiritual well-being.

ILLNESS PREVENTION - A primary level of care; refers to activities directed toward avoiding a specified pathological state or process.

INDEPENDENT STUDY - A course of study in which the learner selects and meets course objectives with guidance from the instructor.

INDIVIDUAL - A single human being comprised of body, mind and spirit who is in constant interaction with the environment and responds as a unified whole to life situations.

INDIVIDUALIZED STUDY - Flexible learning activities to meet an individual student's capabilities, interest, and learning needs.

INTEGRATION - The provision for determining relationships among the content in concurrent courses with prerequisites and between curriculum organizers.

LEVELS OF CARE - Refers to health promotion, maintenance, restoration, rehabilitation, and illness prevention.

MAINTENANCE - Activities that support and preserve optimal health.

MANAGER - The role the nurse takes to mobilize human, financial, and material resources for effective and efficient goal attainment.

MODE - A way or method of doing or acting.

NURSING - See PROFESSIONAL NURSING PRACTICE

NURSING ACTIONS - Activities carried out by the nurse aimed toward the appropriate level of care for clients including interviews, observations, and interventions; see also Nursing Interventions.

NURSING CARE PLAN - A written, detailed approach to providing nursing care in which problems are identified, desired outcomes (goals and objectives) are set, and nursing actions are specified and evaluated.

NURSING DIAGNOSIS - A statement of the effectiveness of a client's responses and the related stimuli, the management of which is within the domain of nursing. There are two components joined by a "related to" phrase: (a) response component which (1) gives direction to client goals, (2) is congruent with client goals, and (3) may be actual or potential; and (b) etiology component which (1) includes stimuli, and (2) is concrete enough to suggest specific nursing interventions.

NURSING HISTORY - A structured interview designed to establish a data base for nursing care.

NURSING INTERVENTIONS - Activities carried out by the nurse in an attempt to prevent or alleviate a problem.

NURSING PROCESS - A series of steps and actions directed at need fulfillment and problem resolution for clients. It involves the following: (a) assessment, (b) analysis, (c) planning, (d) implementation, and (e) evaluation.

OBJECTIVE - The levels of performance that the client must demonstrate to reach the over-all goal. Statements must be clear, concise, client-centered specific, and measurable.

PRIMARY LEVEL OF CARE - Care provided in the absence of clinical disease and includes health promotion, illness prevention, and maintenance.

PROBLEM - A discrepancy that exists between what actually is and what could or should be; a difficulty which arises when a need is not met.

PRACTITIONER - An individual who assumes the responsibility of a professional person in contemporary society.

PROFESSIONAL NURSE - An individual who facilitates fulfillment of human needs and provides care through the diagnosis and treatment of human response to actual or potential threats to health; the nurse has both interdependent and independent nursing functions in providing health care.

PROFESSIONAL NURSING PRACTICE - The caring for individuals, families, groups and communities through the diagnosis and treatment of human response to actual or potential threats to health and through facilitating human need fulfillment; a practice discipline which encompasses the arts, sciences, ethics, and politics.

PROGRAM SATISFACTION - The degree to which the program fulfills the expectations of major constituencies, i.e. students, alumni, faculty, and employers.

PROVIDER OF CARE - Incorporates using the nursing process or some other accepted form of problem solving in determining the level of need fulfillment and the desired outcomes for the client. The planning and provision of nursing interventions and determining mutually agreed on evaluation criteria are aspects of the provider of care role.

REHABILITATION - A tertiary level of care involving activities directed at returning a client to optimal levels of functioning following a disease process.

RESPONSE - A physiological, psychological, social, or spiritual action intended to fulfill human needs; goal directed behavior.

RESPONSIBILITY - Duty or activity a person is expected to perform; that for which a person is held accountable.

RESTORATION - A secondary level of care; illness care.

ROLES - A set of expectations about behaviors, status, customary functions, and standard practices of the professional nurse; through a variety of roles, professional nursing contributes to the improvement of health services to society; roles include: provider of care, communicator consumer of research and information, and manager.

SECONDARY LEVEL OF CARE - Activities that are directed at treatment of illness with an aim to halt, eliminate or reverse alterations in health; restoration.

SEQUENCE - The progression of the level of consideration of clients, settings, and performance expectations between and among courses on the four levels.

SOCIETY - A broad, identifiable, interdependent system or grouping of people that has common traditions, institutions, and collective activities and interests.

SPECIALIZATION - Education which occurs at the masters level which results in the refinement of existing skills, expansion of knowledge, and development of competencies in a specific area of nursing practice.

SPIRITUAL CARE - Helping client(s) identify, develop, maintain, restore and/or reinforce their spirituality.

SPIRITUALITY - A person's inner resources and values that guide and give meaning to life. It is the inner core of the individual that permeates all aspects of the person - physical, psychological, and social. Spirituality involves relationship with self, others and God. It is manifested through creative expressions, familiar rituals, meaningful work, and/or religious practices.

STIMULATION (Stimulus) Any factor which creates tension-encouraging humans to seek fulfillment of human needs. It may be a change in the quality of the need itself or an internal or external factor which threatens the fulfillment of a need or indicates a more efficient or satisfying way to meet a need.

SYNTHESIZE - The combining of separate parts or elements to form a new complex whole.

TENSION - See STIMULATION

TERTIARY LEVEL OF CARE - Activities directed at returning a client to optimal levels of functioning following a disease process; rehabilitation.

THERAPEUTIC NURSING INTERVENTIONS - Any nursing treatment or nursing action performed aimed at promoting, maintaining, and/or restoring health or assisting in adapting to changes in health or human need fulfillment.

VALUE - Something of worth; a belief held dearly by a person.

VALUES CLARIFICATION - Process by which individuals define their own values and/or determine the origins and/or impact of decisions based on values.

WELLNESS - A dynamic state which results when the client's basic needs are met and the quality and/or quantity stimulation/tension impinging upon the integrity of the client does not exceed the effectiveness of their responses; an optimal state of homeostasis.

Syllabi

Syllabi for all nursing courses taught in the School are written to CD-ROM and are available for review in the Administrative Suite.

Format for Course Syllabi

Baylor University Louise Herrington School of Nursing

Course

Description

Credit Hours

e.g. Three semester hours (one class hour, two campus laboratory hours per week) or three semester hours (three class hours per week).

Placement

e.g. Semester I

Requisites

Prerequisites

Prerequisites/Corequisites

Objectives

Content Outline Summary

Requirements and Evaluation Methods

Grading Scale

Policies re: rounding of grades - indicate here whether final grades of .5 or higher will or will not be rounded.

Attendance, Examination and Delayed Examinations

Policies and procedures related to each of the above are enforced in all nursing courses and are explained in detail in the Student Information Guide which is distributed to all students.

(any other info specific to course, i.e., later paper policy, can be included here)

Classroom Courtesy

Please be punctual. If wearing a beeper or have a cellular phone, please turn them to off or silent mode.

Texts

Unit Objective, Content Outline, Enabling Activities

Class Schedule

<u>Week</u>	<u>Date</u>	<u>Topics</u> (include exams)	<u>Major Due Dates</u>
-------------	-------------	----------------------------------	------------------------

References

(only if assigning reading from books that are not textbooks for the course or assigning journal articles)

Course/Semester Evaluations

Instructors teaching a course are responsible for having students evaluate the course. The Assistant to the Associate Dean will provide a packet of materials for this purpose to each faculty member. The packet will contain forms to solicit students' evaluation of the course and the evaluation report form. If you are teaching a course which finishes earlier than the typical semester (i.e. week 10), please notify the Assistant to the Associate Dean so that the course can be evaluated earlier in the semester.

Faculty are to tabulate the ranking of the statements and add a brief instructor evaluation on the course evaluation report. Undergraduate theory evaluation forms are to be given to the Theory Team Leader. Undergraduate clinical evaluations are to be given to the Clinical Team Leader. Graduate evaluations are to be given the Graduate Program Director. The Team Leader's and the Graduate Program Director will have the written comments typed for each course. Copies of the typed comments plus the evaluation reports will be forwarded to the Chairman of the Curriculum Committee and to the Associate Dean.

Baylor University
Louise Herrington School of Nursing
THEORY COURSE EVALUATION

Course Number: _____ Credit Hours: _____

Title: _____ Instructor: _____

Rate each of the following statements by placing the appropriate letter from the following scale in the blank:

A - Strongly Agree B - Agree C - Disagree D - Strongly Disagree E - Not applicable

- _____ 1. The textbook enhanced learning of course content.
- _____ 2. The textbook was written in an easy to read format.
- _____ 3. The course increased my knowledge of the concepts and principles related to the subject.
- _____ 4. Previous courses prepared me for this course.
- _____ 5. The course content supported course objectives.
- _____ 6. The amount of work was appropriate to the credit earned (i.e. 3 hr course - 9 hrs study time per week, 4 hr course - 12 hrs study time per week, etc.)

Check all areas of teaching that effectively assisted your learning:

- ____ 1. Handouts ____ 2. Overheads ____ 3. Videos ____ 4. Case Studies
- ____ 5. Class Discussion ____ 6. Lecture ____ 7. Role-Playing ____ 8. Test Reviews

Comments:

Please complete the following statements:

1. What most helped my learning in this course was:

2. What most hindered my learning in this course was:

3. Aspects of this course that encouraged me to take responsibility for my own learning in this course were:

4. What would you recommend changing about the presentation of the course to enhance understanding of course content:

5. Before taking this course other students would benefit from knowing:

**BAYLOR UNIVERSITY
LOUISE HERRINGTON SCHOOL OF NURSING**

THEORY COURSE EVALUATION REPORT

Course:	
Semester:	
Faculty:	
Number of Students:	

	Strongly Agree A	Agree B	Disagree C	Strongly Disagree D	Non-Applicable E
1					
2					
3					
4					
5					
6					

Faculty Evaluation of Course:

Baylor University
Louise Herrington School of Nursing
PRACTICUM COURSE EVALUATION

Course Number: _____ Credit Hours: _____

Title: _____ Instructor: _____

Clinical Site _____

This evaluation form is designed to help the instructors gain a better understanding of how the course has assisted in your learning. The faculty is interested in your input regarding areas that may need revision.

Rate each of the following statements by placing the appropriate letter from the following scale in the blank:

A - Strongly Agree B - Agree C - Disagree D - Strongly Disagree E - Not applicable

- _____ 1. The LRC resources were utilized in pre-clinical preparation.
- _____ 2. The reserve references in the LRC enhanced learning.
- _____ 3. Resources in other libraries were utilized for clinical written work.
- _____ 4. The corresponding theory course enhanced by ability to function in the clinical clinical setting
- _____ 5. Previous courses prepared me for this practicum.
- _____ 6. The instructor/preceptor was accessible in the clinical setting.
- _____ 7. The feedback received from instructors was adequate to facilitate growth.
- _____ 8. The clinical setting was conducive to learning.
- _____ 9. The practicum was a positive learning experience.

Comments:

**BAYLOR UNIVERSITY
LOUISE HERRINGTON SCHOOL OF NURSING**

CLINICAL COURSE EVALUATION REPORT

Course:	
Semester:	
Faculty:	
Number of Students:	

	Strongly Agree A	Agree B	Disagree C	Strongly Disagree D	Non-Applicable E
1					
2					
3					
4					
5					
6					
7					
8					
9					

Faculty Evaluation of Course:

**Baylor University
Louise Herrington School of Nursing**

3314 & 3414 COURSE EVALUATION

Course Number: _____ Credit Hours: _____

Title: _____ Instructor: _____

This evaluation form is designed to help the instructors gain a better understanding of how the course has assisted in your learning. The faculty is interested in your input regarding areas that may need revision.

Rate each of the following statements by placing the appropriate letter in the blank opposite the statement. Consider all 3 components, theory, lab and/or practicum.

A - Strongly Agree B - Agree C - Disagree D - Strongly Disagree E - Not applicable

- _____ 1. The textbook enhanced learning of course content.
- _____ 2. The textbook was written in an easy to read format.
- _____ 3. The course increased my knowledge of the concepts and principles related to the subject.
- _____ 4. The course content supported course objectives.
- _____ 5. The LRC resources were utilized for course preparation.
- _____ 6. The instructor/preceptor was accessible in the clinical setting.
- _____ 7. The feedback received from instructors was adequate to facilitate growth.
- _____ 8. The clinical setting provided experiences conducive to learning.
- _____ 9. The practicum was a positive learning experience.
- _____ 10. Classroom instruction enhanced my ability to function in the lab.
- _____ 11. Amount of time allotted to lab was appropriate for learning designated skills.
- _____ 12. Laboratory practice prepared me to function in clinical setting.
- _____ 13. Prerequisite courses assisted me to understand concepts taught in the course.
- _____ 14. The amount of work was appropriate to the credit earned (consider theory, lab and/or practicum, i.e., 3 hr course - 9 hrs study time per week, 4 hr course - 12 hours study time per week, etc.).

Check all areas of teaching that effectively assisted your learning:

- _____ 1. Handouts _____ 2. Overheads _____ 3. Videos _____ 4. Case Studies
- _____ 5. Class Discussion _____ 6. Lecture _____ 7. Role-Playing _____ 8. Test Reviews

Comments:

Please complete the following statements:

1. What most helped my learning in this course was (include theory, lab and/or practicum):
2. What most hindered my learning in this course was (include theory, lab and/or practicum):
3. Aspects of this course that encouraged me to take responsibility for my own learning in this course were (include theory, lab and/or practicum):
4. What would you recommend changing about the presentation of the course to enhance understanding of course content (include theory, lab and/or practicum):
5. Before taking this course other students would benefit from knowing (include theory, lab and/or practicum):

**BAYLOR UNIVERSITY
LOUISE HERRINGTON SCHOOL OF NURSING**

CLINICAL 3314 & 3414 COURSE EVALUATION REPORT

Course:	
Semester:	
Faculty:	
Number of Students:	

	Strongly Agree A	Agree B	Disagree C	Strongly Disagree D	Non-Applicable E
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Faculty Evaluation of Course:

BAYLOR UNIVERSITY - LOUISE HERRINGTON SCHOOL OF NURSING

Level I Clinical Performance Evaluation

Student: _____ Date: _____

Clinical Areas: _____

ASSESSMENT:

SCORE

COMMENTS

- * 1. Collects data through appropriate assessment techniques.
 - a. initiates basic patient assessment and completes in a timely manner
 - b. takes accurate vital signs in a timely manner
 - c. demonstrates correct positioning in auscultating apical pulse, breath sounds, and palpating pedal pulses
 - d. auscultates bowel sounds
 - e. palpates skin for temperature, color, capillary refill, and edema
 - f. assesses elimination patterns
 - g. measures output accurately
 - h. assesses dressings/wounds
 - i. locates and appropriately identifies drainage tubes
 - j. ensures proper functioning of equipment
 - k. monitors IV sites and solutions

- 2. Collects data (subjective and objective) from available resources.
 - a. obtains meaningful information from clients
 - b. seeks information from medical record
 - c. utilizes texts to obtain information

- * 3. Shows evidence of a preclinical preparation.
 - a. reviews medical record prior to clinical
 - b. completes patho statement prior to clinical
 - c. cites basic lab data
 - d. summaries data (in own words)
 - e. reviews appropriate drug information prior to clinical
 - f. presents written work to instructor promptly
 - g. lists client admission diagnosis and major med/surg problems

Average Score _____

*Critical Criteria: Student must obtain a score of 3.0 on each of the individual items indicated to be safe in practice and therefore to pass.

ANALYSIS:

1. Clinical decision-making reflects an understanding of the relationships of assessment data to the client's problem/diagnosis.
 - a. recognizes life threatening changes in patient status
 - b. identifies abnormalities in physical assessment data
 - c. identifies abnormalities in vital signs
 - d. explains abnormalities data
 - e. relates assessment and lab data to clinical diagnosis/pathophysiology/medical and surgical interventions
- * 2. Identifies priorities requiring nursing action based on the assessment and determines reassessment as indicated.
 - a. identifies clinical findings which require immediate action
 - b. prioritizes needs according to human needs framework
 - c. reassesses client's status as needed
- * 3. Formulates nursing diagnosis based on assessment data.
 - a. nursing diagnosis is supported by relevant patient data
 - b. format of nursing diagnosis is correct
 - c. nursing diagnosis meets the priority needs of the patient
 - d. nursing diagnosis reflects an understanding of the human needs framework
- * 4. Demonstrates an understanding of data gathered

SCORE

COMMENTS

Average Score _____

PLANNING:

- * 1. Formulates appropriate and measurable goals for client.
 - a. completes a daily plan of care prior to clinical
 - b. identifies appropriate, measurable patient goals
 - c. identifies appropriate, measurable outcome criteria
 - d. Patient goals and outcome criteria are related to nursing diagnosis (response)
2. Formulates appropriate and measurable goals for self.
 - a. Identifies appropriate personal goals
 - b. Identifies appropriate, measurable personal outcome criteria

SCORE

COMMENTS

- * 3. Plans care in a systematic, logical, organized manner.
 - a. plans demonstrate growth in organizational skills
 - b. plans include management of meds, treatments, A.D.L., etc.
 - c. identifies nursing interventions relevant to clinical diagnosis/client needs
 - d. plans for nursing actions relevant to nursing diagnosis (etiology)
- 4. Plans health teaching based on identified learning needs and readiness of client.
 - a. identifies learning needs
 - a. reports learning needs of patient
- 5. Validates nursing care plan with all appropriate individuals.
 - a. obtains report prior to initiating care
 - b. applies information information shared during report to patient care
 - c. seeks clarification as needed
 - d. updates staff/instructor throughout shift regarding patient care

Average Score _____

IMPLEMENTATION:

- * 1. Documents charting in a clear and organized fashion.
 - a. handwriting is legible
 - b. spelling is accurate
 - c. uses medical terminology appropriately
 - d. documents appropriate data on nurses notes
 - e. charting is concise
 - f. charts nurses notes throughout shift/avoids end of shift charting
 - g. records VS immediately after data collected
 - h. completes flow sheets as data is collected
- * 2. Interventions reflect an understanding of the relationships of assessment data to the patient's problem/diagnosis.
 - a. reports life threatening changes in patient status to instructor
 - b. seeks help appropriately (i.e. staff, instructor, peers)
 - c. reports abnormalities in vital signs
 - d. applies preclinical planning to patient care

SCORE	COMMENTS

- * 3. Utilizes effective and appropriate verbal/non-verbal communication skills.
 - a. initiates and sustains conversation with patient
 - b. listens to patient's concerns
 - c. is able to redirect a conversation
 - d. recognizes the difference between therapeutic and non-therapeutic communication
 - e. non-verbal communication is appropriate
 - f. maintains confidentiality of patients and families
uses professional interviewing techniques to gather clinical data

- * 4. Provides direct patient care in a safe, accurate, organized manner.
 - a. provides appropriate hygienic/oral care to patients in a timely manner
 - b. refers to procedures prior to implementing new skills
 - c. utilizes aseptic technique
 - d. asks questions in appropriate setting
 - e. provides a safe environment for the patient by:
 - 1. placing bed in low position when leaves room
 - 2. pulling side rails up when leaves room
 - 3. placing call light and telephone in reach of patient
 - 4. using gait belt with ambulation (when appropriate)
 - 5. locking wheelchair/bed before moving patient
 - 6. following universal precautions (washes hands before leaving patient's room, wears gloves when handling body secretions, and removes gloves when leaves patient's room)
 - f. provides safe environment for self by:
 - 1. appropriately utilizing standard precautions
 - 2. placing bed in high position when bathing patient/doing procedures
 - 3. moving patient using good body mechanics
 - 4. getting assistance to move patients when necessary
 - 5. follows safety precautions when completing procedures (tube feedings, injections, etc.)

- 5. Administers medications safely according to established procedure.
 - a. has information for drugs to be administered
 - b. determines when patient last received prn medication prior to seeking assistance from instructor
 - c. knows patient's last DFS value prior to preparing insulin
 - d. adheres to 5 R's when giving medications (especially checking wrist band prior to administration)
 - e. follows special nursing considerations regarding medications (e.g. checks apical pulse prior to administration of Lanoxin)

- * 6. Collaborates with client/family/health care team and other appropriate individuals.
 - a. recognizes roles of other health care workers
 - b. communicates with client's family
 - c. reports patient status and care given to primary nurse prior to leaving the unit

--	--

Average Score _____

EVALUATION:

- 1. Evaluates patient care
 - a. outcome criteria are measurable and goal specific, and related to the nursing diagnosis (response)
 - b. outcome are evaluated
 - c. patient goals are evaluated
- * 2. Evaluates effectiveness of specific interventions
 - a. able to differentiate between effective and ineffective nursing interventions
 - b. seeks help to modify ineffective nursing interventions
- 3. Evaluates personal performance.
 - a. identifies personal strengths
 - b. identifies areas needing growth
 - c. personal goals are evaluated

SCORE	COMMENTS

Average Score _____ Total Score _____ Final Course Grade _____

COMMENTS:

I understand that a copy of this evaluation will be placed in my file and may be shared with faculty on the next level.

Student: _____

Faculty: _____

PROFESSIONAL BEHAVIORS:

As professionals, students are expected to demonstrate professional behaviors as listed in the course syllabus. Failure to demonstrate any of these behaviors will result in lowering of the numerical grade for the course or failure of the course.

- 1. Projects a positive professional image, through use of language, accountability behaviors and appearance.
- 2. Is on time in appropriate uniform, with scissors, stethoscope, name tag, and patch.
- 3. Accepts responsibility for actions.

**BAYLOR UNIVERSITY SCHOOL OF NURSING
LEVEL II CLINICAL PERFORMANCE EVALUATION**

Student _____ Date _____

Clinical Areas: Med/Surg and OB

ASSESSMENT:		SCORE	COMMENTS:
*1	Collects data through appropriate physical assessment techniques. a. Completes assessment in a timely manner, including vitals, physical assessment, equipment, etc. b. Complete psycho-social assessment c. Seeks and uses appropriate assessment equipment/tools.		
2.	Collects data (subjective and objective) from available resources. a. Utilizes medical records, including diagnostic findings, history, to obtain client/patient data. b. Collects relevant subjective data from client, family or others.		
*3.	Documents assessment data in a clear and organized manner. a. Records accurate, complete and appropriate information on the medical record or work sheet. b. Adapts documentation to the format used in the clinical setting.		
*4.	Shows evidence of preclinical preparation. a. All assigned work completed prior to arrival for clinical experience. b. relates clients findings to “textbook picture” c. Includes physical, cultural, psychosocial, spiritual, and developmental data/concerns in preparation.		

AVERAGE SCORE

ANALYSIS:		SCORE	COMMENTS:
*1	<p>Clinical decision-making reflects an understanding of the relationships of assessment data to the client's problem/diagnosis.</p> <p>a. denotes relations between normal physiology symptoms, diagnostic approach, medical treatment and human needs fulfillment</p> <p>b. recognizes safe care and client safety issues in various settings</p> <p>c. relates cultural, religious, and spiritual values to client assessment and needs</p>		
2.	<p>Identifies priorities requiring nursing action based on the assessment and determines reassessment as indicated.</p> <p>a. states major potential effects of client's pathology and the necessary nursing interventions</p> <p>b. gives rationale for determination/selection of nursing interventions</p> <p>c. Describes conditions necessitating immediate interventions.</p>		
*3.	<p>Formulates nursing diagnosis based on assessment data.</p> <p>a. uses BUSON and NANDA terminology and format accurately with appropriate level of complexity</p> <p>b. denotes priority (ies) of nursing diagnoses and interdisciplinary problems/diagnoses/foci of care.</p>		

AVERAGE SCORE

PLANNING:

- *1. Formulates appropriate and measurable goals for self and client.
 - a. states personal goals for skill development and time management in caring for 2 patients
 - b. plans for achieving therapeutic relationship/communication skills with clients
- *2 Plans care in a systematic, logical, organized manner.
 - a. writes care plans individualized to clients
 - b. Plans include meds, teaching, psychosocial support and documentation.
- 3. Plans health teaching based on identified learning needs and readiness of client.
 - a. incorporates patient teaching as integral part of patient care plan.
- 4. Communicates clearly regarding nursing care plan with all appropriate individuals.
 - a. consults with other health care workers involved in patient's daily care
 - b. validates goals with the patient

SCORE COMMENTS:

SCORE	COMMENTS:

AVERAGE SCORE

IMPLEMENTATION:

- *1. Utilizes effective and appropriate verbal/non-verbal communication skills.
 - a. interpret client’s verbal/nonverbal behaviors which reflect feelings
 - b. communicate to client understanding of client’s feelings
- *2. Provides direct patient care in a safe, accurate, organized manner.
 - a. demonstrates proficiency in common psychomotor skills i.e. hygiene, universal precautions
 - b. recognizes mistakes and reports to appropriate persons as soon as recognized
 - c. counsels and/or teaches client and significant others
 - d. organizes and manages client’s care to achieve established goals of care in a timely manner
 - e. integrates and implements spiritual data from clients and families into care
 - f. recognized legal implications of therapeutic interventions
- *3. Administers medications safely according to established procedure.
 - a. have a working knowledge of drugs commonly used in their area (procedures, pharmacology, basic drugs)
 - b. performs necessary patient evaluation prior to administration when needed
- *4. Communicates accurately verbally and in writing (Charting and reporting).
 - a. reports information to staff, instructor, or other health care workers, accurately and in timely manner.
 - b. documents correctly and completely
- 5 Collaborates with client/family/health care team and other appropriate individuals.
 - a. communicate with staff, etc. to facilitate patient care.
 - b. participate in identifying needed change in plan of care

SCORE	COMMENTS

AVERAGE SCORE

- EVALUATION:**
1. Uses evaluation appropriately in the nursing process (utilizes data to validate if identified goals are met).
 - a. recognizes own strengths and weaknesses (emotions, etc.)
 - b. states rationale for evaluation data selected
 - *2. Evaluates effectiveness of specific interventions.
 - a. follow-up on findings appropriately and timely
 - b. evaluate medications for therapeutic, side, and toxic effects
 3. Develops alternate interventions and goals when appropriate.
 - a. recognizes need for alternate interventions
 - b. seeks advice for alternative interventions.

SCORE	COMMENTS

AVERAGE SCORE

TOTAL SCORE _____ **FINAL GRADE** _____

Comments:

PROFESSIONAL BEHAVIORS:

As professionals, students are expected to demonstrate professional behaviors as listed in the course syllabus. Failure to demonstrate any of these behaviors will result in lowering of the numerical grade for the course or failure of the course.

I understand that a copy of this evaluation will be placed in my file and may be shared with faculty on the next level.

Student: _____ **Faculty:** _____

- Demonstrates professional behaviors at all times during the clinical experience (arrives on time, respects client confidentiality assumes responsibility for own actions, etc.)
- Demonstrates an active role in own learning process (shows interest in learning experience; seeks out learning opportunities; asks pertinent questions, etc.)

BAYLOR UNIVERSITY SCHOOL OF NURSING

Level III Clinical Performance Evaluation

Student: _____ **Date:** _____

Clinical Areas: _____

ASSESSMENT:

	SCORE	COMMENTS
* 1. Collects data through appropriate physical assessment techniques a. adapts P.A. techniques to developmental needs/norms of clients		
2. Collects data (subjective and objective) from available resources a. assesses the role of culture as it applies to the care of families b. gathers holistic data from a variety of sources within the specific settings related to clients/families - utilizing appropriate tools		
* 3. Documents assessment data in a clear and organized manner a. charting reflects an accurate and holistic assessment, with appropriate nursing and medical abbreviations, correct grammar, and spelling		
* 4. Shows evidence of preclinical preparation a. demonstrates responsibility for obtaining necessary information regarding all aspects of nursing care for clients/families		

Average Score _____

*Critical Criteria: Student must obtain a score of 3.0 on each of the individual items indicated to be safe in practice and therefore to pass.

ANALYSIS:

SCORE

COMMENTS

1. Clinical decision-making reflects an understanding of the relationships of assessment data to the client's problem/diagnosis
 - a. utilizes appropriate theory, assessment/reassessment data and knowledge gained from previous practicum experiences in order to plan care clients/families
 - b. integrates research findings into plan of care
- * 2. Identifies priorities requiring nursing action based on the assessment and determines reassessment as indicated
 - a. demonstrates ability to set priorities verbally and in documentation
- * 3. Formulates nursing diagnosis based on assessment data
 - a. generates relevant nursing diagnoses based on active or potential client/family problems that promote family adaptation

SCORE	COMMENTS

Average Score

PLANNING:

SCORE

COMMENTS

- * 1. Formulates appropriate and measurable goals for self and client
 - a. writes realistic measurable goals and outcome criteria goals for client and family members addressing pertinent development issues
 - b. verbalizes daily goals for self
- * 2. Plans care in a systematic, logical, organized manner
 - a. demonstrates ability to formulate an in depth plan of care for clients/families including scientific rationale
- 3. Plans health teaching based on identified learning needs and readiness of client
 - a. takes initiative in planning client/family education based on specific client/family learning needs
- 4. Communicates clearly regarding nursing care plan with all appropriate individuals
 - a. collaborates with other health care team members in providing nursing care for clients/families

SCORE	COMMENTS

Average Score _____

IMPLEMENTATION:

SCORE

COMMENTS

- * 1. Utilizes effective and appropriate verbal/non-verbal communication skills
 - a. demonstrates ability to communicate therapeutically with all members of clients/families
 - b. adapts communication to developmental level of child and family

SCORE	COMMENTS

<p>* 2. Provides direct patient care in a safe, accurate, organized manner</p> <ul style="list-style-type: none"> a. demonstrates proficiency in advanced psychomotor skills b. all care provided reflects the plan of care and client/family needs, and is based on appropriate nursing theory, delivered in a safe accurate organized and timely manner c. demonstrates awareness of specialty standards of practice as a basis for nursing practice d. demonstrates personal responsibility by taking appropriate action when client experiences untoward reactions or when client outcomes deviate from the expected 	
<p>* 3. Administers medications safely according to established procedure</p> <ul style="list-style-type: none"> a. demonstrates responsibility for all aspects of medication administration 	
<p>* 4. Communicates accurately verbally and in writing (Charting and reporting)</p> <ul style="list-style-type: none"> a. charting and verbal reports reflect thorough, timely and accurate communication of all care provided b. keeps staff nurse informed regarding plan of care and changes in client/family status 	
<p>5. Collaborates with client/family/health care team and other appropriate individuals</p> <ul style="list-style-type: none"> a. able to consult with health care team members regarding plan of care (i.e. Formulates a plan of care which includes collaboration with other disciplines and is based upon all available resources. Collaborates with other health care team members in providing nursing care.) 	

Average Score _____

EVALUATION:

SCORE

COMMENTS

- 1. Uses evaluation appropriately in the nursing process (utilizes data to validate if identified goals are met)
 - a. evaluates nursing care provided and client outcomes
 - b. demonstrates objectivity in evaluation process
- * 2. Evaluates effectiveness of specific interventions
 - a. evaluates all nursing interventions for client and family's response
 - b. evaluates effect of all medications client is receiving
- 3. Develops alternate interventions and goals when appropriate
 - a. develops alternative interventions and goals when interventions are not effective and desired outcomes are not met

SCORE	COMMENTS

Average Score _____ **Total Score** _____ **Final Course Grade** _____

*Critical Criteria: Student must obtain a score of 3.0 on each of the individual items indicated to be safe in practice and therefore to pass.

Comments:

I understand that a copy of this evaluation will be placed in my file and may be shared with faculty on the next level.

Student: _____

Faculty: _____

PROFESSIONAL BEHAVIORS:

As professionals, students are expected to demonstrate professional behaviors as listed in the course syllabus. Failure to demonstrate any of these behaviors will result in lowering of the numerical grade for the course or failure of the course.

- * 1. Demonstrates professional behaviors at all times during the clinical experience (arrives on time, respects client confidentiality, assumes responsibility for own actions, etc.)
- * 2. Demonstrates an active role in own learning process (shows interest in learning experience; seeks out learning opportunities; asks pertinent questions, etc.)

BAYLOR UNIVERSITY - LOUISE HERRINGTON SCHOOL OF NURSING
Level IV Clinical Performance Evaluation

Student: _____ **Date:** _____

Clinical Area: _____

ASSESSMENT:

SCORE

COMMENTS

- * 1. Collects data through appropriate physical assessment techniques
 - a. completes community assessment using appropriate instruments
 - b. collects data appropriate to clients level of human need disruption

- 2. Collects data (subjective and objective) from available resources
 - a. includes multiple variables in data source determination in assigned setting

- * 3. Documents assessment data in a clear and organized manner
 - a. adapts documentation to setting/client

- * 4. Shows evidence of preclinical preparation
 - a. bases preparation on knowledge from nursing physical and behavioral sciences
 - b. conducts individual investigation to expand knowledge base

Average Score _____

*Critical Criteria: Student must obtain a score of 3.0 on each of the individual items indicated to be safe in practice and therefore to pass.

ANALYSIS:

SCORE

COMMENTS

- 1. Clinical decision-making reflects an understanding of the relationships of assessment data to the client's problem/diagnosis
 - a. states relationships among complex or chronic human need interruptions and situational/setting/system variables
 - b. makes decisions on culturally sensitive or contemporary health care issues from an understanding of decision theory and current research
- * 2. Identifies priorities requiring nursing action based on the assessment and determines reassessment as indicated
 - a. recognizes needed changes in HCDS
 - b. prioritizes individual and HCDS needs to maximize client outcomes
- * 3. Formulates nursing diagnosis based on assessment data
 - a. utilizes in chronic or complex human need disruption as appropriate
 - b. recognizes nursing's contribution potential to communities as recipients

SCORE	COMMENTS

Average Score _____

PLANNING:

SCORE

COMMENTS

- * 1. Formulates appropriate and measurable goals for self and client
 - a. states realistic goals for a variety of clients within a community, and the community as client
 - b. considers spiritual, ethnic, socioeconomic, etc. factors in goal setting

- * 2. Plans care in a systematic, logical, organized manner
 - a. plans appropriate level of care according to identified acute care/community needs

- 3. Plans health teaching based on identified learning needs and readiness of client
 - a. acute care/community education needs are addressed considering ethnic, socioeconomic, etc. factors

- 4. Communicates clearly regarding nursing care plan with all appropriate individuals
 - a. coordinates among health care workers and client/community members in planning for meeting health needs

SCORE	COMMENTS

Average Score _____

IMPLEMENTATION:**SCORE****COMMENTS**

- * 1. Utilizes effective and appropriate verbal/non-verbal communication skills
 - a. adapts communication according to situation, setting, clientele, and role function
 - b. approaches client in a non-threatening, non-discriminatory way
- * 2. Provides direct patient care in a safe, accurate, organized manner
 - a. applies time management concepts
 - b. employs principles of delegation and prioritization
 - c. uses change theory and processes to implement alternatives to previously identified activities, when appropriate
 - d. safely, competently and responsibly implements novice nurse role that incorporates research and theory in accordance with standards of practice.
- * 3. Administers medications safely according to established procedure
 - a. applies principles of medication administration to a variety of settings
- * 4. Communicates accurately verbally and in writing (Charting and reporting)
 - a. documentation is clear, accurate, comprehensive and reflects conformance to institutional or other specified protocol
- 5. Collaborates with client/family/health care team and other appropriate individuals
 - a. determines referral sources and accurately and clearly communicates information to promote continuity of care
 - b. supervise and coordinate delivery of client's care

Average Score _____

EVALUATION:

SCORE

COMMENTS

- 1. Uses evaluation appropriately in the nursing process (utilizes data to validate if identified goals are met)
 - a. evaluate factors facilitating or hindering the community's ability to meet its' health needs
- * 2. Evaluates effectiveness of specific interventions
 - a. demonstrate responsibility and accountability in evaluation of nursing care provided
- 3. Develops alternate interventions and goals when appropriate
 - a. reevaluates goals for appropriateness if desired outcome is not achieved.
 - 1. perform ongoing evaluation of own professional nursing practice

SCORE	COMMENTS

Average Score _____ **Total Score** _____ **Grade** _____

*Critical Criteria: Student must obtain a score of 3.0 on each of the individual items indicated to be safe in practice and therefore to pass.

Comments:

I understand that a copy of this evaluation will be placed in my file and may be shared with faculty on the next level.

Student: _____

Faculty: _____

PROFESSIONAL BEHAVIORS:

As professionals, students are expected to demonstrate professional behaviors as listed in the course syllabus. Failure to demonstrate any of these behaviors will result in lowering of the numerical grade for the course or failure of the course.

- * 1. Demonstrates professional behaviors at all times during the clinical experience (arrives on time, respects client confidentiality, assumes responsibility for own actions, etc.)
- * 2. Demonstrates an active role in own learning process (shows interest in learning experience; seeks out learning opportunities; asks pertinent questions, etc.)

BAYLOR UNIVERSITY SCHOOL OF NURSING
Clinical Evaluation

Scores for each item should be whole numbers determined by the Scale Label and performance Indicators listed below. (These are meant to be guidelines for faculty to use in their decision making. The over-all performance of the student should be considered.)

Scoring of the scale is done by averaging each section on the scale (i.e. Assessment, Analysis, Planning, Implementation and Evaluation.) These averages are averaged together according to the weighting determined by each semester faculty. The score obtained is converted to a grade using the clinical scale on page D-15.

*Score	Score Label	Performance Indicators
5	Independent (I)	Safe, Accurate Consistently thorough Proficient, Coordinated, Assured Focuses on the client, family, others Occasional expenditure of excess energy Within an expedient time period With rare supporting cues from instructor
4	Supervised (S)	Safe, Accurate Generally thorough Efficient; coordinated, confident Focuses on the client Some expenditure of excess energy Within a reasonable time period Occasional supporting cues from instructor
3	Assisted (A)	Safe, Accurate Adequate preparation/thoroughness Skillful in parts of behavior Focuses more on the skill and self rather than client Inefficient and/or incoordinated Anxious, worried, flustered at times Expend excessive energy Within a delayed time period Frequent verbal and occasional physical directive cues in addition to supportive cues from instructor
2	Marginal (M)	Safe but not alone Performs at risk to the client or others Accurate - not always Unskilled, inefficient Considerable expenditure of excess energy Anxiety apparent (or masked) Prolonged time period disrupting or omitting behaviors Focus on skills and/or self Continual verbal and frequent physical cues
1	Dependent (D)	Unsafe Unable to demonstrate behavior Unable to demonstrate procedure/behavior or unsuccessful at attempts to demonstrate procedure/behaviors Lacks confidence, coordination, efficiency Appears unable to function Expend unreasonable energy Continuous verbal and physical cues Excessive amount of time resulting in inability to perform behaviors Instructor/staff actually performs behavior
	N/O	Not Observed

(Source: Bondy, K.N. (1983). Criterion-referenced definitions for rating scales in clinical evaluations. *Journal of Nursing Education*. 22(9), 376-382.)

Clinical Scale

Score	Level One	Level Two	Level Three	Level Four
5				100
4.95		100	100	98
4.9	100	99	99	96
4.85		98	98	94
4.8	99	97	97	92
4.75		96	96	A 91
4.7	98	95	95	
4.65		94	94	90
4.6	97	93	93	89
4.55		92	92	
4.5	96	A 91	A 91	88
4.45			90	87
4.4	95	90	89	
4.35			88	86
4.3	94	89	87	85
4.25			86	
4.2	93	88	85	84
4.15			84	83
4.1	92	87	83	
4.05			82	82
4	A 91	86	B 81	B 81
3.95		90		
3.9	89	85	80	80
3.85		88		
3.8	87	84	79	79
3.75		86		
3.7	85	83	78	78
3.65		84		
3.6	83	82	77	77
3.55		82		
3.5	B 81	B 81	76	76
3.45		80		
3.4	80	79	75	75
3.35		78		
3.3	79	76	74	74
3.25		75		
3.2	78	74	73	73
3.15		73		
3.1	77	72	72	72
3.05				
3	76	C 71	C 71	C 71

Score	Level One	Level Two	Level Three	Level Four
2.95				
2.9	75	70	70	70
2.85				
2.8	74	69	69	69
2.75				
2.7	73	68	68	68
2.65				
2.6	72	67	67	67
2.55				
2.5	C 71	66	66	66
2.45		70		
2.4	69	65	65	65
2.35		68		
2.3	67	64	64	64
2.25		65		
2.2	64	63	63	63
2.15		63		
2.1	62	62	62	62
2.05		61	61	61
2	D 60	D 60	D 60	D 60
1.95	F 59	F 59	F 59	F 59
1.9		59	59	59
1.85				
1.8	58	58	58	58
1.75				
1.7	56	56	56	56
1.65				
1.6	55	55	55	55
1.55				
1.5	54	54	54	54
1.45				
1.4	53	53	53	53
1.35				
1.3	52	52	52	52
1.25				
1.2	51	51	51	51
1.15				
1.1	50	50	50	50
1.05				
1	50	50	50	50

Guidelines for Developing a Nursing Independent Study: NUR 4396

BAYLOR UNIVERSITY LOUISE HERRINGTON SCHOOL OF NURSING

Credit Hours

Three semester hours (three theory hours or two theory hours and one clinical hour).

Placement

Semester 3 or 4

Requisites

Prerequisites: All nursing courses in semester I and II of the major have been completed. Additional required prerequisites may vary according to the topic selected. Student must have an assigned faculty mentor. The independent study proposal has been approved by the Curriculum Committee and assigned to a faculty member.

GPA 2.75

Catalog Description

This course provides the student opportunity for in-depth study in a nursing area of choice. Following approval of the course proposal, the student will, in collaboration with an assigned faculty member, implement and evaluate the independent study.

Purposes of Independent Study

1. Explore an area of special interest based upon prior learning.
2. Explore skills, concepts and specialty content in more depth than time allows in the regular curriculum.

Criteria for Proposal

1. Contact a faculty mentor to consult with during preparation of the proposal.
2. Identify individual learning needs that are compatible with the selected topic.
3. List specific course objectives.
4. Create learning activities to meet course objectives.

5. Follow the format for syllabi content outline used in other nursing courses.
6. Demonstrate how activity supports the philosophy, purposes, objectives and conceptual framework of the School of Nursing
7. Provide methods for evaluation of course objectives.

Proposal Evaluation:

1. Supports the philosophy, purposes, objectives and conceptual framework of the School of Nursing.
2. Identifies program objectives utilized in course.
3. Provides opportunities to develop and improve skills, advance and/or refine concepts, and/or to introduce specialty content.
4. Integrates concepts, principles, skills and roles derived from previous and current nursing courses.
5. Provides an appropriate level learning experience.
6. Utilizes nursing syllabi format.

Proposal Submission and Approval Procedure

1. Develop a course proposal with a faculty mentor according to the criteria.
2. Submit the course proposal to Associate Dean at least 1 month prior to early registration.
3. The Associate Dean gives the proposal to the Chair of the Curriculum Committee. Curriculum Committee members review the proposal. An instructor with expertise in the area of the elective may be consulted or Committee Chair may appoint a subgroup to review selected proposals. Student will be available during a Curriculum Committee meeting to answer questions about the proposal.
4. Approval of the elective must be obtained from the majority of the Curriculum Committee by voice or memo vote.
5. Curriculum committee Chair makes recommendation regarding proposal to the Associate Dean prior to early registration.
6. The Associate Dean determines the availability of faculty and assigns faculty to work with the student.
7. Student will work with assigned faculty member who will serve as "course faculty" for grading purposes.

Course Proposal Format

Proposal will include the following components:

1. Course number: course name, student name, faculty mentor name, outside contact person and date of submission.
2. Course description (75 word annotation).
3. Credit hours (theory and clinical)
4. Placement (level three or four)
5. Requisites (prerequisites and corequisites)
6. Laboratory Experience (if applicable)
7. Broad course objectives. Start with: "Upon completion of this course the student will:" (begin each sentence with a verb)
8. Course Content Outline Summary (describes what actually is covered in the course)
9. Attendance, Evaluation Method and Schedule
 - A. Time frame outline for the course
 - B. Attendance obligations
 - C. Grading criteria (exams, papers)
 - D. Description of grading percentages
 - E. List of demonstrated behaviors and assignments
10. Instructional Resources and Methods
 - A. Texts and other information sources
 - B. Locations
 - C. People involved in the project/experience. Include contact name, address and phone number, if applicable. Normally an independent study does not involve care, if it does, a preceptor form must be signed submitted with the proposal.
 - D. Learning methods.

July 1997

Rationale for Nursing Electives

Nursing electives provide opportunities for independent study or introduce specialty content. They are designed to advance and/or refine concepts, and/or to develop and improve clinical nursing skills. They are an integral component of the curriculum for the following reasons:

1. The faculty believe that students have individual learning needs that are based not only on previous knowledge and experience, but also on individual interests and motivation.
2. The faculty, through preparation at Master's level, have advanced knowledge, skill and expertise in specialized areas of nursing.
3. The faculty believe that learning experiences should be flexible to permit students to develop in accordance with their individual talents and needs.

Criteria for a Nursing Elective

1. Supports the philosophy, purposes, objectives, and conceptual framework of the School of Nursing.
2. Provides a unique opportunity to develop and improve skills to advance and/or refine concepts, principles and/or to introduce specialty content.
3. Shares faculty specialty area expertise with students.
4. Integrates concepts, principles, skills and roles derived from previous and current nursing courses.
5. Strengthens program objectives.
6. Receives a 4000 level course number.
7. Has a specific credit hour formula (i.e., three hours of theory or two hours of theory and one hour of clinical).
8. Follows the format for syllabi used in other nursing courses.
9. Follows the same policies used in other nursing courses (i.e., grading scale, attendance policy, etc.)

Framework for a Nursing Elective Model: NUR 4396

This checklist will help you review your elective before submitting it to curriculum committee. All of the suggestions do not need to be included. Use them as framework or guideline. The curriculum committee will address the first eight items. The last four items are traditionally considered when developing a course and are listed for your convenience.

1. Course Title

2. Description

3. Credit Hours

4. Placement

5. Requisites, Prerequisites, Corequisites

Does it take into consideration that knowledge and experience level of the student?

Does it use information from other courses?

6. Objectives

How do objectives relate to program objectives and level objectives?

Do objectives address human needs framework?

What is the cognitive level of objectives?

Are they realistic?

Where do they lead intellectually and practically?

Are objectives important?

How will different parts of the course help students accomplish objectives?

How does the course foster critical thinking?

Is research addressed?

7. Content Outline Summary

Is content essential?

Is content interesting?

What needs to be learned about each topic?

Is content sequenced appropriately?

Is there a progression in complexity?

Does this course build upon skills taught in other courses?

Does the content address the threads in the curriculum?

8. Role of the Course in the Curriculum

- Why should a student want to take this course?
- How does the course make a difference as a part of nursing?
- How does it fit into the general nursing program?
- How does it build on required courses?
- What will be different?
- What do students want?
- Will it expand nursing practice?
- Does it matter?

9. Requirements and Evaluation Methods

- What will the tests measure? -- memory, understanding, ability to synthesize, to present evidence logically, to apply knowledge in a new context?
- When a percentage of the grade is for "class participation," what is expected of the student?
- Will the students be given alternative ways to achieve success in the class, based on different types of learning styles?
- Are assignments described and details given on format, content?
- Is the course open for challenge or independent study?

10. Teaching Methods

- Will the course be primarily lecture, discussion, or group work?
- Do the teaching methods relate to the philosophy, conceptual framework and program objectives?
- Do opportunities exist for individual learning?

11. Attendance, Examination, and Delayed Examination Policy (optional)

12. Texts

- Why were the books chosen?
- What is their importance in the course and in nursing?
- Is the emphasis in the course on primary or secondary material and why?

This checklist is designed to help you review your elective before submitting it to the curriculum committee. We are not suggesting that all of the questions be answered. Use them as a framework to describe what you want to achieve through the elective.

Medication Calculation Testing

Medication calculation testing for Level II, III, and IV will be given twice during the first two weeks of the semester, and early in the semester for Level I. If the math test is not passed, the student will be allowed to continue in clinical but will not be allowed to administer medications. Furthermore, the student will be automatically enrolled in NUR 4010 (or assigned course number). This course will be conducted by an assigned faculty during the first seven weeks of the semester. The student must pass a comprehensive math exam by mid-semester. If passed, the student may continue in the practicum and be allowed to administer medications. If the exam is not passed, the student will fail practicum. The penalty for not administering medication for one-half of the practicum may be reflected by lowering the student's grade on the clinical performance scale. The clinical faculty will determine the degree to which the grade is lowered.

Rev. 08/05

Graduate Curriculum

Master of Science in Nursing

ADVANCED NURSING LEADERSHIP

The Advanced Nursing Leadership track is a 36 credit hour curriculum focusing on “shaping the future of healthcare through innovative nursing leadership” (AONE).” This focus is grounded in nursing theory and includes courses in informatics, case management, leadership, the health care delivery system, economics, and public policy. The curricular threads of business administration and management, communication and ethics are integral to the assumption of leadership and management roles in organizations. We prepare the graduate with skills needed to improve healthcare in an evolving practice environment. The curriculum is offered in Dallas at the Baylor University Louise Herrington School of Nursing and in Waco via distance education. In Summer, 2003, thesis will no longer be a requirement but will be offered as an option.

FAMILY NURSE PRACTITIONER

The Family Nurse Practitioner (FNP) track is a 46 credit hour curriculum designed to prepare registered nurses to deliver primary health care to clients of all ages focusing on underserved people from a variety of cultures. The curriculum is designed for current and future missionary nurses and other interested in underserved populations. There is emphasizes on health promotion, disease prevention, management of acute and chronic illnesses, and advanced skills in this track. Students have the option of completing part of their required clinical hours at an international site with missionary nurse practitioners, doctors, and faculty supervision.

The program of study conforms to educational guidelines from the State of Texas and the National Organization of Nurse Practitioner Faculties (NONPF). Graduates of the program are eligible to sit for national Family Nurse Practitioner certification examinations offered by the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners (AANP).

There are three program study options. The Master of Science in Nursing awards the Master of Science in Nursing degree with a major in Family Nurse Practitioner. The Post-master’s Nurse Practitioner Study option allows nurses who have completed an advanced nursing degree (master’s or doctorate) to prepare for the nurse practitioner role. Students must have a graduate nursing degree. The curriculum averages 34-hours in length with the option of receiving a second master’s degree. The Advanced Placement for Certificate Nurse Practitioners option also averages 34-hours in length and is designed for certificate-educated nurse practitioners to acquire a graduate nursing degree. Students must have successfully completed a certificate nurse practitioner program and hold current certification as a nurse practitioner.

ADVANCED NEONATAL NURSING (NNP/CNS)

The Neonatal Nursing track is a 47 credit hour curriculum designed to prepare experienced registered nurses for the blended advanced practice nursing roles of Neonatal Nurse Practitioner (NNP) and Clinical Nurse Specialist (CNS). The curriculum emphasizes advanced nursing care of newborns and infants from birth through the first year of life. The spectrum of health from promotion of wellness to management of acute and chronic illness in a variety of settings is incorporated into the program.

The program of study conforms to educational guidelines from the State of Texas, the National Association of Neonatal Nurses (NANN), and the National Organization of Nurse Practitioner Faculties (NONPF). Graduates of the program will be eligible to sit for national Neonatal Nurse Practitioner certification examination offered by the National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC) and the Neonatal Critical-Care Clinical Nurse Specialist (CCNS) certification examination offered by the American Association of Critical-Care Nurses Certification Corporation.

There are three program study options. The Master of Science in Nursing awards the Master of Science in Nursing degree with a major in Advanced Neonatal Nursing. The Post-master's Nurse Practitioner Study option allows nurses who have completed an advanced nursing degree (master's or doctorate) to prepare for the nurse practitioner role. Students must have a graduate nursing degree. The curriculum averages 34-hours in length with the option of receiving a second master's degree. The Advanced Placement for Certificate Nurse Practitioners option also averages 34-hours in length and is designed for certificate-educated nurse practitioners to acquire a graduate nursing degree. Students must have successfully completed a certificate nurse practitioner program and hold current certification as a nurse practitioner.

The Advanced Neonatal Nursing track is a graduate nursing curriculum designed to prepare experienced registered nurses for advanced practice neonatal nursing. The curriculum blends Neonatal Nurse Practitioner (NNP) and Clinical Nurse Specialist (CNS) competencies together to enable graduates to assume either or both roles. The curriculum emphasizes advanced nursing care of newborns and infants from birth through the first year of life. The spectrum of health from promotion of wellness to management of acute and chronic illness in a variety of settings is incorporated into the program. The program concludes with a clinical residency designed to provide students with a hands-on, real-life experience as an advanced practice neonatal nurse.

Students will gain in-depth knowledge of neonatal nursing, research utilization, critical thinking, diagnostic reasoning, patient management, program planning, and systems management. Technical skills related to neonatal intensive care such as intubation, umbilical catheterization, insertion of percutaneous central lines, lumbar puncture, suprapubic bladder aspiration, needle aspiration of the chest, and chest thoracotomy are also taught. Special emphasis is placed on managing a caseload of neonatal/infant patients and their families in conjunction with neonatologists and other members of the health care team.

The program of study conforms to educational guidelines from the State of Texas, the National Association of Neonatal Nurses (NANN), and the National Organization of Nurse Practitioner Faculties (NONPF). Graduates of the program will be eligible to sit for national Neonatal Nurse

Practitioner certification examination offered by the national Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC) and the Neonatal Critical-Care Clinical Nurse Specialist (CCNS) certification examination offered by the American Association of Critical-Care Nurses Certification Corporation.

RN to MASTERS - JOINT BSN/MSN

The Joint BSN/MSN track provides ADN and Diploma RNs the means to complete both their BSN and MSN requirements within one program. Participants can specialize in any of the three tracks currently available in the graduate program. Graduates will receive the Bachelor of Science in Nursing and Master of Science in Nursing and will be prepared to practice as either an advanced practitioner (FNP or NNP) or an administrator or manager in patient care.

Master of Science in Nursing Program Objectives

1. Identify researchable nursing problems and participate in nursing research to improve nursing practice and meet professional standards.
2. Apply innovative models that have been developed through synthesis of selected theories and research to nursing practice.
3. Demonstrate leadership in devising strategies to achieve standards of excellence and contribute to the advancement of the nursing profession.
4. Demonstrate working knowledge of HCDS and the public policy that propels it.
5. Synthesize theories for problem solving in the clinical setting.
6. Analyze and address issues in health care delivery utilizing ethical theories.
7. Plan and manage the health care financing of holistic care for individuals and groups.
8. Implement the nursing role within the interdisciplinary health team through collaboration and consultation with other providers.
9. Demonstrate advanced nursing skills for the delivery of holistic care to individuals and groups.

Graduate Program Admission Requirements

Admission Requirements for the Master's Program include:

- Bachelor's degree in any field from a nationally accredited school.*
- Undergraduate GPA of 2.7 and 3.0 in nursing
- Licensure as a registered nurse in the state of Texas.
- Experience as a practicing professional nurse.
- Acceptable score on the Graduate Record Examination or Miller Analogies Test.
- Acceptable writing sample.
- Basic statistics course.
- Personal interview.

* Students admitted with an ADN and a non nursing bachelors degree will need to meet with the coordinator of their graduate track to determine if there is any BSN coursework that needs to be completed as a program pre requisite (i.e. community health).

Joint BSN/MSN (RN to MSN) Admission Requirements

Admission requirements for the Joint BSN/MSN track include:

- Admission to the University, and the School of Nursing
- Sixty-three (63) hours of general education prerequisite courses
- Completion of an ADN or Diploma in Nursing from a nationally accredited school
- Licensure as a registered nurse in the state of Texas
- Acceptable writing sample
- Acceptable score on the Graduate Record Examination or acceptable score on the Miller Analogies Test.



MUS 5246*	Comparative Liturgies	4
	Applied	2
	Conducting (4260, 4261, or 4262)	2
	Electives	7

*The student will take the two courses not taken as THEO 7294, 7295, or 7296.

Option E: Composition		
Composition*		6
MUS 5170	Recital	1
	Conducting (4260, 4261, or 4262)	2
	Electives	6

*Courses to be selected from MUS 4203, 5207, 5208, or 5V89.

Total Degree requirements 108 hrs.

Louise Herrington School of NURSING

Dean: Judith W. Lott

Associate Dean: Martha J. Bradshaw

Interim Graduate Program Director: Frances Strodbeck

Professors: Elizabeth Anne Farren, Judith W. Lott, Frances Strodbeck

Associate Professors: Linda Garner, Carole A. Hanks, Jacquelin Neatherlin

Assistant Professors: Merry McBryde-Foster, Lisa Taylor

MASTER OF SCIENCE IN NURSING

The Louise Herrington School of Nursing Graduate Studies Program is ranked nationally by *US News & World Report* for its academic reputation. The Graduate Studies Program offers part or full-time study in one of three advanced practice majors: Family Nurse Practitioner, Advanced Neonatal Nursing, and Advanced Nursing Leadership.

Admission Requirements

For admission to the Nursing Graduate Studies Program, candidates must meet the general requirements set forth by the Graduate School and the Louise Herrington School of Nursing:

1. Bachelor's degree in any field
2. GPA predictive of success in this program
3. Licensure as a registered nurse in the State of Texas
4. Experience as a practicing professional nurse
5. Scores on the General Record Examination General Test or Miller Analogies Test that are predictive of success in this program
6. Acceptable writing sample
7. Basic statistics course
8. Personal interview

There is no foreign language requirement. Applications are considered on an individual basis after the School of Nursing receives all admission materials. The preferred start date is the summer semester. Applicants should plan to complete all admission materials on or

before February 15 for summer admission, June 1 for fall admission, and November 1 for spring admission.

Requirements

A grade of “B” or higher is required in all practicum courses. Students may repeat a course one time. Graduate students must maintain a “B” (3.0) overall grade point average (GPA). Any students whose overall GPA falls below a “B” average during any semester will be placed on probation for the next nine (9) semester hours of coursework. (Please refer to sections on Grading System and Probation).

Program Study Options

I. Master of Science in Nursing

This option awards the Master of Science in Nursing degree with a major in Family Nurse Practitioner, Advanced Neonatal Nursing, or Advanced Nursing Leadership. The curriculum ranges from thirty-six to forty-seven semester hours in length depending upon the major. (Graduates are eligible to sit for national certification examinations in their appropriate nurse practitioner specialty.)

II. Post-master’s Nurse Practitioner Study

This option allows nurses who have completed an advanced nursing degree (master’s or doctorate) to prepare for the nurse practitioner role. Students must have a graduate nursing degree. The curriculum averages thirty-four to thirty-five semester hours in length; however, transcripts of previous graduate nursing course work are evaluated on an individual basis to determine program placement. A degree plan that reflects current educational standards is developed for each student by the program faculty.

III. Advanced Placement for Certificate Nurse Practitioners

This option is designed for certificate-educated nurse practitioners who are interested in acquiring a graduate nursing degree. Students must have successfully completed a certificate nurse practitioner program and hold current certification as a nurse practitioner. The curriculum averages thirty-one to thirty-four semester hours in length; however, students are evaluated on an individual basis to determine an appropriate degree plan that reflects current educational standards. Advanced standing may be given for coursework previously taken during the student’s certificate program.

IV. Joint BSN/MSN (RN to Master’s)

This option provides associate degree and diploma educated registered nurses the means to complete the BSN and MSN degree requirements concurrently. Students in this option will select one of the three graduate nursing majors.

V. Nursing Education Post-Master’s Certificate

The Nursing Education Advanced-Standing Certificate is an 11-13 credit hour post-master’s program designed to provide the theoretical knowledge, skills, and practical experiences for the professional development of nurse educators. The goal is to promote an understanding of teaching and learning principles, curriculum design, evaluation methods, and instructional technology to prepare participants for current and future roles in nursing education.

Program Objectives

All graduate students are expected to attain program objectives. These objectives are appropriate for all tracks. The program objectives are:

1. Identify researchable nursing problems and participate in nursing research to improve practice and meet professional standards.
2. Apply innovative models that have been developed through synthesis of selected theories and research to nursing practice.
3. Demonstrate leadership in devising strategies to achieve standards of excellence and contribute to the advancement of the nursing profession.
4. Demonstrate working knowledge of HCDS and the public policy that propels it.
5. Synthesize theories for problem-solving in the clinical setting.
6. Analyze and address issues in health care delivery utilizing ethical theories.
7. Plan and manage the health care financing of wholistic care for individuals and groups.
8. Implement the nursing role within the interdisciplinary health team through collaboration and consultation with other providers.
9. Demonstrate advanced nursing skills for the delivery of wholistic care to individuals and groups.

Core Courses – Required in all majors

NUR 5205	Nursing Informatics
NUR 5310	Theoretical Foundations for Advanced Nursing Practice
NUR 5320	Health Care Delivery Systems and Related Policy
NUR 5322	Health Care Management and Economics
NUR 5330	Principles and Methods of Nursing Research
NUR 5340	Leadership in Advanced Nursing Practice

SPECIALTY TRACKS

ADVANCED NURSING LEADERSHIP

The Advanced Nursing Leadership track is a thirty-six credit hour curriculum focusing on “shaping the future of healthcare through innovative nursing leadership” (AONE). This focus is grounded in theory and includes courses in informatics, case management, leadership, the health care delivery system, public policy, budgeting, human resource management and economics. The curricular threads of business administration and management, communication, and ethics are integral to the assumption of leadership and management roles in organizations. We prepare the graduate with skills needed to improve healthcare in an evolving practice environment. The curriculum is offered in Dallas at the Baylor University Louise Herrington School of Nursing and in Waco via distance education.

Degree Requirements

The Master of Science in Nursing degree in advanced nursing leadership requires thirty-six semester hours, including six hours of electives. Students may choose to write a thesis which will add four semester hours to the length of the curriculum. Transfer credits will be reviewed on an individual basis. A maximum of eight transfer credit hours will be accepted.

Required Specialty Courses

NUR 5217	Budgeting and Healthcare Finance for Nursing Leadership
NUR 5315	Nursing Case Management

NUR 5218	Human Resource Management in Health Care Organizations
NUR 5326	Nursing Leadership Residency
Electives:	Six semester hours. Electives may be taken from any of the nursing curriculum options or outside of nursing (i.e., economics, accounting, marketing, information systems).

FAMILY NURSE PRACTITIONER

The Family Nurse Practitioner (FNP) track is a forty-seven credit hour curriculum designed to prepare registered nurses to deliver primary health care to clients of all ages focusing on underserved people from a variety of cultures. The curriculum is designed for current and future missionary nurses and others interested in underserved populations. Emphasis is placed on health promotion, disease prevention, management of acute and chronic illnesses, and advanced skills in this track. Students have the option of completing part of their required clinical hours at an international site with missionary nurse practitioners, doctors, and faculty supervision.

The program of study conforms to educational guidelines from the state of Texas and the National Organization of Nurse Practitioner Faculties (NONPF). Graduates of the program are eligible to sit for national Family Nurse Practitioner certification examinations offered by the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners (AANP).

Additional admission requirement for the Family Nurse Practitioner major

Candidates for the Family Nurse Practitioner major must have a minimum of two years experience as a professional nurse and basic physical assessment course within one year prior to taking the graduate assessment course (NUR 5452).

Degree Requirements

The Family Nurse Practitioner curriculum ranges from thirty-one to forty-seven semester hours depending upon the study option selected and can be completed in two calendar years. The curriculum provides didactic (theory) and clinical components organized within the framework set forth by the American Association of Colleges of Nursing's *The Essentials of Master's Education for Advanced Practice Nursing*. Traditional MSN students will complete seventeen hours of required core courses that are taught in conjunction with the other graduate nursing majors. There are thirty hours of advanced practice core and family nursing specialty courses. Students may choose to write a thesis that adds six semester hours to the length of the curriculum.

Required Specialty Courses

NUR 5350	Advanced Human Pathophysiology for Nurse Practitioner
NUR 5351	Advanced Pharmacology for Nurse Practitioners
NUR 5253	Role of the Advanced Practice Nurse
NUR 5355	Family Health Management I
NUR 5258	Advanced Family Practice I
NUR 5356	Family Health Care Management II
NUR 5259	Advanced Family Practice II
NUR 5V49	Health Care and Missions
NUR 5452	Advanced Health Assessment/Promotion/Disease Prevention
NUR 5657	Family Nurse Practitioner Residency
Thesis Option adds six semester hours to total hours.	

ADVANCED NEONATAL NURSING (NNP/CNS)

The Advanced Neonatal Nursing track is a graduate nursing curriculum designed to prepare experienced registered nurses for advanced practice in neonatal nursing. The curriculum blends Neonatal Nurse Practitioner (NNP) and Clinical Nurse Specialist (CNS) competencies together to enable graduates to assume either or both roles. The curriculum emphasizes advanced nursing care of newborns and infants from birth through the first year of life. The spectrum of health from promotion of wellness to management of acute and chronic illness in a variety of settings is incorporated into the program. The program concludes with a clinical experience designed to provide students with a hands-on, real-life experience as an advanced practice neonatal nurse.

Students will gain in-depth knowledge of neonatal nursing, research utilization, critical thinking, diagnostic reasoning, patient management, program planning, and systems management. Technical skills related to neonatal intensive care such as intubation, umbilical catheterization, insertion of percutaneous central lines, lumbar puncture, suprapubic bladder aspiration, needle aspiration of the chest, and chest thoracotomy are also taught. Special emphasis is placed on managing a caseload of neonatal/infant patients and their families in conjunction with neonatologists and other members of the health care team.

The program of study conforms to educational guidelines from the State of Texas, the National Association of Neonatal Nurses (NANN), and the National Organization of Nurse Practitioner Faculties (NONPF). Graduates of the program will be eligible to sit for national Neonatal Nurse Practitioner certification examination offered by the national Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC) and the Neonatal Critical-Care Clinical Nurse Specialist (CCNS) certification examination offered by the American Association of Critical-Care Nurses Certification Corporation.

Degree Requirements

The Advanced Neonatal Nursing program ranges from thirty-one to forty-seven credit hours depending upon the study option selected and can be completed in two calendar years. The curriculum provides didactic (theory) and clinical components organized within the framework set forth by the American Association of Colleges of Nursing's *The Essentials of Master's Education for Advanced Practice Nursing*. Traditional MSN students will complete seventeen hours of required core courses that are taught in conjunction with the other graduate nursing majors. The remaining thirty hours consist of the advanced neonatal nursing core courses and specialty courses. Students may choose to write a thesis that adds six semester hours to the length of the curriculum.

Required Specialty Courses

NUR 5253	Role of the Advanced Practice Nurse
NUR 5360	Developmental Physiology of the Fetus/Newborn
NUR 5361	Advanced Pharmacotherapeutics for Newborns/Infants
NUR 5262	Advanced Assessment & Diagnostics of the Newborn/Infant
NUR 5163	Advanced Newborn/Infant Assessment & Diagnostic Practicum
NUR 5164	Pathophysiology of Newborn/Infant I
NUR 5265	Advanced Neonatal Nursing Management I: High-Risk
NUR 5566	Advanced Neonatal Nursing Practicum I
NUR 5167	Pathophysiology of Newborn/Infant II
NUR 5268	Adv Neonatal Nursing Management II: Acute/Chronically III
NUR 5569	Advanced Neonatal Nursing Practicum II
NUR 5170	Pathophysiology of Newborn/Infant III

NUR 5171	Advanced Neonatal Nursing Management III: The High-Risk Family
NUR 5172	Advanced Neonatal Nursing Practicum III

JOINT BSN/MSN (RN to Master's)

Associate Degree (ADN) nurses return to school to build upon their education and clinical experience. The joint BSN/MSN track provides ADN's and Diploma RN's the means to complete both their BSN and MSN requirements concurrently. Since both degrees are awarded simultaneously, all requirements in both programs must be completed in order to receive either degree. Participants can specialize in any of the tracks available in the graduate program. Graduates will receive the Bachelor of Science in Nursing and Master of Science in Nursing and will be prepared to practice as either an advanced practitioner (FNP or NNP/CNS) or an administrator or manager in patient care.

Degree Requirements

The Joint BSN/MSN track requires twenty semester hours of undergraduate nursing plus thirty-six to forty-seven semester hours of graduate nursing, depending on the specialty track chosen by the candidate.

Admission requirements for the Joint BSN/MSN track include:

1. Admission to the University and the School of Nursing
2. Sixty-six hours of general education prerequisite courses
3. Completion of an ADN or Diploma in Nursing from a nationally accredited school
4. Licensure as a registered nurse in the State of Texas
5. Acceptable writing sample
6. Scores on the General Record Examination General Test or the Miller Analogies Test that are predictive of success in this program

Required Prenursing Courses

The following courses are prerequisites for admission to the nursing program.

First Semester

ENG 1302	Thinking and Writing
CHE 1300	General Chemistry
CHE 1100	Intro Chem Lab
REL 1310	The Christian Scriptures**
SOC 1305	Introduction to Sociology
Elective	
Chapel*	

Second Semester

ENG 1304	Writing and Research
BIO 2401	Anatomy and Physiology I
PSY 1305	Introductory Psychology
History Elective or	
Great Texts 2302	
Elective	
Human Performance Elective	
Chapel*	

Third Semester

Literature Elective

BIO 2402 Anatomy and Physiology II

Elective

FCS 2351 Nutrition

Foreign Language: One (1) year of a foreign language (Spanish strongly recommended. Two (2) courses in the same language required.)

**If students are unable to find these courses outside of Waco, REL 1301: Old Testament Survey and REL 1311: New Testament Survey will be accepted.

Fourth Semester

MTH 1380 Statistics

BIO 1402 Microbiology

PSC 2302 Political Science (or six hours of government before entering Baylor)

PSY 3341 Human Growth and Development

Foreign Language

*Waived for transfer students

Required Courses

NUR 3222 Professional Development: Health Promotion and Patient Education

NUR 3314 Health Assessment

NUR 3324 Family/Maturing Family

NUR 3350 Integration to Professional Nursing

NUR 4341 Professional Development: Leadership and Management

NUR 4345 Professional Nursing Practice IV

NUR 4353 Community and Culture

NUR 5205 Nursing Informatics

NUR 5310 Theoretical Foundations for Advanced Nursing Practice

NUR 5320 Health Care Delivery Systems and Related Policy

NUR 5430 Principles and Methods of Nursing Research for the RN to Master's Student

Required Specialty Courses – See specialty track

PHILOSOPHY**Chairperson:** Michael D. Beaty**Graduate Program Director:** Anne-Marie Bowery**Distinguished Professors:** Thomas J. Hibbs, Robert C. Roberts, Carl G. Vaught**University Professor:** C. Stephen Evans**Professors:** Robert M. Baird, Michael D. Beaty, C. Stephen Evans, Thomas J. Hibbs, Robert C. Roberts, Stuart E. Rosenbaum, Carl G. Vaught**Associate Professors:** Anne-Marie Bowery, James A. Marcum, Robert C. Milner, Scott H. Moore



Section E

**General
Information**

General Information

In alphabetical order -

Accidents and Injuries in the Workplace

School of Nursing Procedure:

1. Report any accident or injury, even though you consider it insignificant, to the Assistant to the Dean immediately after its occurrence.
2. Complete the online *1st Report of Accident or Injury*. Print a copy of the form prior to submission. Forward printed copy of the form to the Assistant to the Dean.

Online reporting:

http://www.baylor.edu/bupp_forms/index.php?id=20454

Link to Baylor University's Personnel Policy Manual - <http://www.baylor.edu/BUPP>
Select BU-PP 446 from menu to view Worker's Compensation Policy

Bulletin Boards

Bulletin boards located on the second floor of the school are designated for communication with students. Other boards are for general use.

General guidelines for all Second Floor Bulletin Boards:

All students will be responsible for checking the bulletin boards on a daily basis. Important and necessary information is placed on these boards for the student's benefit.

Guidelines for all Bulletin Boards:

All notices must be dated. Notices will be removed from bulletin boards after a period of two weeks. The Assistant to the Dean must approve postings requiring more than two weeks.

Faculty Lounge

The faculty lounge is open between 8:00 am and 5:00 pm, but is available to faculty members at any time. Individuals are responsible for cleaning the kitchen area immediately after its use. Since the area is designated for faculty, no student-faculty conferences should be scheduled in this room before 5:00 pm.

Fax Policy

There are three (3) fax machines in the School of Nursing. One is on the 3rd floor in the Administrative Suite (214.818.8692), the 2nd is in the LRC (214.820.4770) and the 3rd is on the first floor (214.820.3835). Their purpose is to support library and business activities necessary to the daily operation of Baylor University Louise Herrington School of Nursing. At the present time there are no paper or telephone costs charged for using the fax machines.

Bond or copier paper should be used for all faxing to avoid jamming the machine. Print should be black to maximize data transfer. The LRC and Administrative staffs monitor the fax machines. Incoming faxes will be delivered to the faculty mailboxes on a convenience basis.

Responsibility for the receipt of faxes that are confidential or urgent rests with the individual recipient. If a faculty member or administrator is expecting this type of fax, they must notify the LRC or Administrative staff that it is coming. The LRC or Administrative staff will try to contact the faculty member by phone when the item arrives. The fax will be held at the LRC or Administrative Suite for pickup. The faculty or administrator or their representative must personally pick up faxes of this nature. If the faculty member or administrator cannot be reached, the fax will be delivered to the appropriate mailbox on a convenience basis.

Forms and Applications

All forms that are used in the day-to-day operations of the School are located either on the Administrative Website or are filed in the Administrative Suite.

Health Center

A health center for minor health/accident problems is provided for the students through the Personnel Health Center of Baylor University Medical Center. Doctor's hours are from 8:30 to 10:00 am, Monday through Friday. Individuals may be seen by the doctor during this time. The clinic is located on the ground floor of A. Webb Roberts Hospital.

Individuals are required to present a Health Clinic Disposition form to the clinic before they can be seen by the physician. Students may pick up the form in the office of the Assistant Dean for Student Affairs. Students are required to return the signed disposition form to the School after the visit to the clinic.

Individuals are advised to see a private physician for treatment of serious illness or injury.

For TB test renewals, students and faculty may call the clinic at extension 2-3323 and set up an appointment with the nurse. A Health Clinic Disposition form is needed for this.

Inclement Weather

The School of Nursing will close for bad weather on the same days that the Dallas Independent School District closes.

Under certain circumstances the School of Nursing may close even though DISD remains open. In such an event, the closing or delay will be announced on KRLD AM 1080. Closings and delays will also be posted to Cancellations.com. In addition, an effort will be made to notify as many faculty as possible after a decision to close the School has been made.

If the school is not officially closed, each faculty member and student is expected to exercise his/her judgment regarding the risk of travel to School or Clinical Agency. Every effort to notify students of cancellation of a specific class or practicum should be made by the instructor and/or team leaders.

Mail

Mailboxes are located in the workroom. U.S. mail is typically delivered by 3:00 pm and interdepartmental mail from Baylor University Medical Center is delivered by noon. Outgoing mail (U.S., Interdepartmental, Wilma Bass Hall) should be placed in the designated areas in the workroom. A U.S. post office is located on P1 between Barnett and Wadley Tower in BUMC. Another postal station is located at 502 N. Haskell.

Maintenance

Requests for other than routine maintenance or janitorial work should be requested on the Custodian Work Order Form and routed through the A-V / Facilities Technician

Messages

Non-urgent message will be forwarded to faculty via e-mail. Efforts will be made to convey emergency messages immediately.

Office Arrangements

The Dean in conjunction with the Faculty Affairs committee assigns faculty offices. All wall decorations are to be hung by the maintenance department.

Telephone

Between the hours of 8:00 and 5:30 incoming calls can be received in two ways. If the caller dials 820-3361, the call will be received by one of the administrative assistants and forwarded to the appropriate number. If the caller dials 820 + an individual extension number, the call will be routed directly to that office. If there is no answer by fourth ring the call will automatically be forwarded to voice mail. Outside lines are obtained by dialing 9. Long distance calls may be placed from your phone. Please use your telephone credit card for personal long-distance calls or speak to the Assistant to the Dean about reimbursement to the school.

Room Reservations

Requests for room reservations may be directed to the level administrative assistants or to the Assistant to the Dean. Room scheduling is coordinated using "Meeting Maker" software.

Secretarial Services

Each faculty is assigned an administrative assistant for word processing, duplicating and other secretarial work related to the operation of the School. While work related to the School is given first priority, support is also available to assist faculty in developing materials for publication.

Administrative assistants retain a copy of all course materials. Faculty are expected to plan ahead for maximum utilization of secretarial services by **allowing five (5) working days** for completion of course materials and committee minutes and longer for completion of papers for publication.

Revised 8/15/05

Computers - Faculty/Staff Workroom and Laptop

The workroom contains two (2) Dell computers for faculty/staff use.

Installed software packages include Office XP (Word, Excel, Powerpoint, Access), Adobe Photoshop, Adobe Acrobat and Netscape. One system supports a flatbed scanner and the other a Scantron scoring machine.

Both computers are networked and can print to any network printer.

Priority is to be given to grading of exams since only one Scantron machine is available. Faculty are welcome to use computers in the LRC as well as the ones in the Faculty/Staff Workroom. All full-time faculty have computers in their offices.

The Faculty/Staff workroom is restricted to use by faculty and staff only. Faculty members who have students do work for them should instruct the students to use the computer in the LRC, not the Workroom computers.

Faculty also have access to Dell laptop computers for use at home or outside presentations. Faculty should make arrangements for use of a laptop computer with Bill Bryan, Multi-media/Microcomputer Technician/Trainer. The laptops should be returned as soon as possible so that they are available for others to use. Policy for use of the laptops is as follows:

1. Priority for the use of the laptops is for classroom use.
2. The laptops are for faculty/staff use only.
3. Reservations are required to guarantee availability.
4. The laptop must be signed for.
5. Use floppy disks for storing your work, not the hard disk.
6. The laptops must be kept in their own cases for transport.
7. Avoid any magnetic field.

Rev. 7/31/03

School Van/Car

The school car and van are to be used for official School University business with the exception of travel to and from agencies for a practicum. Faculty and Staff are expected to use the car if five or fewer persons are traveling and the van if more than five are traveling.

Drivers must have prior approval by the Office of Risk Management to operate School of Nursing fleet vehicles.

Persons who drive twelve and fifteen passenger vans must meet motor vehicle records guidelines as well as take and make a passing grade on the Sonic e-Learning, Inc. AlertDriving.com Traffic Safety 15-Passenger Van Program. Contact the Assistant to the Dean to be enrolled in the van safety course.

The School of Nursing van may be loaded with no more than 10 people and their equipment (including driver.)

Link to Risk Management Policy 5.1

Related Forms:

Travel Approval Form: <http://www.baylor.edu/travel/index.php?id=2787>

Expense Report Form: <http://www.baylor.edu/travel/index.php?id=17530>

The A-V / Facilities Technician is responsible for: repair and maintenance of the van and car, including the purchase of gasoline, checking out the Van/Car Use Record, keys, gas credit cards, and for maintaining travel records.

Please follow the guidelines below:

1. Forward Request for Use of School Car/Van Form to the A-V / Facilities Technician
2. Obtain Van/Car Use Record, keys and gas credit card(s) from the A-V / Facilities Technician. For departures before 8:00 am, keys can be checked by 4:00 pm the day before.
3. Before leaving the School of Nursing parking lot, record date, odometer reading, name of driver, destination and amount of fuel in tank on Car/Van Use Record.
4. After returning from destination record date, odometer reading, miles traveled, credit card receipt with number if appropriate, and any problems.
5. Return the car or van, Car/Van Use Record, keys and credit cards to A-V / Facilities Technician immediately upon return from trip if arrival back is between 8:00 am to 5:00 pm, return keys to A-V / Facilities Technician at 8:00 am the next morning.

6. Credit cards are only to be used for expense incurred during a trip, not prior to or after returning from a trip. Submit voucher for credit card use to A-V / Facilities Technician. Do not leave card in car. Please carry it in wallet or purse.
7. **In case of an accident**, immediately call the Coordinator of Insurance and Risk Service at **254.710.4586**. When a driver is involved in an accident while driving a Baylor vehicle the driver should not express any comments or conclusions as to who was at fault, nor should he or she make any statements regarding Baylor's or the driver's potential liability as a result of the accident. All drivers are expected to cooperate fully in responding to requests for information from law enforcement officials. It is also permissible to state that you are driving a Baylor vehicle and that it is insured under a University policy.
8. Information on School Car
 - a. License Number G92-YWT (Texas)
 - b. 2000 Chevy Impala - Teal color
 - c. Use SUPER-UNLEADED fuel ONLY
 - d. The car can only be driven by faculty and staff. Students are not permitted to drive the school car.
9. Information on School Van
 - a. License Number RGK 19F (Texas)
 - b. Ford XL (15 passenger) Van (White)
 - c. Use unleaded plus only.
 - d. Van can be requested by faculty for students to drive – MVR requests must be completed for **anyone** driving school of nursing fleet vehicles.

Revised 8/15/05

REQUEST FOR SCHOOL CAR

Please turn this request in to A-V / Facilities Technician at
Least **3 days prior** to date of trip

Date Needed: _____ Time Needed: _____

Estimated Time of Return: _____

School Car Personal Car

Was School Car Available? Yes No

Name _____

Purpose of Trip:

Meeting Time _____ am _____ pm

Does another Faculty/Staff plan to travel with you? Yes No

Purpose of their Trip:

Meeting Time _____ am _____ pm

Revised 8/15/05

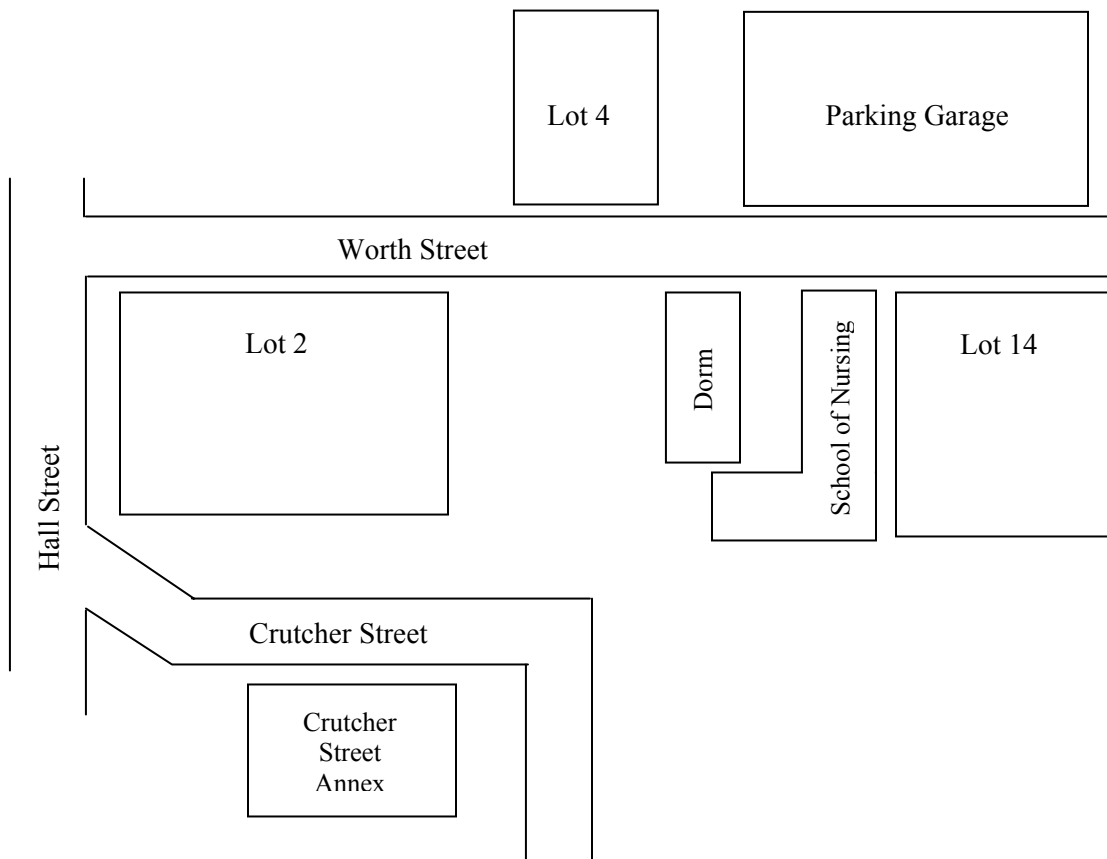
Security and Parking

Security

To provide security in the School of Nursing, the front door and the stairwells are locked between the hours of 5:00 pm and 7:00 am during the week and all day on Saturday and Sunday. The back door is to remain locked at all times. Mounted cameras monitor the front door. When doors are locked, students and faculty may access the building by using their Baylor University Medical Center photo ID badge.

Parking - Faculty and Staff

Faculty parking is available at Louise Herrington School of Nursing on adjacent or nearby parking lots. Requests for parking permits is made directly to the Parking Services Department at Baylor University Medical Center. Parking Services is located in the Crutcher Street Annex. Phone 214-820-7275 for parking information. Security escorts are available upon request, day or night for students, faculty and staff.



Parking - Visitors to the School

Visitors may **not** park in Lot 14. Visitors may park in Baylor University Medical Center visitor parking lots. Free tokens are available to LHSOON guests. Tokens and visitor logs are available in the following offices: Administrative Suite, Staff Suite (3rd floor) and Student Services (1st floor).

The following Lots are available for visitor parking:

- Lot 2 (surface – Worth Street)

- Lot 3 (underground – Collins Building)

- Lot 4 (surface – Worth Street)

- Lot 5U/5L (underground/parking garage – Junius Street)



Section F

**Academic
Policies**

Academic Appeals

Academic appeals policies and procedures can be found on the *Student Policies and Procedures* website.

Link to Academic Appeals

Student Advisement

The Scope of Advising

Advising is sometimes attending to simple questions, other times; it is anticipating an advisee's need to know about more complex matters. But good advisement is always a process composed of timely responses in areas relevant to student education. It must be developmental, progressively tailoring its responses to fit the situation of the advisee.

Advisor Roles

1. Professional role model - provides a model through personal appearance and professional conduct.
2. Student advocate - supports the advisee in situations where appropriate and represents the interests of the advisee.
3. Information giver - gives information relative to, but not limited to: curriculum, school policy and procedures, learning problems, special abilities, experiences, etc.
4. Information seeker - elicits information from the student concerning student profile data, known physical problems, learning problems, special abilities, experiences, etc.
5. Encourager - encourages participation in socio-cultural, spiritual and professional activities with the parent institution and the local community.
6. Problem-solving facilitator - listens to student's problems and assists in the problem-solving process. Assists student in adjusting to the upper division level.
7. Academic advisement - maintains an awareness of advisee's grade deficiencies and intervenes as indicated. Administration will notify advisors, in writing, of advisee's deficiencies at mid-term and at the conclusion of the semester. Advisor will: Advise students each semester on courses for next semester; complete Advisor's slip prior to registration, add notation on Advisement Contact Record; and update copy of degree plan. Both the Advisement Contact Record and the degree plan can be found in each student's folder.

Assignment of Advisees

Assignment of advisees to individual faculty members is made at the beginning of the academic semester. Additional assignments to accommodate students entering the major at midterm will be made in January. Every effort will be made to provide a student with the same faculty advisor for the entire time the student is enrolled (unless a highly individualized schedule is needed).

Agency Contracts

The University has signed agreements with all agencies in which students are placed for clinical experience. Agreements between agencies and the University are not all the same. Original signed agreements are on file in the Administrative Suite. The faculty is expected to become familiar with the terms of the contract between the University and the agency to which they are assigned so that the terms of the contract may be carried out.

LHSON currently has clinical contracts with the following agencies:

AAUW Child Care	Millwood Hospital
Baylor Garland	Parish Nurse Health Ministry
Baylor Richardson Medical Center	Parkland Memorial Hospital
Buckner Baptist Trew Ryburn Complex	Presbyterian Hospital
Children's Medical Center	Presbyterian Village North
Church Health Ministries of East Dallas	Richardson Independent School District
City of Dallas	Southwest Organ Bank, Inc.
Dallas County Health Department	St. Pius Day Care Center
Dallas County MHMR	Terrell State Hospital
Dallas Independent School District	Texas Oncology, P.A.
Doctor's Hospital	Texas Scottish Rite Hosp. for Crippled Children
Juliette Fowler Homes Incorporated	Timberlawn Mental Health System
Golden Acres (Byers Activity Center)	Trinity Ministry to the Poor
Horace Haas Landauer Day Care Center	VA Medical Center, Dallas
Maurice Barnett Geriatric Wellness Center	VNA
Medical City Dallas Hospital	VNA Hospice
Mesquite Independent School District	YMCA Casa Shelter
Methodist Hospital	Zale Lipshy

If there are additional agencies you would like to contract with, please contact either the Associate Dean or the Graduate Program Director.

Rev. 8/2005

Baylor University
Louise Herrington school of Nursing

Policies Regarding Admission into the Nursing Program

All students applying to the School of Nursing are expected to have the following competencies in order to effectively and safely perform the responsibilities of a nursing student.

Core Performance Standards for Admission and Progression*

ISSUE	STANDARD	Some Examples of Necessary <u>Activities (not all inclusive)</u>
Critical thinking	Critical-thinking ability sufficient for clinical judgment	Identify cause/effect relationships in clinical situations, develop nursing care plans
Interpersonal	Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds	Establish rapport with patients/clients and colleagues
Communication in English	Communication abilities sufficient for verbal and written interaction with others	Explain treatment procedures, initiate health teaching, and document and interpret nursing actions and patient/client responses
Mobility	Physical abilities sufficient for movement from room to room and in small spaces	Move around in patient's room, work spaces and treatment areas; administer cardiopulmonary procedures
Motor Skills	Gross and fine motor abilities sufficient for providing safe, effective nursing care	Calibrate and use equipment; position patients/clients
Hearing	Auditory ability sufficient for monitoring and assessing health needs	Hear monitor alarm, emergency signals, auscultatory sounds and cries for help
Visual	Visual ability sufficient for observation and assessment necessary in nursing care	Observe patient/client responses
Tactile	Tactile ability sufficient for physical assessment	Perform palpation, functions of physical examination and/or those related to therapeutic intervention (such as insertion of a catheter)

*Source: Southern Council on Collegiate Education, March 1993
<http://www.sreb.org/programs/nursing/publications/adareport.asp>

NOTE: There may be more stringent requirements for clinical agencies that may preclude the student's progression in the nursing program.

Course Attendance Policy

Attendance:

Consistent with Baylor University policy, the student is required to attend all scheduled course sessions in any setting i.e., classroom, school, laboratory, client care laboratory, etc. unless serious personal or family illness or accident prevent him/her from doing so. A minimum of seventy-five percent attendance is required in order to qualify for passing grade in any classroom/theory course. A minimum of 90 percent is required to qualify for a passing grade in any clinical class.

Exceptions to minimum requirements may be made at the discretion of SON (School of Nursing) faculty in consideration of serious individual or family situations, but will mandate remediation with approved learning experiences designed to allow the student to meet course requirements. Final impact of absences on the student grade will be determined by course requirements as interpreted by course faculty.

The student is responsible for all instruction, announcements, assignments, and any other information presented in all scheduled class sessions, regardless of absences.

Rev. 9/01

Drug Screen Procedures

The School of Nursing enforces a 'drug free' policy.

1. All students entering the nursing major as of 8/2001 will be required to have a drug screen and criminal background check done prior to clinical. The initial drug screen prior to clinical will not be repeated if students remain in continuous enrollment in the School of Nursing. If a student drops out of the program for any reason (leave of absence, health issues, etc.) a new drug screen will be required prior to return to clinical course.
2. Students failing the initial drug screen, or exhibiting behavior that suggests impairment related to drugs and/or alcohol will be subject to a mandatory psychiatric and chemical dependence assessment. Assistance will be provided to students seeking help for psychiatric or chemical dependency problems. A student who tests positive for drugs or alcohol must participate in a recognized chemical dependence program in order to continue in the School of Nursing. A psychiatric impairment will also require treatment in a recognized rehabilitative program.
3. Questionable behavior may be exhibited in clinical, in campus lab, or in classrooms. Because we are a professional school, behaviors exhibited in any of the professional activities related to education (class, lab, clinical) are considered to put clients at risk of unsafe behavior.
4. A faculty member detecting behavior or a pattern of behavior which is suggestive of impairment will notify student services or administration and then inform the student that he or she must go immediately for a psychiatric and chemical dependency assessment.
5. The student is to be accompanied to the site for the screen by a representative designated by Administration. If the incident occurs during clinical off the BUMC campus, two representatives from the school will pick the student up at the clinical site and accompany him/her to the screening site.
6. Refusal or delaying tactics on the part of a student will be treated in the same manner as a positive result.
7. Continuance in or re-admission to nursing courses will be evaluated on an individual basis, but must include monitored satisfactory progress in the rehabilitation program. Students who test positive for drugs/alcohol will not be allowed to continue in the clinical course.
8. The initial drug screening done prior to clinical will not be repeated if students remain in continuous enrollment in the School of Nursing. If a student's drug screen is positive the procedure described in item 1 (see above) will be followed. If a student drops out of the program for any reason (leave of absence, health issued, etc.) a new drug screen will be required prior to return to clinical courses.

Revised 08/03

Examination Procedures

Examinations will be administered in rooms which will accommodate all students being tested to standardize testing conditions.

Examinations will be proctored.

Tests will be placed face down on desks with answer sheets and pencil prior to the test hour.

Students should sit in alternate chairs of a row and in alternate rows, if possible, with students in line with each other.

Students will enter the examination room at the time specified by faculty.

All books and notes will be left at the front of the examination room.

Students will begin the examination after instructions are given. Written board instructions will include corrections in the test.

Students may be admitted after the exam has begun.

Questions will be answered at the discretion of faculty responsible for administering the exam.

Students will keep their examination papers covered with cover sheets provided. Examination papers discovered uncovered will be confiscated, the student will be asked to leave and a grade of zero (0) assigned.

Faculty will notify students when there is 10 minutes remaining in the exam period.

The exam will end at the appointed time without exception.

Requests for special exam accommodations (extra time, private room) will be granted only if the office of Learning Accommodations has approved such measures based on the results of testing for a learning disability. Documentation of approved learning accommodations must be obtained by the students and given to the office of the Associate Dean.

Students who are requesting special accommodations must send written notice each semester to their faculty of their need for accommodation.

Based on Section III of the Honor System of Baylor University, Suggested Conduct of Examination

FINAL EXAMINATIONS

No more than two examinations in courses offered on a semester level are scheduled on the same day. If a student taking courses on more than one semester level is scheduled to take more than two examinations on any one day, she/he may petition the Associate Dean to take additional exams at a later time.

Exam times and dates are not to be changed without permission of the Associate Dean. If major examinations during the last three class days of the semester are deemed essential by the professor, there should be at least one week prior notice of such examinations.

Major class projects and/or assignments (those requiring more time to complete than an ordinary daily assignment) which are due in the last three days before finals should be assigned at least a week in advance of the day they are due.

Students who must miss a final examination should make a written request to the instructor and the Associate Dean for a delayed examination. This action may require that the student request an "I" - incomplete in the course if all requirements can not be completed prior to the time grades are reported.

The incomplete grade must be removed within a time period consistent with University policy. The "I" will automatically be changed to the grade of "F" if the course is not completed by the end of the subsequent semester.

DELAYED EXAMINATIONS

Under certain circumstances the student may be granted an excuse to miss a scheduled exam. Examples of such situations include: illness, death in the family and professional school activities. In such a case, permission to miss an exam and arrangements for a make-up must be confirmed by the appropriate instructor at least two hours prior to the scheduled examination time.

Under circumstances involving unavoidable delay where prior notice is impossible, the student must contact the instructor as soon as possible. An example of such a situation includes accidents en route to the exam.

Students who miss an examination are expected to take the exam on the next scheduled make-up day. Failure to do so will result in an automatic zero on the exam. Extraordinary circumstances will be referred to the Associate Dean.

Students who miss a final examination should make a written request to the instructor and the Associate Dean for a delayed examination. This action could require that the student request and "I" - incomplete in the course if all requirements could not be completed prior to the time grades are reported.

The incomplete grade must be removed within a time period consistent with university policy. The "I" will automatically be changed to the grade of "F" if the course is not completed by the end of the subsequent semester.

MAKE-UP EXAMINATIONS

Students who miss an examination due to excused absence must take the exam on the next scheduled make-up day. An exam schedule will be published each semester based upon level schedule. Failure to do so will result in an automatic zero on the exam. Extraordinary circumstances will be referred to the Associate Dean.

Faculty and staff will monitor the exams on a rotating basis. A list of assigned test monitors will be distributed at the beginning of each semester. Faculty members should complete a **Make-Up Examination Instruction Sheet** and give both the form and exam to the proctor assigned for the week the exam is to be taken.

CIRCULATION OF TEST QUESTIONS

In order to decrease the expenditure of faculty time for the construction of reliable and valid test questions, major examinations are not to be reviewed by students outside a monitored situation.

Rev. 08/005

Exclusion from a Practicum Session (client-care setting)

If the course instructor considers the student incapable of performing safe care for a client due to lack of preparation or lack of physical or emotional fitness, the student will be dismissed immediately from that practicum session and an absence will be recorded. There will be no opportunity to make up an experience missed for one of these reasons.

9/2001

Grades/Record Retention

GRADING SCALE

The grade scale utilized in the school of nursing is as follows:

A	100 – 91
B+	90 – 88
B	87 – 81
C+	80 – 78
C	77 – 71
D	70 – 60
F	59

DROP FROM COURSE

To drop a course in the major on the Dallas campus the student will contact the Associate Dean or the Graduate Program Director.

If a student drops a course before the twentieth class day of a semester, his standing is presumed to be passing. After the twentieth class day of a semester, his standing is determined by the instructor. If the student is failing at this time, the final grade is “WF” which is equivalent to an “F”. If the course is dropped after the fortieth class day of the semester, the grade will be “WF” except for reasons of serious illness or emergency beyond the control of the student. Any other procedure will lead to failure in all courses for which the student is registered.

(Reference: University Undergraduate and Graduate Catalogues)

Failure of the student to officially drop a course will result in a grade of “F”. A course is not considered officially dropped until the student has notified the Associate Dean or Graduate Program Director.

See also - Undergraduate Catalog:

http://www.baylor.edu/learn_rsrc/publications/Undergrad_Cat/UndergradCatalog.pdf

RETURN OF COURSE PAPERS

All course papers which are not returned to the students are to be retained by the faculty for at least one semester.

Grade books, and practicum evaluation data are to be retained by the professor for a period of three years. Faculty leaving the School are to submit records which are less than three years old to the Associate Dean prior to departure.

INCOMPLETE GRADES

An incomplete grade is usually given because of an excused absence from the final examination or failure to submit a report or term paper due to an emergency situation. Incomplete grades can only be assigned when a student has met the University requirements for class attendance. The "I" must be removed by the end of the subsequent semester (including the summer session). The "I" will automatically be changed to the grade of "F" if the course is not completed by this time. An incomplete is not included in semester hours attempted or grade point average until it expires or becomes a grade.

CHANGE OF GRADE

A Change of Grade form must be submitted to the Registrar to change a grade previously reported to the Registrar. Forms are available in the Administration Suite and must be signed by the Dean of the School before being forwarded to the Registrar's Office.

STUDENT RECORDS

Academic records, including unofficial transcripts, are on file in the Undergraduate and Graduate Administrative Suites.

Rev. 08/03

Guidelines For Undergraduate Preceptors

The following guidelines are designed to assist the preceptor in clarifying the general expectations for supervising senior nursing students in the agency.

Qualifications of Preceptors

1. Current licensure as a registered nurse.
2. Expertise in the area in which they will supervise students (preferably one year of experience in current role).
3. B.S. degree preferred.
4. Philosophy of health care congruent with that of Baylor University School of Nursing.
5. Expressed willingness to serve as clinical role model for students.

Responsibilities of Preceptors

1. Have a clear understanding of the clinical objectives prior to the experience.
2. Supervise student in the administration of nursing care to the assigned clients.
3. Serve as a mentor to the student.
4. Share expertise with the student.
5. Maintain an open communication with the faculty member.
6. Provide feedback to the student.
7. Provide feedback and input to the student's evaluation.
8. Meet with the faculty member at periodic intervals.

Responsibilities of Faculty of Baylor University School of Nursing

1. Discuss the clinical objectives with the preceptor prior to the experience.
2. Provide the preceptor with a course syllabus.
3. Provide the preceptor with the experience background of the student.
4. Maintain responsibility for the student's learning experiences.
5. Meet regularly with the clinical preceptor and student for the purpose of monitoring and evaluating.
6. Be available to the student or preceptor as needed.
7. Be responsible for student evaluation with input from the preceptor.

Honor Code

The Student Information Guide is no longer printed. Please refer to the “Student Policies and Procedures” website.

<http://www3.baylor.edu/StudentHandbook/>

A full text version of the Honor Code is located in the appendix of this manual.

Investigation Report (Incidence/Occurrence)

Faculty are requested to forward a copy of any investigation (incidence/occurrence) reports that are filed with affiliated agencies. These would include incidences in which medication error was made, student or faculty injured, etc.

INJURIES INCURRED AT LHSON:

Student & Visitor injuries:

Contact BUMC security at 2-4444. An officer will come by to document the incident.

Employee Injuries:

Complete the online [1st Report of Accident/Injury report](#)

Please print a copy of the report and forward to the Assistant to the Dean.

Learning Contract

The **Learning Contract** is provided as a counseling tool to assist the student who is deficient in a specific area to: 1) develop specific goals to overcome the deficiency and 2) create a clear plan to achieve those goals. To pass any clinical course the student must complete ALL objectives. The Learning Contract is limited in scope and does not necessarily address all clinical objectives. The Learning Contract can be initiated by the faculty member in practicum or theory courses. Faculty will initiate a contract promptly when a deficiency is identified so that students have adequate time to correct. The student must work jointly with the faculty member(s) in developing goals, a feasible plan and realistic consequences for failure to meet the goals. Achievement of the specified goal/goals is the student's responsibility. Upon completion of the contract period please complete the evaluation portion of the contract form.

The original of the contract is to be given to the Associate Dean and will be placed in the student's file. In addition, copies of the contract are to be retained by the faculty member and the student.

[Link to Word version of Learning Contract Form](#)

Rev. 8/3/04

Baylor University
Louise Herrington School of Nursing

Learning Contract

Student: _____ Instructor: _____

Date: _____ Course: _____

Data Record and Statement of Problem:

Goals:

Outcome: (Joint)

Student Responsibilities:

Faculty/Instructor Responsibilities:

Student: _____ Instructor: _____

**THE ORIGINAL COPY OF THIS FORM MUST BE GIVEN TO THE
ASSOCIATE DEAN WITHIN 24 HOURS OF COMPLETION.**

Evaluation:

Student Employment

There is no policy limiting the number of hours a student enrolled in full-time in the Louise Herrington School of Nursing may be employed since the ability to handle combined responsibilities of college and employment is so individualistic. However, students are advised not to exceed a total of forty (40) clock hours including employment, class and clinical laboratory. Students employed in clinical positions should be aware that neither the University nor the Louise Herrington School of Nursing assumes any responsibility for their activities as employees of an agency. Students who fail to meet the established academic standards in the School of Nursing due to employment will receive no special consideration regardless of financial need.

Part-time employment is sometimes available for nursing students at Baylor University Medical Center and at other area clinical agencies during the junior and senior years. In these positions, students assume responsibilities that are commensurate with their level of education. All students needing information regarding job availability are encouraged to contact Human Resources at the Medical Center for further information.

Student's Return to Clinical Following Illness

In the case of illness, surgery, or disability, it is the policy of the School of Nursing to confirm with a student's physician the ability of the student to be engaged in the normal demands of the clinical laboratory. It is the responsibility of the School to avoid compromise of the student's health/safety as well as the safety of clients served. Therefore, a student may not continue in clinical courses without the written consent of the attending physician. In some cases it will be necessary for the administration of the School of Nursing to seek further clarification of a student's condition from the physician via telephone or in writing.

Initially, the student will request written permission to attend all classes (including clinical laboratory) from the physician. If the school must contact the physician, the student must complete an individualized permission form. Below is a sample form.

Link to Blank Form

Permission to Contact Physician

I, _____ give permission for _____
to speak to my physician _____
regarding my (illness, surgery, disability) and its impact on my participation in
_____ (clinical laboratory) classes during _____ semester.

Signature

Date

Textbook Selection

To ensure selection of textbooks that will support the objectives of the curriculum and selection of texts that will be utilized in a series of courses, texts for the following courses are recommended by the Undergraduate Curriculum committee and approved by a faculty vote.

NUR 3418: Human Needs I
NUR 3310: Foundations
NUR 3528: Human Needs II
NUR 3328: Human Needs III
NUR 3325: Pharmacology in Nursing Practice
(drug cards recommended for practices)

For Family Content:

NUR 3224
NUR 3339
NUR 4339

Faculty teaching these courses are to submit their recommendations on texts to the Curriculum Committee no later than April 1. Faculty will vote on these recommendations at the April faculty meeting.

Except in unusual circumstances, a decision on textbooks for these courses will be made once a year in the spring semester for the next academic year, i.e., the fall, spring and summer semesters.

For internal consistency multiple sections of the same course (other than those listed above) in the same semester will utilize the same text with the choice being made by the faculty members teaching the course.

Textbooks - Desk Copies & Complimentary Copies

COMPLIMENTARY COPIES / TEXTBOOK COPIES

Requests for complimentary copies are to be made to the Assistant to the Associate Dean. Books received as complimentary copies that are not used as textbooks are routed to faculty who have a clinical interest and/or focus in that area. Extra textbooks are housed on the bookshelves in the back of the Administrative Suite.

TEXTBOOKS (DESK COPIES)

Desk copies for faculty are ordered from the publisher through the Office of the Associate Dean for Academic Affairs. After being received, the copies are cataloged and distributed to faculty members teaching the respective courses by the Associate Dean.

At the end of the semester, if faculty are not reassigned to the course, the texts should be returned to the Assistant to the Associate Dean.

Undergraduate Clinical Preceptors

A clinical preceptor is a registered nurse employee of a cooperating agency who is paired with a senior nursing student for the purpose of attaining specific course objectives. Clinical preceptorships may only be used for community health, home healthcare, internship, independent study and elective courses for senior students. The following guidelines must be followed and the preceptor agreement duly signed. Notify the Associate Dean if you plan to use preceptors in your practicum in order to negotiate an agreement. At the end of the semester, the preceptor agreement forms should be filed in the administrative office.

Guidelines For Undergraduate Preceptors

The following guidelines are designed to assist the preceptor in clarifying the general expectations for supervising senior nursing students in the agency.

Qualifications of Preceptors

1. Current licensure as a registered nurse.
2. Expertise in the area in which they will supervise students (preferably one year of experience in current role).
3. B.S. degree preferred.
4. Philosophy of health care congruent with that of Baylor University School of Nursing.
5. Expressed willingness to serve as clinical role model for students.

Responsibilities of Preceptors

1. Have a clear understanding of the clinical objectives prior to the experience.
2. Supervise student in the administration of nursing care to the assigned clients.
3. Serve as a mentor to the student.
4. Share expertise with the student.
5. Maintain an open communication with the faculty member.
6. Provide feedback to the student.
7. Provide feedback and input to the student's evaluation.
8. Meet with the faculty member at periodic intervals.

Responsibilities of Faculty of Baylor University School of Nursing

1. Discuss the clinical objectives with the preceptor prior to the experience.
2. Provide the preceptor with a course syllabus.
3. Provide the preceptor with the experience background of the student.
4. Maintain responsibility for the student's learning experiences.
5. Meet regularly with the clinical preceptor and student for the purpose of monitoring and evaluating.
6. Be available to the student or preceptor as needed.
7. Be responsible for student evaluation with input from the preceptor.

Baylor University
Louise Herrington School of Nursing

Clinical Preceptor Agreement for Senior Students

I, _____, agree to serve as a clinical preceptor in my area of expertise to student, _____, who is enrolled in a senior level clinical nursing course at the Baylor University Louise Herrington School of Nursing. As a clinical preceptor I will provide clinical knowledge to the student, serve as a professional role model for the student and abide by the policies of my agency and the preceptor guidelines of the Baylor University Louise Herrington School of Nursing.

Preceptor Signature: _____ Date: _____

Preceptor Name (Please Print): _____

Clinical Agency: _____

Unit: _____

Contact Phone Number: _____

Mailing Address: _____

Uniform Dress Code

The uniform dress code is designed to assist the students and the faculty to maintain consistency in dress attire as is considered appropriate and safe for professional nursing practice. When representing the School of Nursing in the hospital and the community, students are expected to adhere to dress codes as specified by the particular agency. Students are not to wear BUSN patches or pins when working in hospitals or other health care agencies for pay. Students are role models and should be clean, neat and well-groomed at all times. Specific requirements are stated in the following outline.

Full Uniform

1. Women: white uniform (dress, skirt or split skirt and matching top) or white pants and matching top. Appropriate length for skirts, split skirt or dress uniform in knee length to mid-calf
or
Green scrub top with white or green pants or skirt. May wear the matching green warm-up jacket.
2. Men: white tunic and white pants or green scrub top and white pants.
3. Plain white hose or socks for women, white socks for men.
4. Clean, white nursing shoes or clean, all white leather tennis shoes, no mesh insets.
5. Designated Baylor University School of Nursing name pin.
6. Baylor University School of Nursing patch sewn around the edges on left sleeve (midway between left shoulder & elbow). Patch must be sewn on all tunics or scrubs that are worn in the clinical setting.
7. White lab coat with Baylor University School of Nursing patch sewn around edges on left sleeve (midway between left shoulder & elbow). Lab coat should be long sleeve and dress length (falling no higher than 3 inches above the knee).
8. No modification of existing uniform regarding patch changes.
9. The uniform at a specific clinical site is up to faculty discretion based on agency policy.

Partial Uniform

1. Lab coat with appropriate street clothes.

2. Shorts, jeans, jogging outfits, thong sandals, clogs, etc., are not acceptable for clinical or when obtaining a clinical assignment.
3. Regulations regarding hair, nails and jewelry are the same as when in full uniform.
4. Designated Baylor University School of Nursing name pin.

Hair

1. Hair which is well-groomed and restrained.
2. Well-groomed beard.

Nails

1. Nails well-groomed and do not extend beyond the length of the fingertips.
2. Nail polish must not be chipped.
3. False fingernails or permanent/semi-permanent nail decorations will not be worn in any clinical areas where client contact will take place.

Allowable Jewelry

1. Watch with second hand.
2. Wedding or engagement band.
3. Class ring.
4. Studs or small earring in the ears.
5. No visible body piercing or tattoos.

Note

You may purchase your white uniforms and accessories at the store of your choice. * We do request that you purchase your sleeve patches (emblems) and name pin from the Baylor Book Store in Waco. Allow 6 weeks for delivery. You will need sleeve patches on each uniform and lab coat you purchase.

Patch/Name Tag Ordering Procedure

Forms for ordering Baylor University School of Nursing uniform patches and name tags may be obtained from the Office of Student Services, Room 101. The form must be completed and mailed with a check for amount of order to the Baylor Book Store in Waco.

Alternate Scrub Top

Students may purchase a forest green scrub top as an alternate to the white uniform scrub top.

Arrangments have been made with Uniform World for student to purchase the green scrub top. The address of Uniform World is:

3801 Gaston Avenue
214-823-9661
Lori Alfrey, Manager

When you go into the store, please tell them you are a student at Baylor University School of Nursing and show them your picture ID. They will know which top you are to purchase and will give you a 10% discount. They also stock a scrub jacket in forest green.

Revised Spring 2002



Section G

Faculty Policies

BLS Healthcare Providers Certification

All students and faculty should be prepared to provide BLS. All students registered in a practicum must be certified in accordance with curriculum of the American Heart Association or the American Red Cross for the BLS for Healthcare Providers Program.

At least three weeks prior to the start of each semester students are required to provide written documentation of BLS certification, which extends for the duration of the semester. No student will be allowed in the client setting until fulfillment of this requirement is documented.

Faculty are expected to meet the same requirements as students.

Information regarding the availability and cost for classes for faculty and students is available through the office of Student Services.

Revised 8/05

Consent to Use Student Materials

The consent of the student is required when materials developed by him/her are used for public display. Faculty collecting the materials are asked to have the student sign a "Consent to Use Student Materials Form."

Link to "Consent to Use Student Materials" form

Consultation and Off-Campus Employment

To ensure that a faculty member's activities outside their employment at the University do not interfere with his/her duties and responsibilities, you are referred to policy BU-PP 700 in the University Personnel Policy Manual found at <http://www.baylor.edu/BUPP/>

A request for off-campus employment or consultation must be submitted to the Dean on the Consultation and/or Off-campus Employment Form.

See also: *2000 Faculty Handbook*, pp. 161-165

Faculty Attendance & Communication Expectations

Attendance:

Faculty are expected to attend the following events each year:

- Theory/Clinical Meetings
- School of Nursing Faculty Meetings
- University Faculty Meetings
- Pre-Nursing Day on Dallas Campus
- Parent's Day on Dallas Campus
- Pinning Ceremonies
- Graduation Ceremonies in Waco (attend one per year)
- Faculty Preparation Week - August & January (the week before classes begin)
- Others as requested

Communication with Administration:

Faculty are expected to communicate to administration when they will be out of town for conferences, meetings, etc. Notify the Assistant to the Dean the week prior to the activity.

Notify the Assistant to the Dean when you are participating with BUMC or providing to them any of the following:

1. Research
2. Consulting
3. Inservices
4. Committee
5. Other

Office Hours:

The school of nursing follows the university's expectations for office hours as stated in the Faculty Handbook. However, faculty members with full undergraduate clinical assignments may reduce the number of hours to a minimum of six (6) regular hours per week. Other faculty may petition the Dean for a reduction in office hours.

Posted Schedules:

Faculty are expected to post a weekly schedule outside their office. A copy of the schedule is to be given to the level administrative assistants.

FACULTY SEMESTER SCHEDULE

Indicate classes, labs, post-conferences, and meetings. If a particular time is used for different meetings each week, indicate schedule on reverse side. Please give locations: exclude travel time to clinical agencies.		Name _____			
		Semester _____			
		Phones Numbers:			
		Office _____		Beeper _____	
		Home _____			
Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:00					
7:30					
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					
6:00					
6:30					
7:00					
7:30					
8:00					
8:30					
9:00					
Office Hours					
	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

[Link to Word version of form](#)

Arranging Coverage for Classes/Practicum

Faculty should confer with their clinical or theory team leader in arranging "coverage" for classes they cannot meet due to illness/attendance at professional meetings. Every attempt should be made not to cancel classes. Classes are not to be canceled for attendance at University of LHSO committee meetings.

Faculty Development

Programs that are part of Faculty Development are described below. Faculty who are interested in submitting a proposal should arrange a conference with the Dean to discuss the criteria for the proposal.

Summer Teaching Institute

Held during even-numbered years

- Purpose:** The Summer Teaching Institute focuses on helping faculty members to develop an approach to teaching that takes into account students' intellectual development, emotional development, and learning styles, to improve their use of specific teaching methods, and to improve or develop course curricula.
- Length:** Five Weeks
- Funding:** Stipend equal to the salary faculty would receive for teaching full-time for one session of summer school
- Eligibility:** Full-time faculty. Participants in the Summer Teaching Institute are obligated to teach at Baylor for at least one year following completion of the Institute.
- Application:** Applications are available in the Office of the Vice Provost for Academic Affairs and are due by the first week of October preceding the summer in which the Institute is scheduled.

[Overview and Application Form](#)

Source: *2002 Faculty Handbook*, BU-PP714

Summer Sabbaticals

- Purpose:**
1. The improvement of professional competence related to courses one teaches or will teach;
 2. Work on a scholarly or creative project; and/or
 3. The development of materials to be used in a course that is being taught or course that will be taught.
- Length:** Project to be accomplished over summer.
- Funding:** Up to 20 percent of academic-year salary
- Eligibility:** Full-time contract faculty members and lecturers. The recipient of a summer sabbatical is required to submit a written report to his or her respective dean on the work completed during the sabbatical. Recipients are also obligated to teach at Baylor for at least one year following completion of the sabbatical.
- Application:** Made through the deans of each academic unit. Applications for summer sabbaticals are due in the first week of October preceding the summer in which the sabbaticals will be awarded.

Source: *2002 Faculty Handbook*, BU-PP714

University Sabbaticals

- Purpose:** To enable tenured faculty members to work at full salary with benefits on well-established major scholarly or creative projects on which substantial progress can be made during the sabbatical period.
- Length:** Spring and summer or summer and fall semesters
- Funding:** Full salary with benefits
- Eligibility:** Tenured faculty members. In the semester following the sabbatical, each recipient of a University sabbatical is required to present a written report to his or her respective dean and to make a public oral presentation on the work completed during the sabbatical. Recipients are also obligated to teach at Baylor for at least one year following completion of the sabbatical.
- Application:** Application is made through the deans of each academic unit. Applications for spring and summer sabbaticals are due by the second week in October of the preceding academic year. Applications for summer and fall semester sabbaticals are due by the second week in March of the preceding academic year.

Source: *2002 Faculty Handbook*, BU-PP 714

Summer Scholars Institute

Held during odd-numbered years

- Purpose:** The Summer Scholars Institute focuses on one topic, which is studied by a group of faculty members from a variety of disciplinary backgrounds. At the end of the session each participant presents a paper or project which communicates the results of his or her research during the session.
- Length:** Five weeks
- Funding:** Stipend equal to the salary faculty would receive for teaching full-time for one session of summer school
- Eligibility:** Members of faculty who are teaching full-time. Participants in the Summer Scholars Institute are obligated to teach at Baylor for at least one year following completion of the Institute.
- Application:** Applications are available in the Office of the Vice Provost for Academic Affairs and are due by the first week of October preceding the summer in which the Institute is scheduled.

Source: *2002 Faculty Handbook*

Faculty Development Proposal Guidelines:

Sabbatical (summer or University)

Address the following items as appropriate:

1. Abstract of the proposal (1 page)
2. Statement of purpose (need, problem)
3. Statement of objective (project outcomes)
4. Statement of significance of project outcome to faculty members, School and/or University and profession.
5. Summary of initial review of literature
6. Specific activities to accomplish project activities
7. Criteria and methods for evaluating achievement of objectives
8. Project budget
9. Time frame for project activities
10. Bibliography (initial)

Teaching Institutes

Submit a statement of your interest in attending.

Summer Scholar's Institute

Submit a statement of your interest in attending.

University Faculty Development Grants

These grants are used to enhance classroom effectiveness. They may be used in a number of ways, for example, to attend a relevant conference or seminar, to study with a scholar or teacher, or to travel to a site which would provide unique information and materials about a subject to be taught. Grants are awarded for amounts up to \$1000, and grants awarded to any one faculty member may not exceed a total of \$1000 over a two-year period. Applications are available in the Office of the Vice Provost for Academic Affairs and are due by the 10th of each month. Members of the Faculty Development Committee meet monthly to review the applications and make the awards.

Application Form: <http://www.baylor.edu/provost/files/teachdevgrant.doc>

Source: *2002 Faculty Handbook*

LHSON Faculty Development Fund

Faculty are eligible for funds to attend off-campus educational programs and meetings of professional organizations. The procedure is:

1. Complete the [Pre-Travel Authorization Form](#), estimating as closely as possible the entire expense for the trip (transportation, lodging, meals, and registration).
2. Submit completed form to Dean's office for approval.
3. Dean notifies faculty of approval of the request.
4. You may pay your own registration fees and airfare using the Baylor Travel card or a personal charge card. Travel advances are no longer available. The Assistant to the Dean can make flight reservations and pay registration fees upon request.
5. Upon return Faculty must complete an [Expense Report](#). Documentation of all expenses is required. Expenses greater than \$35.00 require receipts. Receipts should be itemized. See [Baylor Travel Policy](#) for more information.
6. E-mail the completed ER to the Assistant to the Dean.
7. Travel Requests should be made as early as possible in the academic year to facilitate planning and expenditure of total allocated amount.

Rev. 8/05

Faculty Recruitment/Appointment

In order to gain faculty participation in the faculty selection process:

1. The schedule for the applicant's visit is distributed.
2. A time is scheduled for tenure and non-tenured faculty and pertinent groups to interview the candidate.
3. All faculty who interview the candidate are requested to complete the Prospective Faculty Evaluation form.
4. Tenured faculty are requested to sign the Faculty Position Action Form (FPAR).

Link to Prospective Faculty Evaluation form

Faculty Workload Credits^a

Course	Contact Hours	Prep^b Hours	Load Hours
5 semester hour theory 3528	5	6	11
4 semester hour theory 3428, 3418	4	5	9
3 semester hour theory 3310, 3325, 4353, 4351, 5323, 5340, 5315, 5342, 5324 and most electives	3	4	7
2 semester hour theory 3222, 3224, 4210, 4250, 4240, 4239	2	3	5
1 semester hour <i>Prof Practice/Physical Assessment</i>	3	2	5
4 semester hour clinical lab ^c 4435, 3425	12	6	18
3 semester hour clinical - internship 4435			11
3 semester hour clinical - community 4345			13

^aAverage teaching load - 28 hours per semester. This approximates 70% of total faculty load. The remaining time is divided on an individual basis between service and research. Faculty teaching more than one section of a course will have preparation time adjusted.

^ba judgement based on input from various types of courses with adjustments for internal consistency.

^cclinical lab workload hours are figured on the basis of supervising 8-9 undergraduate students. Adjustments are made for other arrangements and graduate lab courses.

Rationale for Faculty Practice

Faculty practice involves nurse educators who, besides teaching, also participate in the delivery of health care. The educator's nursing practice may be accomplished in an independent, intradependent, or dependent manner (Dinsmore & Pollow, 1981), and may incorporate any combination of the roles of educator, consultant, researcher, and practitioner. The goals and implementation of faculty practice vary according to the interest, preparation, and objectives of the nurse educators, the available resources, and the needs of the population which is served. (Dinsmore & Pollow, 1981).

As a faculty, we subscribe to the belief that nursing's fullest potential in the delivery of health care is contingent upon the unification of nursing service and nursing education. Unification can enhance the quality of care, stimulate research into nursing practice questions, infuse curricula with clinical realities, and provide exemplary learning opportunities for nursing students. There is an urgent need for legitimizing nursing practice as an integral part of the faculty role, developing the organization mechanism and professional relationships which are necessary to support it, and for designing incentives, providing opportunities, and providing resources for faculty practice. (Christman, 1979).

The current situation is such that the practicing nurse is often denied the expertise of the nursing academician. As a result, there is frequently a dichotomy between nursing service and nursing education. Faculty practice enables nurse educators to reduce this dichotomy and to serve both the public and the nursing profession by bringing the vanguard of nursing knowledge to actual nursing problems. This may be accomplished in a variety of ways. Whatever the method of implementation, both clients and other nurses reap the benefits of faculty expertise while the faculty members have the opportunity to influence the delivery of health care.

In order for nursing academicians to be professionals in the truest sense of the word, they must accept responsibility for their own personal and professional growth and for using their specialized skills for the benefit of society. Faculty practice is of individual benefit to the nursing educators both personally and professionally in that it enables them to stay current in a very rapidly changing field. Without such on-going contact, the educators may soon lose touch with the reality of current nursing practice. Staying current and competent allows educators to maintain credibility, to gain the respect of agency staff and fosters collegial relationships with staff members. Such a practice also allows an arena in which faculty members can increase their own knowledge, apply new ideas to practice, and do research in order to generate new nursing theory and knowledge. This knowledge can then be disseminated in written form.

Nursing students can also benefit from faculty practice. When the faculty member participates as part of the health care team, the student has access to a competent faculty role model. The student can observe and participate in high level care and can see the various components of the professional role in action. Faculty practice can increase realism in the student's clinical setting because the faculty member has become a collegial part of the health care team. This can reduce both student frustration and reality shock. The student in a traditional setting often becomes frustrated when he perceives that agency staff and the faculty have different expectations of him.

Reality shock after graduation is also a problem when he finds that nursing practice is, in reality, different from what he has been taught.

In conclusion, faculty practice can be a valid, viable, and professional component of the educator's role. Though not all educators will elect to pursue faculty practice, opportunities, resources, and support systems should be available for those who do. Faculty practice should be rewarded and encouraged just as are other more traditional aspects of the faculty role. Faculty practice benefits students, the public at large, the nursing educator, and the nursing profession as it leads to the improvement of nursing practice and of educational experiences, the generation of research and consequent new knowledge, and written dissemination of this knowledge.

Dinsmore, V.K. and Pollow, R.L. (1981). Credit for faculty practice model: A proposal. Nursing and Health Care, 2, p. 17-21

Christman, L. et al. (1979). Statement of belief regarding faculty practice. Nurse Educator, 4(3), p. 5

Professional Liability Insurance

Baylor University carries professional liability insurance through Bill Beatty Insurance Agency, Inc. for students and faculty in order to comply with the terms of the University contract with affiliating agencies. Students are covered for claims occurring when students are participating in activities which are a part of and a requirement of the students' curriculum. Faculty members are covered only while instructing or supervising students in a clinical setting.

Limits of professional liability are \$2,000,000 for each claim up to a total of \$4,000,000 in any one year. Payment is made by the insurance company on claims arising out of real or alleged malpractice, regardless of the number of claims or persons involved, when the injury being claimed is the result of error, accident or omission. Payment of all court costs is also provided. Expert legal counsel and claims adjusters are immediately available in all sections of the country to aid and defend the insured without costs.

Rev. 8/1/03

Scholarship & Teaching Resources

1. University Resources to Support Faculty Teaching and Scholarship
Refer to pages 47 through 69 of the *2002 Faculty Handbook*

2. Office of Sponsored Programs and Contracts

[Research @ Baylor](#)

3. [University Committee for Protection of Human Subjects in Research](#) (University Institutional Review Board - IRB)

Revised 7/30/03

Travel Reimbursement

- A. **Local** - requests for local clinical travel reimbursement are to be submitted by e-mail to the Assistant to the Dean on the Baylor University Expense Reimbursement form (ER). Baylor will reimburse for mileage exceeding the distance from home to school and return. A mileage log must accompany the form (posted on the LHSO administrative website). Requests for funds must be made by December 18th in the Fall semester and May 15th in the Spring semester.

- B. **Waco** - Requests for travel expenses to Waco should be made after the trip on the Baylor University Expense Report. Faculty are reimbursed at the rate of \$.375 per mile. The school car is available for travel to and from Waco. Faculty electing to use their own cars will be reimbursed for one-half of total roundtrip mileage to Waco.

[Link to Mileage Log](#)

Rev. 8/3/04



Section H

**Mabel Peters Caruth
Learning Resource Center**

Mabel Peters Caruth Learning Resource Center

Description and Services

The Mabel Peters Caruth Learning Resource Center is a media and print library, audiovisual lab, and computer lab specializing in nursing information. It is located on the 4th floor of the Baylor University Louise Herrington School of Nursing in the Harry Bass hall. The resources include journals, books, reference and reserve material, ephemeral material in vertical files, professional publications, audiovisual material, computer assisted instruction, online and CD ROM databases, and a historical collection on microfiche. The National Library of Medicine Classification System and medical subject headings (MeSH) are used to organize and access the collection. Library of Congress classification is used for non-medical material.

LRC resources include e-mail and Internet access, a photocopier, access to health and professional databases, access to all Baylor University electronic resources such as word processing, presentation software and much more. A professional librarian provides interlibrary loan and reference assistance. A full time technician provides computer and multimedia support in the LRC and the classroom, and can arrange audiovisual previews for faculty members.

Phone 214-820-2100

Hours 8:00 a.m. to 9:00 p.m., Monday through Thursday. 9:00 a.m. to 5:00 p.m. Friday.
Weekend, break, and holiday hours will be posted each semester.

Personnel Susan Gerding Bader, M.L.S., AHIP, Director
 Kathryn Leonard, M.L.S., Staff Librarian
 Judy Breshears, Administrative Associate
 Bill Bryan, B.A., Microcomputer/Multimedia Technician/Trainer
 Student Assistants

Food and Beverages

To minimize the destruction caused by insects attracted by food, eating is not permitted in the LRC. Beverages in covered containers may be brought into the LRC. This policy may be discontinued without notice if the beverage policy is abused.

General Loan Policy

Books: Circulate for three (3) weeks. Reference and reserve books may be used only within the LRC. Faculty members are limited to one semester on circulating books. However, faculty should consider purchasing a book if it is necessary to hold it in a personal office for more than two (2) months.

Journals: Do not circulate.

Audiovisuals: Loaned to faculty for varying periods of time as needed, usually three days.

Student Renewals: Item may be renewed once for an additional three (3) weeks. Material must be returned to LRC for renewal. The fine for overdue books is 25 cents per day up to the replacement cost of the book. A processing fee is charged for lost books in addition to the replacement cost.

Area Resources

The Baylor Health Sciences Library (BHSL) serves the Baylor University Medical Center (BUMC) and the Baylor College of Dentistry, a member of the Texas A&M Health Sciences Center. It is located in the BUMC hospital complex between the Truett Hospital and the dental college. BULHSON faculty, staff, and students are welcome to use the BHSL and its resources on site. They do not have circulation privileges. They are permitted to use computers to access databases and full text journals online. Self service photocopying is available for a fee. Printing is available without charge although that policy may change without notice.

The major university libraries in Texas belong to a state wide consortium known as TexShare. The TexShare Card program allows faculty to check out books from the participating libraries. TexShare card holders must present a current TexShare card and photo ID when they go to the area library to check out books. BULHSON faculty members may apply for a TexShare card by filling out the TexShare application form which is posted on the BULHSON administrative website. Turn in the completed TexShare application form to Judy Breshears in the LRC. Name and Baylor ID number are required on these cards, which must be signed by the Director of the LRC to be valid. Allow up to three days processing time for TexShare card applications.

BULHSON graduate students may request TexShare cards which are valid for one semester. Faculty members may request cards for their graduate students in a particular class. Name and Baylor ID number are required on these cards, which must be signed by the Director of the LRC to be valid. Lending libraries reserve the right to choose whether they circulate books to graduate students. TexShare card holders must present a current TexShare card and photo ID at any participating area library in order to check out books. The LRC does not honor undergraduate TexShare cards.

Reserves

Reserve material may be checked out for two (2) hours for use in the LRC. Two-hour reserve material may be checked out overnight ten minutes before closing and must be returned by opening time on the next scheduled working day. The fine for overdue reserve material is 25 cents per hour. Students will be billed for overdue material.

Photocopying and Printing

A photocopier is available in the LRC for self service copying at 10 cents a page. The copier accepts copy cards which come in 10, 50 and 100 unit denominations. They may be purchased by cash or check at the circulation desk. Copy cards are reprogrammable and should be turned in at the circulation desk when used up.

Printing in the LRC is free although it is monitored to prevent abuse. This policy is under constant review and may be changed on short notice.

Research Service

Electronic database searching assistance is available to faculty and students. Faculty and students may search on computers in the LRC lab, offices or at home. Hundreds of full text databases are accessible. Assistance is available from LRC staff.

Computer Services

Multiple software packages for all desktop tasks are available for faculty and students. Digital equipment for photography, videography and scanning is available.

Electronic Desktop Reference

BearCat is the Web-based catalog for library resources at the University including those at the BULHSON. Click on the Libraries link at the Baylor University home page to access hundreds of electronic databases covering everything from Arts to Zoology. Citations and full text for many journals may be downloaded and printed in the LRC, at work or at home.

Some University databases require the user to enter a Bear ID (first name underline last name) and a password. To set your password, contact Bill Bryan, the microcomputer/multimedia Technician/Trainer.

Many software programs may be downloaded for the desktop computer from the University home page. Click on Faculty and Staff, then scroll down to Technology, and click on Home Software. Contact Bill Bryan for directions on how to download.

E-Mail

Outlook Express is Baylor University's e-mail system. Additional information concerning e-mail is available through Bill Bryan or at the Technology section under Faculty and Staff at the BU web site.

Information Technology Services on the Waco campus regularly offers workshops on the use of computer software programs. The schedule is published quarterly by Information Technology Services.

Circulation Policy

- A. Circulation of print material
 - 1. Reference and reserve material and journals
 - a. Reference materials limited to use in the LRC area.

- b. Reserves circulate on a two-hour schedule in the LRC area, but may be checked out ten minutes prior to closing and returned at the beginning of the next day the LRC is open.
 - 2. General print material
 - a. Undergraduate and graduate students may check out books for three weeks and renew them once.
 - b. Faculty may check out books for one semester.
 - c. Circulation is prioritized
 - 1) Faculty
 - 2) Students
 - 3) Interlibrary Loan Request
 - 3. Complimentary copy and examination text print material to faculty (see F-17 and F-18). Handled through the Associate Dean's office.
- B. Circulation of non-print material – determined by reservation
 - 1. Multimedia circulates within the following priority:
 - a. BULHSON faculty
 - b. BULHSON students
 - c. Interlibrary loan requests
 - 2. Equipment and hardware circulates in the BULHSON building during the LRC hours within the following priority:
 - a. BULHSON faculty (Two weeks advance notice is requested for faculty AV use).
 - b. BULHSON students (Faculty must sign a request form in advance for student use).
(Delivery service for multimedia is available to faculty only.)
 - 3. Non-disposable skills items.
 - a. BULHSON students may check out diagnostic kits, blood pressure cuffs and DDST kits for 3-day circulation. Fines are \$1.00 per day for each overdue item.

Material may be returned to the LRC any time the BULHSON building is open. When the LRC is open, please return items to the circulation desk. When the LRC is closed, use the book drop on the 4th floor of the nursing school. After getting off the elevator turn left, and go through the door to Room 400, marked "Do Not Lock This Door". The LRC book drop is on the right wall in the vestibule directly behind the door. Books may also be returned to the book drop in the foyer of the dorm, Wilma Bass Hall.

Interlibrary Loan

The purpose of Interlibrary Loan is to temporarily obtain books, photocopies of journal articles, and audiovisuals not owned by the LRC. Interlibrary Loan (ILL) service is available to all BULHSON faculty and students. The LRC uses two web based national systems, DOCLINE and OCLC, to manage the process. The Ariel electronic ILL delivery system is active 24 hours a day.

Many libraries charge the requesting library for ILL service, with fees ranging from \$11.00 to \$25.00 or more per item. The cost for faculty practice interlibrary loans is absorbed by the LRC. Any ILL charges will be passed along to graduate students. ILLs will only be done for undergraduate students if the material can be obtained for free. In all cases, the LRC attempts to obtain a free loan from a reciprocating library before requesting from libraries that charge.

Interlibrary Loan Request forms are available in the Form File or online. The following minimum bibliographic information should be provided to expedite requests:

<u>For a Journal</u>	<u>For a Book</u>	<u>Audiovisual</u>
Title	Author or Editor	Title
Volume	Title	Type of Media
Year	Publisher	Call number (if possible)
Pages Needed	Year Published	
Author of Article		
Title of Article		

The requester will be notified when requested items have been received. Journal article requests are usually supplied as photocopies which do not have to be returned. The average delivery time for ILL materials is one week. In most cases, the circulation period for books is two weeks. Because ILL is a courtesy on the part of the lending library, items must be returned by the due date. Faculty and students are responsible for paying the item cost and any processing fees for items they do not return.

New Acquisitions

Faculty members are encouraged to recommend materials that will contribute to the curriculum and promote the growth of a well-balanced collection. Submit recommendations for new materials from catalogs, advertisements or other sources to the Director of the LRC. Provide as much information as possible including whether the material will be used for faculty research or to support instruction. For instructional support, please specify course number. The requester of the material will be notified when the item is processed by the LRC.

Nursing Journals

Although the most current comprehensive information is available at the various library websites, print lists of journals in the LRC, the Baylor Health Sciences Library (BUMC), and the National Network of Libraries of Medicine are available in the LRC. Faculty and students also have the option of ordering information online through the Ingenta service available through the Baylor Universities Libraries and paying by personal credit card. These requests will not be reimbursed. (Faculty interlibrary loan requests are free through the LRC.)

Evaluation of Audiovisual Software for Purchase

Material for evaluation may be requested at any time by faculty. Throughout the year, faculty members may be asked to evaluate preview audiovisual software before a decision is made to acquire the material. Acquisitions are based on these evaluations. The evaluation form is available in the LRC, or online. A sample form is shown below:

Reset Form		Print Form
<p>BAYLOR UNIVERSITY LOUISE HERRINGTON SCHOOL OF NURSING</p>		
<p>AUDIO-VISUAL EVALUATION FORM</p>		
Program Title	_____	
Producer	_____	Production Date _____
Type of Media	_____	Length _____
Cost	_____	Number Viewing _____

PRODUCTION	Excellent	Average	Unacceptable
1. Artwork/visuals/readability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Visual quality - color/open space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sound quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTENT	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Relative to and supports the objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presented in a logical sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LENGTH	Too Long	Appropriate	Too Short
1. Relative to and supports the objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEVEL	Undergraduate	Graduate
1. Relative to and supports the objectives.	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS on CURRICULUM USE:

OVERALL RECOMMENDATION:

Excellent
 Good
 Weak
 Not Acceptable

Name: _____ Date: _____

[Link to Blank AV Evaluation Form](#)

Evaluation of Computer Software for Purchase

Faculty may request to preview new computer assisted instruction (CAI) programs; they may be asked to preview new CAI material for possible use in the curriculum. Acquisition of new programs is based on these evaluations. Forms are available in the LRC or online. A sample form is shown below:

Print Form	Baylor University - Louise Herrington School of Nursing	Clear Form
COMPUTER SOFTWARE EVALUATION		
Program Title _____		
Subject Area _____		
Producer _____		Cost _____
Number Viewing: Faculty _____		Students _____
INSTRUCTIONAL DESIGN: Check all that Apply		
<input type="checkbox"/> Drill & Practice	<input type="checkbox"/> Educational Game	<input type="checkbox"/> Simulation
<input type="checkbox"/> Tutorial	<input type="checkbox"/> Problem Solving	
DOCUMENTATION: Check all that Apply		
<input type="checkbox"/> None	<input type="checkbox"/> On-screen	<input type="checkbox"/> Manual
<input type="checkbox"/> Tests	<input type="checkbox"/> Teacher's Guide	<input type="checkbox"/> Workbook
CONTENT:		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Branches to easier or harder material in response to user's performance.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	User learning objectives are stated.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	User receives feedback.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Learner gets a correct answer after three or four wrong attempts.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Responses to errors are helpful and avoid negative feedback.	
USER INTERACTION:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Program is user friendly.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Answers can be corrected before continuing.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Directions are clear.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Instructions can be skipped or recalled.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Instructions on how to end and start.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Screens are neat, attractive and well spaced.	
OVERALL EVALUATION:		
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Weak
		<input type="checkbox"/> Not Acceptable
Recommend for Purchase:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS:		

Name: _____		Date: _____

[Link to blank computer software evaluation form](#)

Reservation of Computers or Audiovisual Hardware/Software

Requests to use laptop computers, projectors, or audiovisual equipment and software are submitted on the Audiovisual Hardware/Software Request Form. These materials are available on a “first come, first served” basis within specified categories (see Circulation Policy). Requests should be submitted to the LRC at the beginning of the semester or at least two weeks before the scheduled use. Forms are available online or in the LRC. Place requests in the LRC box in the third floor workroom or in the box by Bill Bryan’s office in the LRC.

Reserve Material

Please use the Reserve Material Form to submit requests to place materials on reserve. Although materials can be placed on reserve at any time, faculty members are asked to submit requests before the first day of the semester if possible. Materials can be kept on reserve until the end of the semester in which the request was made. Records of reserves are kept by the LRC so that material may be returned at the end of the semester. A notebook containing each semester’s reserve forms is kept on the circulation desk for student use. Copyright clearance must be obtained before an article may be placed on reserve for subsequent semesters. The LRC will assist faculty in gaining the required permission. Sample form shown below:

BAYLOR UNIVERSITY
LOUISE HERRINGTON SCHOOL OF NURSING

LRC RESERVE

Instructor	Course #
Course Name:	
Title	
Type	
On Reserve for:	# of Copies
Fall 20 _____	_____
Spr 20 _____	_____
Sum 20 _____	_____

[Link to blank LRC Reserve form](#)

Revised 8/04

LRC Circulation Policy for Graduate Students

BULHSON graduate students may renew their books over the telephone for one renewal period (three weeks). The renewal period begins from the original date due, not from when the renewal request is made. It is the student's responsibility to contact one of the following three people on the LRC staff during office hours to renew by telephone. LRC student assistants do not have the authority to renew books over the telephone.

Susan Bader	9 – 5	M – F
Judy Breshears	9 – 5	M – F
Kathryn Leonard	8 – 4	M – F

Students who renew over the telephone will be responsible for asking for the new return date and placing that date on the circulation slip in the back of the books renewed. The LRC staff designated above will change the dates on the circulation records so that they match the new due date.

Material may be returned to the LRC anytime the BULHSON building is open. When the LRC is open, please return items to the circulation desk. When the LRC is closed, use the book drop on the 4th floor of the nursing school. After getting off the elevator turn left, and go through the door to Room 400, marked "Do Not Lock This Door". The LRC book drop is on the right wall in the vestibule directly behind the door. Books may also be returned to the book drop in the foyer of the dorm, Wilma Bass Hall.

Baylor University Louise Herrington School of Nursing Institutional Copyright Policy Statement Regulating Media Use

Classroom use

Media materials (film, video, slides, instructional kits, CAI, etc.) purchased, leased, or rented by Baylor University Louise Herrington School of Nursing (BULHSON) may be used in classrooms or similar places devoted to instructions for systematic teaching activities that relate to the established curriculum. Media materials will not be shown for recreational or entertainment purposes.

Off Air Taping at School

Programs videotaped from the air or from cable for use in classrooms must meet the criteria specified in the “Guidelines for Off-Air Recording of Broadcast Programming for Educational Purposes” (Congressional Record, October 14, 1981). The taping must be requested by an instructor. The requested program source must be broadcast to the general public consumer by a regular broadcasting station. Permission or license agreement must be obtained and filed in the BULHSON LRC office for any other kind of program.

Home Videotaping for School Use

Video programs recorded at home by instructors may be used in the classroom if they meet the “Guidelines for Off-Air Recording of Broadcast Programming for Educational Purposes” for school off-air recordings. File completed records of each recording and use in the BULHSON LRC office.

Videotaping from a Satellite

Programs may not be recorded from a television satellite without obtaining written permission or a license agreement. File whichever form is obtained with the BULHSON of Nursing LRC office.

Duplication of Media

No media (film, video, instructional kit slides, CAI, etc.) that is purchased, leased, or rented by the School of Nursing may be duplicated without written permission or appropriate license agreement from the producers and distributors. The written permission or agreement must be filed in the BULHSON LRC office and the duplication specifically exempted by the U.S. Copyright Law, Title 17, United States Code, Sections 101, etc.

Closed Circuit Transmission

Media (film, video, slide, instructional kits, CAI, etc.) may not be transmitted to classrooms by open- or closed-circuit television unless appropriate licenses or written permission has been obtained and filed in the BULHSON LRC office. Also, no programs will be transferred from film to tape or duplicated unless permission or licenses have been obtained and filed.

Maintaining Necessary Records

An institutional representative for copyright shall be appointed and given the responsibility and authority to: 1) develop, implement, and manage a copyright policy with appropriate procedures; and 2) maintain appropriate records of permission, agreements and licenses.

Congressional Record – Oct. 14, 1979
Federal Guidelines for Off-Air Videotaping
Which Apply Under the Copyright Law

1. The guidelines apply only to off-air recording by non-profit educational institutions, for use in instruction and not for entertainment.
2. A broadcast may be recorded off the air simultaneously with broadcast (including simultaneous cable retransmission) and retained by a non-profit educational institution for a period of forty-five calendar days after the date of recording. Upon the conclusion of such retention period, all off-air recordings must be erased or destroyed immediately. “Broadcast programs” are television programs transmitted by television stations for reception by the general public without charge.
3. Off-air recordings may be used once by instructors in the course of relevant teaching activities, and repeated once when instructional reinforcement is necessary. The showings are limited to classrooms and similar places devoted to instruction in a single building, cluster, or campus, as well as in the home of students receiving formalized home instruction. The showing must take place during the first ten consecutive school days in the forty-five day calendar day retention period. “School days” are school session days – (not counting weekends, holidays, vacations, examination periods, or other scheduled interruptions) within the forty-five calendar-day retention period.
4. Off-air recordings may be made only at the request of, and used by, individual instructors. They may not be regularly recorded in anticipation of requests. No program may be recorded off the air more than once at the request of the same instructor, regardless of the number of times the program is broadcast.
5. A limited number of copies may be reproduced from each off-air recording to meet the legitimate needs of instructors under these guidelines. Each additional copy is subject to all the provisions governing the original recording.
6. After the first ten consecutive school days, off-air recordings may be used through the end of the forty-five calendar-day retention period for evaluation purposes, (i.e., to determine whether or not to include the program in the curriculum). They may not be used for student exhibition or any other non-evaluation purpose without authorization.
7. Off-air recordings need not be used in their entirety, but the recorded programs may not be altered from their original content. The recordings may not be physically or electronically combined or merged to constitute teaching anthologies or compilations.
8. All copies of off-air recordings must include the copyright notice displayed on the program.
9. Educational institutions are expected to establish appropriate control procedures to maintain the integrity of these guidelines.

Learning Resource Center - Teaching Models

Models and equipment are located in the Learning Resource Center, the Physical Assessment Lab or the Professional Practice Lab.

Learning Resource Center

- 1 Bony Structure of the Pelvis
- 1 Brain
- 1 Ear Model
- 1 Eye
- 1 Heart
- 1 Liver
- 1 Skull
- 1 Torso (Large)
- 1 Knee cross-section
- 1 Thigh showing IM sites

Physical Assessment Lab

- 12 Stations equipped with:
 - Exam table
 - Desk
 - Stool
 - Sphygmomanometer
 - Otoscope
 - Ophthalmoscope
- 3 Grahm-Field Eye Charts
- 1 Pedi Eye Chart
- 2 Single Breast Models (Health Ed Co)
- 5 Testicular Models (Health Ed Co)
- 2 Metal trash cans
- 9 Acumeasure calipers
- 1 Elite Doppler with Audio Wand (EAA0302/CBB625)
- 3 Welch-Allen Electronic Thermometers (Model 679) and probe
- 2 First Temp Tympanic Thermometers
- 4 Calculators
- 24 Oral Geratherm Thermometer
- 3 Rectal Geratherm Thermometers
- 46 Oral Mercury Thermometers (Baxter)
- 6 128 C Tuning Forks
- 9 256 C Tuning Forks

- 5 Small Tuning Forks
- 12 Reflex Hammers
- 3 Health-O-Meter Scales
- 1 Critikon Dinamap Vital Signs Monitor
- 3 Concern Breast Vests (Health Ed Co)
- 1 Koken Breast Vest
- 2 Goose Neck Lamps
- 2 Female GYN Models & parts
- 3 Large metal trays with wheels
- 5 Female GYN Models (LifeFoam)
- 1 PYXIS Medication System
- 2 Prostate examination teaching models
- 2 Male reproductive system teaching models
- 3 Female Pelvis with muscle structure
- 2 Gatesville Child with Multi-sounds

Professional Practice Lab

- 12 Mannequin IV arms with plastic sleeve
- 2 IV Hands
- 5 Injection Arms with case (Medical plastics - TK10000)
- 2 Arms - Suture placement (LifeFoam Replicas by Nasco)
- 1 Thighs for IM injection
- 2 Torso models for catheterization/enema (Medical Plastics PS3500)
- 1 Mr. Catheter
- 1 Urinary track cross section (can be catheterized)
- 3 Infant head and shoulders with pelvis
- 1 Graphic Breast Model (child birth graphics)
- 1 Deluxe Nurse Training Baby
- 1 Baby Airin
- 1 Baby Ivy
- 1 Baby Umbi
- 1 Nita Newborn
- 1 Baby Stap
- 1 Bay Arti
- 4 Full-term Baby Dolls
- 3 Premie Baby Dolls
- 3 Baby Cribs on Wheels
- 1 Placenta and 1 Soft Baby
- 1 Soft Pelvis
- 1 Perineum
- 1 Neonatal Resuscitation model
- 1 Cervix - Dilation
- 2 N/G Intubate Model
- 6 Hospital training dolls with all removable components (Medical Plastics_
- 2 Toilet hats (urine measurement/female)

- 2 Urinals (urine measurement/male)
- 6 Graduated Cups
- 6 Bed Pans
- 1 Fracture Pan
- 1 Central Line Chest Model (Health Ed Co)
- 1 Central Line Model (Clipboard - home-made)
- 1 Ambu bag with Oxygen tubing
- 1 1 oz Tubing with Rebreather
- 4 Bubble Humidifiers with Tubing
- 3 Pedi Waterseal Chest Drains (20112-320)
- 3 Adult Waterseal Chest Drains
- 8 8io Trach Tubes
- 7 Oral Airways
- 6 Trach Sets (Smiley/various sizes)
- 1 Arrow Double Lumen Balloon Catheter (7 fr.) Wedge Pressure Catheter
- 3 Arrow Temp. Pacing Catheter
- 1 Arrow Multilumen CVC Catheter Kit (7 fr., 3 lumen)
- 1 Arrow Thermodilution Catheter (Balloon) (7 fr.)
- 1 Peripheral CVC Kit (19 gauge)
- 1 Pediatric Multilumen CVC Kit (5.5 fr.)
- 3 Misc. Arrow, Hickman CVC (Pediatric Size)
- 1 Titanium Port-a-Cath
- 1 Flexflow Companion Enteral Feeding Pump
- 1 Flexflow III Enteral Pump
- 2 Bard Button Replacement Kits
- 2 Micky Button Replacement Kits
- 1 Aluminum Walker
- 3 Wooden Crutches (single)
- 1 Set Aluminum Crutches
- 12 Gait Belts
- 4 Sequential Comp. Dev. Cuffs
- 29 TED Hose
- 2 NG Teaching Models (Health Ed Co)
- 2 IMED Geminir PC2TX IV Pumps
- 1 Pulseoximeter with Power Pack
- 6 Hill-Rom Hospital Beds
- 6 Bedside Table
- 1 Storage Cabinet on Wheels

CLASSROOM EQUIPMENT LIST

Multimedia Classroom 105:

Dell Laptop (at the podium table)
VHS VCR (in the equipment rack)
Document Camera (located on the podium table and shows paper documents and transparencies)
Extron Audiovisual Mixer (selects which audiovisual source goes to the video projector)
Epson Video Projector (ceiling-mounted video projector)
Sound Amplifier (in equipment rack) and wall-mounted Sound Speakers

Multimedia Classroom 207:

Dell Laptop (at the podium table)
VHS VCR (in the equipment rack)
Document Camera (located on the podium table and shows paper documents and transparencies)
Extron Audiovisual Mixer (selects which audiovisual source goes to the video projector)
Epson Video Projector (ceiling-mounted video projector)
Sound Amplifier (in equipment rack) and wall-mounted Sound Speakers

Multimedia Classroom 208:

Dell Laptop (at the podium table)
VHS VCR (in the equipment rack)
Document Camera (located on the podium table and shows paper documents and transparencies)
Extron Audiovisual Mixer (selects which audiovisual source goes to the video projector)
Epson Video Projector (ceiling-mounted video projector)
Sound Amplifier (in equipment rack) and wall-mounted Sound Speakers

Multimedia Classroom 209:

Dell Laptop (at the podium table)
VHS VCR (in the equipment rack)
Document Camera (located on the podium table and shows paper documents and transparencies)
Extron Audiovisual Mixer (selects which audiovisual source goes to the video projector)
Epson Video Projector (ceiling-mounted video projector)
Sound Amplifier (in equipment rack) and wall-mounted Sound Speakers

Multimedia Classroom 406:

Dell Laptop (at the podium table)
VHS VCR (in the equipment rack)
Document Camera (located on the podium table and shows paper documents and transparencies)
Extron Audiovisual Mixer (selects which audiovisual source goes to the video projector)
Epson Video Projector (ceiling-mounted video projector)
Sound Amplifier (in equipment rack) and wall-mounted Sound Speakers

Distance Education / Multimedia Classroom 407:

Dell Desktop PC (at the teaching station)
VHS VCR (in the equipment rack)
Document Camera (located on the podium table and shows paper documents and transparencies)
Extron Audiovisual Mixer (selects which audiovisual source goes to the video projector)
Epson Video Projector (ceiling-mounted video projector)
Sound Amplifier (in equipment rack) and wall-mounted Sound Speakers
Madge and VTEL Distance Education equipment
4 TV Monitors (ceiling-mounted)

Panja Interface (wireless device controls the Extron Audiovisual Mixer in 407)

Microphones (2 omni-directional mics at the teaching station and 16 student mics on classroom tables)

Wireless Lapel Microphone (for Distance Education only so the distant site can hear the speaker)

Classrooms 203, 204, 205-206, and 210

Each has an overhead projector and VCR cart.

The Skills Lab

VCR cart



Section I

Student Services

Cafeteria Information

(Baylor University Medical Center)

Students are entitled to a 20% discount when eating in the Baylor cafeteria. In order to obtain a discount, students must wear a Baylor Medical Center photo I.D. badge, which can be obtained from BUMC Parking Services located at 3510 Crutcher Street.

Counseling Services

Various avenues for personal counseling services are available to students on the Dallas campus. The Director of Student Services is available to provide counseling and/or referrals when indicated or desired by the student. Baylor University Medical Center Psychiatric Services Department offers direct and free initial assessment sessions to students. Referrals for follow up counseling are made on the basis of the student's needs and financial and personal resources. If students prefer counseling outside the Baylor arena, individual referrals can be made to assist students in finding an appropriate counselor.

The faculty often provides informal counseling related to academic performance and makes referrals to those students having the need for more in-depth, long-term assistance.

Financial Aid

Application for financial aid for all nursing students of the Baylor University Louise Herrington School of Nursing should be made through the Office of Student Financial Aid, Baylor University, One Bear Place # 97028, Waco, Texas, 76798-7028, telephone number 1-800-229-5678 or 254-710-2611. For any questions or problems regarding financial aid, see Susan Flickner, Financial Aid Coordinator, Student Services Office, Harry Bass Educational Center, for assistance.

Insurance

Baylor University does not provide insurance coverage for individual students. Therefore, students should obtain through agents of their choice medical insurance and personal property insurance.

Baylor University may pay the first aid expenses for students who are injured as a result of a Baylor University activity. Should such an accident occur, see the Assistant Dean for Student Services for appropriate handling of reimbursement for expenses.

Recreational Activities

Recreational activities for nursing students are under the direction of the Director of Student Ministries. Various social and cultural activities are sponsored during the school year along with events that provide the nursing students the opportunity to participate with the local dental, medical and seminary students from area educational institutions. Students are provided with information regarding Waco campus events and activities such as football games, the annual Pigskin Revue, and All University Sing, Diadeloso, as well as cultural activities and events occurring in the Dallas metroplex area.

Religious Activities

Activities sponsored by Student Ministries include Bible studies, mission trip, involvement in state and national Baptist Student Ministries meetings and a weekly fellowship meeting called "Lunchencounter."

Student Organizations on the Dallas Campus

Baylor Student Nurses' Association

Baylor Student Nurses' Association is a pre-professional Organization open to all nursing majors.

Sigma Theta Tau — Eta Gamma Chapter

Sigma Theta Tau — Eta Gamma Chapter is open to eligible faculty and students who have completed at least one-half of the required nursing courses.

Link to [Department of Student Activities](#)

Rev. 8/4/04



Section J

Organizations

Organizations

Alumni Association

The Baylor Nurses Alumni Association was organized in 1914. In 1984, the Association adopted new by-laws and changed its name to Baylor University School of Nursing Alumni Association. The Association is open to all graduates of the School. An Annual Homecoming is held the first Saturday in May. Officers are elected annually.

Sigma Theta Tau

A Chapter of Sigma Theta Tau, the Eta Gamma Chapter, was established at the school in the spring, 1984 semester.

The purpose of the organization are to recognize the achievement of scholarship of superior quality, to recognize the development of leadership qualities, to foster high professional standards, to encourage and support research and other creative work in nursing, to strengthen commitment on the part of individuals to the ideals and purposes of the profession of nursing.

The organization is open to faculty and students who have completed at least one-half of the required nursing curriculum. Eligibility for membership for faculty includes:

1. Must have been a member of the faculty at Baylor University Louise Herrington School of Nursing for a full year (on a full-time permanent basis).
2. Must have a Master's or higher degree.
3. Must have demonstrated marked achievement in the field of nursing.
 - a. Makes contributions to nursing literature.
 - b. Demonstrates consistent creative nursing practice; is a role model.
 - c. Participates in and contributes to programs of self and staff development.
 - d. Develops innovations in nursing practice, which improve care to patients or administration of a nursing unit.
 - e. Interprets nursing process to community and health agencies.
4. Must be an active, contributing member of the faculty.
 - a. Assumes leadership activities.
 - b. Serves effectively on committees.
 - c. Supports and contributes to the School of Nursing goals.

5. Must be an active, contributing member of the local, state, and/or national professional organizations.
6. Must have demonstrated competence and creativity in teaching.
7. Must have demonstrated interest in the society by attending Honor Society program and otherwise giving support to Chapter activities.
8. Must be present at the Induction Ceremony to be inducted.
9. Must pay all fees before admission to membership.

Eligibility for membership for students includes:

1. Must demonstrate evidence of professional leadership ability or potential ability.
2. Must have at least a GPA of 3.0 on a 4.0 scale, and rank in the upper 35 percent (35%) of the graduating class. Thirty-three percent (33%) of any one graduating class is admitted to the Society.
3. Must be present at the Induction Ceremony to be inducted.
4. Must pay all fees before admission to membership.



Section K

**Baylor
Health Care
System**

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992	REVISED: April 2001
PAGE: 1 OF:13	

I. POLICY

Baylor University Medical Center has established the Bloodborne Pathogen Exposure Control Plan in compliance with the OSHA document 29 CFR 1910.1030 published in the Federal Register, December 6, 1991. The Bloodborne Pathogen Exposure Control Plan is to be utilized throughout the facility.

II. SCOPE OF CARE

This policy applies to all Baylor University Medical Center healthcare workers, contract healthcare workers, students or volunteers who have occupational exposure to blood or other potentially infectious materials.

III. PURPOSE

To provide a safe working environment that reduces the risk of exposure to infectious agents for healthcare workers (HCW).

The objective of this plan is twofold:

- * To protect our HCWs from the health hazards associated with bloodborne pathogens.
- * To provide appropriate treatment and counseling should a HCW be exposed to bloodborne pathogens.

IV. RESPONSIBILITY

A. **OSHA TASK FORCE** - The OSHA Task Force was formed in February, 1992, to address all issues related to the final OSHA Bloodborne Pathogen Standard. Each part of the standard was completed utilizing the following mechanisms:

INITIAL IMPLEMENTATION:

1. Evaluated the standard in regards to current policy and procedure.
2. Developed new policies and procedures to address compliance with the identified standard.
3. Completed education for HCWs identified as Category I and II in the exposure determination.
4. Expanded hepatitis B vaccination program to include all HCWs identified as Category I and II in the exposure determination.

ONGOING:

1. Implement policies and procedures.
2. Evaluates program annually.
3. Disseminates updated information to HCWs as necessary.



POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992 REVISED: April 2001	PAGE: 2 OF: 13

4. Provides updated information to designated Supertrainers (Education/Training Coordinator) for educational purposes at least annually.
5. EHS will report any trends in device failure to the OSHA Taskforce and Committee on Infections semi-annually.

B. Product Standardization Committee

A multidisciplinary committee with wide representation from clinical services. This committee meets monthly to review proposed products and results of product evaluations.

1. Employees and industry representatives provide information for consideration to committee members.
2. Products are selected for evaluation based on input from clinical areas and committee members.
3. Criteria to select safety devices: the safety feature should provide a barrier between the hand and the needle after use, allow or require the worker's hands to remain behind the needle at all times, be an integral part of the device and not an accessory, be in effect after disposal to protect workers who may subsequently handle device, and be simple and easy to use, requiring little or no training.
4. The leadership chair coordinates product evaluations in the clinical areas and evaluation findings are reported back to the committee.
5. Implementation of the product is based on the evaluation forms.
6. The leadership chair will maintain evaluation documentation and activities of the products committee recorded in the minutes.

C. Management

1. Implement the Exposure Control Plan in their respective areas.
 - a. Ensure the availability of the Exposure Control Plan.
 - b. Ensure that HCWs are trained according to their exposure category.
 - c. Maintain HCW training record.
2. Investigate noncompliance as related to the use of personal protective equipment (PPE).
3. Ensure compliance with exposure control procedures.
4. Provide PPE that meets the required specifications for the HCW. (see PPE section this plan)
5. Ensure there is a Supertrainer (Education/Training Coordinator) for their respective area.
6. Inspect and maintain engineering controls on an ongoing basis.
7. Provide input to Product Standardization Committee when safer engineering controls become available. Support evaluation of and provide feedback on safer engineering controls to Product Standardization Committee.
8. Ensure eligible HCWs receive Hepatitis B Vaccine or signs declination form.
9. Ensure that the "Infection Control Contract Staff Requirements" documentation is completed on all contract employees before service begins (see attachment #1).

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992	REVISED: April 2001
PAGE: 3 OF:13	

D. Supertrainers (Education/Training Coordinators)

Each department has an education/training coordinator who is responsible for providing information, training and documentation to all HCWs who have the potential for exposure to bloodborne pathogens. These responsibilities include:

1. Maintain a list of HCWs requiring training
2. Develop suitable educational programs
3. Schedule training classes for HCWs for the following:
 - * all new HCWs
 - * annually for HCWs and as needed
 - * others as directed by manager
4. Maintain appropriate training documentation.
5. Periodically review the training programs with the OSHA Task Force members to include appropriate new information.

E. Health Care Worker

1. Know the intent and specifics of the Exposure Control Plan.
2. Know what tasks they perform that have occupational exposure.
3. Attend training sessions.
4. Comply with identified work practice and engineering controls.
5. Follow established Medical Center post exposure protocols.
6. Know location and appropriate use of PPE and use as directed.
7. Return to Employee Health Services (EHS) to complete Hepatitis B Vaccine series.
8. Prompt reporting and follow-up with EHS post-exposure incident.
9. Participates in evaluation of new products and provides feedback.

V. IMPLEMENTATION AND REVIEW OF EXPOSURE CONTROL PLAN

Various components of the Exposure Control Plan were implemented on the following dates:

<u>Date effective</u>	<u>Bloodborne Pathogen Standard</u>	<u>Date completed</u>
2/90	Implementation of Workplace Guidelines (Texas).....	1991
3/16/92	Bloodborne Pathogen Standard Exposure Control Plan.....	
5/5/92	Exposure Determination	1990
5/5/92	Schedule & Method of compliance	5/5/92
5/5/92	Procedure for Evaluation	5/5/92
6/4/92	Information and Training	4/91
	Record keeping	7/91
7/6/92	Engineering and Work Practice Controls.....	ongoing
	Personal Protective Equipment	4/88
	Housekeeping	ongoing
	Hepatitis B Vaccination & Post Exposure evaluation & follow up...	6/30/92
	Labels and Signs	4/88
	Review/Revision of the Exposure Control Plan annually to include technology changes	
	Approved through the Committee on Infections.....	ongoing

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan		DEPARTMENT: All
EFFECTIVE DATE: April 1992	REVISED: April 2001	PAGE: 4 OF: 13

VI. PROCEDURE

A. Exposure Determination List

Departments within the Medical Center have classified their individual job titles according to the degree of blood and body fluid exposure (Categories I, II, or III, see below). Refer to the Infection Control Departmental Policy for Job Description/Category of Exposure.

- * Category I - Tasks that involve exposure to blood, body fluids, or tissues.
- * Category II - Tasks that involve no exposure to blood, body fluids or tissues, but employment may require performing unplanned Category I tasks.
- * Category III - Tasks that involve no exposure to blood, body fluids or tissues, and Category I tasks are not a condition of employment.

Examples of Procedures

The following are examples of procedures performed at this facility that may result in occupational exposure. The procedures may include but are not limited to:

- | | |
|-------------------------------|--|
| * patient exams | * decontamination of equipment |
| * aspiration | * specimen handling |
| * suctioning | * foley catheter care |
| * inoculations | * oral care |
| * care of wounds | * care of intravenous lines |
| * disposal of regulated waste | * other: see individual department for more specific procedures. |

B. Engineering Controls shall be used to eliminate or minimize HCW exposure.

Engineering controls and Engineered sharps injury protection include any controls that remove the hazard or isolate the worker from the hazard, such as sharps disposal containers, self-sheathing needles, or bio-safety cabinets. The following Engineering Controls are used throughout our facility; where applicable (**see attachment #2 for list of Engineering Controls**):

- * Handwashing facilities are readily accessible to all HCWs who have the potential for exposure. When facilities are not readily accessible, antiseptic hand cleansers or towelettes can be substituted.
- * Magnetic needle boards, mats and basins.
- * Safety needles for injectables or intravenous therapy
- * Blunt cannulas must be used whenever possible.
- * Safety phlebotomy device.
- * Containers for contaminated reusable sharps will be puncture resistant and leak-proof on the sides and bottoms, marked with biohazard labels, and be available at the point of use. To minimize exposure potential, contaminated reusable sharps and instruments must be processed in the Central Service Department. These employees are specially trained in the safe handling and decontamination of reusable items.
- * Specimen containers are available for collection and handling of all specimens. These containers are leakproof and when necessary, puncture resistant. Secondary containers with the same characteristics as the primary container are only required if the primary container is contaminated or leaks.

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992	REVISED: April 2001
PAGE: 5 OF:13	

- * The Translogic Specimen Transport System is not the preferred method of transport for specimens, but if used, specimens must be placed in a secondary container to prevent leakage. (see **Translogic Specimen Transport Protocol in Infection Control Manual**)
- * Bio-safety hoods are available and in use where necessary.
- * Eyewash stations are available to wash eyes post exposure.

The Engineering Controls listed above are inspected and maintained by each individual department on an ongoing basis.

C. **Work Practice Controls**

In addition to Engineering Controls, our facility uses Work Practice Controls to help eliminate or minimize employee exposure to Bloodborne pathogens. The following Work Practice Controls are in place in this facility:

- * Standard Precautions will be used for all patients at all times (see Isolation Section).
- * Employees are required to wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- * Following any contact of body areas with blood or other infectious materials, employees are required to wash their hands and any other exposed skin with soap and water as soon as possible. They should also flush exposed mucous membranes with water.
- * Care should be taken to minimize splashing, spraying or the generation of droplets during procedures involving blood or other body fluids.
- * Contaminated needles cannot be recapped by hand (e.g. using a two handed technique) or removed from disposable syringes by hand, unless there is no feasible alternative or recapping is required during a specific medical procedure. Situations when recapping or removal of needles may be required include a syringe used in blood gas analysis or administration of incremental doses of a medication to the same patient. Bending, shearing or breaking of contaminated needles is prohibited. In specific situations where recapping or removal of needles from syringes is necessary, it must be accomplished with the use of a mechanical device that protects the hand or a safe one-handed recapping technique (see below).
- * No Touch Technique - a hands free technique used when handling needles or other sharp devices. Examples of how this can be accomplished are: laying the sharp items down in a neutral zone or by using specific items such as trays, basins or magnetic pads to pass instruments and other sharp items.
- * One handed recapping procedure:
 - Lay needle cap on a flat surface.
 - Guide the contaminated needle into the cap using one hand only.
 - Secure needle cap by exerting pressure against a solid surface, such as a bedside table.
- * Contaminated reusable sharps should be placed in puncture resistant, leak proof containers, marked with biohazard labels, and sent to Central Service for processing.

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992	REVISED: April 2001
PAGE: 6 OF:13	

- * Disposal of sharps - After use, sharps must be discarded immediately, or as soon as feasible, into containers that are closable, puncture resistant, and leak proof on the sides and bottom. The containers must be labeled with a biohazard label. These containers must remain upright throughout use and be locked and replaced when 2/3 full and/or the fill line is reached. (See **Biohazardous Infectious Waste Management, Facility Policy in the Infection Control Manual.**)
- * Eating, drinking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens. Note: Work area means the area where work involving exposure or potential exposure to blood or OPIM exists, along with the potential contamination of surfaces.
- * Food and drink - are not kept in refrigerators, freezers, on counter tops or in other storage areas where blood or other potentially infectious materials are present.
- * Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
- * Biomedical equipment which becomes contaminated shall be decontaminated in the department where the equipment is located prior to servicing or shipping. A biohazard label shall be attached to any portion of the equipment that cannot be decontaminated.

- D. **Personal Protective Equipment** - PPE must protect the HCW from exposure under normal conditions of use for the duration of time used.
1. **Personal Protective Equipment must be used.** A HCW may briefly and temporarily decline to use PPE in rare and extraordinary circumstances. This would be based on the HCWs professional judgement that its use would have prevented the delivery of healthcare or public safety services, or would pose an increased hazard to the safety of the worker or coworker. If this situation occurs, the manager must investigate and document this situation to try and determine what can be done to avoid such occurrences in the future.
 2. HCWs are required to remove these barriers prior to leaving the work area and/or completing a task, and to place them in designated containers for reprocessing or disposal.

Personal Protective Equipment

- * Gowns/Aprons/Lab Coats/Clinic Jackets - shall be worn in potential occupational exposure situations. These items shall be made of, or lined with **fluid-proof or fluid resistant material** and shall protect areas of exposed skin and regular clothing.
- * Gross Contamination of PPE and uniform may occur. Immediate decontamination of the skin must occur (shower). Any personal clothing must be decontaminated in dirty work area and bagged before laundering. Facilities for cleanup and decontamination of PPE and uniform are available. Disposable scrubs are available for the HCW from Central Service. Consult with Administrative Supervisor as needed
- * Gloves should be worn when it can be reasonably anticipated that the employee may have hand contact with blood and other potentially infectious materials (OPIM), mucous membranes, non-intact skin; and performing vascular access procedures. The wearing of

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992	REVISED: April 2001
PAGE: 7 OF:13	

two pairs of gloves (double gloving) may be indicated for some procedures in the practice setting. Gloves shall also be worn when handling or touching contaminated items or surfaces. Gloves must be changed when they become contaminated, torn, or punctured, and hands must be washed after gloves are removed.

- Reusable gloves (utility gloves) must be decontaminated prior to re-use. Gloves which may no longer be effective as a barrier must be discarded.
- Do not re-use single use gloves.
- Change gloves between patients and during the care of a single patient. Gloves shall also be changed between tasks being performed on the same patient.
- Hypo-allergenic gloves will be provided for employees with allergies.
- * Masks/Eye Protection/Face Shields - Masks in combination with eye protection devices such as goggles or safety glasses with solid protective shields, or chin length face shields shall be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious material (OPIM) may be generated and eye, nose, or mouth contamination can be reasonably anticipated. This equipment must be decontaminated prior to reuse. Single use items are discarded after use.
- * Surgical caps or hoods and/or impervious shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g. autopsies, orthopedic surgery).
- * Resuscitation devices including but not limited to mouthpieces, resuscitation bags, pocket masks, shall be readily accessible for emergency situations.

Please refer to the Isolation Policies of the Infection Control Manual for further information.

E. Housekeeping Issues

1. **Environmental Service (EVS)** has written policies and procedures for cleaning and decontamination of the work site.
2. **Individual Departments and or EVS** are responsible for the following:
All equipment (i.e. IV poles, bedside commodes, stretchers, etc.) and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials
 - After the completion of medical procedures
 - Immediately or as soon as possible after any spill of blood or body fluids
 - At the end of the work-shift.
3. Protective coverings such as plastic wrap, aluminum foil or imperviously - backed absorbent paper are removed and replaced after they become contaminated.
4. All bins, cans and other receptacles intended for reuse will be routinely inspected, cleaned and decontaminated if visibly contaminated.
5. Broken glassware is picked up using mechanical means (such as dust pan, brush, tongs, forceps, etc.) and discarded into an impervious container.

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992	REVISED: April 2001
PAGE: 8 OF: 13	

6. When a blood or body fluid spill occurs all personnel are responsible for seeing that the spill is cleaned and disinfected immediately. Areas that have blood or body fluid spills are to be cleaned and disinfected immediately using the following steps:
 - * If spill is large or occurs outside the facility, contact EVS for help and the Safety Officer as needed for removal.
 - * Obtain necessary supplies (appropriate PPE, disinfectant, paper towels, and engineering controls, such as dust pan, brush, tongs, forceps, etc.) for cleaning the spill.
 - * Don appropriate PPE (i.e. gloves, gown, and eye protection as needed).
 - * Use engineering controls (such as dust pan, brush, tongs, forceps, etc.) to remove any sharp or broken glass from the spill area and place in a sharps container.
 - * Remove as much of the spill as possible from the environment with paper towels.
 - * Decontaminate by pouring the disinfectant directly on the area of spill, wait a few minutes and then remove disinfectant with paper towels.
 - * Discard all disposable items used to clean/disinfect the area into a Biohazardous trash bag.
 - * Remove PPE (i.e. gloves) and discard into the Biohazardous trash bag.
 - * Wash hands.

F. **Laundry**

All used linen is considered to be contaminated. Used linen should be placed in blue impervious bags at the point of use and securely closed. (Note: Used linen from patients on chemo - precautions will be placed in designated impervious bag). Employees working in laundry will be trained on appropriate handling of used linen.

G. **Regulated Waste** - See **Hospitalwide Policy on Biohazardous Infectious Waste Management Policy located in the Infection Control Manual.**

H. **Compliance Monitoring**

To ensure that HCWs are complying with recommended practices within the Exposure Control Plan, the following compliance monitors will be used:

- * Employee Performance Appraisals
- * Employee Exposure Follow-up
- * Follow-up on safety recommendations from committee meetings.
- * Feedback from educational training sessions
- * Safety Coordinators will perform periodic safety audits. The Safety Officer will present a report to the Committee on Infections as applicable.

I. **Hepatitis B Vaccination, Post-Exposure Evaluation and Follow-up**

- * Hepatitis B Vaccination is provided at no cost to the HCW in job categories I and II.
- * The vaccine is offered through Employee Health Services in accordance with recommendations from the Centers for Disease Control and Prevention.



POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992 REVISED: April 2001	PAGE: 9 OF: 13

- * HCWs are vaccinated after receiving information about the effectiveness, safety, method of administration, benefits, and side effects of the vaccine.
- * If a HCW declines vaccination, the declination form must be signed. The HCW has the option to receive the vaccine at a later date if they desire. At the present, boosters are not necessary, however, if the recommendation changes, they will be made available.
- * All Record keeping related to Hepatitis B Vaccination will be handled through Employee Health Services.
- * EHS will report any trends in device failure to the OSHA Taskforce and Committee on Infections semi-annually.
- * The existing record keeping requirement has been supplemented to also state that "the employers shall establish and maintain sharps injury log for recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The log shall be maintained for a period of five years from the end of the year to which the logs relate. The sharps injury log shall contain at a minimum:
 1. The type and brand of device involved in the incident,
 2. The departmental work area where the exposure incident occurred and,
 3. An explanation of how the incident occurred."

K. Post-Exposure Evaluation and Follow-up

A confidential post-exposure medical evaluation and follow-up is provided at no cost to the HCW following an exposure incident.

- * Evaluation and follow-up services will be coordinated through Employee Health Services.
- * All Exposures will be logged in the OSHA 200 log by Risk Management.

L. Hazard Communication

1. For Postmortem Care of the body, a tag must be affixed according to state law (**refer to Postmortem Care of the Body in the Nursing Protocols and Procedures**).
2. Specific labeling (**with the Biohazard symbol**) is used to warn HCWs of potential hazards. The biohazard label should be fluorescent orange or orange-red and must have lettering or symbols in a contrasting color. These labels are an integral part of the container or affixed as close as feasible to the container by a string or wire or adhesive. Buff bags and/or red containers may be substituted for labels. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempt from the labeling requirement. The following should be labeled with the Biohazard symbol:
 - * Containers of regulated waste that have not been decontaminated (**refer to Biohazardous Infectious Waste Management Policy**).
 - * Refrigerators/freezers containing blood or OPIM (**excluding blood released for transfusions**).

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992	REVISED: April 2001
PAGE: 10 OF: 13	

- * Sharps disposal containers
- * Containers to transport blood or other infectious material outside of the facility.
- * Contaminated equipment needing repair or replacement.

Soiled linen, specimens and reusable equipment do not require a Biohazard symbol due to the Standard Precautions Isolation policies already in place.

M. Information and Training

1. All HCWs receive the following information originally:
 - * Epidemiology and symptoms of bloodborne diseases
 - * Modes of transmission of bloodborne diseases
 - * Selection and use of protective equipment
 - * Review of employee exposure protocols
 - * Persons to contact in case of emergency
 - * Cleaning of blood spills
 - * Review of Isolation policy (Standard Precautions)
2. All HCWs with potential occupational exposure will be trained with the opportunity for questions to be asked. The training will be conducted as follows:
 - a. At the time of initial assignment and annually thereafter.
 - b. Additional training will be provided with modification or institution of new tasks or procedures which may affect occupational exposure.
 - c. Additional training will be provided following a blood or body fluid exposure if necessary.
3. Supertrainers will be updated by Epidemiology as new information is received.

N. Recordkeeping

1. Training Records
 - a. To facilitate the training of our HCWs, as well as to document the training process, the Department Manager will maintain training records for three years containing the following information:
 - * Dates of training sessions
 - * Content/summary of training
 - * Names and qualifications of persons conducting the sessions
 - * Name and job titles of all attending the training session.
 - b. Training sessions will be documented and these records should be kept for three years. These records must be available upon request by OSHA.

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992 REVISED: April 2001	PAGE: 11 OF: 13

2. Medical Records
 - a. Employee Health Services will maintain records of all exposure incidents, post exposure follow-up and Hepatitis B vaccination status. These records must be kept confidential and retained for the duration of employment plus 30 years.
 - b. A Medical Opinion Summary will be provided to the exposed HCW at the time of evaluation.
 - c. The medical record will include the following:
 - * HCW name and social security number
 - * HCW vaccination status
 - * Results of exams, medical testing and follow-up procedures
 - * Copy of the information provided to the healthcare worker.
 - d. These records will remain confidential and will not be disclosed without the HCWs written consent except as required by law.

3. Product Evaluation Records

The leadership chair will maintain evaluation documentation and activities of the products committee recorded in the minutes.

ADDITIONAL HOSPITAL POLICIES REFERENCED IN THIS POLICY

1. Isolation Policy (Standard Precautions) – **Infection Control Manual.**
2. Translogic Specimen Transport Protocol - **Infection Control Manual.**
3. Biohazard Infectious Waste Management Facility Policy - **Infection Control Manual.**
4. Postmortem Care - Nursing Protocols and Procedures
5. Employee Health - **Infection Control Manual.**
6. General Infection Control Policy - **Infection Control Manual.**

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan		DEPARTMENT: All
EFFECTIVE DATE: April 1992	REVISED: April 2001	PAGE: 12 OF: 13

GLOSSARY

BLOOD	Human blood, human blood components, and products made from human blood.
BLOODBORNE PATHOGENS	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).
CLINICAL LABORATORY	A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
CONTAMINATED	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
CONTAMINATED LAUNDRY	Laundry which has been soiled with blood or other potentially infectious materials, or may contain sharps.
CONTAMINATED SHARPS	Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
DECONTAMINATION	The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface item, to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
ENGINEERED SHARPS INJURY PROTECTION	Non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids with a built in safety feature mechanism that effectively reduces the risk of exposure incident.
ENGINEERING CONTROLS	Controls (e.g., sharps disposal containers, self-sheathing needles, etc.) that isolate or remove the bloodborne pathogen hazard from the workplace.
EXPOSURE INCIDENT	A specific eye, mouth, other mucous membrane, non-inact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of the healthcare workers duties.
HANDWASHING FACILITIES	A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.
HEALTHCARE WORKER (HCW)	Someone who provides direct or indirect patient care.
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
NEEDLELESS SYSTEM	A device that does not use needles for the collection of body fluid or withdrawal of body fluids after initial venous or arterial access is established, the administration of medication or fluids, or any other procedure involving the potential for occupational exposure to Bloodborne pathogens due to percutaneous injuries from contaminated sharps.

POLICY/PROCEDURE: Bloodborne Pathogen Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: April 1992	REVISED: April 2001
PAGE: 13 OF: 13	

NO TOUCH TECHNIQUE

A hand free technique used when handling needles or other sharp devices. Examples of how this can be accomplished are: laying sharp items down in a neutral zone or using specific items such as trays, basins or magnetic pads to pass instruments and other sharp items.

OCCUPATIONAL EXPOSURE

Reasonably anticipated skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a healthcare workers duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)

The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Any unfixed tissue or organ other than intact skin from a human (living or dead). HIV -containing cell or tissue cultures, organ cultures, and HIV or HBV - containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV or HCV.

PARENTERAL

Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

REGULATED WASTE

Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious material and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

SOURCE INDIVIDUAL

Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to a HCW. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

STANDARD PRECAUTIONS

Will be used at all times to reduce the risk of transmission of Bloodborne Pathogens from both recognized and unrecognized sources of infection. All patients blood, body fluids, (secretions and excretions) are to be considered to be potentially infectious.

STERILIZE

The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial spores.

UTILITY GLOVES

Reusable heavy gloves usually made of rubber or vinyl. They are used in housekeeping and other EVS tasks. They must be inspected before use and discarded if cracked , peeling, torn, punctured, or in any way deteriorated or compromised.

WORK PRACTICE CONTROLS

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

INFECTION CONTROL CONTRACT STAFF REQUIREMENTS

Directions: **Section 1** is completed by the Contract Agency prior to beginning service at Baylor University Medical Center. The Contract Employee reports to work with this form.

Section 2 is completed by the Contract Employee and BUMC management when the employee begins job duties in the department. Management will maintain record in a centralized and easily retrievable location.

1. Contract Agency Requirements

Before a contract employee begins service, the following criteria must be met by the Agency:

- Proof of Hepatitis-B Vaccine acceptance or declination (Category I and II Contract Personnel)
- Proof of immunity to Measles, Mumps, Rubella, and Chickenpox (by history or documentation; all Contract staff)
- Proof of annual training regarding Bloodborne Pathogens (Category I and II Contract Personnel) and Tuberculosis and annual TB screening (All Contract Personnel)
- Proof of training regarding handwashing and general infection control principles (All Contract Personnel)
- Education of employee regarding policy to follow in the event of an exposure to blood and/or body fluids.

The criteria listed in Section 1 have been met.

Signature of Contract Services Management / Date

2. Baylor University Medical Center

Baylor University Medical Center, Directors, Managers, and/or Supervisors are to review the following before a new Category I and/or Category II Contract employee begins job duties in the department.

- Location and use of personal protective equipment, safety devices, engineering controls
- Procedure to follow if an exposure occurs
- Location and use of handwashing agents and facilities
- Handling of linen and disposal of Infectious Wastes according to hospital protocols (including safe disposal of sharps into needle containers, etc.)
- Review of infection control policies, location of manuals, and other as specific to the department
- Documentation of immunity to Measles, Mumps, Rubella, and Chickenpox by history or documentation
- Bloodborne Pathogen Exposure Control Plan
- Tuberculosis Exposure Control Plan

The criteria listed in Section 2 have been met.

Signature of Contract Employee / Date

Signature of Baylor Director/Manager/Supervisor / Date

Engineering Controls

Includes but not limited to:

Engineered Sharps Injury Protection

Protective IV catheter - (Johnson & Johnson)
Needleless IV system {blunt cannula} - (Baxter) BUMC/BSH; Interlink (Becton-Dickinson) OCH
Phlebotomy needle protection device - (Simms)
Safety (butterfly) blood collection device - (Becton-Dickinson)
Safety glide needle - (Becton-Dickinson)
Safety glide insulin syringe - (Becton-Dickinson)
Safety glide tuberculin syringe - (Becton-Dickinson)
Tenderlet Lancet
Tenderfoot Lancet

Personal Protective Equipment (PPE)

Gloves
Masks
Gowns
Aprons
N-95 Respirators
Face shields
Mask with face shields
Goggles

Other Engineering Controls

Sharps containers
Specimen bags
Handwashing sinks with disinfectant soap
Alcare Alcohol hand cleaner
Eyewash stations
Ambu Bags
Valve respirator mask
Magnetic needleboard
Mylar coated capillary tubes
Urine collection tube (sterile specimen)
Inline suction catheter
Point lock needle protection device

Evaluations are ongoing on other safety devices when they become available from manufacturers.

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: July 1994	REVISED: July 2000
PAGE: 8 OF: 18	

on air mixing to bring irradiated air from the upper to the lower part of the room, and non-irradiated air from the lower part to the upper part of the room (see attachment #9 for locations).

2. Maintenance and Monitoring warning signs should be posted on UV lamps to alert maintenance or other HCW's of the hazard. The UV lamps will be replaced on a scheduled basis. **Maintenance personnel must turn off all UV lamps before entering the upper air space part of the room.** Direct exposure to the intense UV of the upper air space can cause burns in a matter of seconds.

XI. RESPIRATORY PROTECTION

A. Respiratory protective devices used for TB should meet the following criteria:

1. Ability to filter particles 1 micron in size in the unloaded state with a filter efficiency of equal to or greater than 95% (i.e., filter leakage of equal to or less than 5%), given flow rates up to 50 liters per minute.
2. Ability to be qualitatively or quantitatively fit tested in a reliable way to obtain a face seal leakage of no more than 10% for most workers.
3. Ability to fit HCWs with different facial size and characteristics.
HCWs who cannot be properly fit tested due to the presence of facial hair shall either shave the facial hair or buy a BUMC approved powered air purifying respirator (PAPR), hood. All costs to purchase and maintain this piece of equipment shall be absorbed by the HCW.
5. Powered air purifying respirator hoods will be provided for HCWs free of charge in the following situations:
 - a. HCWs who cannot shave due to a physician documented medical condition
 - b. HCWs who cannot be successfully fitted with a respirator and who do not have facial hair
6. The fit check shall be performed by the wearer each time he or she puts on the respirator in accordance with OSHA's standards and good industrial hygiene practice.

B. Respiratory protective program - Selection and Use

1. Selection
 - a. An approved N-95 respirator in varying sizes will be used at BUMC.
 - b. A BUMC approved PAPR will be used for those HCWs unable to be fitted with a Respirator.
2. Fit Testing
 - a. Fit testing must be done on all HCWs as indicated.
 - b. Supertrainers will be trained in identified areas.
 - c. Identified HCWs will be trained by Supertrainers.
 - d. Ongoing training of Supertrainers will be done by the OSHA TB/BBP Committee. The Department Manager will notify the Epidemiology Department of new Supertrainers identified as needed.
 - e. Respirators are to be discarded after use. Do not reuse.

XII. COUGH INDUCING PROCEDURES

- A. General Guidelines Procedures that involve instrumentation of the lower respiratory tract or induce cough may increase the probability of droplet nuclei being expelled in the air. These cough-inducing procedures include endotracheal intubation and suctioning, diagnostic sputum induction, aerosol treatments (including pentamidine therapy) and bronchoscopy. Other procedures that may generate aerosols (e.g., irrigation of tuberculous abscesses, homogenizing or lyophilizing tissue), are also included in these recommendations.

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: July 1994	REVISED: July 2000
PAGE: 9 OF: 18	

1. Do not perform on patients who may have infectious TB unless absolutely necessary.
2. Cough inducing procedures performed on patients with known infectious TB shall be done in a room that meets the ventilation requirements for Airborne Precautions.
3. During cough-inducing procedures on known or suspected TB patients, HCWs will wear respiratory protection.
4. Keep patients in the negative pressure room until coughing subsides. Give tissues and instructions to cover their mouth and nose when coughing. Post sedation or anesthesia, monitor in a negative pressure room and not in recovery areas with other patients.
4. Before the room is used for another patient, enough time should be allowed to pass so that any droplet nuclei that have been expelled in the air are removed (refer to attachment #10).

B. Additional Considerations for Bronchoscopy If performing bronchoscopy in positive pressure rooms (such as Operating Rooms) is unavoidable, TB should be ruled out before the procedure. If bronchoscopy is being performed for diagnosis of pulmonary disease that may include TB, it should be performed in a room that meets Airborne Precautions ventilation requirements.

XIII. EDUCATION AND TRAINING OF HEALTH CARE WORKERS

All health-care workers will receive education about Tuberculosis (TB) that is appropriate for their job category. Specific information and training about occupational hazards and required protective measures will be provided to new HCWs before the initial assignment and annually to all HCWs. This training will occur through specific department orientation programs and through ongoing in-service educational programs. The training is provided at no cost to the HCW.

Although the level and detail of this education may vary according to the job description, the following elements will be included in the education of all health-care workers: basic concepts of TB, the potential for occupational exposure, the principles and practice of infection control, the purpose of the skin test program, preventive therapy, drug therapy, medical evaluation, contact investigation, confidentiality, the higher risk to immunocompromised persons, and work reassignment options for immunocompromised persons.

Management will ensure that the "Infection Control Contract Staff Requirements" documentation is completed on all contract employees before service begins.

XIV. HEALTH-CARE WORKER COUNSELING, SCREENING AND EVALUATION

A TB screening and prevention program for Health-Care Workers (HCW) shall be established for protection of both HCWs and patients. Personnel with positive PPD tests, PPD test conversions, or symptoms suggestive of TB shall be identified, evaluated to rule out active TB, and provided options for therapy or preventive therapy if indicated by the Employee Health Services (EHS).

- A. Counseling the immunocompromised HCW regarding TB.
 1. All HCWs should know if they have a medical condition or are receiving a medical treatment that may lead to severely impaired cell-mediated immunity.
 2. Known immunocompromised HCWs shall be counseled about the potential risks associated with taking care of patients with some infectious diseases, including TB. Options shall be made available for severely immunocompromised HCWs to voluntarily transfer to areas and activities in which there is the lowest possible risk of exposure to M. tuberculosis. This shall be a personal decision

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: July 1994	REVISED: July 2000 PAGE: 10 OF: 18

for HCWs after being informed of the risk to themselves and evaluating their own job commitment and satisfaction. **The confidentiality of the worker shall be maintained.**

3. The Employee Health Services Physician shall, in consultation with the HCW's personal physician, evaluate the risk of acquisition of TB by the immunocompromised HCW and provide counseling for the HCW regarding their risk of infection.
- B. Evaluating Health Care Workers for active TB in Employee Health Services**
1. Any HCW with persistent cough (>2 weeks duration), especially in the presence of other symptoms or signs compatible with TB, such as weight loss, night sweats, bloody sputum, anorexia, or fever, shall be evaluated promptly for TB.
 2. The HCW shall not return to work until TB is excluded or the HCW is on therapy and documented as noninfectious.
- C. Screening Health Care Workers for latent TB infection**
1. Administer a Mantoux PPD to all HCW's, **including** those with a history of vaccination with Bacillus of Calmette and Guerin (BCG) at the time of employment.
TINE TESTING IS NOT AN ACCEPTABLE METHOD FOR SCREENING
 2. Two step testing shall be performed on all HCWs who have not had a PPD for two or more years to detect boosting phenomena that might be misinterpreted as skin test conversions.
 3. HCWs with a history of a documented positive PPD test, adequate treatment for disease, or adequate preventive therapy will be excluded from PPD testing. These HCW's will be screened for active TB annually by questionnaire.
 4. PPD testing will be repeated at least yearly and at intervals determined by the risk assessment for all PPD negative HCWs.
 5. All PPD's will be administered, read, and interpreted according to current guidelines (see attachment #5).
 6. Determine if there is evidence of occupational transmission when PPD test conversions are identified. Repeat PPD skin test every three months until no additional conversions have been detected for two consecutive 3 month intervals in any area of the facility where occupational transmission of TB is known to have recently occurred.
 7. Record HCW PPD test results in the individual HCW's employee health record and in a retrievable aggregate database, so that they can be periodically analyzed to estimate the risk of acquiring new infection in each area or group of the facility.
 8. For compliance issues refer to the Administration Policy on Mandatory TB Skin Testing.
- D. Evaluation and management of health-care workers with positive PPD tests.**
1. Evaluation
 - a. Evaluate for clinically active TB with a chest radiograph and clinical evaluation.
 - b. If a HCW's PPD test converts to positive, a history of possible exposure shall be obtained in an attempt to determine the potential source of TB exposure. The drug susceptibility pattern of the M. tuberculosis of known source patients should be determined in order to identify appropriate preventive therapy for the HCW.
 - c. HCWs should be reminded periodically that they should be evaluated promptly for any pulmonary symptoms suggestive of TB.

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: July 1994	REVISED: July 2000
PAGE: 11 OF: 18	

2. Routine and follow-up chest radiographs.
 - a. HCWs with positive PPD tests shall have a chest radiograph as part of the initial evaluation of their PPD test; repeat chest radiographs are not needed unless symptoms develop that may be due to TB.
 - b. Routine chest radiographs are not required for asymptomatic, PPD negative HCWs.
3. Work Restrictions.
 - a. Active TB
 - (1) HCWs with pulmonary or laryngeal TB shall be excluded from work until they are no longer infectious.
 - (2) Before returning to work, the HCW shall provide proof of:
 - (a) receiving adequate therapy
 - (b) three consecutive daily negative sputum AFB smears
 - (c) cough has resolved
 - (d) written release by personal or Employee Health Services Physician.
 - (3) After work duties are resumed and while the HCW remains on anti-tuberculosis therapy, the HCW shall provide proof that they are
 - (a) maintained on effective drug therapy for the appropriate time period
 - (b) remain AFB sputum smear negative
 - (4) HCWs with TB at sites other than the lung or larynx usually do not need to be excluded from work if concurrent pulmonary TB has been excluded.
 - (5) HCWs with TB who discontinue treatment before the recommended course of therapy has been completed shall be excluded from work until:
 - (a) treatment is resumed
 - (b) adequate response to therapy is documented
 - (c) again have negative sputum smears on three consecutive days.
 - (d) written release by personal or Employee Health Services Physician.
 - (6) The Employee Health Service shall be advised confidentially of HCWs with a diagnosis of TB and shall monitor symptoms and job duties.
 - b. Latent TB Infection
 - (1) HCWs receiving preventive treatment for latent TB infection shall be allowed to continue usual work activities.
 - (2) HCWs with TB infection who cannot take or do not accept or complete a full course of preventive therapy shall not be excluded from work, but they shall be counseled about the risk of developing active TB.

XV. PROBLEM EVALUATION

Investigating PPD Conversions and Active TB in HCWs

- A. Skin test conversion identified
 1. Evaluate the HCW promptly for active TB
 - a. Take thorough history
 - b. Physical examination
 - c. Chest radiograph
 - d. Other diagnostic procedures as indicated
 2. Place HCW on preventive or curative therapy (if appropriate and according to current guidelines).
 3. Obtain a history of possible exposure in an attempt to determine the potential source of TB infection. When the source of infection is known, the drug-susceptibility pattern of the M.

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: July 1994	REVISED: July 2000
PAGE: 12 OF: 18	

tuberculosis isolate from the source will be determined in order to determine appropriate preventive therapy.

4. Administer PPD tests to HCWs in the same area or group who may have had similar exposure to determine if there is additional evidence of transmission. The contact investigation will extend to possibly exposed patients, if indicated.
 5. Initiate problem evaluation, if indicated. If a problem with patient detection, Airborne isolation practices, or engineering controls is identified, implement the appropriate interventions and follow the high-risk protocol until there have been two consecutive three-month periods with no evidence of transmission.
 6. Continue following the high-risk protocol in that area and consult with the public health department or other persons with expertise in TB control, if no specific problem can be identified.
 7. Improve engineering controls as needed if transmission appears to be occurring in Airborne isolation or procedure rooms.
 8. Take the following steps if a HCW develops TB:
 - a. Perform contact investigation that includes HCWs, patients, and visitors who had significant exposure to the HCW.
 - b. Immediately notify the public health department for consultation and to allow for investigation of community contacts not exposed in the healthcare facility.
 9. The public health department is to notify facilities when HCWs with TB are reported by physicians so that appropriate contact investigation can be done in the facility. Sharing of such information is by law strictly limited to a need to know basis in order to protect the HCW.
- B. Investigating possible patient-to-patient transmission of TB**
1. Conduct surveillance of active TB cases in patients. If surveillance suggests the possibility of patient-to-patient transmission, such as: high proportion of TB patients had prior admission in the past year, sudden increase in patients with drug-resistant TB, multiple patients with identical and characteristic drug-susceptibility or DNA fingerprint patterns take the following steps:
 - a. Review HCW PPD test and patient surveillance data for the suspected areas to detect additional patients or HCWs with PPD conversions or active disease.
 - b. Look for possible exposures of the new TB patients to other patients with TB during prior admissions
 - (1) admitted to same room or area
 - (2) received same procedure
 - (3) were in same treatment area on the same day.
 2. Take the following steps if the above suggests transmission has occurred:
 - a. Conduct a problem evaluation to determine possible causes of the transmission:
 - (1) problem with patient detection
 - (2) problem with institutional barriers to implementation of appropriate Airborne isolation practices
 - (3) problems with engineering controls
 - b. Determine which additional patients or HCWs may have been exposed and evaluate with PPD tests
 - c. Consult with the public health department for assistance in community contact investigation
- C. Investigating contacts of persons with TB who were not recognized and isolated appropriately:**
1. Identify HCWs and other patients who were exposed to the patient
 - a. Interview patient and appropriate personnel

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: July 1994 REVISED: July 2000	PAGE: 13 OF: 18

- b. Review patient's medical record to determine which areas and persons may have been exposed to the patient prior to appropriate isolation, such as:
 - (1) outpatient clinics
 - (2) hospital rooms
 - (3) treatment, radiology and procedure areas
 - (4) patient lounges
 - (5) persons providing direct care
 - (6) other personnel such as therapists, clerks, transportation personnel, housekeepers, social workers.
2. Administer a PPD test to all HCWs and patients with documented exposure as soon as possible after exposure unless they have a documented PPD in the previous three months. If initial test is negative, a second test should be administered 12 weeks after the exposure was terminated.
3. Promptly evaluate exposed persons with PPD conversion or with symptoms suggestive of TB clinically and with chest radiographs.
4. Persons with previously known positive PPDs who have been exposed to an infectious patient do not require a repeat PPD or a chest radiograph **unless they have symptoms of TB.**
5. Conduct an investigation to determine why TB was not recognized in the patient or, if recognized, why the patient was not isolated promptly so that appropriate protective actions could be taken.

XVI. COORDINATION WITH PUBLIC HEALTH DEPARTMENT

- A. Report suspected/diagnosed TB cases, when known, to facilitate appropriate community contact investigation, follow-up and continuation of therapy.
- B. Implement coordinated discharge plan involving patient, HCW and health department.
- C. The confidentiality of HCWs with active TB will be maintained as prescribed by state and local laws.
- D. Appropriate contact investigations of patients and HCWs with active TB will be coordinated by health care facility and health department.
- E. Forward all AFB and sputum smear/culture results to health department as they become available.
- F. Health department may provide assistance to facilities in planning and implementing TB control programs, TB screening, outbreak investigations or engineering expert referral.

XVII. ADDITIONAL CONSIDERATIONS FOR SELECTED AREAS

- A. Operating Rooms
 1. **Elective procedures on patients with TB should be delayed until the patient is no longer infectious because all OR rooms are positive pressure.**
 2. If procedures must be performed, they should be done in OR rooms with anterooms when available with door closed. An Airborne isolation sign will be placed on the OR door to minimize traffic. **Procedures should be done when other patients are not present in the operating suite (e.g., end of day) and when minimum number of personnel are present. This applies to pulmonary and non pulmonary sites.**
 3. A bacterial filter placed on the patient endotracheal tube or at the expiratory side of the breathing circuit of the anesthesia machine is used to reduce the risk of contamination of anesthesia equipment or discharge of tubercle bacilli into the ambient air when anesthesia is being administered to a patient with possible TB.
 4. Prior to surgery and postoperatively, the pulmonary TB patient shall be monitored in an individual room meeting Airborne isolation room ventilation requirements.
 5. HCWs present when operative procedures are performed on patients who have infectious TB shall wear approved N-95 respirator.

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: July 1994	REVISED: July 2000
PAGE: 14 OF: 18	

*** Please refer to operating room Airborne Precautions Isolation Policy for more specific information.**

B. Autopsy Rooms

1. Due to the probability of the presence of infectious aerosols, autopsy rooms shall be at negative pressure with respect to adjacent areas, with room air exhausted directly to the outside of the building. ASHRAE recommends that autopsy rooms have ventilation that provides 12 total ACH.
2. An approved N-95 Respirator will be worn by HCWs performing autopsies on patients who may have had TB.
3. Negative pressure with hoods on will be verified by Pathology, using the tissue test daily.

C. Emergency Medical Services

1. When HCWs must transport patients with confirmed or suspected active TB, a mask shall be placed on the patient, if possible. Because of the inability to ensure administrative and engineering controls in emergency transport situations and vehicles, the HCW should wear respiratory protection that meets existing guidelines.
2. Emergency medical response personnel shall be included in the follow-up of contacts of a patient with infectious TB.

D. Laboratories

Laboratories processing specimens for mycobacterial studies (e.g., AFB smears and cultures) should conform to criteria previously specified by CDC and NIH (53-CDC/NIH 199(3)).

E. Hospices

Hospice patients with confirmed or suspected TB shall be managed in the same manner that hospital patients with TB would be managed.

F. Long Term Acute Care

Airborne Precaution Isolation procedures described (for hospital patients) in this document should be followed.

G. Home Health Services

1. HCWs entering the home of a patient with confirmed or suspected TB shall wear approved N-95 respirator.
2. The patient shall be taught to cover mouth and nose with a tissue when coughing or sneezing and proper disposal of tissue after use.
3. The patient should wear a mask, if possible.
4. Educate patient regarding importance of taking medication and administering directly observed therapy (DOT).
5. Immunocompromised persons or young children living in home with TB patient should be temporarily relocated until patient is no longer infectious when possible. If relocation is not an option, the infectious TB patient shall be kept isolated with the door to the room closed.
6. Cough-inducing procedures should be performed on patients with infectious TB only if absolutely necessary. If they must be performed on a patient with infectious TB, they must be performed in a well-ventilated area away from other household members (doing procedure outside or opening a window should be done when feasible). HCWs will wear respiratory protection during the procedure.
7. Home Health Care workers shall be included in comprehensive TB screening and prevention programs.
8. Home Health personnel and patients who are at risk for contracting active TB shall be reminded periodically of the importance of having pulmonary symptoms promptly evaluated to permit early detection and treatment of persons with TB.

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: July 1994	REVISED: July 2000
PAGE: 15 OF: 18	

GLOSSARY

AFB	Acid-fast bacilli - organisms that retain certain stains, even after being washed with acid alcohol. Most are mycobacteria. When seen on a stained smear of sputum or other clinical specimen, a diagnosis of tuberculosis should be considered.
ACQUIRED DRUG RESISTANCE	Resistance to one or more anti-tuberculosis drugs which develops while a patient is on therapy, usually the result of non-adherence on the part of the patient or inadequate therapy prescribed by a HCW.
ADHERENCE	Refers to the completion by patients of all aspects of the treatment regimen as prescribed by the medical provider. Also refers to HCWs and employers following all guidelines pertaining to infection control.
AEROSOL AEROSOLIZATION	In TB, it refers to the infectious droplet nuclei that are expelled from a person which can be transmitted to other people.
AIA	The American Institute of Architects, a professional body that develops standards for building ventilation.
AIRBORNE PRECAUTIONS	Precautions designed to reduce the risk of airborne transmission of infectious agents. Airborne Precautions apply to patients known or suspected to be infected with pathogens that can be transmitted by the airborne route.
AIR CHANGES	Air flow quantity to a space measured in terms of the room volume. i.e., volume of air delivered + room volume. Usually expressed as number of air changes per hour.
AIDS	Acquired immunodeficiency syndrome - an advanced stage of disease caused by infection with the human immunodeficiency virus (HIV). A patient with AIDS is especially susceptible to other infections.
ALVEOLI	The small air sacs in the lungs which lie at the end of the bronchial tree. The site where carbon dioxide is replaced by oxygen in the lungs, and the site where TB infection usually begins.
ANERGY	The inability of a person to react to skin-test antigens because of defects in the immune system, even if the person is infected with the organisms tested.
ANTEROOM	A small room located between an isolation room and a corridor that acts as an airlock, preventing escape of room contaminants into the corridor.
ASHRAE	American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc.
ASYMPTOMATIC	Showing or causing no symptoms.
BACTEC	One of the most widely used radiometric methods to detect early growth of mycobacteria in culture. It provides rapid growth (average of 9 days), specific identification of M. tuberculosis (5 days), and rapid drug susceptibility testing (6 days).
BACTERIOCIDAL	Capable of killing bacteria. Isoniazid and rifampin are the two most potent bactericidal anti-tuberculosis drugs.
BACTERIOSTATIC	Capable of preventing bacterial growth but not necessarily capable of killing bacteria. Drugs such as ethambutol and para-aminosalicylic acid are primarily bacteriostatic.
BCG	Bacillus of Calmette and Guerin - A TB vaccine widely used in some parts of the world.
BOOSTER PHENOMENON	Seen when an individual with infection does not react to tuberculin because his/her body's cell responses to tuberculin have gradually waned over the years. An initial tuberculin test may stimulate (boost) the immune system so that the next test will be positive. This phenomenon is important in infection control in order to distinguish between recent converts and people who have been infected for a long time, and determine if in fact transmission is taking place. Although the booster phenomenon may occur at any age, it is most frequent among persons over 55.

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan		DEPARTMENT: All
EFFECTIVE DATE: July 1994	REVISED: July 2000	PAGE: 16 OF: 18

BRONCHOSCOPY	A procedure for examining the respiratory tract by inserting an instrument (bronchoscope) through the mouth or nose into the trachea. Diagnostic specimens can be obtained during bronchoscopy.
CAVITY	A hole in the lung resulting from destruction of pulmonary tissue. May be caused by TB, but also by other pulmonary infections and conditions. TB patients with cavities in their lungs are said to have "cavitary disease" and are often more infectious than patients without cavities.
CHEMOTHERAPY	Treatment of an infection or disease by means of oral or injectable drugs.
CHEST RADIOGRAPH	In patients showing signs or symptoms of TB, a radiograph (X-Ray) of the chest is taken to view radiograph (X-Ray) of the chest is taken to view the respiratory system. Abnormalities, such as lesions or cavities in the lungs and enlarged lymph nodes, may indicate the presence of TB.
CLUSTER	Two or more patient conversions in one area or a single occupational group that works in multiple areas over a 3 month period.
CONTACT	An individual who has shared the same air as a person with infectious TB for a sufficient amount of time so that there is a probability that transmission of TB has occurred.
CULTURE	The process of growing bacteria in the laboratory so that organisms can be identified.
DILUTION VENTILATION	An engineering control technique to dilute and remove airborne contaminants by the flow of air into and out of the area. Air that contains droplet nuclei is removed and replaced by air that is free of contaminants. If the flow is sufficient, droplet nuclei become dispersed, and their concentration in the air is diminished.
DIRECTLY OBSERVED THERAPY (DOT)	An adherence-enhancing strategy in which each dose of medication is ingested by the patient under the supervision of a HCW.
DNA PROBE	A technique that allows precise identification of mycobacterium such as M. Tuberculosis and M. bovis that are grown in culture. The identification can be completed in as little as 2 hours.
DROPLET NUCLEI	Microscopic particles (1 to 5 microns in diameter) produced when a person coughs, sneezes, shouts, or sings. The droplets can carry tubercle bacilli and remain in the air by normal air currents in the room.
DRUG SUSCEPTIBILITY TESTS	Laboratory tests which determine if the tubercle bacillus is susceptible or resistant to various anti-tuberculosis drugs.
EXPOSURE	The condition of being subjected to something, such as infectious agents, exposed to TB does not necessarily become infected.
FOMITES	Linens, books, dishes, or other objects used or touched by a patient. They are not involved in the transmission of TB.
GASTRIC ASPIRATE	Procedure sometimes used to obtain mycobacteria for culture when a patient cannot produce adequate sputum. A tube inserted into the stomach is used to recover any bacilli which may have been coughed up and then swallowed. This procedure is particularly useful for diagnosis in children.
HEALTHCARE WORKER	Healthcare Workers refers to all paid and unpaid persons working in healthcare settings who have the potential for exposure to M.tuberculosis. This may include, but is not limited to physicians, nurses, aides, dental workers, technicians, workers in laboratories and morgues, emergency medical services (EMS) personnel, public safety personnel, students, part time personnel, temporary staff not employed by the healthcare facility, <u>and</u> persons not involved directly in patient care but who are potentially at risk for occupational exposure to M. Tuberculosis (e.g. volunteer workers, dietary, housekeeping, maintenance, clerical, and janitorial staff).
HEPA FILTER	High-efficiency particulate air filter that is capable of removing 99.97% of particles 0.3 microns in diameter. It may be of assistance in control of TB transmission.

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan	DEPARTMENT: All
EFFECTIVE DATE: July 1994 REVISED: July 2000	PAGE: 17 OF: 18

HIV	Human immunodeficiency virus - the virus that causes AIDS.
IMMUNO-COMPROMISED	Persons with severe cellular immunosuppression. These patients are at greatly increased risk for developing TB once infected. There are no data available on whether they are also at risk of becoming infected with M.tb, if exposed.
INDUCED SPUTUM	Sputum obtained from a patient unable to cough up a spontaneous specimen. The patient inhales a mist of saline, which stimulates a cough from deep within the lungs.
INDURATION	The area of swelling that surrounds the site of injection of tuberculin. The diameter of the indurated area is measured (in millimeters) 48-72 hours after the injection and is recorded as the result of the PPD test.
INFECTION	The condition in which organisms capable of causing disease (e.g., M.Tuberculosis) multiply within the body and cause a response from the host's immune defenses. Infection may or may not lead to clinical disease.
INFECTIOUS	Capable of causing infection. In TB, a person is infectious only if he/she has clinically active TB. TB patients whose sputum is AFB smear positive are often infectious.
INTERMITTENT THERAPY	Therapy given on a twice weekly or three times weekly basis under direct supervision of a HCW.
INTRADERMAL	Within the layers of the skin.
LOCAL EXHAUST VENTILATION	Used as a source control technique to capture and remove airborne contaminants by enclosing the contaminant source or by means of a hood placed very near the contaminant source.
MANTOUX TEST	A tuberculin test given by injecting a measured amount of liquid tuberculin into the dermis (second layer of the skin) with a needle and syringe. It is the most reliable and best standardized technique for tuberculin testing.
N-95 RESPIRATOR	Type of respirator to be worn when caring for patient with suspected or confirmed TB.
NEGATIVE PRESSURE	A term used to describe the relative air pressure difference between two areas of the health-care facility. Air will flow from the higher pressure area into the lower pressure area.
PAPR	Powered Air purifying particulate respirator.
PENTAMIDINE	Aerosolized pentamidine - drug treatment given to patients with HIV infection to treat or to prevent Pneumocystis carinii pneumonia. The drug is put into solution, solution is aerosolized, and the patient inhales the aerosol.
POSITIVE PPD REACTION	A reaction to the purified protein derivative (PPD) test that suggests the individual tested is infected with tubercle bacilli. Determination of the reaction is largely dependent on interpretation by the person evaluating the test, given the patient's or HCW's medical history and risk factors.
PPD TEST CONVERSION	Growth in induration within a two year period after an initial negative reaction with a difference of 10 or more millimeters of induration. Such "conversion" may represent new infection which is associated with a high risk of developing disease, or may occur as a result of the Booster Phenomenon.
PURIFIED PROTEIN DERIVATIVE (PPD)	A type of purified tuberculin preparation derived from old tuberculin and developed in the 1930's. The standard Mantoux test uses 5 TU (tuberculin units) of PPD.
RECIRCULATION	Ventilation where all or most of the air exhausted from an area is returned to the area.
SINGLE PASS VENTILATION	Ventilation in which 100% of the air supplied to an area is exhausted to the outside.
SMEAR	A laboratory technique for visualizing mycobacteria. The specimen is smeared onto a slide and stained, and then placed under the microscope for examination.

POLICY/PROCEDURE: Tuberculosis Exposure Control Plan		DEPARTMENT: All
EFFECTIVE DATE: July 1994	REVISED: July 2000	PAGE: 18 OF: 18

SOURCE CASE	An infectious individual who has transmitted tubercle bacilli to another person or persons.
SOURCE CONTROL	Control of a contaminant at the source of generation rather than permitting it to enter the general work space.
SPECIMEN	Any body fluid, secretion, or tissue sent to the laboratory where smears and cultures for tubercle bacilli will be performed. The specimen may consist of sputum, urine, spinal fluid, material obtained at biopsy, etc.
SPUTUM	Material coughed up from deep within the lungs. If a patient has pulmonary infection, an examination of the sputum by smear and culture can indicate what organism is responsible for the infection. It should not be confused with saliva or with nasal secretion.
SPUTUM SMEAR POSITIVE	AFB are visible after staining when viewed under a microscope. Individuals with sputum smear positive for AFB are considered more infectious than those with smear negative sputum.
SYMPTOMATIC	Having symptoms which may be clues to the presence of TB or another disease.
TREATMENT FAILURES	Refers to individuals who fail to improve even after a course of chemotherapy is begun, and to individuals whose disease worsens after having initially improved.
TUBERCLE BACILLI	The term often used to refer to the organism <i>Mycobacterium tuberculosis</i> .
TUBERCULOSIS INFECTION	A condition in which tuberculosis organisms are present in the body, but no active disease is evident.
TUBERCULOSIS TRANSMISSION	Spread of tuberculosis organisms from one person to another, usually through the air.
TWO-STEP TESTING TESTING	A procedure used among people who receive tuberculin skin tests periodically (such as HCWs) to reduce the likelihood of mistaking a boosted reaction for a recent infection. If the initial tuberculin test is classified as negative, a second test is repeated one week later. If the reaction to the second test is positive, it probably represents a boosted reaction. If the second test result remains negative, the person is classified as being uninfected.
UV	Ultraviolet.
UVGI	Ultraviolet Germicidal Irradiation.

Attachment #1. RISK ASSESSMENT

Analyze purified protein derivative (PPD) test conversion data, number of TB cases, and other risk factors by area and occupational group

PPD test conversion rate significantly greater than areas without TB patients or than previous rate in same area

or

Cluster (1) of PPD test conversions

or

Evidence of patient-to-patient transmission

No

<6 TB patients per year in area

Low Risk

- * Repeat PPD tests yearly
- * Repeat risk assessment yearly
- * Evaluate ventilation system annually and isolation room negative pressure daily while in use

> 6 TB patients per year in area

Intermediate Risk (2)

- * Repeat PPD tests every 6 months
- * Repeat risk assessment every 6 months
- * Evaluate ventilation system every 6 months and isolation room negative pressure daily while in use

High Risk

- * Initiate problem evaluation
- * Repeat PPD test every 3 months
- * Repeat risk assessment every 3 months
- * Evaluate ventilation system every 3 months and isolation room negative pressure daily while in use
- * Consider supplemental engineering measures
- * Maintain highest index of suspicion for potential TB patients

Yes

(1) Cluster = Two or more patient conversions in one area or a single occupational group that works in multiple areas over a 3 month period.

(2) Occurrence of drug-resistant TB in the facility or the community, or high prevalence of HIV infection among patients or workers in the facility may warrant a higher risk rating.

**TB CONTROL PROGRAM
FACILITY RISK ASSESSMENT
MEDICAL RECORD REVIEW
TIME PERIOD:**

CRITERIA	MR#:	MR#:	MR#:	MR#:	MR#:
Admission until TB suspected					
Admission until TB evaluation performed					
Admission until AFB specimens ordered					
AFB specimens ordered until AFB specimens collected					
AFB specimens collected until AFB smears done and reported					
AFB specimens collected until cultures and species identification done and reported (DNA from our lab)					
AFB specimens collected until drug susceptibility tests done and reported					
Admission until TB isolation initiated					
Admission until TB treatment initiated					
Duration of TB isolation					
Were appropriate criteria used for discontinuing isolation?					
History of prior admission to facility (With possible TB exposure)					
Adequacy of TB treatment regimen					
Were follow-up sputum specimens collected appropriately?					
Was appropriate discharge planning conducted?					

TUBERCULOSIS SUSPECT/CASE REPORT

Instructions: Please fill in all blanks and circle all items that apply. Mail or fax completed form to:

Dallas County Health and Human Services Department

FROM: (Agency, Office, or Hospital)

TB Elimination Program

ATTN: Bonnie Morrison, RN

2377 N. Stemmons, Suite #300

Dallas, Texas 75207

(214) 819 – 2060 FAX: (214) 819 – 2805

Name Baylor University Medical Center

Address 3500 Gaston Avenue

Dallas, Texas 75246

Phone (214) 820 – 3456

DATE: _____

MD/RN Signature: _____

PATIENT INFORMATION:

Name: _____ Age: _____

D.O.B. _____ SSN# _____ Medical Record # _____

Address _____ Apt. # _____ Home Phone _____

City/State/Zip _____ Work Phone _____

Admit Date: _____ Discharge Date: _____ Admit Diagnosis: _____

Admit Dr. _____ Procedures: _____

Sex: Male Female Race: White Black Asian Other: _____

Ethnicity: Hispanic Non-Hispanic Unknown

Country of Origin: _____ Primary Language: _____

Clinical Hx: Productive Cough Hemoptysis Weight Loss Night Sweats/Fever None

Risk Factors: ___ HIV + ___ Renal Disease ___ Prolonged Steroid Therapy ___ Alcohol Abuse

___ IVDA ___ Malnutrition ___ Immunosuppressive Therapy

___ Diabetes ___ Intestinal Bypass ___ Sarcoid/Hodgkins Disease

Other Health Conditions: _____

Social Factors: ___ Prison/Jail ___ Homeless ___ Nursing Home

___ Homosexual ___ Migrant Worker ___ Foreign Born

Current TB Drugs: (Fill in dose) INH _____ EMB _____ B6 _____

RIF _____ PZA _____ Other _____

Date Drugs Started: _____ **Allergies:** _____

Chest X-Ray Report: Date: _____ Results: CAV INF NEG

Follow-up X-Ray status: Improving Worsening Stable

PPD Report: Date Read: _____ Results: POS (mm) _____ NEG ANERGIC

Lab Report: Specimen source: SPUTUM Date Collected: _____ OTHER (Specify) _____

Smear results: POSITIVE NEGATIVE

Culture report: MTb POS (No ID) NEG PENDING

Surgical Pathology report: Granulomatous +AFB Granulomatous -AFB

Discharge Diagnosis: Pulmonary TB Extra-pulmonary TB _____

Positive Reactor Other: _____

Comments: _____

Room Number and Phone Number 214-818-

TB DATA COLLECTION FORM

Admit Room # _____

Rm Trans #1 _____ Date _____ Rm Trans #2 _____ Date _____

Procedures: _____

New Diagnosis: Yes or No

Known Diagnosis: Yes or No Date _____ Treated: Yes or No Completed: Yes or No

Culture Date: _____ Results: _____ Source: _____

		# Days from:
Admission _____	until TB suspected _____	_____
	until TB evaluated _____	_____
	until AFB specimens ordered _____	_____
	until TB Isolation initiated _____	_____
AFB ordered _____	until AFB specimens collected _____	_____
AFB collected _____	until smears/cultures done & reported _____	_____
	until species identification done & reported _____	_____
Discharge Date _____	Duration of TB Isolation _____	_____
Appropriate Criteria used for discontinuing Isolation YES NO NA		

Comments: _____

____ Entered into DCHD ____ Received monitoring tool from Nursing

Date Reported to DCHD _____ Mail Fax Phone

ANNUAL TB ENGINEERING EVALUATION
ISOLATION ROOM SUMMARY/VARIANCE REPORT

BUILDING	FLOOR	ROOM #	DEPARTMENT	EXHAUST OUTSIDE AIR (Y or N)	PRESSURE (NEG/POS)	AIR CHANGES PER HOUR*

* As per TDH Hospital Licensing Standards, six (6) air changes per hour is the minimum for isolation rooms. Negative or Positive pressure to be measured quarterly. Air changes per hour to be measured annually.

TB Engineering Evaluation

Isolation Room Summary

As per TDH Hospital Licensing Standards, six (6) air changes per hour is the minimum for isolation rooms

Negative or positive pressure to be measured quarterly

Air changes per hour to be measured annually

Daily Testing Negative Pressure Room Monitoring tool from Nursing Staff

SUMMARY OF INTERPRETATION OF MANTOUX PPD SKIN TESTS

1. A tuberculin reaction of ≥ 5 mm of induration is classified as positive in the following groups:
 - * persons known to have or suspected of having HIV infection
 - * close contacts of a person with infectious TB
 - * persons who have chest radiograph findings suggestive of previous TB and who have received inadequate or no treatment
 - * persons who inject drugs and whose HIV status is unknown

2. A tuberculin reaction of ≥ 10 mm of induration is classified as positive in persons who do not meet the preceding criteria but who have other risk factors for TB:
 - * persons with certain medical conditions, excluding HIV infection
 - * persons who inject drugs and who are known to be HIV negative
 - * foreign-born persons from areas of the world where TB is common (e.g., Asia, Africa, and Latin America)
 - * medically underserved, low-income populations, including high-risk racial and ethnic groups (e.g., Asians and Pacific Islanders, blacks, Hispanics, and Native Americans)
 - * residents of long-term care facilities (e.g., correctional facilities and nursing homes)
 - * children younger than 4 years of age
 - * other groups identified locally as having an increased prevalence of TB (e.g., migrant farm workers or homeless persons)

In facilities where TB patients receive care, ≥ 10 mm may be an appropriate cutoff for employees with no other risk factors.

3. A tuberculin reaction of ≥ 15 mm of induration is classified as positive in persons with no known risk factors for TB.

4. Recent converters are defined on the basis of both induration and age:
 - * ≥ 10 mm increase within a 2 year period is classified as positive for persons < 35 years of age
 - * ≥ 15 mm increase within a 2 year period is classified as positive for persons ≥ 35 years of age
 - * ≥ 5 mm increases under certain circumstances (see #1 above).

5. A reaction to tuberculin in a person with a history of BCG vaccination is more likely to be due to infection with *M. tuberculosis* if
 - * the induration is large
 - * the person was vaccinated a long time ago
 - * the person is a recent contact of a person with infectious TB
 - * there is a family history of TB
 - * the person comes from an area where TB is common
 - * chest radiograph findings show evidence of previous TB

In a BCG-vaccinated person who has any of the preceding risk factors a positive tuberculin reaction probably indicates infection with *M. tuberculosis*. Such persons should be evaluated for INH preventive therapy, after TB disease has been ruled out.

TB CONTROL PROGRAM
T B RESPIRATORY PROTECTION
N-95 RESPIRATOR

PURPOSE: To establish guidelines for the utilization of N-95 filtered respirator.

WHERE	WHEN	WHO
<p>IN:</p> <ol style="list-style-type: none"> 1. TB Isolation Rooms 2. Areas where following performed: <ol style="list-style-type: none"> a. aerosolized treatment b. bronchoscopy c. sputum induction d. endotracheal intubation e. suctioning procedures f. autopsies g. OR procedures h. dental procedures 3. Enclosed EMT vehicles 	<p>CARING FOR PATIENT WITH: Confirmed infectious TB Suspect TB (1 or more of the following criteria)</p> <ol style="list-style-type: none"> 1. AFB sputum smear positive (or) 2. Chest x-ray suggest TB (or) 3. Symptoms <ol style="list-style-type: none"> a. persistent cough (>2 wks duration) (or) b. bloody sputum c. night sweats d. weight loss e. anorexia (or) f. fever 	<p>* All persons who enter the room or treatment area where patient with known or suspected TB is located.</p>

* Visitors, such as family members, should be required to wear respiratory protection and should be given instruction on how to use it while in Airborne Precautions isolation rooms. However, they need not be included in the respiratory protection program.

NEGATIVE/POSITIVE PRESSURE ROOM SUMMARY

BUILDING	FLOOR	ROOM #	DEPARTMENT	EXHAUST OUTSIDE AIR	PRESSURE (NEG/POS)	MONITORED BY
Collins	4 th	436 437	BMTU	Yes	Negative	Automation
Roberts	Basement	EH/ED 08	EH/ED (Minor)	Yes	Negative	Automation
Roberts	Basement	** ED 09	ED	Yes	Negative	Automation
Roberts	Basement	** Decontam/Exam	ED	Yes	Negative	Automation
Truett	1 st	24	Radiology	Yes	Negative	Automation
Roberts	2 nd	Isolation Room	PACU	Yes	Negative	Automation
Roberts	2 nd	** RS 208	2CC	Yes	Positive	Staff
Roberts	2 nd	** RN 218	2CC	Yes	Negative	Staff
Roberts	4 th	** 430 ** 421	4N	Yes	Negative	Staff
Roberts	4 th	406 407	4W	Yes	Negative*	Staff
					Positive	
Roberts	6 th	All Patient Rooms	Nursing	Yes	Positive	Automation
Roberts	8 th	** All Patient Rooms	Nursing	Yes	Negative	Automation
Roberts	9 th	** 916	Nursing	Yes	Negative	Staff
Roberts	10 th	** 1016	Nursing	Yes	Negative	Staff
Roberts	11 th	** 1116	Nursing	Yes	Negative	Staff
Roberts	12 th	** 1216	Nursing	Yes	Negative	Staff
Roberts	13 th	** 1316	Nursing	Yes	Negative	Staff
Roberts	14 th	** 1416	Nursing	Yes	Negative	Staff
Roberts	15 th	** 1516	Nursing	Yes	Negative	Staff
Hoblitzelle L&D	1 st	13	L&D	Yes	Negative	Automation
Hoblitzelle	2 nd	Exam #1	OPC	Yes	Negative	Automation
Hoblitzelle	4 th	** 402 ** 404 ** 418	Pediatrics	Yes	Negative*	Staff
					Positive	
Hoblitzelle	5 th	Isolation Room	PACU	Yes	Negative*	Staff
					Positive	
Hoblitzelle/SCN	7 th	** Isolation Room	SCN	Yes	Negative*	Staff
					Positive	
Lab/Y-Wing	5 th	Isolation Room	Truett PACU	Yes	Negative	Staff
Lab/Y-Wing	2 nd		Pulmonary	Yes	Negative	Automation
					Negative*	
Truett	7E	729	New Family	Yes	Positive	Automation
Truett	7E	** 747	New Family	Yes	Negative	Automation
Jonsson	6 th	615	Nursing	Yes	Negative	Automation
Our Children's House	1 st	** 171	OCH	Yes	Negative	Staff
Our Children's House	2 nd	** 215	OCH	Yes	Negative	Automation

* These rooms are capable of both negative and positive pressure (Switch on wall).

** These rooms have anterooms.

NOTE: NEGATIVE PRESSURE MUST BE USED WHEN AIRBORNE PRECAUTIONS ARE INDICATED.

PATIENT IDENTIFICATION:

AIRBORNE PRECAUTIONS

**DAILY TESTING OF OCCUPIED ROOMS
NEGATIVE PRESSURE ROOM MONITORING**

MONTH/YEAR _____

ROOM #:

TO BE POSTED ON PATIENT'S DOOR

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TEST RESULTS NEG(-) OR POS(+)																															

COMMENTS:

TISSUE TEST: Open door to patients room approximately 1/2 inch and place single-ply tissue at opening. Room has negative pressure if tissue is pulled towards inside of room. Contact Engineering if room is not in negative pressure.

KEY: Please mark chart each day for duration of Airborne Precautions Isolation: - If negative pressure present
+ If negative pressure not present

NOT PART OF PATIENTS RECORD

AT TIME OF DISCHARGE, PLEASE FORWARD TO EPIDEMIOLOGY

UV LIGHT LOCATION

BUILDING	FLOOR	ROOM	DEPARTMENT
Roberts	Basement	Waiting	ED
Roberts	Basement	Waiting	EHS/Fast Track
Hoblitzelle	2nd	Waiting	Outpatient Clinic
Lab	2nd	Waiting	Pulmonary

**¹AIR CHANGES PER HOUR (ACH) AND TIME IN MINUTES REQUIRED FOR REMOVAL
EFFICIENCIES OF 90%, 99%, AND 99.9% OF AIRBORNE CONTAMINANTS**

ACH	Minutes required for a removal efficiency of:		
	90%	99%	99.9%
1	138	276	414
2	69	138	207
3	46	92	138
4	35	69	104
5	28	55	83
6	23	46	69
7	20	39	59
8	17	35	52
9	15	31	46
10	14	28	41
11	13	25	38
12	12	23	35
13	11	21	32
14	10	20	30
15	9	18	28
16	9	17	26
17	8	16	24
18	8	15	23
19	7	15	22
20	7	14	21
25	6	11	17
30	5	9	14
35	4	8	12
40	3	7	10
45	3	6	9
50	3	6	8

Note: The average patient room has 6 or more air changes per hour.

INFECTION CONTROL CONTRACT STAFF REQUIREMENTS

Directions: **Section 1** is completed by the Contract Agency prior to beginning service at Baylor University Medical Center. The Contract Employee reports to work with this form.

Section 2 is completed by the Contract Employee and BUMC management when the employee begins job duties in the department. Management will maintain record in a centralized and easily retrievable location.

1. Contract Agency Requirements

Before a contract employee begins service, the following criteria must be met by the Agency:

- Proof of Hepatitis-B Vaccine acceptance or declination (Category I and II Contract Personnel)
- Proof of immunity to Measles, Mumps, Rubella, and Chickenpox (by history or documentation; all Contract staff)
- Proof of annual training regarding Bloodborne Pathogens (Category I and II Contract Personnel) and Tuberculosis and annual TB screening (All Contract Personnel)
- Proof of training regarding handwashing and general infection control principles (All Contract Personnel)
- Education of employee regarding policy to follow in the event of an exposure to blood and/or body fluids.

The criteria listed in Section 1 have been met.

Signature of Contract Services Management / Date

2. Baylor University Medical Center

Baylor University Medical Center, Directors, Managers, and/or Supervisors are to review the following before a new Category I and/or Category II Contract employee begins job duties in the department.

- Location and use of personal protective equipment, safety devices, engineering controls
- Procedure to follow if an exposure occurs
- Location and use of handwashing agents and facilities
- Handling of linen and disposal of Infectious Wastes according to hospital protocols (including safe disposal of sharps into needle containers, etc.)
- Review of infection control policies, location of manuals, and other as specific to the department
- Documentation of immunity to Measles, Mumps, Rubella, and Chickenpox by history or documentation
- Bloodborne Pathogen Exposure Control Plan
- Tuberculosis Exposure Control Plan

The criteria listed in Section 2 have been met.

Signature of Contract Employee / Date

Signature of Baylor Director/Manager/Supervisor / Date

Engineering Controls

Includes but not limited to:

Engineered Sharps Injury Protection

Protective IV catheter - (Johnson & Johnson)
Needleless IV system {blunt cannula} - (Baxter) BUMC/BSH; Interlink (Becton-Dickinson) OCH
Phlebotomy needle protection device - (Simms)
Safety (butterfly) blood collection device - (Becton-Dickinson)
Safety glide needle - (Becton-Dickinson)
Safety glide insulin syringe - (Becton-Dickinson)
Safety glide tuberculin syringe - (Becton-Dickinson)
Tenderlet Lancet
Tenderfoot Lancet

Personal Protective Equipment (PPE)

Gloves
Masks
Gowns
Aprons
N-95 Respirators
Face shields
Mask with face shields
Goggles

Other Engineering Controls

Sharps containers
Specimen bags
Handwashing sinks with disinfectant soap
Alcare Alcohol hand cleaner
Eyewash stations
Ambu Bags
Valve respirator mask
Magnetic needleboard
Mylar coated capillary tubes
Urine collection tube (sterile specimen)
Inline suction catheter
Point lock needle protection device

Evaluations are ongoing on other safety devices when they become available from manufacturers.

BUMC Smoking Policies

Administrative Policy

Title: SMOKE FREE FACILITY (BAYLOR UNIVERSITY MEDICAL CENTER (BUMC) CAMPUS HOSPITALS AND BUILDINGS). Check your hospital or building specific policy for additional details.

Policy: IT IS THE POLICY OF BUMC TO PROVIDE A SMOKE-FREE ENVIRONMENT IN THE HOSPITALS AND BUILDINGS OF THE CAMPUS. **SMOKING IS PERMITTED ONLY IN DESIGNATED AREAS OUTSIDE OF HOSPITALS AND BUILDINGS.**

Purpose: The purpose of this policy is to provide a smoke-free environment in all hospitals and buildings on the BUMC campus for the safety and comfort of BUMC patients, employees and visitors. The policy also designates areas to be used for smoking outside hospitals and buildings on this campus. This policy is consistent with BUMC's mission as a healthcare provider and is promulgated in consideration of hospital accreditation standards, of those who are ill, and those who desire not to be exposed to second hand smoke.

Procedure: The following smoking guidelines have been established for the BUMC campus.

1. Employees, Contract Employees, Physicians, Students, Patients, Tenants, Tenant's Employees, Volunteers and Visitors.
 - a. **With limited exceptions, discussed herein, smoking is not allowed in any hospital or building on the campus.** Smoking inside any hospital, unless in a designated smoking area is a Class C misdemeanor under Texas Law. **Smoking is permitted outside the hospitals and buildings ONLY in designated areas.** Look for signage indicating smoking areas. The following are the only locations approved for smoking.
 - i. **Gaston Avenue Gazebo (to be constructed) to the northwest of the Truett Hospital entrance; until gazebo is constructed move at least 20 feet away from the entrances to smoke.**
 - ii. **South end of Roberts Hospital at the Hall Street End of ED driveway, at least 20 feet away from entrances.**
 - iii. **East of Roberts Hospital entrance (on Junius), at least 20 feet away from entrances.**
 - iv. **North side of Collins Hospital (facing Junius), at least 20 feet away from entrances.**
 - v. **Jonsson Hospital deck (facing Junius), at least 20 feet away from entrances.**
 - vi. **Courtyard area between Hoblitzelle Hospital and Barnett**

Tower, at least 20 feet away from entrances.

vii. Barnett deck, at least 20 feet away from entrances.

2. Designated smoking areas will be clearly marked and noted in the employee handbook and with signage outside hospital and building entrances.
3. **NO SMOKING is allowed within 20 feet of any entrance.** Persons smoking within 20 feet of any entrance will be directed to a designated smoking area.
4. Employees may smoke during off-duty or break periods only. Supervisors are responsible for enforcement of their employees' compliance during working hours.
 - a. Employees who fail to comply with this policy are subject to disciplinary action.
 - b. Baylor's Office of Tobacco Education & Research offers services to assist with quitting the use of tobacco products. For information call 214-820-1380.
5. Patient medical exception
 - a. If, in the judgment of the physician, cessation of smoking will interfere with the patient's ability to respond to treatment, the physician may write an order to allow the patient to smoke in her/her room. Documented justification in the patient's chart by the physician is required.
 - b. Patients in a semi-private room may not smoke in the room unless both patients have obtained written orders from physicians.
 - c. No standing orders for smoking will be permitted.
 - d. Smoking inside the hospitals and buildings is prohibited (no medical exceptions allowed) for all hospital-based ambulatory care patients and for all patients younger than 18 years of age.
 - e. Physician orders shall be further governed by the criteria listed below:
 - i. Patients who are confined to bed shall have a responsible adult in attendance until smoking material is extinguished and the ashes have cooled.
 - ii. Patients who are not mentally or physically responsible for their actions, including those affected by medication, must be supervised by a responsible adult.
 - iii. Smoking is not permitted in a room where oxygen is being used.
 - iv. Patients with written orders may smoke inside hospitals or buildings limited to their assigned rooms only.
 - v. When possible, patients who have a physician order to smoke should be moved to a room with a negative pressure exhaust system.

6. Adult psychiatry patients will be allowed to smoke in the designated smoking room on the psychiatric unit only with a physician order. See Psychiatric Department's Smoking Policy for additional criteria.
7. Patients being treated by the Baylor Center for Addictive Diseases will be allowed to smoke ONLY in designated areas outside of hospitals and buildings.
8. After a patient who has smoked in the room has been discharged, the room will be cleaned as usual. If possible, new admissions to the room should be delayed for several hours to allow exchange of air.
9. Patients who do not have written physician orders are subject to this smoking policy and may smoke only in designated areas outside hospitals and buildings.
10. The BUMC Medical Board endorses and supports this smoking policy.
11. Professional Office Buildings exception
 - a. Smoking is not permitted in any indoor areas of the buildings except if physicians elect to allow smoking in their private offices.
12. Signage will be posted in the corridors and at the entrances to the campus hospitals and building which read: "Thank you for making Baylor SMOKE-FREE."
13. Signage will be posted outside the entrances to all hospitals and buildings to help keep these areas smoke-free.
14. The sale of tobacco products in the gift shops and other areas of the campus is prohibited.
15. Enforcement of this policy will be the responsibility of:
 - a. **Baylor Employees** – in an effort to provide a healthy, smoke-free environment for everyone, employees are encouraged to discreetly direct all smokers to the designated smoking areas. Keeping Baylor smoke-free is everyone's responsibility, especially at hospital and building entrances.
 - b. If a Baylor Police Department officer observes an employee smoking outside the hospitals or buildings in SMOKE-FREE area, they are

authorized to write an employee misconduct report to be sent to the employee's manager or supervisor. It is then up to the manager or supervisor to determine appropriate disciplinary action.

- c. Baylor Police Department officer are authorized and charged with the duty to write citations to any individual they observe smoking inside the hospital, as appropriate. A citation would require the violator to appear in Justice of the Peace court and be subject to a fine.
 - d. If a Baylor Police Department officer observes an employee smoking inside a building or hospital, in addition to any citation, he or she is subject to disciplinary action from his or her manager or supervisor. Managers are responsible for pursuing disciplinary action with the employee.
16. Communication of this policy is everyone's responsibility.
- a. Employees
 - i. Human Resources Department
 - ii. Administrators, manager, and supervisors
 - b. Patients, visitors, volunteers and staff
 - i. "To Our Patients: Your Rights and Responsibilities" given to patients on admission
 - ii. Department orientation
 - iii. Signage throughout the campus.

BUMC Tuition Remission Plan

TUITION REIMBURSEMENT

Employee Benefits

Effective Date: May, 1987

Revision Date: July, 2000

Policy

Any full-time employee of the Baylor Health Care System, who has been employed for 6 months, is eligible to receive tuition reimbursement upon satisfactory completion of pre-approved courses.

Employee Handbook: No reference.

Guidelines/Procedures:

Application Forms Employees can obtain application forms for tuition reimbursement in the Benefits section of your Human Resources department.

Disqualification:

An employee who voluntarily terminates, is involuntarily terminated, or who drops from a course prior to its completion is no longer eligible for reimbursement of approved tuition and fees.

Eligibility:

To be eligible to participate in the tuition reimbursement program employees must meet all of the following requirements:

- must be a full-time or Baylor Plan (TDA) employee;
- must have 6 months of full-time employment; and
- must have received a rating of "meets expectations" or higher on the most recent performance appraisal.

Other Fees:

Additional costs such as travel expense, parking fees, late registration fee, transcript fee, books and supplies are some of the items that will not be reimbursed to the employee. Programs Covered In accordance with IRS section #162, tuition reimbursement covers associate degree, undergraduate and graduate study programs which maintain or improve skills required in an employee's present work, trade or business or is related to preparation for future responsibilities within Baylor.

Professional or technical improvement programs which are related to the employee's present work, trade, or business or related to preparation for future responsibilities within Baylor are also covered. For example, a computer skills class taken by a clerk would be covered. Courses to prepare employees for the Graduate Equivalency Diploma (GED) are also included. The sponsoring agency or institution of any program must be accredited by a recognized agency.

Correspondence courses are covered if the course is not available in area schools or the course is offered in area schools but its scheduling presents a conflict with the employee's working hours.

Rate of Reimbursement:

Employees will receive 100% of tuition and related course fees at state school rates. An example of a related course fee would be a computer or science lab fee. If the employee chooses to attend a private institution, reimbursement will be made at state school rates even if the course is not offered at a state school. If the employee attends a community college, reimbursement will be at in-district rates.

For professional/technical programs the employee will receive the entire course fee up to \$200 and then 50% of fees up to a total maximum of \$500.

Reimbursement:

Having completed the application form for tuition reimbursement and received approval for the course(s), the employee must pay tuition and fees to the school. Upon completion of the course(s), Baylor will make reimbursement if the employee can provide receipt(s) for payment of tuition and fees and has official registrar grade reports for the courses completed. Tuition reimbursement will be paid only for a grade of "C" or better or a grade of "pass" in a "pass/fail" system.

In order to receive reimbursement for professional/technical programs, the employee may present a certificate issued by the sponsoring institution or a statement signed by the program leader verifying attendance and completion.

All receipts and grade reports must be turned in to Human Resources Department within six weeks of the end of the semester.

Reimbursement for graduate courses will be subject to taxes according to IRS regulations. Reimbursement for under-graduate courses are not subject to taxes. Reimbursement Limitations Reimbursement is normally limited to two (2) courses per semester, however, with approval from the Supervisor, the Department Director, and the respective Vice President, a maximum of three (3) courses in a semester may be considered. Professional/technical programs are limited to two programs during any given six-month period.

Supervisor's Responsibility:

It is the supervisor's responsibility to review eligibility requirements with an employee to determine if he or she is eligible to participate in the tuition reimbursement program. This includes determining if the course(s) applies to the employee's current position or prepares the employee for a future position within Baylor. If the employee is eligible, the supervisor should complete the "to be filled out by supervisor" section of the tuition reimbursement application form and forward it to the Department Director. If the Department Director concurs, then the form should be signed and forwarded to the Human Resources department.



Section L

Faculty Evaluation

Faculty Evaluation

Baylor University's Faculty Evaluation and Compensation Policy can be found on pages 153 through 159 of the *2002 Faculty Handbook*.

By November 1 please complete the Merit Review 2003 form and forward via e-mail to Dr. Lott. Note that this deadline is earlier than the one stated in the Faculty Handbook, but will allow the Dean adequate time to meet with each faculty member prior to the March 1 deadline for submission of materials to the Provost's office.

Form: [Merit Review 2003](#)

Faculty Tenure

Baylor University's Faculty Tenure Policy and Procedures can be found on pages 127 through 142 of the *2001 Faculty Handbook*.

Tenure Deadlines:

First Year faculty - Annual Report to the Department Chair by 2/1

Second Year faculty - Annual Report to the Department Chair by 11/15

Pre-tenure Year - Tenure notebook to tenured faculty by 12/15. Annual report to Department chair by 3/1

Fourth through Fifth Year faculty - Annual Report to Department Chair by 3/1

Sixth Year faculty (Tenure Review) - Provide credentials notebook for review by tenured faculty by 11/15. By 12/1 meet with available tenured department faculty, chairs and dean.

Required Elements of Scheduled Evaluation:

Tenure Track Faculty (TTPAF) - Student Evaluations (Spring and Fall), Colleague Eval. (yearly)

Tenured Faculty (T) - Student Evaluation (every 3 years), Colleague Evaluation (every 3 years)

Lecturers (L) - Student Evaluations (Fall through 6th year), Colleague Evaluation (yearly)

Part-time Lecturers - Student Evals each semester employed, Colleague Evaluation (yearly)

Senior Lecturers - Student Evaluations (every 3 years), Colleague Evaluation (every 3 years)

Key: C=Colleague Evaluation, S=Student Evaluation, AY= Academic Year

Last	First	BUID	Date of Appt.	Type of Appt.	Full or Part-time	AY 2005-06	AY 2006-07	AY 2007-08	AY 2008-09	AY 2009-2010	CY 2010-2011
Anderson	Eva	Pending	054	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Beal	Claudia	889703264	014	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Canclini	Sharon	Pending	200530	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Chase	Audry	889170471	200530	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Cogan	Celia	889535007	024	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Davis	Emma	889031617	034	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Devitt	Barbara	889461688	041	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
DuBois	Debra	889732733	041	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Harlin	Gail	890177166	200510	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Kubin	Laura	889753247	011	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Mathai	Mary	Pending	200530	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Neathery	Melissa	889102283	044	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Rapp	Brenda	Pending	054	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Schull	Diane	Pending	054	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Seider	Debbie	889011212	011	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Souders	Amy	889503201	041	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Staebler	Suzanne	889575556	054	L	P	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S	C, S, S
Bufton	Karen	889351002	2001	L	F	Y5 - C, S	SL Rev. C, S			C, S	
Hilton	Anna	889501021	2004	L	F	Y2 - C, S	Y3 - C, S	Y4 - C, S	Y5 - C, S	SL Rev. C, S	
Holub	Karen	889711076	2002	L	F	Y4 - C, S	Y5 - C, S	SL Rev. C, S			C, S
Nunnelee	Jane	889150501	2001	L	F	Y5 - C, S	SL Rev. C, S			C, S	
Paschal	John	889235591	2004	L	F	Y2 - C, S	Y3 - C, S	Y4 - C, S	Y5 - C, S	SL Rev. C, S	
Posani	Theresa	889500176	2002	L	F	Y4 - C, S	Y5 - C, S	SL Rev. C, S			C, S
Price	Jane	889077131	2001	L	F	Y5 - C, S	SL Rev. C, S			C, S	
Rosser	Catherine	889517202	2003	L	F	Y3 - C, S	Y4 - C, S	Y5 - C, S	SL Rev. C, S		
Spies	Lori	890036241	2004	L	F	Y2 - C, S	Y3 - C, S	Y4 - C, S	Y5 - C, S	SL Rev. C, S	
Trousdale	Valerie	889337811	2002	L	F	Y4 - C, S	Y5 - C, S	SL Rev. C, S			C, S
Tucker	Cheryl	889630696	200530	L	F	Y1 - C, S	Y2 - C, S	Y3 - C, S	Y4 - C, S	Y5 - C, S	SL Rev. C, S
Akins	Patricia	889002306	1997	L	F		C, S			C, S	
Allen	Stephanie	889007860	1990	SL	F	C, S			C, S		
Hakala	Kathy Lee	889724150	1993	SL	F	C, S			C, S		
Kemp	Charles	889420300	1989	SL	F	C, S			C, S		
Prater	Lyn	889707020	1988	SL	F	C, S			C, S		
Savoldi	Bonnie	889722124	1994	SL	F			C, S			C, S
Farren	Elizabeth	889200070	1981	T	F			C, S			C, S
Garner	Linda	889260104	1970	T	F		C, S			C, S	
Hanks	Carole	889265560	1994	T	F	C, S			C, S		
Stevenson	Linda	889720024	1985	T	F	C, S			C, S		
Strotbeck	Frances	889001444	2000	T	F		C, S			C, S	
Neatherlin	Jacquelin	889700284	1991	T	F		C, S			C, S	
Yantis	Mary Ann	889200600	2000	T	F			C, S			C, S
Bezanson	Judy	889350078	2004	TT	F	Y5 - C, S	Y6 - C, S	Probationary Yr.			C, S
Faucher	Mary Ann	889513044	2004	TT	F	Y4 - C, S	Y5 - C, S	Y6 - C, S	Probationary Yr.		
Howden	Judy	889505552	2003	TT	F	Y3 - C, S	Y4 - C, S	Y5 - C, S	Y6 - C, S	Probationary Yr.	
Taylor	Lisa	889075856	2000	TT	F	Y4 - , C, S	Y5 - C, S	Y6 - C, S	Probationary Yr.		

Student Evaluation of Courses

Baylor University's policy regarding student evaluation of courses can be found on page 25 of the *2002 Faculty Handbook*. The policy is excerpted below:

Because Baylor University emphasizes the importance of good teaching, faculty members should explore ways to develop, maintain, and improve instruction. Student evaluation of courses provides an important means by which faculty can measure the effectiveness of their instruction; for this reason, all faculty members at Baylor are expected to participate in the system of student evaluation of courses coordinated by the Office of Institutional Research and Testing.

All new faculty members must participate in student evaluations in all sections of the courses they teach every fall until they have completed six years at Baylor or until they have received tenure. All tenured faculty members are expected to participate in student evaluations in all sections of the courses they teach during the fall of every third calendar year. Part-time faculty, whether employed for a single semester or on a recurring basis, are encouraged to participate in student evaluations in all sections of the courses they teach.

These guidelines establish the minimum requirements for faculty participation in student evaluations of courses. However, faculty may choose to have students evaluate some or all of their courses each semester if they wish. All faculty members are encouraged to participate in the student evaluations voluntarily at least one semester each year.

LHSON departmental policy requires student course evaluations for part-time faculty each Fall and Spring semester that they are employed.



Appendix



CONSENT TO USE STUDENT MEDIA OR MATERIAL

Date: _____

I hereby give permission to Baylor University Louise Herrington School of Nursing to use media, materials or both ("the Work") in which I appear or which I developed while I was registered in courses at the University as an exhibit or teaching tool in any legitimate project undertaken by the School of Nursing. I represent and warrant that I am the sole creator and owner of the Work and that I hold the complete and undivided copyright interest, if any, in and to the Work. I understand and agree that I will not be compensated for Baylor's use of my media or materials in connection with these promotional activities.

DESCRIPTION OF MEDIA OR MATERIAL: _____

NAME: _____
(PLEASE PRINT)

SIGNATURE: _____

ADDRESS: _____

**BAYLOR UNIVERSITY
LOUISE HERRINGTON SCHOOL OF NURSING**

Consultation and/or Off-Campus Employment Approval

Name of Employee: _____ Date: _____

Position held at LHSON: _____

EMPLOYMENT

Institution(s) _____

Position held: _____

Employment Schedule _____

Other Pertinent Information: _____

CONSULTATION

Institution(s), groups, etc.: _____

Consultation Schedule: _____

Nature of Consultancy: _____

Other pertinent information: _____

Employee Signature

Date

Dean's Signature

Date

Please refer to page 181-185 of the *Faculty Handbook Fall 2002* and Personnel Policy BU-PP 700. Completion of this form is solely for the use of LHSON and does not take the place of any reporting required (see BU-PP700A) by the University related to the referenced policies.

**BAYLOR UNIVERSITY
LOUISE HERRINGTON SCHOOL OF NURSING**

CUSTODIAN WORK ORDER

Requested by

Date

Time

Work Requested

Location/Room/Floor

CONSTITUTION OF THE BAYLOR UNIVERSITY HONOR SYSTEM

- I. PREAMBLE:** We, the student body and faculty of Baylor University, recognizing the need for an atmosphere of mutual respect and trust in any academic community, agree to conduct academic matters in a manner consistent with the Baylor University honor code. This constitution consists of an honor code and the framework for addressing alleged violations of the code.
- II. DEFINITIONS:** As used in this constitution, the following terms have the indicated meanings:
- (A) *Academic matter* means an activity that may affect a grade or in any way contribute toward the satisfaction of the requirements for graduation without reference to the focus of such activity. Academic matters include, but are not limited to, the following activities:
- (1) An examination.
 - (2) A research or other activity to be done outside the class.
 - (3) Work that is in whole or partial satisfaction of requirements for the receipt of course credit for participation.
 - (4) An activity for which course credit is given.
- (B) *Baylor University* means the College of Arts and Sciences, the Hankamer School of Business, the School of Education, the School of Engineering and Computer Science, the Graduate School, the School of Music, the Louise Herrington School of Nursing, and the George W. Truett Theological Seminary.
- (C) *Dishonorable conduct* means an act of academic dishonesty. The term dishonorable conduct includes, but is not limited to, the following acts:
- (1) Offering for course credit as one's own work, in whole or in part, the work of another.
 - (2) Incorporating into one's work offered for course credit passages taken either word for word or in substance from a work of another, unless the student credits the original author and identifies the original author's work with quotation marks, footnotes, or another appropriate written explanation.
 - (3) Offering for course credit one's own work, but work that one has previously offered for course credit in another course, unless one secures permission to do so prior to submission from the instructor

in whose course the work is being offered.

- (4) Offering for course credit work prepared in collaboration with another, unless the student secures the instructor's permission in advance of submission. A student does not *prepare work in collaboration with another* if he or she merely discusses with another a matter relevant to the work in question.
- (5) Invading or attempting to invade the administrative security maintained for the preparation and storage of examinations.
- (6) Using, during an examination period, material not authorized by the instructor giving the examination.
- (7) Taking an examination for another student or knowingly permitting another person to take an examination for oneself.
- (8) Giving, receiving, or obtaining information pertaining to an examination during an examination period, unless such action is authorized by the instructor giving the examination.
- (9) Divulging the contents of an essay or objective examination designated by the instructor as an examination not to be removed from the examination room or discussed.
- (10) Taking, keeping, misplacing, tampering with, or damaging the property of Baylor University, a faculty member, or another student, if one knows or should reasonably know that one would, by such conduct, obtain an unfair academic advantage. This section is intended to include, but not be limited to, material in a university library.
- (11) Misrepresenting facts about one's self or another for the purpose of obtaining an advantage, either academic or financial, or for the purpose of injuring another student academically or financially, including providing false grades for resumes for placement use.
- (12) Failing to follow the instructions of a professor in completing an assignment or examination, if one knows or should reasonably know that one would, by such conduct, obtain an unfair academic advantage.
- (13) Taking, without first reporting such fact to the appropriate faculty member, an examination about which one has unauthorized information, even though such information was obtained unintentionally.

- (14) Witnessing conduct which one knows or should reasonably know is dishonorable and failing to report it as required by this constitution.
- (15) Communicating with a member of the Honor Council, other than the Chair, about an alleged violation of the honor code that has been brought to the Honor Council, but not heard. It is the intent of this paragraph to prevent ex parte communications with members of the Honor Council.
- (16) Altering or falsifying academic documents such as transcripts, change of schedule forms, closed class cards, doctors' excuses, grade reports, and other such documents.

III. HONOR CODE: Baylor University students and faculty shall act in academic matters with the utmost honesty and integrity.

IV. HONOR CODE VIOLATIONS: A Baylor University student violates the honor code if the student engages in dishonorable conduct in connection with an academic matter. A student who violates the honor code is unworthy of the trust of the faculty.

V. PROCEDURES FOR ADDRESSING HONOR CODE VIOLATIONS

- A. If a student is suspected of dishonorable conduct, any of these steps may be followed:
 - (1) If a faculty member suspects that one of his or her students has engaged in dishonorable conduct, the faculty member may handle the matter directly with the student. If a faculty member attempts to handle a matter of alleged academic dishonesty directly with the accused student, but is unsuccessful, the faculty member may refer the matter to the Honor Council. The referral must be made within 14 school days (not calendar days) after it becomes apparent to the faculty member that it is not possible to resolve the matter directly with the student.
 - (2) If a student is accused of dishonorable conduct, the student may request that the matter be referred to the Honor Council, in which case the faculty member shall do so.
 - (3) A faculty member who suspects one of his or her students has engaged in dishonorable conduct may refer the matter directly to the Honor Council. If a faculty member refers a matter of alleged academic dishonesty directly to the Honor Council, he or she must

do so within 14 schooldays of the date at which he or she first had knowledge of the violation.

- B.** If a student witnesses another student engaged in dishonorable conduct, the witnessing student shall report the incident within one semester of its occurrence to either the faculty member in whose class the incident occurred or to the Chair of the Honor Council. The witnessing student is encouraged, but not required, to first report the incident to the faculty member in whose class the incident occurred. If the incident is reported to the Chair of the Honor Council, the Chair of the Honor Council shall immediately consult with the faculty member in whose class the incident occurred.

VI. THE HONOR COUNCIL

A. *Jurisdiction.*

The Honor Council has exclusive jurisdiction over all matters involving dishonorable conduct that are not resolved between the student and the faculty member in whose class the incident occurred.

B. *Composition.*

The Honor Council is composed of **(1)** nine student members, each of whom must have during his or her tenure on the Honor Council a current and cumulative grade point average of 2.25 or higher, and **(2)** eight faculty members selected as follows:

(1) Student members.

- (a)** Seven students elected annually by their respective classes during the Diadeloso student elections, except the first student members must be elected as soon as practicable after this constitution is adopted:

- 1.** One from the Graduate School or the Seminary
- 2.** Two from the senior class
- 3.** Two from the junior class
- 4.** Two from the sophomore class

- (b)** Two freshman students selected by the elected-student members of the Honor Council.

- (c)** One nursing student elected by the students at the Louise Herrington School of Nursing in Dallas.

The student members of the Honor Council shall elect from their number a student Chair and a student Vice Chair, both of whom must have at least

junior class standing. Should a vacancy occur in the student membership of the Honor Council, the student members of the Honor Council shall select a student to fill the vacancy.

(2) Faculty members.

- (a) An Honor Council Chair appointed from the faculty by the President of the University to a three-year term.
- (b) An Honor Council Vice Chair appointed from the faculty by the President of the University to a three-year term. The Honor Council Chair and the Honor Council Vice Chair may not be from the faculty of the same school.
- (c) Six faculty members, one each appointed for a three-year term by the Deans of the schools not represented by either the Chair or the Vice Chair.

The faculty members of the Honor Council must be selected from the faculties of the College of Arts and Sciences, the Hankamer School of Business, the School of Education, the School of Engineering and Computer Science, the School of Music, the Louise Herrington School of Nursing, Central Libraries and the George W. Truett Theological Seminary. The faculty members of the Honor Council shall elect from their number an Honor Council secretary.

VII. HEARING COMMITTEE OF THE HONOR COUNCIL

A. *Function.*

The Honor Council sits as a hearing committee that acts as an impartial referee between a student accused of violating the honor code and his or her grievant. The hearing committee shall weigh the evidence presented during the hearing and reach a decision as to whether or not the accused student has violated the honor code.

B. *Disqualification.*

A member of the Honor Council shall disqualify himself or herself if he or she feels that, in reaching a decision as to whether or not an accused student has violated the honor code, he or she cannot act on the weight of the evidence without bias or prejudice. If a student member of the Honor Council disqualifies himself or herself prior to a hearing, the student Chair may appoint a replacement selected from the class of the disqualified Honor Council member. If a faculty member of the Honor Council disqualifies himself or herself prior to a hearing, the Chair of the Honor

Council may appoint a replacement selected from the faculty of the school of the disqualified Honor Council faculty member. The Honor Council may by two-thirds vote, disqualify one of its members from sitting on a hearing committee, if the best interests of the Honor Council and the University would be served best thereby.

C. *Quorum.*

A quorum for a hearing committee is two voting faculty and five student members of the Honor Council. A quorum is not affected by a member of the Honor Council disqualifying himself or herself after a hearing has begun.

D. *Procedure.*

(1) *Notice to the accused and grievant.*

Within five school days after an alleged violation of the honor code has been referred to the Honor Council, the Honor Council shall notify in writing the grievant and the accused student of the basis of the alleged violation of the honor code, the date, time, and place the violation allegedly occurred, the nature of the evidence upon which the grievant will rely, and the date, time, and place at which a hearing committee will meet to determine if a violation has occurred. The notice must inform both the grievant and the accused of their responsibilities at the hearing. If examination comparisons, or similar evidence involving writing, will probably be relied upon in whole or in part to establish a violation, the accused student shall be given an opportunity to examine such evidence prior to the time of the hearing in accordance with applicable Honor Council by-laws, it being contemplated that ordinarily such writings shall remain in the possession and under the control of the Chair of the Honor Council and that the Chair shall make necessary arrangements to afford the accused sufficient access to such writings to permit preparation of an appropriate response to charges based in whole or in part upon such writings.

2) *Hearing date.*

A hearing committee must meet to consider an alleged violation of the honor code within 14 school days after the alleged violation is referred to the Honor Council.

(3) *Who may attend.*

Only members of the Honor Council, the accused, the grievant, and witnesses, while the witnesses are giving testimony, may attend a hearing. Lawyers representing the accused or the grievant and character witnesses are specifically excluded.

(4) *The hearing.*

A hearing is relatively informal. The hearing committee is presided over by the Chair of the Honor Council, or in his or her absence, the Vice Chair. The Chair is in charge of the hearing and has broad discretion. The Chair shall exercise control over the conduct of all persons participating in the hearing and direct the initial questioning to the grievant and the accused and their witnesses. The Chair shall act as a hearing examiner by developing the facts and evidence necessary to enable the committee to make a decision as to whether or not the honor code has been violated. In so doing, the Chair may exclude irrelevant, immaterial, and unduly repetitious evidence. The Chair may, at his or her discretion, recess the hearing as often as necessary to ensure fairness to the grievant and accused. The grievant and the accused shall present to the hearing committee facts and circumstances that will enable the committee to determine whether or not the accused has violated the honor code. In presenting their positions, the grievant and the accused may ask others to present testimony or documentary evidence that supports their positions. In order to clarify issues, resolve inconsistencies or conflicts in testimony, or to ascertain facts, each member of the committee may ask questions of any person appearing before the hearing committee.

(5) *Evidence.*

The accused and the grievant may present to the hearing committee any evidence, oral or written, that, in the discretion of the Chair of the Honor Council, is pertinent to the alleged honor code violation or that might shed light on the facts and circumstances surrounding it. It is important for the grievant and the accused to offer all of their evidence at the time of the hearing. Testimony given during a hearing is tape recorded. Once the hearing is concluded and the tape recorder is turned off, the hearing committee may not consider additional evidence or testimony. A contention by a party appearing before the hearing committee that he or she could get a witness to testify, if necessary, is not helpful to the hearing committee. Witnesses and evidence need to be presented at the hearing if a party wants them to be considered by the hearing committee. It is essential that one bring to the hearing to testify in person a witness who has firsthand knowledge of the facts and circumstances surrounding the alleged honor code violation. When a witness cannot be present at the hearing, the grievant or the accused may present to the committee a signed, written statement from the absent witness. Because the absent witness cannot be questioned by the other party or the members of the hearing committee, this type of evidence is given less weight.

(6) *Questioning.*

In addition to members of the hearing committee, the grievant and the accused may question one another or the witness of either.

(7) *Failure to appear.*

If the grievant or the accused fails to appear before a hearing committee on the date and at the time and place specified in the notice, the hearing committee may take the testimony and evidence from the party that is present and reach a decision on the basis of that evidence. Failure to appear and offer evidence may leave the hearing committee little choice but to decide in favor of the party presenting the only evidence and testimony. If either party is unable to appear before the hearing committee on the date specified in the notice, he or she should notify the Chair of the Honor Council of the reasons that prevent his or her attendance as scheduled. If the Honor Council determines that good cause exists for not appearing at the hearing when scheduled, it shall set anew date for the hearing.

E. *Standard of proof.*

The hearing committee shall use the preponderance of the evidence standard of proof in determining whether or not the accused has violated the honor code. A preponderance of the evidence presented at a hearing means such evidence as, when considered and compared with that opposed to it, has more convincing force and produces in the minds of the members of the hearing committee belief that the alleged violation of the honor code more likely occurred than not. If a majority of the hearing committee votes that a preponderance of the evidence supports the allegation, the hearing committee shall render a decision that the accused has violated the honor code. If less than a majority of the hearing committee votes that a preponderance of the evidence supports the allegation, the hearing committee shall render a decision that the allegation was not substantiated.

F. *Decision of the hearing committee.*

After the hearing is concluded, the Chair shall excuse the accused and the grievant from the hearing committee meeting. The hearing committee shall then discuss the evidence presented during the hearing and reach a decision as to whether or not the accused has violated the honor code. The Chair shall then poll the members of the hearing committee by secret ballot on the question of whether or not a preponderance of the evidence supports the allegation that the accused violated the honor code. A voting member of the Honor Council who is not disqualified may not abstain from voting. The Chair may not vote except in case of a tie. If a majority of the hearing committee votes that a preponderance of the evidence

supports the allegation, the hearing committee shall render a decision that the accused has violated the honor code. If less than a majority of the hearing committee votes that a preponderance of the evidence supports the allegation, the hearing committee shall render a decision that the allegation was not substantiated. The decision of the hearing committee as to whether or not the honor code has been violated is final, unless the President finds that there is substantial evidence that the decision of the hearing committee was arbitrary and capricious.

If the hearing committee decides that the accused student has violated the honor code, it may, but is not required to, recommend to the Vice President for Student Life the sanctions it believes should be imposed against the student.

G. *Summary report.*

The secretary of the Honor Council shall prepare a typewritten summary of the hearing, including the decision of the hearing committee. The members of the hearing committee shall review this summary, make necessary changes, if any, and indicate their approval of it by signing it.

H. *Report of decision.*

The Chair of the Honor Council shall report the decision of the hearing committee to the grievant, the accused, and the Vice President for Student Life. If the decision of the hearing committee is that the honor code has been violated, the Chair of the Honor Council shall deliver to the Vice President for Student Life the record of the hearing, along with recommended sanctions, if any.

I. *Record of the hearing.*

- (1) The tape recording of the hearing, the tangible evidence presented at the hearing, and the summary of the hearing prepared by the secretary of the Honor Council constitute the record of the hearing.
- (2) The Chair of the Honor Council shall destroy the record of the hearing in which the hearing committee decides the honor code has not been violated, after the time for an appeal of the decision to the President of the University has elapsed.
- (3) The Vice President for Student Life shall make the record of the hearing a part of the permanent disciplinary record of a student who is found by the hearing committee to have violated the honor code. In such a case, the record of the hearing and the sanction imposed against the student must be marked CONFIDENTIAL and

may not be disclosed except as permitted by the provisions of the Family Rights and Privacy Act and its implementing regulations.

J. *Committee Rules.*

The Honor Council may adopt specific procedural rules for hearing committees, if such rules are not inconsistent with this document. These rules may provide for the recess of a hearing in order to allow the parties to obtain additional witnesses or evidence.

VIII. RESPONSIBILITIES OF THE VICE PRESIDENT FOR STUDENT LIFE

The Vice President for Student Life shall impose an appropriate sanction against a student who has violated the honor code. The Vice President may consider the recommendation, if any, of the hearing committee. In determining an appropriate sanction, the Vice President may review the record of the hearing and the student's academic and disciplinary records. The Vice President may impose any reasonable sanction he or she deems appropriate, including suspension from the University.

IX. APPEAL OF DECISION

A. If the grievant or the accused believes there is substantial evidence that the decision of the Honor Council was arbitrary and capricious, he or she may appeal the decision to the President of the University within ten school days of the date he or she receives notice of the decision of the Honor Council.

B. The President shall review the record of the hearing and the evidence presented by the person appealing the decision. The President shall determine whether or not substantial evidence exists to support the allegation that the Honor Council acted in an arbitrary and capricious manner in reaching its decision. The President may consult with the University general counsel prior to reaching his or her decision.

C. If the President finds substantial evidence exists that the decision of the Honor Council was arbitrary and capricious, he or she shall reverse the decision. Otherwise, the President shall affirm the decision of the Honor Council and refer the matter back to the Vice President for Student Life for the imposition of a sanction.

X. APPEAL OF IMPOSITION OF SANCTIONS

A student against whom sanctions have been imposed for violating the honor code, may, if he or she feels that the sanctions are inappropriate, ask the Vice President for Student Life to modify or suspend the sanctions, and the Vice President shall consider the request. If the student is dissatisfied with the response of the Vice President, he or she may ask the President to consider the request. In such a situation, the President shall review the record of the hearing, and confer

with the Vice President for Student Life, and, based upon this review, decide to:

- A. Let the sanction stand.
- B. Modify the sanction or impose a different sanction.
- C. Suspend the sanction. The decision of the President as to the appropriateness of the sanction is final.

XI. PROCEEDINGS OF HONOR COUNCIL CONFIDENTIAL

- A. The proceedings of the Honor Council are confidential and are subject to the provisions of the Family Rights and Privacy Act and its implementing regulations. A member of the Honor Council who violates this rule of confidentiality may be expelled from the Honor Council by majority vote of the other members of the Honor Council.
- B. The Honor Council may direct the secretary to report to The Baylor Lariat the decision of a hearing committee that the honor code has been violated and the nature of the violation but may not reveal the name of the student found guilty of violating the code.

XII. OTHER DUTIES OF THE HONOR COUNCIL

- A. The student members of the Honor Council shall develop and carry out procedures for familiarizing the members of the Baylor University student body with the honor code, dishonorable conduct, and hearing committee procedures. They shall also develop procedures to seek input from students and faculty for ways to improve the honor system.
- B. The student members of the Honor Council shall develop by-laws for the Honor Council, which must be approved by a majority of the faculty members of the Honor Council.
- C. The President may assign additional duties to the student members of the Honor Council from time to time.

XIII. AMENDMENT

This constitution of the Baylor University Honor System may be amended by three-fourths vote of the members of the Honor Council and with the consent of the President.

ADVICE TO STUDENTS ACCUSED OF VIOLATING THE HONOR CODE

Once you have received a notice of hearing, you should take the following steps:

- 1.** Determine the issues that will be covered at the hearing. This can usually be done from the notice of hearing but if there is any question, contact the Chair of the Honor Council or one of the Deans in the Division of Student Life. The Chair of the Honor Council may give information relating to the procedure followed by a hearing committee but is prohibited from discussing the merits of an incident in which the honor code was allegedly violated.
- 2.** Assemble and organize all documents and witnesses you may wish to present at the hearing. Make sure that any witnesses you contact have firsthand knowledge of the facts in the case.
- 3.** Make notes of any major points you wish to make to the hearing committee so that they are not forgotten during the course of the hearing.
- 4.** Present your testimony at the hearing and your evidence in a calm and organized manner.
- 5.** Take notes during the hearing so that you can name the specific points of your disagreement with the testimony presented against you at the hearing.
- 6.** An unfavorable decision does not necessarily mean that the hearing committee disbelieved one's testimony or evidence, although the credibility of a witness is one consideration. One simply may not have presented enough testimony or evidence, or the testimony or evidence which one did present may not have been as convincing as that presented by the other party.

BAYLOR

U N I V E R S I T Y

Disclosure of Intent to Procure Consumer Reports

As an ongoing part of Baylor University's administration of the university driving policy, Baylor will conduct Motor Vehicle Records checks for employees and applicants who may operate motor vehicles on behalf of Baylor University.

When used for employment purposes these records checks may become "consumer reports" under federal law.

The Federal Fair Credit Reporting Act ("FCRA") protects consumers and provides them rights with respect to "consumer reports." In addition to the traditional "credit report" that credit reporting agencies provide, FCRA applies to the routine Motor Vehicle Records checks that Baylor University conducts on applicants and its employees for employment purposes. Accordingly, an authorization has been prepared for each applicant and Baylor employee to sign that will allow Baylor to conduct only the driving record checks.

Baylor will not use this authorization to obtain any credit or financial information about you, nor does this authorization permit Baylor to use the consent in such a manner.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of Your Consumer Rights Under the Fair Credit Reporting Act.

A Summary of Your Rights

Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance or employment – must tell you, and give you the name, address and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are entitled to one free report every 12 months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**BAYLOR UNIVERSITY
LOUISE HERRINGTON SCHOOL OF NURSING**

AUDIO-VISUAL EVALUATION FORM

Program Title _____
 Producer _____ Production Date _____
 Type of Media _____ Length _____
 Cost _____ Number Viewing _____

PRODUCTION	Excellent	Average	Unacceptable
1. Artwork/visuals/readability 2. Visual quality - color/open space 3. Sound quality			

CONTENT	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Relative to and supports the objectives. 2. Presented in a logical sequence				

LENGTH	Too Long	Appropriate	Too Short
1. Relative to and supports the objectives.			

LEVEL	Undergraduate	Graduate
1. Relative to and supports the objectives.		

COMMENTS on CURRICULUM USE:

OVERALL RECOMMENDATION:
Excellent Good Weak Not Acceptable

Name: _____ Date: _____

**BAYLOR UNIVERSITY
LOUISE HERRINGTON SCHOOL OF NURSING**

LRC RESERVE

Instructor	Course #
Course Name:	

Title

Type

On Reserve for:	# of Copies
Fall 20 _____	_____
Spr 20 _____	_____
Sum 20 _____	_____

COMPUTER SOFTWARE EVALUATION

Program Title _____

Subject Area _____

Producer _____ Cost _____

Number Viewing: Faculty _____ Students _____

INSTRUCTIONAL DESIGN: Check all that Apply

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Drill & Practice | <input type="checkbox"/> Educational Game | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Tutorial | <input type="checkbox"/> Problem Solving | |

DOCUMENTATION: Check all that Apply

- | | | |
|--------------------------------|--|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> On-screen | <input type="checkbox"/> Manual |
| <input type="checkbox"/> Tests | <input type="checkbox"/> Teacher's Guide | <input type="checkbox"/> Workbook |

CONTENT:

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Branches to easier or harder material in response to user's performance. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | User learning objectives are stated. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | User receives feedback. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Learner gets a correct answer after three or four wrong attempts. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Responses to errors are helpful and avoid negative feedback. |

USER INTERACTION:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Program is user friendly. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Answers can be corrected before continuing. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Directions are clear. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Instructions can be skipped or recalled. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Instructions on how to end and start. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Screens are neat, attractive and well spaced. |

OVERALL EVALUATION:

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Weak | <input type="checkbox"/> Not Acceptable |
| Recommend for Purchase: | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COMMENTS:

Name: _____ Date: _____

Make-up Exam Instructions

Student's Name: _____

Instructor's Name: _____

Course #: _____

Date: _____

Time Allotted: 1 hour
 1 ½ hours
 2 hours
 Other _____

Material Allowed: Calculator
 Books
 Notes
 Other _____

Special Instructions: **(Instructor)**

Reason for Student Missing Exam: **(Student)**

Student Signature

Instructor Signature

Consent for Photographing and Release

I, _____, (please print) give my permission to have photographs, slides or films taken of
 myself, my son, my daughter, my legal ward to be used by Baylor University.

I hereby relinquish and give to Baylor University all right, title, and interest that I may have in the finished pictures, reproductions and copies of the original prints and negatives, and further grant Baylor University the right to transfer, publish and exhibit the negatives, original prints and copies or facsimiles thereof for advertising, publicity or educational or informational purposes.

I hereby release Baylor University, their personnel, officers, and employees and any person taking or handling the photographs from any liability connected with the taking or the use of the photographs in the manner hereby authorized.

Signature _____ Address _____

Town _____ ST _____ ZIP _____ SS# _____

University Representative Signature _____ Date _____

Baylor University Office of Public Relations • Box 97024 • Waco, TX 76798-7024 • 254.710.1961

Consent for Photographing and Release

I, _____, (please print) give my permission to have photographs, slides or films taken of
 myself, my son, my daughter, my legal ward to be used by Baylor University.

I hereby relinquish and give to Baylor University all right, title, and interest that I may have in the finished pictures, reproductions and copies of the original prints and negatives, and further grant Baylor University the right to transfer, publish and exhibit the negatives, original prints and copies or facsimiles thereof for advertising, publicity or educational or informational purposes.

I hereby release Baylor University, their personnel, officers, and employees and any person taking or handling the photographs from any liability connected with the taking or the use of the photographs in the manner hereby authorized.

Signature _____ Address _____

Town _____ ST _____ ZIP _____ SS# _____

University Representative Signature _____ Date _____

Baylor University Office of Public Relations • Box 97024 • Waco, TX 76798-7024 • 254.710.1961

Permission to Contact Physician

I, _____ give permission for _____
to speak to my physician _____
regarding my (illness, surgery, disability) and its impact on my participation in
_____ (clinical laboratory) classes during _____ semester.

Signature

Date

Baylor University Louise Herrington School of Nursing

Prospective Faculty Evaluation

All faculty are encouraged to participate fully in the selection process for new faculty. Forms should be returned within one day following the applicant's visit. Your assistance with this very important process is appreciated. Please return form to Faculty Search Committee chair.

Applicant _____

Date Interviewed _____

Evaluator (your name) _____

Basis for evaluation: Record 1:1 Interview Group Interview
 Lunch Other

Please make comment regarding the applicant's suitability for employment at Baylor University Louise Herrington School of Nursing. (Or, suitability for tenure track position, if applicable.)

Please check areas observe (or noted) and comment as desired.

Area Observed	POS.	NEG.	Comments
Educational Preparation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teaching Experience	<input type="checkbox"/>	<input type="checkbox"/>	_____
Practice Experience	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overall Employment Record	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	_____
Professional Activities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knowledge of Nursing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knowledge of Specialty	<input type="checkbox"/>	<input type="checkbox"/>	_____
Philosophy of Nursing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Philosophy of Nursing Education	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	_____
Personal Characteristics	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

5.1 GUIDELINES FOR DRIVING ON BEHALF OF BAYLOR UNIVERSITY

9. There shall be no equipment loaded on the top (roof) of vans.
10. Trailer use is discouraged. The van should be equipped with appropriate mirrors, trailer hitch and braking system to match the type of trailer and load being pulled.

E. Responsibilities of an *Approved Driver*

1. Maintain a valid driver's license.
2. Use University vehicles for authorized use only.
3. Not permit any unauthorized person to drive the vehicle.
4. Use seat belts or other available occupant restraints and require all occupants to also use occupant restraints, in accordance with state laws and not to operate the vehicle unless all occupants are wearing the appropriate restraints.
5. Operate the vehicle in accordance with University regulations and know and observe all applicable traffic laws, ordinances and regulations.
6. Assume responsibility for any and all fines or traffic violations associated with his/her use of a University vehicle or privately owned vehicle on University business.
7. Operate University motor vehicles or personal vehicles used in the conducting of university business so as to reduce the likelihood of accidents and ensure the safety of the University Faculty/Staff, passengers, public and University property; use safe driving principles and techniques at all times.
8. Not drive under the influence of drugs or alcohol (except for required medications that do not impair driving ability or cause drowsiness).
9. Not transport unauthorized passengers such as hitchhikers.
10. Turn the vehicle off, remove the keys, and lock the vehicle when it is left unattended.
11. Not drive the vehicle at speeds that are inappropriate for the type of vehicle or the road conditions.
12. Not drive the vehicle "off road" unless it is appropriate for that use.
13. Inspect the vehicle for safety concerns prior to use, including checking tires, lights and other safety equipment for observable defects. Report any defects to the appropriate Dean, Director, Vice President or their designee to determine if the vehicle is safe to operate.
14. **In case of an accident, immediately call the Coordinator of Insurance and Risk Services at (254) 710-4586. When a driver is involved in an accident while driving a Baylor vehicle, the driver should not express any comments or conclusions as to who was at fault nor should he or she make any statements regarding Baylor's or the driver's potential liability as a result of the accident. All drivers are expected to cooperate fully in responding to requests for information from law enforcement officials. It is also permissible to state that you are driving a Baylor vehicle and that it is insured under a University policy.**

5.1 GUIDELINES FOR DRIVING ON BEHALF OF BAYLOR UNIVERSITY

A copy of the accident report filed by the police department should be sent to the Coordinator of Insurance and Risk Services' Office by the Baylor *Approved Driver* involved in the accident.

15. Immediately report to the Department of Risk Management any change in driving status that place the driver outside the University's driving qualifications. *Example*-suspension or revocation of a license.
16. Refrain from using a cell phone while the driving the vehicle. Use of hands-free devices is recommended.
17. Be subject to applicable University disciplinary procedures for violations of University policy or rules.

Threshold Classifications

Baylor University shall assign points against each driver based on the following:

<u>Offenses/Violations</u>	<u>Points</u>
Conviction of an alcohol or substance abuse related offense	10
Conviction of Negligent Homicide	10
Conviction of Manslaughter	10
Conviction of Hit and Run	10
Refusal to submit to a Blood Alcohol test	10
Conviction of reckless driving	6
Non-disclosure, failure to report accidents or violations within one business day, failure to follow university procedures, failure to follow mandated guidelines	5
Excessive speed/+25 m.p.h.	5
Accident – preventable	3
Conviction of a moving violation	1
Failure to pay for violation	1
Incident/Non-preventable accident	1

All points will remain on your driver's record for a period of thirty-six (36) months before they are removed. Infractions that have been removed from the driver's current record shall, however, still be considered when driving reviews are performed.

5.1 GUIDELINES FOR DRIVING ON BEHALF OF BAYLOR UNIVERSITY

Faculty/Staff Threshold Classes

	Allowable points per threshold	Time Period (Months)	University Action
A	2-3	12	Verbal Warning Discussion between Manager and Faculty/Staff member Discuss driving record with Faculty/Staff member Discuss desired improvement
B	4-6	12	Written warning Discussion between Manager and Faculty/Staff member Discuss driving record with Faculty/Staff member Discuss desired improvement Watch safety video and take written test. (Driving/university car privileges may be revoked if test score is not acceptable.) Loss of personal use privileges of university vehicle. (minimum one year for DUI/DWI conviction)
C	7-9	24	Written warning Discussion between Manager and Faculty/Staff member Discuss driving record with Faculty/Staff member Discuss desired improvement Driver Training Course ¹ (driving/university car privileges may be revoked if test score is not acceptable) Loss of personal use privileges of university vehicle. (minimum one year for DUI/DWI conviction)
D	10 or more points	24	Written warning Discussion between Manager and Faculty/Staff member Discuss driving record with Faculty/Staff member Discuss desired improvement Driver Training Course (driving/university car privileges may be revoked if test score is not acceptable) Loss of personal use privileges of university vehicle. (minimum one year for DUI/DWI conviction) A Faculty/Staff member identified as being in or reaching the "D" threshold may be subject to termination.

¹ Driver Training Course approved by the State of Texas Dept. of Public Safety.

5.1 GUIDELINES FOR DRIVING ON BEHALF OF BAYLOR UNIVERSITY

Spouse Threshold Classes

	Allowable points per threshold	Time Period (Months)	University Action
A	2-3	12	Loss of driving/university car privileges for 6 months
B	4-6	24	Minimum of 1 year loss of driving/university car privileges up to permanent loss of privileges.
C	7-9	36	Minimum of 3 year loss of driving/university car privileges up to permanent loss of privileges.
D	10	36	Permanent loss of driving/university car privileges.

F. Use of Personal Vehicles

1. For Faculty/Staff member

The use of personal vehicles while driving on behalf of Baylor University is acceptable. Infrequent (defined as 2-4 times a month) use of your personal vehicle on Baylor business will not require you to submit an application to become an *Approved Driver*. The same responsibilities described in this policy apply while driving personal vehicles while driving on behalf of Baylor University.

2. For Students

Baylor University students and student groups are encouraged to use University-owned/chartered/leased vehicles for University-related activities. Any individual who drives his or her personal vehicle to an activity assumes all responsibility for the safety of himself/herself as well as any passengers. The University bears no liability for student use of personal vehicles.

Note: Frequent use of personal vehicles for business is discouraged since no reimbursement will be made for accident-related repairs, whether these costs result from your own acts or acts of others. Also, it is the personal obligation of the owner of such vehicle, when used for business travel and for the protection of the traveler and any passengers, to carry auto liability insurance.

G. Use of Rental Vehicles

Purchasing Department has developed guidelines for the rental of vehicles. Those can be found at these addresses:

<http://www.baylor.edu/travel/index.php?id=25057> and

<http://www.baylor.edu/travel/index.php?id=14432>

Failure to comply

Violations of this policy may result in suspension of university vehicle driving privileges for an appropriate period of time. In addition, the operator may be subject to university disciplinary procedures.

5.1 GUIDELINES FOR DRIVING ON BEHALF OF BAYLOR UNIVERSITY

Approved by Risk Management Committee: 06/24/04

[signature on file] _____
Chairman, Risk Management Committee

6-28-04
Date

[signature on file] _____
Rick L. Creel, Associate Vice President

7-2-04
Date

[signature on file] _____
Robert B. Sloan, President

7-2-04
Date

BAYLOR TRAVEL / EVENT FORM

For Faculty / Staff Travel with Students



INTERNATIONAL ACADEMIC TRIPS



MISSION TRIPS



TEXAS / USA TRIPS OR EVENTS



Today's Date: _____

Contact Person's Name & Phone—*Faculty/Staff Contact Only* **(NO STUDENTS)**

Department or Organization Sponsoring Student Travel or Event

Organization Advisor Name & Phone

PLEASE SELECT TYPE OF TRIP:

CLASS/GROUP ATTENDING: _____

NAME OF TRIP / EVENT: _____

DESTINATION CITY / STATE / COUNTRY: _____

NON-ACADEMIC OR FIELD TRIP ACTIVITIES: _____

DEPARTURE DATE: _____ RETURN DATE: _____
(Earliest possible date by any participant) (Latest possible date by any participant)

*If more than a single occurrence, include additional departure/return dates of each individual trip.

ESTIMATED NUMBER OF PARTICIPANTS:

Baylor Students _____ Faculty/Staff _____ Other Non-Baylor _____ TOTAL _____

Will Minors Under Age 18 Participate? (If unknown, answer yes) Yes No

Will Baylor participants receive academic credit? Yes No

If International Travel, have you reviewed the policies and procedures on line at http://www.baylor.edu/international_programs/index.php?id=5019 ? Yes No

Method of receiving packet of forms from OGC:

When are forms needed for hand out? _____

FORM(S) OF TRANSPORTATION: *Check all that apply.*

Baylor Vehicle Personal Vehicle Rental Vehicle Chartered Bus
Commercial Air 12-15 Passenger Van Other (specify) _____

For use of Baylor, personal, or rental vehicles, **INCLUDE A LIST OF ALL DRIVERS.** Indicate whether or not the drivers have already been approved by the Dept. of Risk Management to drive on behalf of Baylor University. **Any unapproved drivers must submit the Authorization and Release to Obtain Information form to Susan Reece, FAX 8592.**

*In addition, all drivers of 12-15 passenger vans must complete an online van safety course *prior to departure*. To register drivers for the course, send an email to Susan_Reece@baylor.edu with the names of van drivers.

I have read this form and the information in it is true and correct:

Program or Event Director Signature

Date

TRAVEL REQUEST TO BU-WACO

Please turn this request in to A-V Facilities Technician
at least **3 days prior** to date of trip

Date Needed: _____ Time Needed: _____

Estimated Time of Return: _____

School Car Personal Car

Was School Car Available? Yes No

Name _____

Purpose of Trip:

Meeting Time _____ am _____ pm

Does another Faculty/Staff plan to travel with you? Yes No

Purpose of their Trip:

Meeting Time _____ am _____ pm