

*Nursing
Student
Handbook*



*Georgia Highlands
College*

Department of Nursing

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INTRODUCTION

The Georgia Highlands College Nursing Department has prepared this handbook to inform the nursing students of the policies and guidelines specific to the nursing program. This handbook serves as a supplement to the Georgia Highlands College catalog, which covers the general institutional policies as they relate to all students.

It is the responsibility of each nursing student to review the handbook independently and to refer to it as needed during his/her enrollment in the nursing program. All statements in the Nursing Student handbook or announcements of present Nursing Program policies are subject to change at any time without notice. Changes will be posted on the nursing web site at www.highlands.edu/healthsciences/nursing, and a handout of the change will be provided for the student.

GEORGIA HIGHLANDS COLLEGE
DEPARTMENT OF NURSING
PHILOSOPHY

The philosophy of the Georgia Highlands College Associate Degree Nursing Program is congruent with the philosophy of Georgia Highlands College to maintain a teaching/learning environment which promotes inclusiveness and provides educational opportunities, programs and services of excellence in response to identified needs. The Georgia Highlands College Nursing Program was established in 1971 based on the identified need to provide a two-year nursing degree for the citizens of Floyd County and surrounding communities.

The curriculum provides a strong educational basis to prepare graduates to take the licensure exam for an RN and practice as a beginning level professional nurse. The faculty is dedicated to preparing Associate Degree nurses who are competent, caring professionals who possess effective communication skills. This is congruent with the core components and competencies as outlined in the Educational Competencies for Graduates of Associate Degree Nursing Programs provided by the Council of Associate Degree Nursing Competencies Task Force and the National League for Nursing with support from the National Organization of Associate Degree Nursing. The ultimate goal of nursing education is to prepare students for employment as competent, registered nurses who are qualified to enhance client movement along the continuum to their optimal state of wellness or health. Specific emphasis is placed on assisting clients related to identified community health risks and common recurring conditions.

The faculty believes that a competent nurse is one who possesses nursing knowledge, assessment skills, teaching skills, and critical thinking skills to assist clients throughout the life span to promote and maintain wellness. A caring attitude is considered by the faculty to be respectful, empathetic, and sensitive. This means that the nurse exhibits nurturing, protective, compassionate, client-centered behaviors. Professionalism is a key component of nursing. Nurses are expected to demonstrate accountability for their own behaviors while adhering to the Standards of Professional Nursing Practice and the Code of Ethics for Nursing. Effective communication is the foundation for developing therapeutic relationships for the purpose of providing patient care and collaborating with other members of the health care team. Communication is defined as having both oral and written components and includes the critical thinking skills involved in comprehending and interpreting the written word.

In developing a professional nurse, the faculty believes that learning begins in a supportive, caring environment. Learning is a dynamic process that involves acquisition of skills, attitudes and values which are achieved by changes in patterns of thinking and behavior. The faculty believes learning is best achieved when concepts progress from simple to complex utilizing a variety of teaching methods and principles of adult learning where students take responsibility for their own learning. Benchmarks are set by the faculty and the curriculum is designed in order for students to achieve educational and program outcomes. Success in learning is enhanced by role modeling and mentoring. The frequent individual interactions between faculty and students offer opportunities for students to learn professional roles. The

faculty acknowledges preceptorship as a valuable learning tool. Preceptorship experience gives the students an opportunity to apply knowledge, utilize research, enhance technical skills and participate in the reality of nursing practice.

Georgia Highlands College recognized the skills and knowledge of LPN's and paramedics to build upon previously learned content and advance into a higher degree program. The associate degree nurse is prepared to function under the guidance and supervision of the baccalaureate or advanced degree nurse. The faculty believes that nurses with baccalaureate, master's and doctoral degrees provide leadership for complex health care, research, and management of the client in the community. Articulation is valued by the faculty in an effort to facilitate nursing career mobility and graduates are encouraged with faculty support to return to higher educational programs to complete undergraduate and graduate nursing programs.

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**GEORGIA HIGHLANDS COLLEGE
ASSOCIATE DEGREE NURSING PROGRAM
STUDENT POLICIES**

All nursing students must abide by the policies of the Department of Nursing, in addition to the policies of Georgia Highlands College and the Code of Conduct as they appear in the student handbook.

I. Core Performance Standards

Nursing applicants must be able to perform the following functions for admission and progression in the nursing program.

Performance Standard	Activity/ Ability
<i>Critical thinking</i> ability sufficient for clinical judgment	<ul style="list-style-type: none"> • Identify cause/ effect relationships in clinical situations • Develop nursing care plans, evaluate the plan of care and revise as appropriate • Analyze and use assessment findings to plan and implement care for clients and families • Use relevant data to support the decision making process • Identify priorities of care based analysis of data • Manage multiple priorities in stressful situations • Respond instantly to emergency situations • Exhibit arithmetic competence that would allow the student to read, understand, and perform calculations for computing dosages • Solve problems and make valid rational decisions using logic, creativity, and reasoning • Remember multiple messages and information.
<i>Interpersonal</i> abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds.	<ul style="list-style-type: none"> • Establish rapport (relationship) with clients/colleagues. • Maintain therapeutic relationships with clients and colleagues. • Respect the rights of others. • Work effectively in small groups as a team member and as a team leader.

	<ul style="list-style-type: none"> • Practice verbal and non verbal therapeutic communication • Recognize times or events that disrupt normal lives and institute appropriate interventions to help resolve adverse situations.
<p>Gross and fine motor abilities sufficient to provide safe and effective nursing care</p>	<ul style="list-style-type: none"> • Perform physical activities necessary to do basic nursing skills such as putting on sterile gloves, donning mask and gown, attaching blood pressure cuff, etc • Use appropriate hand washing technique • Provide or assist with activities of daily living such as bed bath, or hygiene, positioning clients, making an occupied and unoccupied bed • Manipulate instruments, supplies, and equipment with speed, dexterity, precision, and adequate eye-hand coordination • Administer oral and parenteral medications. • Perform electronic keyboarding/documentation and /or extensive writing with a pen and /or pencil • Maintain immobilization device such as traction equipment and casts • Perform cardiopulmonary procedures
<p>Auditory abilities sufficient to monitor and assess health needs.</p>	<ul style="list-style-type: none"> • Hear monitor alarm, emergency signals, ringing phones, telephone interactions, and cries for help • Distinguish sounds with background noise ranging from conversational levels to high pitch sounding alarms. • Perceive and receive verbal communication from clients and members of the health team. • Tolerate occasional exposure to loud and unpleasant noises • Hear and understand muffled communication without visualization of the communicator mouth/lips and within 20 feet • Distinguish changes in tone and pitch such when listening to a client's breathing characteristics

	<ul style="list-style-type: none"> • Distinguish normal from abnormal heart and lung sounds using a stethoscope or modified stethoscope.
Tactile ability sufficient for physical assessment	<ul style="list-style-type: none"> • Perform palpation, functions of physical examination and/or those related to therapeutic intervention • Wear gloves and other protective devices • Perform all skills requiring use of hands • Palpate for pulses, temperature, texture hardness or softness, landmarks, etc.
Visual ability sufficient for observation and assessment necessary in nursing care	<ul style="list-style-type: none"> • Perform basic nursing skills such as insertion of a catheter, insertion of an IV, counting respirations, preparing and giving medications • Observe client responses (level of consciousness, breathing patterns) and recognize subtle physical change • Read small print, gauges, thermometers, measuring cups, syringes, and other equipment • Discriminate colors, changes in color, size, continuity of body part • Accurately prepare and administer medicines • Identify hazards in the environment (safety rails, restraints, water spills and harmful situations (e.g., insects) • Demonstrate sufficient visual ability to load a fine (10-0) suture onto needle holders with/without corrective lens while wearing safe glasses • Visualize written words and information on paper and on a computer screen

2. If a physical and/or mental health condition arises that interferes with the student being able to meet the core performance standards, the student must submit a physician's release documenting the student's ability to meet the core performance standards before continuing or re-entering the program.
3. Background checks and drug screenings are required for clinical practice by some institutions used by the nursing program. A student will be required to participate in these checks prior to clinical assignments. Any background checks will be at the expense of the student. A reasonable effort will be made to provide an

alternative clinical experience if a student is not granted access to a clinical site. Clinical experience is a component of all required nursing courses. A course cannot be satisfactorily completed without completing the clinical component of the course.

4. **Statement Regarding Financial Aid:**

This message only applies to students receiving financial aid: Federal regulations state that if a student did not attend classes and received failing grades, then the grades were not earned and financial aid needs to be reduced accordingly. **Please be advised that any student receiving a 0.00 GPA will be required to prove that the 0.00 GPA was earned by attending classes or completing requirements for each class.** Students who have earned at least one passing grade for the semester will not be affected by this regulation. If a student has properly withdrawn from all classes, the student's financial aid should be adjusted from the time they signed the withdrawal form.

5. **ADA Statement:**

Any student who feels they may need an accommodation based on the impact of a disability should make an appointment with the Access Center to coordinate reasonable accommodations. You are welcome to contact your instructor to privately discuss this matter.

II. **Student Uniform Regulations**

Student uniforms project the image of professionalism upheld by the nursing faculty. The following regulations are designed to define the image of the professional nurse based on cultural influences, infection control and client safety standards and issues.

A. The laboratory coat

1. The lab coat should be clean and wrinkle-free.
2. Portrait picture name badge should be worn with the lab coat.
3. The student insignia should be worn on the left sleeve, three inches down from shoulder seams.
4. The lab coat is to be worn over appropriate clothing (i.e. no jeans, shorts, halters, etc.) when obtaining clinical assignments and/or participating in community functions.
5. The lab coat is to be worn to and from the clinical area and must be removed prior to providing client care.

B. Student Uniform

1. The complete student uniform should be worn only during the clinical experience. It should never be worn when working in the community as an LPN, paramedic, technician, or aide. A student will be required to wear appropriately fitting GHC student uniforms. Large sized or maternity student uniforms may be ordered.

2. The uniform must be clean and neat to present a professional appearance and to minimize cross-contamination.
3. A clean, plain white tee-shirt must be worn under the male top and is optional for females.
4. All slacks should fit loosely to allow for freedom of movement when giving client care and should come to the top of the shoe.
5. A clean, plain white warm-up jacket may be worn over the uniform (optional, if desired).
6. White shoes and laces must be clean and the shoes must be polished. The shoes should be standard nurse's shoes or plain white leather athletic shoes. Clogs are acceptable, however, they must be solid (no weave, no open toe) and must have a heel strap.
7. White socks may be worn with the pants uniform.
8. The following items are a part of the complete uniform and should be worn with the uniform:
 - a. portrait picture name badge
 - b. stethoscope
 - c. watch with the ability to compute time in seconds
 - d. black pens
 - e. bandage scissors
 - f. student insignia for the uniform should be worn on left sleeve of the top
9. During the clinical experience, the hair must be neat, clean and secured off the shoulder and must not interfere with client care. No elaborate ornamentation or unnatural hues are allowed. Facial hair must be neatly trimmed and clean.
10. The nails should be clean, polish free, and not extended beyond the tips of the fingers. Artificial nails are not allowed for infection control purposes.
11. For professional image and infection control, acceptable jewelry while in uniform are: watches, wedding bands, and one pair of small, plain stud earrings, if the ears are pierced. Pierced eyebrows, nose or lips jewelry are unacceptable while in uniform.
12. Tattoos must be covered and not visible when the student is in the nursing uniform.
13. Strict personal hygienic practices are mandatory for each student. Perfume, cologne, or strongly scented shaving lotion must not be worn.
14. For purposes of maintaining a professional image, no heavy makeup is allowed while in uniform.
15. Artificial eyelashes are not allowed.
16. Judgments regarding appropriateness of uniform or student appearance will be at the discretion of the clinical faculty involved. Inappropriate uniform or student appearance may result in the student being sent home. This would be considered a clinical absence and the student would be required to make up the absence.
17. Students may request an exception to the uniform policy. Written appeals should be made to the Program Director, who will present it to the faculty for approval or disapproval.

III. Classroom and Clinical Lab Dress Code Policy

Rationale: This policy provides congruence with GHC Nursing Program educational objectives and all course objectives that strive to have students demonstrate professional behavior. A dress code policy will assist in students' professional socialization as well as foster an image compatible with the discipline's identity.

Students will be required to adhere to the following dress code guidelines while attending any classroom or clinical lab lectures or activities:

1) Attire includes the following options:

a. Non-Uniform Dress

- i. Women and men may wear business casual pants, such as khakis or other appropriate slacks.
 1. Jeans that are intact without holes, tears, rips, or frays are acceptable.
 2. Pants must be to the ankle or just above the ankle and professional and conservative in appearance.
- ii. Dresses and skirts must be no more than 2 inches above the knee.
- iii. Unacceptable for either gender: gym clothes, rumpled or ripped clothing, (micro) miniskirts, pajamas, underwear as outerwear, inappropriately revealing attire such as bare midriffs, and flip-flops.
- iv. Capri-pants exception: During the months of April through September, capri-pants are permitted. The length of the pants must be no shorter than right below the knee.
- v. Clothing should fit properly. Clothing that is too tight, revealing, or transparent is not appropriate.

b. GHC uniform scrubs and other scrubs

- i. Uniforms/Scrubs shall be clean, pressed, mended, and if necessary altered to fit.
- ii. Bows, lace, monograms, and excessive jewelry are not appropriate with uniforms or scrubs.

2) Footwear

- a. Shoes are required and must be in good repair.
- b. If dress casual, please use discretion to attain appropriate professional image, i.e. open-toe shoes are acceptable unless working in clinical lab in potential situations in which exposed areas could be injured.
- c. Footwear Exception: During summer months (April-September), dress sandals may be worn. Dress sandals must have a band over the top of the foot. Flip-flops are not permitted at any time.

d. If GHC uniform or scrubs, please wear appropriate athletic-type shoes or nursing shoes. If wearing the uniform, please refrain from any open-toed shoes or flip-flops.

3) Identification (ID) Card: Please wear your ID at all times when in class, clinical lab, or clinical.

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IV. Conduct - (Refer to Georgia Highlands College Student Handbook also)

Georgia Highlands Division of Health Sciences Code of Conduct

Students enrolled in the Health Sciences Programs at Georgia Highlands College are expected to adhere to a professional standard of conduct and maintain a professional image in dress and demeanor. This conduct is expected in the classroom and in the healthcare facility. The Code of Conduct is based on policies and procedures that are supported by Georgia Highlands College and various clinical agencies and not limited to the following. Students will perform client care in a lawful, safe and effective manner. Students will also maintain a respectful, sensitive, and compassionate relationship with faculty, classmates, and clients. Students are not only responsible for their actions within the classroom and clinical setting by they are also responsible for notifying the appropriate party if they are aware of any unprofessional conduct of fellow classmates. It is the student's responsibility to report any impairment that he or she is experiencing or a classmate is experiencing that could put a client's safety at risk. Students documented to have demonstrated unethical unsafe, or unprofessional conduct are at risk of probation or dismissal from the Health Sciences Programs at Georgia Highlands College. The Code of Conduct is not a limiting document but serves as a guideline.

- A. Honesty:** (Refer to Georgia Highlands College Student Handbook, GHC Academic Dishonesty Policy)
Honesty is required in both written and oral communications within classroom and clinical settings. Sanctions that may be imposed include, but are not limited to, expulsion, academic probation, suspension, and failure in the course. The student dismissed for dishonesty will not be eligible for readmission to the nursing program.
- B. Disruptive Behavior:**
Disruptive behavior in the classroom will not be tolerated. Students distracting or disturbing other students will be asked to leave the classroom.
- C. Cell phones and pagers** are not allowed in the nursing classroom or campus lab.
- D. Video and Audio recording:**

No audio or video recording of lecture or campus lab content is allowed without the permission of the instructor. Written permission is required for video recording.

E. Confidentiality:

Confidentiality is required concerning client information including, but not limited to, written, printed, verbal or observed information and status. Breach of confidentiality is grounds for dismissal from the nursing program.

F. Safe Practice:

Safe Practice in the clinical setting is required. Students are expected to demonstrate behavior leading to safe practice. Failure to demonstrate those behaviors can result in sanctions determined by the faculty and/or dismissal from the program. The behaviors expected are identified in the clinical evaluation tool for each course.

G. Weapons: (Refer to Georgia Highlands College Student Handbook, No Weapons Policy)

Georgia Highlands College believes it is important to establish a clear policy that specifically addresses weapons in the workplace. Georgia Highlands College prohibits all persons who enter the college property from carrying a handgun, firearm, or prohibited weapon of any kind onto the property regardless of whether the person is licensed to carry the weapon or not. The only exceptions to this policy are police officers, or other law enforcement persons who are on duty, in uniform and or performing in an official capacity.

This policy also prohibits weapons at any College sponsored functions such as parties or picnics. Prohibited weapons include any form of weapon or explosive restricted under local, state, or federal regulation. This includes all firearms, illegal knives, or other weapons covered by the law. (Legal, chemical-dispensing devices such as pepper sprays that are sold commercially for personal protection are not covered by this policy.) You are responsible for making sure that any potentially covered item you possess is not prohibited by this policy. If you have a question about whether an item is covered by this policy, or if you become aware of anyone violating this policy, please report it to Security or Human Resources immediately. For additional and more detailed information on this Policy please consult the Georgia Highlands College Policy and Procedures Manual.

Violation of the weapons policy is grounds for dismissal from the nursing program. The student dismissed for possession of a weapon will not be eligible for readmission to the nursing program.

H. Drug and Alcohol Policy: (Refer to Georgia Highlands College Student Handbook)

1. The faculty will dismiss a student from class or clinical facility if there is a suspicion of substance abuse.
2. The nursing faculty reserves the right to require, at the expense of the student, a drug test, or other appropriate test if there is a suspicion of substance abuse.
3. Violation of the substance abuse policy is grounds for dismissal from the nursing program.

I. Tobacco Use:

1. Georgia Highlands College has a tobacco-free campus policy. The use of tobacco products is limited to personal vehicles. Tobacco products include, but are not limited to, cigarettes, snuff, and chewing tobacco.
2. The guidelines for tobacco usage follow the policies of Georgia Highlands College and the clinical facilities.

J. Attendance Policy:

The faculty of Georgia Highlands College believes that nursing is both an art and a science. Although the science of nursing may be learned solely through reading texts, the art of nursing requires active participation with others in the profession. For this reason, nursing students are encouraged to take advantage of the opportunities presented for interaction with faculty. Students are expected to be prepared for each class.

Absences from class and laboratory sessions are discouraged. Students must inform the appropriate faculty member(s) and/or the Nursing Division Office if an absence will occur. This must be done prior to the time of the class experience. The student will be dismissed from the program and will receive an "F" for the semester after six sessions/absences occur (the AM lecture time period is considered one session and the PM lecture time period is a different session) in a nursing course. The sign-in sheet must be signed by the student at the time the sign-in sheet is distributed. The faculty member lecturing may distribute the sign-in sheet at any point during the AM and PM sessions. Failure to sign the sign-in sheet counts as an absence for the session. Signing the sign-in sheet for another student is considered an act of academic dishonesty. The student has the right to appeal to the Chair of the Division of Health Sciences to remain in the program.

V. Testing and Grading:

A. Grading scale is as follows: (No grades are released by telephone)

- A: 90-100
- B: 80-89
- C: 75-79
- D: 70-74
- F: Below 70

B. A nursing student must have a final average of 75% or a grade of "C" in a nursing course and achieve a "satisfactory" evaluation of clinical performance in order to

advance to the next nursing course. An “unsatisfactory” evaluation of clinical performance results in an F for the course and the student will not be allowed to continue attending class. Satisfactory evaluation of clinical performance is specified in each course syllabus.

- C. A “Pass-Fail” test on Clinical Calculations is given in each nursing course. The student must pass with a score of 90% in order to pass the course. The student will have two opportunities to pass a test on Clinical Calculations. If the student fails both clinical calculations tests, the student will receive an “F” for the course and will not be allowed to continue attending class.
- D. If a course has a project or paper included in the grade calculation, the student must pass course exams with a 75% or greater average before adding project/paper points to the course grade. If the student does not have a 75% or above average on the exams the project/paper grades will not be averaged into the course grade. Note: Poor performance on projects/papers can lower the final course grade to a failing grade.

Students are expected to complete all written assignments within the time allotted. There will be a 10% deduction for each business day that the assignment is late.

- E. Tests may be missed only in extreme situations. The student must notify the Nursing Department prior to the test time. A student missing a test must contact the course coordinator as soon as returning to class to find out when the make-up exam will be offered. The test format may be changed for make-up tests.
- F. If a student comes in late for a test and no other student has returned his/her completed test, the student must take the original test, but it must be completed within the scheduled time. The student may be put in an alternative room.

If a student arrives after any student has returned a completed test, then the student arriving late will have missed the original test and must take an alternate make-up test at a later time.

G. Exam Grading Policy:

The following policies will apply to exams graded in Nursing Courses:

1. The exam percentages for each test are identified in the course syllabus and these percentages will be used to determine student grades.
2. Only the Scantron answer will be used to determine the actual grade for each exam.
3. The course grade will not be rounded. Exam grades and course grades are reported in hundredths and not rounded. For example, for a course with five exams where the exam grades are 83.64, 68.73, 74.79, 79.81, and 67.83, the course average would be 74.96 and would be a “D”.

4. Any Scantron machine error will be corrected and the actual grade will reflect the change.
5. A question may be discarded or additional answers accepted at the discretion of the faculty member authorizing the question.
6. The total point grade will be recalculated if any exam question(s) is discarded or additional answers are accepted.
7. Questions regarding an exam grade must be addressed with your faculty mentor prior to the next exam.
8. A student who does not have a calculated grade of 75% at midpoint of the semester is encouraged schedule a conference with his/her faculty liaison.
9. Clinical calculations are included on nursing exams. A non-programmable calculator is allowed. Rounding rules for clinical calculations are as follows:
 1. If the answer is less than one (1), take it out to the thousandth place (3 places) and round to the hundredth place (2 places).
 2. If the answer is greater than one (1), take it out to the hundredth place (2 places) and round to the tenth place (1 place).
 3. If the problem is a time problem with an answer such as 3.462 hours, you have to figure minutes, after taking the answer out to three places. Do not round until the end. (Ex: $0.462 \times 60 = 27.72 = 28$ minutes)
 4. For tablets, if you have a problem that results in an answer of 0.5 tablet, do not round up. If the answer is between 0.6 and 0.9, round up to the next whole number.
 5. Capsules are different. You cannot give a part of a capsule, therefore capsules have to be a whole number.
 6. For converting lbs to kg for weight based medications, the answer should be carried out to the hundredth position and not rounded until the end of the problem. Rounding early in the problem results in at least double rounding and will give you the wrong answer in the end.
 7. For IV fluids being administered by gravity (gtts/min), the number of gtts must be expressed as a whole number. Therefore, you would round to the nearest whole drop. (Ex: $34.5 = 35$ gtts/min, $38.4 = 38$ gtts/min)
 8. For IV fluids being administered by an IV pump (ml/hr), the number of ml is expressed as a whole number. Therefore, you would round to the nearest whole ml.
 9. Pediatric medications require precise calculations. Therefore, regular rounding rules apply for the rates of IV fluids to be administered by an IV pump to patients under age 12 or weighing less than 65 lbs. (Ex: 24.58 ml/hr = 24.6 ml/hr, 52.32 ml/hr = 52.3 ml/hr)
 10. For IV fluids that will be infused by micropump, regular rounding rules apply. (Ex: 11.52 ml/hr = 11.5 ml/hr, 78.39 ml/hr = 78.4 ml/hr)
 11. Do not include a trailing zero. (Ex: 12.0ml would simply be expressed as 12ml)
 12. Be sure to include a leading zero for all numbers less than one. (Ex: .25ml should be expressed as 0.25ml)

10. Each student will be required to take the mandatory Meds Publishing tests. Details of requirements can be found in the course syllabus.

VI. Clinical

- A. Attendance for scheduled clinical experiences is necessary to meet the course objectives. The maximum number of occurrences a student can make up is two per semester and still obtain a satisfactory clinical grade. All clinical absences must be made up.
- B. It is mandatory that the student calls the clinical instructor and/or clinical facility if he/she is unable to attend clinical. Failure to contact the instructor or facility will be reflected in the clinical evaluation and may result in an unsatisfactory clinical grade. When a clinical is missed, the student must contact the instructor and make up the day at the instructor's discretion. Make-up days count as clinical days and missed scheduled make-up days count as clinical absences.

The clinical faculty member has the right to excuse the student from clinical as an excused absence. The absence must be made up. The absence will be counted toward the maximum number of days a student can miss.

If the student fails to complete make-up days by the end of the semester, a grade of "incomplete" will be assigned for the nursing course. The student will not be able to progress in the nursing sequence until the "incomplete" is cleared from his/her record.

- C. Tardiness over 15 minutes, in the clinical area will jeopardize the student's ability to give safe nursing care for the day because the instructions and daily objectives given in pre-conference will have been missed. Therefore, if a student is late, the clinical instructor will decide if the student may proceed with the day's assignment. Repeated tardiness will be reflected in the clinical evaluation and may result in an unsatisfactory clinical grade.
- D. Mandatory clinical competency skills must be satisfactorily completed according to the designated time on the Clinical Competency Checklist before progressing in the nursing course sequence.
- E. The student must fulfill all written assignments within the time allotted by the clinical instructor. Failure to meet this requirement will be reflected in the clinical evaluation and may result in an unsatisfactory clinical grade.
- F. A clinical evaluation tool is used to determine a grade for each clinical rotation as well as for the course. The evaluations will be rated either (S) satisfactory, (U) unsatisfactory, or (NI) needs improvement. Students may have a satisfactory, unsatisfactory or needs improvement for any rotation

within a semester. However, the student must have a satisfactory (S) for the semester grade in order to continue to the next semester. Students who earn an unsatisfactory clinical grade for the semester cannot progress in the nursing sequence regardless of the theory grade and will receive an “F” for the course. (See Guidelines for Use of the Clinical Evaluation Tool for definitions of satisfactory and unsatisfactory clinical performance)

- G. Students must come to clinical prepared for the clinical assignment. Preparation required is dictated by the nature of the clinical area, and can include going to the clinical area the night before to obtain client information. Failure to come to clinical prepared will be reflected in the clinical evaluation and may result in an unsatisfactory clinical grade.

H. Student Injury in the Clinical Setting:

If a nursing student is in an assigned clinical area when personal injury occurs, he/she is to report the event immediately to the clinical instructor. According to agency policy, a report with specific details of the injury will be completed. It is recommended that the student report to the Emergency Department for evaluation and treatment. All medical and health care received by the student will be the student's sole responsibility and expense. If a student elects not to receive medical care, this should be stated in the report. The clinical instructor will review the report and report the incidence to the Nursing Program Director.

VII. Pregnancy

- A. The student should notify the nursing instructor as soon as pregnancy is confirmed. This will enable the faculty to alter assignments if necessary.
- B. The student must fill out a "Pregnancy Release Form" in the nursing office.

VIII. Clinical Facility Requirements

Compliance with OSHA standards, infection control policies and blood-borne pathogen guidelines is mandatory in all clinical facilities. Students are required to complete an annual review of these standards prior to any clinical experience. If a student has to miss a clinical day because this review has not been completed, the missed day will be counted as a clinical absence.

IX. Student Employment as Unlicensed Nursing Personnel

Unlicensed students shall be employed only as unlicensed nursing personnel. The students shall not represent themselves, or practice, as nursing students except as part of a learning activity in a practice setting which is integral to the curriculum.

X. Appeals Process

A. Grade Appeal Policy

Georgia Highlands College Department of Nursing shall provide students with a timely process of appealing grades which they believe were incorrectly determined.

Procedure

The Grade Appeal Procedure is the method by which a student may challenge a grade issued by an instructor at Georgia Highlands College Department of Nursing. The following procedure is required:

1. The student must contact his/her faculty mentor after the grade is issued to discuss the grade. This contact should occur no later than 5 business days from the issuance of the grade. If the faculty mentor is unable to resolve the issue to the student's satisfaction, the student should contact the course coordinator.
2. If the student is still not satisfied with the awarded grade, the student may then initiate the appeal process by providing a written statement of appeal. The student should include necessary documentation and pertinent information to support the appeal. The student should return the completed written appeal to the Program Director within 3 business days.
3. Upon receipt of the student's written appeal, the Program Director will appoint a Division Appeals Committee (DAC) composed of three faculty members with at least two of those being nursing faculty.
4. The DAC will receive all pertinent information relating to the appeal: 1) the written student appeal, 2) the student's academic record, 3) any other pertinent information related to the appeal.
5. The DAC will meet to discuss the appeal and will set a hearing date to meet
6. The DAC will meet with the student at the appointed hearing date and time. At this hearing, the student will have an opportunity to present his/her appeal. The DAC will have the opportunity to ask questions of the student to clarify information. The student and instructor have the right to be present at all meetings where evidence is presented. The DAC chair will be responsible for recording the session.
7. The DAC will meet privately, exclusive of the student, to confer and arrive at a decision. Every effort should be made to reach a consensus finding. If not, then a private ballot shall be taken with the chair of the DAC voting only in the event of a tie vote. This decision is reported to the Program Director who presents the findings and the decision to the student and the instructor.

8. If the student or instructor wishes to appeal to the Vice President of Academic Affairs, he/she should follow the GHC Process of Appealing a Grade as written in the Office of Academic Affairs Policies (available on the GHC website under Office of Academic Affairs).
- B. If the student appeal includes a clinical issue, the student will not be allowed to continue in the clinical experience until the issue is resolved.

Revised: Fall '05
CH/jt

Highlands Association of Nursing Students (HANS)

All students enrolled in Nursing courses are encouraged to be members of HANS. Membership is also open to Pre-Nursing students. Offices available include President, Vice-President, Secretary, Treasurer, Breakthrough to Nursing Director, Legislative Director, Community Service Director and Public Relations Director. These officers will be considered the Executive Board of HANS. Elections, excluding the position of President, are held in the Fall Semester. The election for the office of President is held in the Spring Semester. Pre-Nursing students may run for any office except the offices of President, Vice-President, Secretary, Treasurer and Breakthrough to Nursing Director. First year Nursing students may run for any office except the office of President and Treasurer. Faculty Advisors to HANS will be assigned by the Nursing Program Director. The Faculty Advisors will be available for HANS meetings, and serve as resource people and consultants.

The Executive Board will preside over the HANS meetings and be the official representatives for all business concerning HANS.

The duties of the President include:

1. Attend, or designate a member of the Executive Board to attend, all nursing faculty meetings representing HANS by giving a report of activities/needs/concerns.
2. Preside over Executive Board meetings.
3. Preside over HANS meetings with the Vice-President to inform the organization of pertinent information from the nursing faculty meeting, school functions, activities, ceremonies, and any other student functions or issues.
4. Interface with the faculty advisor(s).
5. Act as a mediator between the Nursing Program Director and HANS members for problems/concerns.
6. Appoint special committees as needed for HANS recognition/recruitment luncheon, Nursing Pinning Ceremony, Faculty Recognition Luncheon, etc.
7. Act as a resource person and consultant for any committees appointed.

8. Attend, or designate a member of the Executive Board to attend, the Georgia Association of Nursing Students Council of School Presidents (COSP) meetings twice a year and report back to the Executive Board and HANS members.
9. Attend, or designate a member of the Executive Board to attend, the Georgia Highlands College Student Engagement Council (SEC) meetings.
10. Perform other duties as assigned by the Faculty.

The duties of the Vice-President include:

1. Assume the duties of the President in the absence or disability of the President.
2. Accede to the office of President in case of a vacancy in the office.
3. Be responsible for reviewing and recommending changes in the bylaws and policies.
4. Coordinate class pictures.
5. Help plan and coordinate the Nursing Pinning Ceremony.
6. Work with the Alumni Association.
7. Perform other duties as assigned by the President.

The duties of the Treasurer include:

1. Responsible for all HANS financial matters and financial records.
2. Report on allocated funds and expenditures related to the budget at monthly HANS meetings.
3. Coordinate financial aspects of the Nursing Pinning Ceremony, HANS Recognition/Recruitment luncheon and Faculty Recognition luncheon with the faculty advisor(s).
4. Perform other duties as assigned by the President.

The duties of the Secretary include:

1. Prepare the minutes of all business meetings of the association and of the Executive Board.
2. Provide an up-to-date list of members and names/addresses of local and state officers.
3. Prepare monthly minutes and provide to the Public Relations Director for inclusion in the newsletter 10 days prior to each scheduled HANS meeting.
4. Perform other duties as assigned by the President.

The duties of the Breakthrough to Nursing Director include:

1. Coordinate with the GANS Breakthrough to Nursing Director to implement the statewide BTN project.
2. Assist with statewide efforts to develop recruitment materials and guidelines.
3. Assist in recruitment efforts in the area.
4. Inform nursing and pre-nursing students of state and national financial aid resources.
5. Responsible for HANS membership recruitment and retention.
6. Perform other duties as assigned by the President.

The duties of the Legislative Director include:

1. Stay informed concerning legislation in Georgia affecting nurses and nursing students.
2. Keep Executive Board and HANS members informed concerning nursing legislation in the state and union.
3. Submit chapter resolutions to the House of Delegates at the annual convention.
4. Perform other duties as assigned by the President.

The duties of the Community Service Director include:

1. Stay informed of HANS community service projects.
2. Work to develop or participate in local, statewide, national, inter-national community service projects.
3. Keep Executive Board and HANS members informed of volunteer service opportunities.
4. Perform other duties as assigned by the President.

The duties of the Public Relations Director include:

1. Coordinate the Fall and Spring Career Fairs soliciting and communicating with potential exhibitors and advertisers.
2. Write articles for the Six Mile Post on Georgia Highlands College nursing student activities.
3. Write cards/notes to fellow students and others at times of personal crises/events on behalf of the class.
4. Perform other duties as assigned by the President.

Revised: 9/08

RFM

Class Representatives

Each class will elect a representative to attend nursing faculty meetings. The responsibilities include presentation of current events related to their class, represent the class in curriculum issues and report back to the class.

Revised: BR/jt

Fall '05

Studying for Nursing Examinations

Although students entering the nursing program are good students and have been successful in their college classes they often find the nursing examinations challenging and different than other tests they are used to taking. The nursing examinations are patterned after the NCLEX-RN examination that is the licensure exam. These questions are mostly application questions where students are required to have a knowledge base regarding the material and to apply that knowledge to a simulated situation.

Students find that it is often helpful to prepare for these examinations first by reading the required reading assignment before and after the lecture. They should then study their lecture notes and required reading on their own, and get together in small study groups to discuss the material and examine it from an application viewpoint.

Each nursing student will have a nursing faculty member as a faculty mentor. If a student is having difficulty with the nursing tests, an appointment should be made with his/her liaison where his/her problems can be discussed. Students are encouraged to utilize Counseling and Career services, the Access Center and Tutorial services.

During a test students are expected to:

1. not bring personal items, including cell phones and pagers, in the class room
2. notify the proctor if it is necessary to leave the room
3. be respectful of others

Analysis of Tests

After each test is administered, an intensive review process is initiated by the faculty. For that reason, grades are not released for 48 hours. Under certain circumstances, and with prior notification to students, exceptions can be made. Examples of such conditions include, but are not limited to, less than 48 hours until the midsemester date to withdraw without penalty and less than 48 hours to a scheduled holiday.

During the first 24 hours of the review process, students may submit to his/her faculty mentor, in writing, any concern the student has about a particular test question. After this time, if a student has a concern it may be brought up in the test analysis appointment with the faculty mentor (see below).

The faculty review process includes, but is not limited to, item analysis for each version of the test. The process includes an examination of the available statistical information on each question. Each faculty member with questions on the test reviews that data for his/her own questions. Only after each faculty member has completed the review are test grades finalized and posted on GeorgiaVIEW Vista. Every effort is made to complete the review in a timely manner. However, clinical and classroom commitments can delay the completion of the review process. Should the review process need to extend beyond the 48 hours, students will be notified on GeorgiaVIEW Vista by the course coordinator.

Test Analysis With Faculty Liaison:

The nursing faculty believes that it would be beneficial to student learning to have a time that would validate the student's learning and identify gaps in learning. Once grades have been released for a test, and prior to the next test being administered, students are encouraged to make an appointment with their faculty mentor to analyze the test.

1. Test analysis must occur with the time frame outlined in the course syllabus
2. Appointments must be made via e-mail, in writing, or on sign-up sheets if provided, in advance of the time that the student wants to analyze the test.
3. Every effort should be made by the student to make an appointment with his/her faculty mentor. If the faculty mentor is not available, arrangements will be made for coverage of student appointments and students will be notified as to which faculty member to contact for an appointment.
4. As with during the actual test, do not bring personal items including, but not limited to, cell phones and pagers to the test analysis appointment.
5. Students will be provided a printout of which questions were missed and a copy of the key with rationales for review.
6. If a student has a concern that he/she feels needs to be addressed, this may be brought to the faculty mentor's attention, who will in turn refer the issue to the faculty member who wrote the test question if it cannot be immediately resolved.
7. No test question or topic is to be written or copied in any manner by the student.
8. Textbooks and notes may not be used during test analysis
9. The printout and test copy are to be returned to the faculty mentor at the end of the appointment.

Readmission into the Nursing Program

A student who made a D, F, or W in a required nursing course at Georgia Highlands College may be eligible for readmission into the nursing program. The student must be able to complete all nursing courses within a four-year period to be an eligible applicant for readmission. This includes courses taken in which a grade of C or above was received. Readmission is limited to one time in any of the Associate Degree Nursing tracks. The applicant must meet the current admission requirements for all nursing applicants. Applicants seeking readmission will be considered on a space available basis with the following conditions.

The Criteria for Readmission is the following:

- Approval of the nursing faculty is required for re-entry into the nursing sequence.
- A 2.5 or higher cumulative grade point average.
- Students seeking readmission into the program must inform the director of nursing in writing at least three months before the term in which they wish to re-enter. The letter should identify the reason(s) for failure to progress in the nursing program, the reason(s) the applicant would like to be readmitted, and the circumstances that have changed to indicate successful completion of the program.
- A student who makes a D, F, or W in the generic, LPN bridge or Paramedic bridge nursing sequence will be considered for readmission within that nursing sequence one time only. The generic nursing sequence is defined as NURS 1101, NURS 1102, NURS 2204 and NURS 2205. The LPN bridge sequence is defined as NURS 1103, NURS 2204 and NURS 2205. The Paramedic bridge sequence is defined as NURS 1104, NURS 2204 and NURS 2205.
- A student who has been dismissed from the college for any reason will not be considered for readmission into the nursing program.
- All nursing courses must be completed within a four-year period.
- LPN-RN and Paramedic-RN students only: unsatisfactory completion of NURS 1103 or NURS 1104 (D, F, or W) will not allow reentry into NURS 1103 or NURS 1104. A student may apply for admission to the nursing sequence beginning with NURS 1101.

Volunteer Responsibilities

Volunteerism in health-related events is a vital component of professional nursing. The faculty believes that this giving back to the community is a necessary part of the curriculum. The faculty also believes in professional development. To help nursing students experience this community service / professional development, a minimum of 12 hours is required to be completed by the time of registration for NURS 2205. For re-admit students and LPN/Paramedic bridge students, the minimum is 6 hours to be completed by the time of registration for NURS 2205.

Documentation of this volunteer service should be in the form of a certificate or letter from the leader of the event. The documentation should include the type of event, student's name, date and number of hours.

Community service is defined as any activity where the student volunteers his/her time to assist with the presentation or activity. Some suggestions include 1) Health Fairs, 2) Walks or Runs, 3) attendance at professional meetings, 4) attendance at a GANS convention, and 5) presenting health related topics to the public. This does not include 1) any non-health related event, 2) any service in which the student is paid, or 3) teaching projects which are part of a nursing course. If the activity is questionable, the student must get prior approval from the faculty mentor. The student must submit a rationale for the activity and tie it into the course/program objectives.

ABBREVIATIONS AND SYMBOLS LIST

The abbreviations and symbols list contains the acceptable list of medical abbreviations and symbols that may be used for charting. This is a list that is approved by all the clinical facilities that students will be using. Students need to become familiar with these and to incorporate them into their clinical documentation.

A&O	Alert & oriented
AAA	Abdominal aortic aneurysm
abd	abdomen
ABG	arterial blood gases
ad lib	as often as desired
a.c.	before meals
ADA	American Diabetes Association
ADL	activities of daily living
adm	admission
AIDS	acquired immunodeficiency syndrome
AKA	above the knee amputation
AM	before noon; morning
amb	ambulate
amp	ampule
amt	amount
AP	apical pulse; anterior and posterior
ARDS	Adult Respiratory Distress Syndrome
ARF	acute renal failure
ASAP	as soon as possible
ASHD	arteriosclerotic heart disease
ax	axillary
BE	barium enema
bid	twice a day
BKA	below knee amputation
BLE	both lower extremities
BM	bowel movement
BP	blood pressure
BRP	bathroom privileges
BS	blood sugar
BSC	bedside commode
BSO	bilateral salpingo-oophorectomy
Bx	biopsy
\bar{c}	with
C&S	culture and sensitivity
CABG	coronary artery bypass graft
CAD	coronary artery disease
CAHD	coronary atherosclerotic heart disease
cap	capsule
cath	catheterization; catheter

CBC	complete blood count
CCU	coronary care unit
CHF	congestive heart failure
Chg,	change
chol	cholesterol
CMV	continuous mechanical ventilation
CNS	central nervous system
cm	centimeter
CO	cardiac output
c/o	complaints of
COPD	chronic obstructive pulmonary disease
CP	chest pain, cerebral palsy
CPAP	continuous positive airway pressure
CSF	cerebrospinal fluid
CT/CAT scan	computerized assisted tomography
CV	cardiovascular
CVA	cerebrovascular accident
CVP	central venous pressure
CXR	chest x-ray
cysto	cystoscopy
D&C	dilation and curettage
D/C	discontinue, discharge
DKA	diabetic ketoacidosis
DM	diabetes mellitus
DNR	do not resuscitate
Dr	doctor
dsg	dressing
dx	diagnosis
ECG, EKG	electrocardiogram
echo	echocardiogram
EEG	electroencephalogram
elix	elixir
ENT	ear, nose, throat
ER	emergency room
ESR	erythrocyte sedimentation rate
ET	endotracheal
ETT	endotracheal tube
eval	evaluation
fb	foreign body
FBS	fasting blood sugar
fib	fibrillation
fl, fld	fluid
fl. dr.	fluid dram
fl. oz.	fluid ounce
F/U	follow-up
Fx	fracture

GBS	gallbladder series
GI	gastrointestinal
GSW	gunshot wound
Gm, gm	gram
gr	grain
GTT	glucose tolerance test
gtt, gtts	drop(s)
GU	genitourinary
Hct	hematocrit
Hgb	hemoglobin
HIV	human immunodeficiency virus
H&P	history and physical
HR	heart rate
hr	hour
hs	hour of sleep/bedtime
Ht	height
Hx	history
I&D	incision and drainage
I&O	intake and output
ICP	intracranial pressure
ICS	intercostal space
IM	intramuscular
IPPB	intermittent positive pressure breathing
ITP	idiopathic thrombocytopenia purpura
IUD	intrauterine device
IV	intravenous
IV push	intravenous push
IVF	intravenous fluids
IVP	intravenous pyelogram
IVPB	intravenous piggyback
JP drain	Jackson Pratt drain
KCL	Potassium Chloride
kg	kilogram
KUB	kidney, ureter, bladder
KVO	keep vein open
L, lt	left
l	liter
Lab	laboratory
lb	pounds
lg	large
LLL	left lower lobe
L/min	liters per minute
LLQ	left lower quadrant
LOC	level of consciousness
LP	lumbar puncture
LTC	left to count

LUQ	left upper quadrant
LUQ	left upper quadrant
m	minim
MAE	moves all extremities
MAP	mean airway pressure
mEq	milliequivalents
mg	milligrams
MI	myocardial infarction
min	minimal, minutes
ml	milliliters
mm	millimeters
mod	moderate
MOM	milk of magnesium
MRI	magnetic resonance imaging
MRSA	methicillin resistant staphylococcus aureus
MVA	motor vehicular accident
N&V	nausea and vomiting
NAD	no apparent distress
Neuro	neurological
NGT	nasogastric tube
NH	nursing home
NKA	no known allergies
NPO	nothing by mouth
NS,N/S	normal saline
NSR	normal sinus rhythm
NWB	nonweight bearing
O2	oxygen
Oint	ointment
OD	right eye
OOB	out of bed
OPS	outpatient services
ORIF	open reduction internal fixation
OS	left eyes
OU	both eyes
oz	ounce
\bar{p}	after
PAC	premature atrial contraction
PACU	post anesthesia care unit
PaO2	partial pressure of arterial oxygen
PaCO2	partial pressure of alveolar oxygen
PAP	pulmonary artery pressure
PAT	paroxysmal atrial tachycardia
PRBC	packed blood cells
pc	after meals
PDA	posterior descending artery, patent ductus arteriosus
PEARL	pupils, equal & reactive to light

PEEP	positive and expiratory pressure
per	by, through
PERRLA	pupils, equal, round & reactive to light and accommodation
PFTs	pulmonary function tests
pH	concentration of hydrogen ions (acidity)
PID	pelvic inflammatory disease
PJC	premature junctional contraction
PM	after noon
PMH	past medical history
PMI	point of maximum impulse
PMS	premenstrual syndrome
PND	paroxysmal nocturnal dyspnea
po	by mouth
postop	postoperative
PP	postpartum
PPD	purified protein derivative
PR	per rectum
prn	as needed
PT	Physical therapy, prothrombin time
P.T.	Physical therapy
pt	patient
PTCA	percutaneous transluminal coronary angioplasty
PTT	partial prothrombin time
PUD	peptic ulcer disease
PVC	premature ventricular contraction
PWB	partial weight bearing
q	every
qh	every hour
qid	four times a day
qt	quart
q2h, q3h	every 2 hours, every 3 hours
qs	quantity sufficient
R	right
R.	rectal
RA	rheumatoid arthritis
RBC	red blood count
re	regarding
reg	regular
resp	respirations
RLE	right lower extremity
RLL	right lower lobe
RLQ	right lower quadrant
R/O	rule out
RR,rr	respiratory rate
RUL	right upper lobe
RUQ	right upper quadrant

Rx	treatment, prescription
\bar{s}	without
SaO ₂	arterial oxygen saturation
SBO	small bowel obstruction
SC, SQ, subc, subq	subcutaneous
SIADH	syndrome of inappropriate antidiuretic hormone
SL	sublingual
SLE	systemic lupus erythematosus
sm	small
SOB	shortness of breath
s/p	status post
sp gr	specific gravity
SSE	soap suds enema
Stat	immediately
STSG	split thickness skin graft
SVT	supraventricular tachycardia
sx	symptoms
T&A	tonsillectomy & adenoidectomy
tab	tablet
tach	tachycardia
TAH	total abdominal hysterectomy
TB	tuberculosis
Tbsp	tablespoon
TCDB, TC & DB	turn, cough and deep breath
temp	temperature
TIA	transient ischemic attack
tid	three times a day
TM	tympanic membrane
TO	telephone order
TPA	tissue plasminogen activator
TPR	temperature, pulse, respirations
tsp	teaspoon
TUR	transurethral resection
TVH	total vaginal hysterectomy
Tx	treatment, traction
UA (U/A)	urinalysis
UE	upper extremity
UGI	upper gastrointestinal
UOP	urinary output
US	ultrasound
UTI	urinary tract infection
Vent	ventilator
VO	verbal order
V/S	vital signs
WBC	white blood count
W/C	wheel chair

WNL	within normal limits
wt	weight
\bar{x}	except
✓ 'd	checked
↑	increase
↓	decrease
=	equal
∅	no, none, absent
Δ	change
#	number
→	to
✓	check

Part B: Joint Commission Requirements

The Joint Commission has an official “Do Not Use” list and a list with additional abbreviations, acronyms, and symbols. Students need to become familiar with these and incorporate them into their clinical documents. The list should be accessed at:

<http://www.jointcommission.org/patientsafety/donotuselist/>

Georgia Highlands College
Division of Health Sciences
Associate Degree Nursing Program Paper Guidelines
APA Format with Georgia Highlands College Modifications

The following general guidelines have been developed for the purpose of providing information that may be useful in preparing scholarly papers. The format of the paper should conform to the specifications of the American Psychological Association (APA) style. All information regarding these instructions is based on the Publication Manual of the American Psychological Association, 5th ed. (2001). For citation formats and information not found in these guidelines, students may refer to the APA text located in the nursing laboratory. In addition to these general guidelines, specific directions and guidelines for the preparation of projects and papers may be offered in individual course packets.

Students are required to familiarize themselves with these guidelines and utilize them effectively. As professional nurses, effective written communication and use of current nursing research is an expectation and forms the basis of evidence-based practice changes. Students are expected to use high quality nursing research in the preparation of papers and projects. Articles should be peer-reviewed and may be accessed via professional internet sites, journal searches, or from database repositories. Lay publications may be used as sources of information for patient teaching materials only and should not be used to support nursing practices or issues of professional interest.

Students are encouraged to read articles, place them aside, and then paraphrase the major themes. This will help to prevent even inadvertent plagiarism and reduce the chances of instances of academic dishonesty.

I. General Guidelines

1. Microsoft Word is to be used for all papers and papers should be printed on white paper only.
2. Follow criteria when writing papers and address all points required.
3. Include an introduction and summary.
4. Before submitting papers, they should be proofread for correct spelling, grammar, punctuation, and typographical errors.
5. Double-space the entire document including the reference list.
6. Entries in the reference list should have the first line at the left margin and subsequent lines should be placed at a hanging indent of 5 spaces. Entries should be in alphabetical order by the author's last name.
7. Typeface must be 12 point (pt). Use the Times New Roman font.
8. Indent the first line of each paragraph five spaces from the left margin.
9. "For clarity, restrict the use of "we" to refer only to yourself or your coauthors (use "I" if you are the sole author of the paper), (APA, 2001, p. 39). Use past or present perfect tense.
10. All quoted and paraphrased material must be referenced appropriately.

11. Margins should be one inch on all sides of every page.
12. Pages are to be numbered consecutively in the upper right-hand corner, beginning with the title page.
13. The header should appear five spaces before the page number on every page including the title page, reference page, and any appendices included in the paper. The header is limited to the first two to three words from the title (APA, 2001, p. 288).

Example:

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14. Title page, text/content, reference page, and appendices should all start on a separate page.
15. Title page is to be centered and double-spaced except for running head.
16. Do not include an abstract, endnotes, or footnotes.
17. The title of the paper should appear centered at the beginning of the text. Double-space between the title and the beginning of the first paragraph.
18. All papers must have at least three internet references; however, the paper should be well supported by the nursing literature and may well require additional references beyond the three internet sources.
19. Do not use contractions.
20. "To introduce a word or phrase as slang or as an invented or coined expression, use quotation marks the first time the word or phrase is used; thereafter, do not use quotation marks," (APA, 2001, p. 87). Example:

...considered "normal" behavior

21. A term may be abbreviated but must be written out completely at the first use and may then be abbreviated in subsequent uses without explanation or parentheses. Example:

First use: Federal Emergency Management Agency (FEMA)
Later uses: FEMA

II. APA Guidelines

A. Headings:

Headings are used to organize the paper and will usually follow the outline of the project or paper.

1. Levels of heading establish via format or appearance the hierarchy of sections to orient the reader.
2. All topics of equal importance have the same level of heading throughout a manuscript.

3. Headings should be used consistently throughout the paper.
4. There are five levels of headings according to APA as follows:
 - Level I-Centered, uppercase, and lowercase heading
 - Level II-Centered, italicized, uppercase, and lowercase heading
 - Level III-Flush left, italicized, uppercase, and lowercase side heading
 - Level IV-Indented, italicized, lowercase paragraph heading ending with a period
 - Level V – Centered, uppercase heading (very rarely used even with lengthy dissertations).
5. **Short papers and articles, such as those required in GHC’s Nursing Program, should only require one or two levels of headings. Examples:**

Example of Level I Headings:

Introduction

Putting into words an understanding of caring is a prodigious task. This sometimes ethereal concept is viewed by society and by the nursing discipline itself, as the very core of nursing practice....

Personal Definition of Caring

Caring is a symbiotic, reciprocal relationship between two human beings. Caring is a connection that transforms both the carer and the cared-for (Watson, 1996). Caring is abstract, yet concrete...

Example of Level II Headings: Note, when using two levels, use Level I and Level III headings (APA, 2001):

Introduction

Uniform educational preparation for the nursing discipline remains elusive as the focus on expedient rather than...

Significance to Nursing

Nursing educational mobility to a baccalaureate level is significant to nursing

for four reasons: (a) to replace an aging and retiring population of nurse academicians, managers, and leaders; (b) to provide independent...

Replacement of Aging and Retiring Nurse Academicians and Leaders

During time of nurse shortages, Loquist (2002) reported the initial market response is to stimulate increased enrollment and graduation rates from nursing education programs...

Production of High-level, Independent, Critical Thinkers

Today's healthcare delivery system challenges nurses with more critically ill patients, technologically advanced environments, and a new consumerism demanding a higher level of health education (Joel, 2002; AACN, 2000)...

B. Numbers

1. The broad rule of APA style on the use of numbers is:
 - a. Use figures (numbers) to express numbers 10 and above.
 - b. Use words to express numbers below 10.
2. For expansion of this rule, exceptions, and special usages see the APA manual, Sections 3.42-3.44.

C. Quotations

1. **Direct quotations of less than 40 words** are incorporated into the text and enclosed in double quotation marks. Direct quotations are direct quotes from another author's/publisher's work. After the quote, the author, year, and specific page citation are presented, and a complete reference is included in the reference list. **Example:**

Clark (2002) opposed the factory-like turn-out of nurses and proposed that the nursing shortage should be viewed as a “transformational opportunity to reformulate and recreate postmodern nursing as the most caring, respected, and unified of the health care professions” (p. 10).

2. Display a **quotation of 40 or more words** in a freestanding block of typewritten lines, and omit the quotation marks. Start such a block quotation

on a new line, and indent it five spaces from the left margin (in the same position as a new paragraph). Reference citation is required (author, year, and page) in text and on the reference page. **Example: (APA, 2001, p. 312):**

The results have a more indirect implication, which is reflected in the following statement by M. W. Eysenck (1976):

In spite of the obvious importance of individual differences in human learning and memory, relatively few investigators incorporate any measure of intelligence, personality, or motivation into their studies. Instead, they prefer to relegate individual differences to the error term in their analyses of variance. (p. 75)

Given the robustness of these results and the results of others (for reviews, see M. W. Eysenck, 1977, and Goodenough, 1976), it may behoove researchers to pay closer attention to individual differences.

3. **For a quotation that is incorporated into the text** with quotation marks, lowercase the first letter regardless of how it appeared in the original source unless it is a word such as a person's name that is always capitalized. (See example in #1)
4. Use single quotation marks within double quotation marks to set off material that in the original source was enclosed in double quotation marks.
5. Place periods and commas within closing single or double quotation marks. Place other punctuation marks inside quotation marks only when they are a part of the quoted material.
6. Use three spaced ellipsis points (...) within a sentence to indicate that you have omitted material from the original source. Use four points to indicate any omission between two sentences. The first point indicates the period at the end of the first sentence quoted, and the three spaced ellipsis points to follow. Do not use ellipsis points at the beginning or end of any quotation unless, to prevent misinterpretation, you need to emphasize that the quotation begins or ends in mid-sentence.

D. In-text Citations

1. Document your study throughout the text by citing by author and date the works you researched. Citation of an author's work identifies the source for readers, and enables readers to locate the source of information in the alphabetical reference list at the end of the paper.
2. All references listed in the reference listing must be mentioned in the text.

3. APA journals use the author-date method of citation; that is the surname of the author (do not include suffices, such as Jr., Sr., etc.) and the year of the publication are inserted in the text at the appropriate point.

Examples:

Rogers (1996) compared nursing theorists...

In a recent study of theorist (Rogers, 1996)...

In 1996, Rogers compared nursing theorists...

4. **When a work has 2 authors**, always cite both names every time the reference occurs in text.

Example:

Jones and Rogers (1996) studied...

5. **When a work has three, four, or five authors**, cite all authors the first time the reference occurs; in subsequent citations, include only the surname of the first author followed by "et al" (not italicized and with a period after "al") and the year if it is the first citation of the reference within a paragraph.

Example:

(first citation) Jones, Rogers, and Orem (1996) studied...

(subsequent citations) Jones et al. (1996) studied...

6. **When a work has six or more authors**, cite only the surname of the first author followed by "et al." (not italicized and with a period after "al.") and the year for the first and subsequent citations. In the reference list, however, provide the initials and surnames of each author.

Example:

Rogers, et al. (1996)

7. **If two references with six or more authors** shorten to the same form, cite the surnames of the first authors and of as many of the subsequent authors as are necessary to distinguish the two references, followed by "et al."

Example:

Rogers, Smith, Jones, Barns, Liones, and Daly (1996)

Rogers, Smith, Jones, et al. (1996)

8. Join the names in a multiple-author citation in text by the word and. In parenthetical material, in tables and captions, and in the reference list, join the names by ampersand (&).

Example:

as Rogers and Smith (1996) studied...
has been studied (Rogers & Smith, 1996)...

9. **When referencing personal communications**, give the initials as well as the surname of the communicator, and provide as exact a date as possible.

Example:

W. L. Walker (personal communication, August 2, 2002)
(W. L. Walker, personal communication, August 21, 2001)

10. **The names of groups that serve as authors** (e.g., agencies, corporations, universities) are usually spelled out each time they appear in a text citation. The names of some group authors are spelled out in the first citation and abbreviated thereafter. In deciding whether to abbreviate the name of a group author, use the general rule that you need to give enough information for the reader to locate the entry in the reference list without difficulty.

Example of citing a group that is readily identifiable by its abbreviation:

Entry in reference list:

Center for Disease Control and Prevention. (1999)

First text citation:

(Center for Disease Control and Prevention {CDC}, 1999)

Subsequent text citations:

(CDC, 1999)

Example of citing a group author in full:

Entry in reference list:

University of Georgia. (1992)

All text citations:

(University of Georgia, 1992)

11. **When a work has no author**, cite in the text the first few words of the reference list entry (usually the title) and the year. Use double quotation marks around the title of an article or chapter, and italicize the title of a periodical, book, brochure, or report.

12. **When a work's author is designated as "Anonymous,"** cite in text the word Anonymous followed by a comma and the date. In the reference list, an anonymous work is alphabetized by the word Anonymous.

Example:

(Anonymous, 2001)

E. Reference List Citations

1. The reference list is at the end of a paper and provides the information necessary to identify and retrieve each source.
2. The reference list is alphabetized by the author's last name. Arrange entries in alphabetical order by the surname of the first author.
3. Multiple references by a particular author are ordered by publication data (oldest to newest).
4. All references cited in text must appear in the reference list.
5. Only the first word of a title or subtitle of a work is capitalized. Title of books and journals are italicized.
6. APA format uses "&" instead of "and" when listing multiple authors of a single work.
7. Reference data must be correct and complete.
8. The reference list must be double-spaced, and entries should have a hanging indent.

The APA manual contains many examples of different reference types. The following examples are the most commonly used format.

Periodical:

Journal article, one author-

Mellers, B.A. (2000). Choice and the relative pleasure of consequences.

Psychological Bulletin, 126, 910-924.

Journal article, two authors-

Klimoski, R., & Palmer, S. (1993). The ADA and the hiring process in organization.

Consulting Psychology Journal: Practice and Research, 45, 10-36.

Journal article, three-six authors-

James, T., Godfrey, C., & Miller, J. (2001). Nursing issues with medication errors.

Journal of Nursing, 50, 101-105.

Magazine:

Henry, W.A. (1990, April 9). Beyond the melting pot. *Psychology Today*, 135, 28-31.

Kandel, E.R., & Squire, L.R. (2000, November 10). Neuroscience: Breaking down scientific barriers to the study of brain and mind. *Science*, 290, 113-1120.

Book:

A reference to an entire book-

Beck, C.A., & Sales, B.D. (2001). *Family mediation: Facts, myths, and future prospects*. Washington, DC: American Psychological Association.

Edited Book-

Gibbs, J.T., & Huang, L.N. (Eds.). (1991). *Children: psychological interventions with minority youth*. San Francisco: Jossey-Bass.

Book no author or editor-

Merriam-Webster's collegiate dictionary (10th ed.). (1993). Springfield, MA: Merriam-Webster.

Article or chapter in an edited book-

Nowland, L. (1999). Ethical issues in nursing practice. In J. Lancaster (ed.), *Nursing issues in leading and managing change* (pp. 337-364). St. Louis: Mosby.

Internet references:

At a minimum, a **reference of an Internet source** should provide a document title or description, a date (either the date of publication or update or the date of retrieval), and an address (in Internet terms, a uniform source locator, or URL). If page numbers are unavailable, use a section identifier or chapter in place of page numbers. Whenever possible, identify the authors of a document as well. The URL is the most critical element – if it doesn't work, reader won't be able to find the cited material, and the credibility of your work will suffer.

On-line Periodicals:

VandenBos, G., Knapp, S., & Doe, J. (2001). Role of reference elements in the selection of resources by psychology undergraduates. *Journal of Bibliographic Research*, 5, 117-123. Retrieved October 13, 2001, from <http://jbr.org/articles.html>

James, A., Sunner, C., & Kinds, A. (2000). Postpartum complications. *Journals of Obstetric Nursing*, 4, 5-10. Retrieved January 9, 2002, from <http://www.obsterics.com>

Online document-

James, A.A. (2000). COPD: Diagnosis, treatment and prognosis. *CHEST*, 7(3), 101-108. Retrieved January 10, 2002, from <http://www.medscape.com>

Online document, no known author-

American Heart Association (2005). Guidelines for patient dietary changes following a major cardiac event. American Heart Association. Retrieved February 12, 2005, from <http://www.aha.org>.

Article from GALILEO

Hecht, M.A., & Levy, R. (1998). License or obligation to smile: the effect of power and sex on amount and type of smiling. *Personality and Social Psychology Bulletin*, 24, 1332-1342. Retrieved December 18, 2001 from Periodical Abstracts Database.

For additional information regarding the format or usage of APA writing style, please visit:

OWL Online Writing Lab, Purdue University

<http://owl.english.purdue.edu/workshops/hypertext/APA/index.html>

Georgia Highlands College Library, Citing GALILEO, APA Style

<http://www.libs.uga.edu/ref/apastyle.html>

ORDER OF MANUSCRIPT/PAPER:

- a. **Title page** with running head for publication, title, and byline and institutional affiliation (separate page, numbered page 1). See example to follow.
- b. **Text** (start on a separate page, numbered page 2). See example to follow.
- c. **References** (start on a separate page). See example to follow
- d. **Appendixes** (start each on a separate page)

Sample pages to follow:

(Fonts used are smaller than required. These page images are for example only.)

Title page:

Caring Within 1

Running Head: CARING

Caring Within Nursing Education

Lucy Megginson

University of West Georgia

In partial fulfillment for NURS 6000

April 24, 2002

Text page:

Caring Within 2

Introduction

Putting into words an understanding of caring is a prodigious task. This sometimes ethereal concept is viewed by society and by the nursing discipline itself, as the very core of nursing practice. Each hour of each day nurses care for clients, families, students, peers, and the community. Nurses generally form caring connections naturally, without delving into the deeper meaning of the concept. As nurse educators encourage students to create a theoretically-based personal definition of caring, subsequent caring relationships will only be enhanced by the deeper awareness ingratiated into the nurse's holistic self. The purpose of this paper lies in exploring, refining, defining, and analyzing the abstraction known as caring. Exploration of caring and review of caring literature in nursing academia, faculty, curricula, and student peer groups is paramount to the writer's efficacy in nurturing and transforming students into caring nurses.

Personal Definition of Caring

Caring is a symbiotic, reciprocal relationship between two human beings. Caring is a connection that transforms both the carer and the cared-for (Watson, 1996). Caring is abstract yet concrete. The transaction of caring

Reference page:

Caring Within 9

References

- Bauer, J. A. (1990). Caring as the central focus in nursing curriculum development. In M. Leininger & J. Watson (Eds.), *The caring imperative in education* (NLN Publication No. 41-2308, p. 255-266) New York: National League for Nursing.
- Beck, C. & Kosnik, C. M. (1995). *Caring for the emotions: Toward a more balanced schooling*. Retrieved February 3, 2002, from the Philosophy of Education Society Web site: http://www.ed.uiuc.edu/EPS/PES-Yearbook/95_docs/beck_kosnik.html
- Bevis, E. O. & Watson, J. (2000). *Toward a caring curriculum: A new pedagogy for nursing*. New York: Jones & Bartlett.
- Cara, C. M. (2001). The apprenticeship of caring. *International Journal for Human Caring* 5(2), 33-41.
- Gibran, Kahlil (1995). *The prophet*. New York: Alfred A. Knopf. (Original work published 1923).
- Hughes, L. C. (1998). Development of an instrument to measure caring peer group interactions. *Journal of Nursing Education*, 37(5), 202-207.
- Wilson, C., Grams, K., & Kosowsky, M. (1997). Caring groups in nursing education: Creating caring connections in nursing practice. *International Journal for Human Caring*, 1(3), 22-31.

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