Prayer for Dominican Nurses

Θ God, you gave us in the person of St. Dominic, a zealous preacher of Your Word for the salvation of souls.

Help us to recognize in each person, the dignity which you have bestowed on them.

Grant us the grace to be attentive to the needs of those we serve.

Grant us wisdom and understanding in our prayer and our study. Give us unity in our effort to build community.

In our prayer, study and community form us for Your service. Grant us fidelity to our intellectual and spiritual traditions.

Help us to nurture one another and our patients so to foster in them a love for Truth, Goodness and Beauty.

Support us in the cultivation of their character and in shaping their hopes and desires in bringing to fruition the New Evangelization.

In that final moment, lead us and those You have entrusted to our care to the peace of Your kingdom.

AMEN.
Welcome to the RN-BSN Program at Aquinas College!

The Administration, Faculty and Staff of the School of Nursing have prepared this Student Handbook as a guide to assist you through the successful completion of your program of studies. We encourage you to become thoroughly familiar with these policies and procedures. Your academic advisor and faculty are available to explain any policies, procedures or regulations in this Handbook and how they may apply to you.

From time-to-time it is necessary to introduce new policies and revisions to this Handbook. New policies and revisions will be distributed to you in a timely manner.

You are about to begin your baccalaureate program in nursing at Aquinas College in the midst of one of the most challenging times in nursing and health care in our global world. We trust you will enjoy your educational experience and be open to the opportunities and challenges of your own transformation as well as “transforming lives and culture through truth and charity” (Aquinas College Mission Statement).

We especially encourage and invite you to interact with Faculty and your colleagues as together we continue to create and sustain a culture where every person who has ever been born, the summit of God’s creative act, is valued beyond all measure.

Finally, the graduates of the RN-BSN Program have assumed prominent roles in nursing and health care such as case managers, nurse practitioners, health care administrators, nurse educators and researchers in acute and long term care centers and in community nursing. We look forward to you joining the ranks of our distinguished alumni.

Our prayers and best wishes for achievement of all your educational endeavors.

Faculty and Staff
School of Nursing
Aquinas College, Nashville, TN
Official Pin of the Aquinas College RN-BSN Program

The official pin of the Aquinas College RN-BSN Program is a replica of the official coat of arms of Aquinas College. The cross incorporates the fleur-de-lis which represents the Triune God. The torch stands for the Truth of Christ preached by Saint Dominic and the Order of Preachers, which he founded and to which the Dominican Sisters of Saint Cecilia belong. The torch is superimposed on the cross and is also the emblem of Saint Thomas Aquinas, for whom the College is named. Saint Thomas Aquinas was a Dominican Friar, a scholar, a Doctor of the Church and a great saint.

The field of black and white forms the background of the College’s crest. White symbolizes purity which illustrates the human heart to love God and all persons. Black represents the cappa of the Dominican habit which denotes a spirit of penance and emptying of the self in order to serve God and others.
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II. GENERAL INFORMATION

Purpose of the Handbook: The purpose of the RN-BSN Student Handbook is to provide a collection of policies in one document that apply to all students enrolled in the RN-BSN Program. Students will be required to sign a form acknowledging receipt of the current Handbook. The signed form is retained in the student’s file. Policies in this Handbook are congruent with the policies found in the current editions of the Aquinas College Catalog and the Aquinas College Student Handbook.

Change Notice: This Handbook is subject to change, determined by circumstances that occur throughout the academic year. Students are notified of all changes as they occur. If new policies are implemented or existing policies revised all students (and students in the process of applying for admission) will be notified in writing regarding new or revised policies and procedures, the date of implementation and any foreseen effects these changes may have on students.

Property Rights: This Handbook is the property of the School of Nursing of Aquinas College, Nashville, Tennessee. No part of this Handbook may be reproduced, stored in a retrieval system, transmitted in any form or by any means (mechanical, electronic, photocopying, recording or otherwise) without the written permission from the Dean, School of Nursing, Aquinas College, Nashville, TN.

Disclaimer: Noting contained in this Handbook is to be interpreted as contradictory to the current editions of the following documents: Aquinas College Catalog, the Policies and Procedures for Faculty and Staff, the Student Handbook of the RN-BSN Program, and the Aquinas College Student Handbook.

Non-Discrimination Policy: It is the policy of Aquinas College, while reserving its lawful rights where applicable to take actions designed to promote the Dominican and Roman Catholic principles that sustain its mission and heritage, to comply with all federal and state laws prohibiting discrimination in employment and in its educational programs. Aquinas College admits qualified students of any race, color, national or ethnic origin, sex, age or disability to all the rights, privileges, programs and activities generally accorded or made available to students at the College. It does not discriminate on the basis of race, color, national or ethnic origin, sex, age or disability in administration of its education policies, admission policies, scholarships and loan programs.
III. APPROVALS, ACCREDITATION AND PROFESSIONAL MEMBERSHIPS

Program Approval: The RN-BSN program at Aquinas College is fully approved by the Tennessee Board of Nursing. Inquiries and comments can be forwarded directly to the Tennessee Board of Nursing, 665 Mainstream Drive, Nashville, TN 37243 (www.tennessee.gov/health).

Program Accreditation: The RN-BSN Program at Aquinas College, established in 1997, is accredited by the Accreditation Commission for Education in Nursing Inc. (ACEN). As stated by the ACEN “accreditation is a voluntary, self-regulatory process by which non-governmental associations recognize educational institutions or programs that have been found to meet or exceed standards and criteria for educational quality. Accreditation also assists in the further improvement of the institutions or programs as related to resources invested, processed followed, and results achieved. The monitoring of certificate, diploma, and degree offerings is tied closely to state examination and licensing rules and to the oversight of preparation for work in the profession”. Inquiries and comments can be directly forwarded to the Accreditation Commission for Education in Nursing Inc. 3343 Peachtree Road, NE, Suite 850, Atlanta, GA 30376.

Professional Memberships: The School of Nursing holds membership in the following organizations:

1. The American Association of Colleges of Nursing
2. Catholic Medical Association
3. The Nashville Health Care Council
4. The National Catholic Bioethics Center
5. The National League for Nursing
6. National Organization for Associate Degree Nursing
7. Southern Regional Education Board: Council on Collegiate Education for Nursing
8. Tennessee Association of Deans and Director for Nursing
9. Tennessee Clinical Placement System

IV. THE SCHOOL OF NURSING

PHILOSOPHY

The School of Nursing at Aquinas College, using an academic progression curriculum model, offers three degree programs, one leading to the Associate of Science in Nursing (ASN), one leading to the Bachelor’s of Science in Nursing (BSN) and a third program leading the Master of Science in Nursing (MSN) and Post-Master’s Certificate Program in nursing education that support and implements the mission and core values of Aquinas College founded on Christian principles of truth and charity in the Catholic- Dominican moral tradition.

The Faculty of the School of Nursing commits itself to:
1. provide a culture of learning in an educational community where Christian caring, critical thinking, moral decision-making, quality education, holistic nursing practice, and standards of professional nursing are modeled by faculty and acquired by students; and to

2. prepare women and men to practice nursing in a competent, professional, ethical, and effective manner within a culturally diverse society in a variety of settings (Aquinas College Catalog; Aquinas College Student Handbook).

In exercising their responsibility for creating a culture of learning leading to professional nursing practice, the Faculty sets forth the following beliefs:

1. **Dignity and Flourishing of the Human Person**: We believe:
   a. in the unique dignity and unrepeatability of every person who is created by God in His own image and is worthy of dignity and respect from the moment of conception to natural death;
   b. every person, as a citizen and member of a family, community and society has rights, privileges, and responsibilities regardless of age, sex, race, creed, ethnicity, socio-economic status, or station in life, and has been endowed with free will in the exercise of conscience and the potential for purposeful, moral and deliberate behavior.
   c. every person interacts holistically with, and responds physically, psychosocially, spiritually, developmentally, and culturally to others and to the environment.
   d. the formation of the moral person occurs in a community where dialogue, truth, charity, compassion and prayer are valued.

2. **Health and Health Care**: We believe:
   a. health is viewed as coexisting on a continuum that ranges from an optimal level of wellness and human flourishing to death.
   b. wellness is the optimum level of functioning and well-being that is attainable through an individual’s relationship with God, self, others, and the environment.
   c. providing quality and safe health and nursing care and advocating for equal access to health services, is a means of participating in the healing ministry of the Church with access to quality and safe care.
   d. health care is a right of each individual from the moment of conception until natural death and can be provided in a variety of settings.

3. **The Art, Science and the Practice of Nursing**: We believe:
   a. nursing is an art and a science of human caring, grounded in the moral tradition of the Catholic health care ministry, and the integration of the humanities, the natural, behavioral, and social sciences and religious studies and applied in a code of ethics and standards of professional behaviors.
   b. the changing and expanding role of nursing, as an inter-disciplinary partner in the healthcare delivery system, uses a holistic framework of nursing care for individuals, families, and communities that is necessary to protect human dignity.
and freedom, and to promote, maintain, or to restore the person to an optimum level of wellness and human flourishing as a member of a family, a community and society.

4. **Nursing Education**: We believe:
   a. nursing education is based on the integration and application of knowledge and competencies from the liberal arts, sciences and religious studies and professional nursing with a foundation in Christian principles.
   b. nursing education within the Christian learning community must apply moral principles and the exercise of an informed conscience in meeting the health care needs of a culturally-diverse society in an evolving and reformed healthcare system.
   c. nursing education must consider the diverse social, economic, cultural, educational, and religious beliefs and experiences within both the educational and the professional practice settings.
   d. developing and applying nursing practice competencies in the art and science of nursing can best be accomplished in an institution of higher learning, where students acquire a foundation in liberal arts, sciences and religious studies as the foundation for nursing in collaboration with faculty and students of other disciplines.
   e. the culture of learning fosters personal and professional growth necessary for the integration and synthesis of new knowledge that occurs when liberal arts, sciences, theology, philosophy and professional nursing are integrated and applied in caring for persons in a variety of clinical settings.
   f. nurse educators facilitate the acquisition and application of new knowledge, competencies and abilities through teaching-learning strategies that promote the successful achievement of core practice competencies in order to achieve program outcomes.
   g. learning is a cumulative, lifelong, individual process achieved within a dynamic, interactive, and collaborative setting where mutual respect and holding multiple perspectives without judgment are fostered.
   h. faculty and students share the responsibility for the success or failure of the learning process and its educational outcomes. The teaching-learning process is planned, actively involves the learner, and progresses from simple to complex that results in the attainment of specific outcomes.
   i. nursing educators, as facilitators of learning, enrich the Christian learning community and provide information, guidance, and reinforcement to stimulate learning, the integration of truth and charity and the application of moral principles in the practice of nursing.

**V. CALLED TO CARE AND HEALING:**
THE CODE OF ETHICS FOR NURSING STUDENTS

PREAMBLE

The indelible mark of the graduate of the Nursing Programs at Aquinas College is captured in these characteristics and behaviors:

1. protecting and defending the dignity and freedom of every person regardless of gender, color, ethnicity, culture, diversity, socio-economic status or the reason for the illness or station in life;

2. integrating the values and traditions of the Dominican Sisters of St. Cecilia, founders of Aquinas College, the Mission of the College and the Philosophy of the School of Nursing into the professional practice of nursing built on the moral principles of truth, human dignity, compassion and charity for every person who has ever been born;

3. caring for the sick, the suffering, the disenfranchised, the vulnerable, those at the beginning of life, those at the end of life and those who live in the shadows of life;

4. providing excellence in nursing practice in caring and healing the whole person through the integration of the theories and science of nursing, the natural sciences, humanities and religious studies;

5. embracing responsibilities as leaders and citizens of the community and of this nation to participate in shaping health and social policies through professional nursing in the tradition of Aquinas College; and

6. engaging in life-long learning as a moral commitment to assure continuing competency in nursing practice;

As Aquinas College nursing students you are engaged in an exciting and dynamic culture of learning that enables you to acquire and synthesize new knowledge and develop core competencies for nursing practice. As nursing students you are expected to exercise the same responsible and accountable behaviors that will be expected of you when you graduate and then practice nursing in an ever-expanding health care world. We expect you to engage in professional behaviors as shown by your relationships with faculty, staff, other students, by your professional demeanor in clinical experiences, in appearance and in all forms of communications. The administration and faculty of the School of Nursing hold you accountable for your behaviors in these areas.

THE CODE OF ETHICS
The Aquinas College School of Nursing, consistent with the *Ethical and Religious Directives for Catholic Health Care Services* (5th ed. 2009; see Appendices) promulgates a *Code of Ethics for Nursing Students* applicable to all students in the Nursing Programs at Aquinas College. Questions regarding *The Code of Ethics* should be addressed to the Faculty, the Directors of the ASN and RN–BSN Programs, or Dean of Nursing.

The educational experience of students within the School of Nursing is based on the moral principles of human dignity and respect for life from conception to natural death, the pursuit of truth, freedom, compassion, the exercise of an informed conscience, integrity, responsibility, self discipline and human service governed by charity as a health care professional and a citizen of the community which are inherent in the profession of nursing. The responsibility of students to adhere this *Code of Ethics* is parallel to the responsibility of professionals to adhere to the standards of professional nursing practice.

As nursing students at Aquinas College we embrace our first responsibility to all those entrusted to our care and with those with whom we work in the course of our studies through:

1. respecting and defending the dignity and freedom of every person: self, colleagues, faculty, patients and families and all those with whom we work;
2. respecting and advocating for the rights of all patients, families and colleagues;
3. maintaining confidentiality, truthfulness and integrity in all privileged information and in the use of methods of communication especially the emerging social networks;
4. providing compassionate care to every person entrusted to our care regardless of their age, color, gender, religious preferences, illness, the reason for their illness and wherever they call home;
5. engaging in evidenced based practice to assure the highest quality nursing care;
6. refusing to participate in any action, behavior or procedure that is unethical, violates the dignity, freedom, conscience and privacy of self or others and that places others at risk;
7. engaging in self-care behaviors and activities through a balance of work and leisure time;
8. facilitating the development of a caring community for other students in pursuit of their education through caring, listening, peer mentoring, advocacy, and other means of support;
9. Supporting policies, procedures and guidelines of Aquinas College and the School of Nursing and use existing structures to promote understanding, dialogue and to facilitate responsible change;
VIOLATIONS OF THE CODE OF ETHICS:

1. **Plagiarism**: Taking credit for someone else’s work or ideas; stealing other’s results or methods; copying the work of others without acknowledgement or otherwise credit falsely. Ex. copying another person’s paper/work and submitting it as your own.

2. **Cheating**: Using unauthorized notes, study aids, and/or information from another person on an examination, report, paper, or other evaluative document; and allowing another person to do all or part of one’s work and to submit the work under one’s own name.

3. **Discrimination**: Engaging in any activity or behavior that knowingly discriminates against another person, group or culture in such a way that violates human dignity and human rights.

4. **Abuse of Others**: Engaging in any activity or behavior that causes emotional or physical harm to another person, group or culture;

5. **Multiple Submissions**: Unauthorized altering of a graded work after it has been returned, then submitting the work for re-grading without prior permission of faculty.

6. **Falsification of Data**: Dishonesty in reporting results, ranging from fabrication of data, improper adjustment of results, and gross negligence in collecting and analyzing data, to selective reporting of omission of conflicting data for deceptive purposes.

7. **Facilitating Academic Dishonesty**: Providing material, information or assistance to another person with the knowledge or reasonable expectation that the material, information or assistance will be used to commit an act that would be prohibited by this code or that is prohibited by law or another applicable code of conduct.

8. **Assignments**: Although independent study is recognized as a primary method of effective learning, at times students benefit from studying together and discussing home assignments. When any material is to be turned in for inspection, grading, or evaluation, it is the responsibility of the student to ascertain what cooperation between them, if any, is permitted by the instructor.

9. **Falsification of Academic Records and Official Documents**: Without proper authorization, altering documents affecting academic records, forging signatures of authorization, or falsifying information on an official academic document, election form, grade report, letter of permission, petition, clinical record or any other official University document.
10. **Unethical Use of Social Networks:** Communicating negative, harmful, demeaning and libelous comments, photographs, etc. about others, including HIPPA-protected information;

11. **Nurse-Client Relationships:** Students must assume personal responsibility for being in physical and mental condition to give safe nursing care and for the knowledge and skills necessary to give this care.

12. **Unacceptable behaviors include, but are not limited to:**
   a. providing client care in a predictably unsafe or harmful manner, for example:
      i. to carry out a procedure without competence or without guidance of a qualified person;
      ii. to willfully or intentionally do physical and/or mental harm to a client;
      iii. to exhibit careless or negligent behavior in connection with the care of a client;
      iv. to refuse to assume the assigned and necessary care of a client and to fail to inform the instructor with immediacy so that an alternative measure for that care can be found;
   b. disrespecting the privacy of a client, colleague, staff, or institution:
      i. to use the full name of a client in a written assignment and/or remove any data generated by the clinical facility of any sort and in any form and by any means (electronic; photographs; paper copies) that is removed from the clinical area;
      ii. to discuss confidential information in inappropriate areas, such as elevators, cafeteria, parking structures, etc.;
      iii. to discuss confidential information about a patient with third parties who do not have a clear and legitimate need to know;
   c. falsification of patient records or fabricate patient experiences;
   d. failure to report omission of or error in treatments or medications;

13. **Disruptive Behavior in the Learning Environment:** Conduct that is inimical to Good order, disrespectful of the rights and property of others, denotes a clear uncooperative demeanor with College policy or any behavior that obstructs or disrupts the learning environment (e.g., offensive language, harassment of students and professors, repeated outbursts from a student which disrupt the flow of instruction, excessive talking among peers, or prevent concentration on the subject taught, failure to cooperate in maintaining classroom decorum, or the use of any electronic or other noise or light emitting device which disturbs others).

14. **Sanctions for Violation of the Code of Ethics:** Disciplinary actions may include, but are not limited to verbal or written reprimand, immediate removal from the classroom, clinical setting or campus, or expulsion from the College or any other sanctions for violations of a student’s responsibilities as deemed appropriate. Each incident and each
individual involved are unique, and all mitigating circumstances should be considered with each infraction. This does not, however, suggest that infractions can be dealt with lightly.

VI. PROGRAM PURPOSE AND OUTCOMES

The RN-BSN Program, consistent with the Mission, Core Values and Goals of Aquinas College and the Philosophy of the School of Nursing, builds on the associate of science in nursing degree by offering an accelerated baccalaureate degree in nursing for registered nurses in the Catholic-Dominican Tradition that further integrates knowledge from the liberal arts, sciences, religious studies, and the professional practice of nursing leading to the preparation of competent and confident graduates to assume positions as leaders and managers in multi-disciplinary health care settings: to collaborate with clinical partners in providing care to patients and families with complex clinical conditions with diverse demographic and cultural characteristics; to help re-shape nursing practice and health policy through research and advocacy that promotes safe quality and access to patient care; and that integrates Christian values and moral principles that promote the dignity, freedom and flourishing of every person.

At the completion of the program, graduates will be able to:

1. Integrate ethical, legal, and Christian behaviors in all professional activities
2. Communicate effectively using oral, written and electronic methods, to transmit the analysis and integration of data required to provide safe quality care and inform nursing practice.
3. Integrate critical thinking and problem-solving methods to make effective decisions and help patients make relevant decisions to improve their health and quality of life.
4. Administer holistic and cost-effective healthcare to individuals, families, groups, and multi-dimensional populations.
5. Engage in leadership and management activities in a multi-disciplinary healthcare environment to plan, implement, delegate, evaluate and promote safe quality nursing care.
6. Collaborate in partnership with other healthcare team members to promote, protect, and improve health of patients at any point on the illness/wellness continuum.
7. Administer evidence-based, clinically relevant care to patients with diverse demographic and cultural characteristics in a variety of settings.
8. Participate in the ongoing changes in the profession and actions that promote safe quality patient care and engage in their ongoing preparation through continued learning and advanced practice education that advance the goals of the profession.

RN-BSN Curriculum Model
VII. ACADEMIC POLICIES

Admission Requirements
To be admitted to the RN-BSN Program, all admission requirements for the College must be fulfilled. In addition to the College admission requirements, the following criteria must be met (See Aquinas College Catalog):

1. submit a completed RN-BSN application to Aquinas College;
2. submit two (2) letters of recommendation from registered nurse supervisors, preferably with BSN or higher degrees, who currently hold unencumbered licenses as registered nurses;
3. provide transcripts of an associate degree or diploma in nursing from an ACEN or a CCNE accredited school of nursing;
4. two years experience in nursing practice within the last four years or graduation from a nursing program within twelve months prior to admission to the RN-BSN Program;
5. thirty (30) credits will be awarded upon enrolling in the first course in the RN-BSN core; general Education/Liberal Arts courses will be transferred in accord with Aquinas College transfer credit policies;
6. provide license number and date of expiration of a current unencumbered licensed as a registered nurse (RN) in Tennessee or a compact state or be eligible for an unencumbered license as a registered nurse in Tennessee;
7. minimum cumulative grade point average (GPA) of 2.5 on a 4.0 scale;
8. complete an interview with the Director of the RN-BSN Program;

Aquinas College Associate of Science in Nursing Program graduates (ASN) who enter the RN-BSN Program immediately after ASN graduation are not required to re-apply to the College. They are required to submit a completed application by the last day of the mid-term break (RN-BSN Program Application for Current ASN Students). These students must be licensed as registered nurses and hold a position in nursing before beginning the courses in nursing.

Aquinas College ASN graduates, who have not been enrolled in courses at Aquinas College for more than one semester, must reapply to the College and meet all admission requirements for the RN-BSN Program.

Aquinas College reviews each application carefully. The stated requirements serve as guidelines for admission. The RN-BSN Admissions Committee reserves the right to exercise discretion in admission decisions. Applicants who are not accepted into the RN-BSN Program may submit a formal letter to the RN-BSN Admissions Committee appealing the decision.

**Admission Process**
1. On-line or paper-and-pencil completion of an Aquinas College application sent to the Aquinas College Office of Admissions.
2. Designation on the application that you are applying for the RN-BSN Program.
3. Official copies of all transcripts and sent directly from the college or university to the Aquinas College Office of Admissions.

**Academic Progression**

1. Completion of all science and 300-400 level nursing courses with a minimum grade of “C”.
2. Attainment of a minimum grade of “C” in any repeated science or nursing course.
3. Maintenance of a cumulative minimum GPA of 2.0 on a 4.0 scale.
4. A student whose cumulative GPA falls below the minimum requirement, will be unable to progress in 300-400 level nursing courses until his/her cumulative GPA is 2.0 or higher).

**Length of Program**

The RN-BSN Program requires a minimum of 120 semester hours for graduation. Registered nurse students vary in the number of hours needed for completion of the Program. The time to complete the Program can vary for each student, depending upon whether the student is an Aquinas College ASN graduate and upon how many General Education courses the student has already completed and are accepted as transfer (see Appendix for *RN-BSN Program of Studies*).

**Program Scheduling**

The RN-BSN Program offers student’s one course at a time with courses lasting 4-8 weeks with class meetings once per week lasting for four hours. If students are continuously enrolled, they are classified as fulltime students. Withdrawal from the original sequence of courses may affect the fulltime classification and delay completion of the Program.

**Block Nursing Credit Awarded for Previous Nursing Courses**

Aquinas College will award 30 semester hours of nursing block academic credit toward the BSN degree to licensed RNs who are graduates of associate degree in nursing programs or diploma nursing programs approved by the Board of Nursing and accredited by the NLNAC. Extra-institutional learning credit options may be available for RNs who do not fit into one of the above categories.

Timing of the posting of the 30 semester hours of credit shall be as follows: Thirty (30) semester hours will be posted on the student’s Aquinas College transcript following successful completion of the first nursing course in the RN-BSN Program at Aquinas College.
This policy will not affect the timing of students’ admission into the RN-BSN Program. In the event a student transfers to another college before BSN degree completion at Aquinas College, the 30 semester hours may not be accepted by that college.

**Credit for Extra-Institutional Learning**

1. **Standardized Testing**: Aquinas College acknowledges that learning experiences may occur in settings other than traditional classes and thus warrant college-level credit. The RN-BSN Program follows the policies of the College. Credit may be earned through ACE, AP, CLEP, DANTES, and ACT-PEP. Aquinas College applies the recommended pass scores set by the specific testing organizations. Please refer to the *Aquinas College Catalog* for details and a complete list of tests accepted by Aquinas College.

2. **Experiential Learning**: Aquinas College recognizes and gives credit to students for experiential learning. The RN-BSN Program follows the policy of Aquinas College on experiential learning.

   Students applying for academic credit through experiential learning must follow the policies and procedures as outlined in the *Documented Learning Portfolio-II*. Students should be aware that credit given for experiential learning by Aquinas College might not be transferable to other institutions. Detailed information for applying for experiential learning credit may be obtained through the Registrar’s Office where a manual for *Documented Learning Portfolio-II* is available. If you wish to create a portfolio for evaluation, you must discuss such application with your advisor.

3. **Credit for Professional or Certificated Courses**: The RN-BSN Program also follows the Aquinas College policy for the possible acceptance of coursework taken for Professional or Certificated courses. Please request a copy of the *Documented Learning Portfolio-IManual* from the Office of the Registrar.

4. **Transfer Credit Policy**: Consult the *Aquinas College Transfer Credit Handbook* for policies and procedures regarding transfer credit.

**Graduation Requirements**

1. Satisfactory completion of the RN-BSN Program of Study with a minimum cumulative GPA of 2.0 on a 4.0 scale.
2. Completion of all science and 300-400 level nursing coursework with a minimum grade of “C”.
3. Completion of all 300-400 level nursing coursework within five (5) years of completing the first “NUR” course. Exceptions must be requested in writing and approved by the Director of the RN-BSN Program Director and the Vice President for Academic Affairs.
4. Completion of the last 30 semester hours of credit at Aquinas College.

**Grading Scale**

The following grading scale is used for all nursing courses:

- **A**: 100-96
- **A-**: 93-95
- **B+**: 91-92
- **B**: 88-90
- **B-**: 86-87
- **C+**: 82-85
- **C**: 78-81
- **D+**: 76-77
- **D-**: 70-75
- **F**: 69 - below

**Class Attendance**

Attendance at all class sessions is critical due to the accelerated nature of the Program. Occasionally, extenuating circumstances occur that prevent the student from attending class. These absences are to be discussed with the course faculty in order to assure that the assignments and course outcomes are completed.

**Clinical Experiences**

RN-BSN students will have the opportunity to participate in a wide range and variety of preceptor-supervised clinical experiences. Students and faculty will jointly interpret course-learning objectives according to the student experience, professional goals, and identified learning needs. Please refer to the Appendix for Requirements for Students Participating in Clinical Experiences in the RN-BSN Program

**Academic Integrity**

Students are expected to exhibit professional and academic integrity in all activities while a nursing student at Aquinas College. For more information, please refer to Section V in this Handbook: Called to Care and Healing: The Code of Ethics for Nursing Students.

**Nursing Course Failures**

In the event that a student sustains a failure of a nursing course (D, F, or WF) the following procedures are followed:
1. The Program Director is verbally informed of the failure of students.
2. The Director will meet with the course faculty to review the failure and to assure that all procedures were followed in determining the failure.
3. The student will then be informed and invited to meet with the Director. The student will be invited to prepare a written explanation of the reason(s) for the failure.
4. If necessary the Program Director, having consulted with the Dean of Nursing, may call a joint meeting of the course faculty and the student.
5. Following the meeting of course faculty and student, the decision to either to uphold or to set aside the course failure will be conveyed to the student in writing.
6. Should the student choose to appeal the decision, the policies and procedures outlined in the Aquinas College Student Handbook are to be followed.

**Appeals**

Students with concerns or who wish to appeal a grade received should first discuss the matter with the appropriate faculty member. If the concerns cannot be resolved, the student should bring the matter to the Director of the RN-BSN Program. In the event the concern remains unresolved, the student should then follow the procedures outlined in the Aquinas College Student Handbook.

**Program Dismissal**

Dismissal is the termination of the student’s enrollment in the RN-BSN Program. A student who is dismissed from the RN-BSN Program will receive a grade of F in the nursing course in which the student is enrolled. Reasons for dismissal include, but are not limited to:

1. **Unethical behavior.** Certain specific instances of unethical or illegal behavior resulting in immediate dismissal from the Nursing Program include:
   a. attending any clinical learning activity in the Nursing Program while under the influence of alcohol, illegal drugs or non-prescribed use of prescription drugs which affect alertness, judgment or mood (See Appendices for Substance Abuse Policy)
   b. being convicted of a felony
   c. Falsification of any College documents
   d. Falsifying or inappropriately altering a patient’s record or verbal reports
   e. Administering medications or treatments without a physician’s order
   f. HIPAA violations
   g. Stealing
   h. Cheating
   i. Academic dishonesty of any type

2. Consistent failure to uphold the Code of Ethics for Nursing Students of the School of Nursing;
3. Consistent failure to demonstrate satisfactory clinical progression after repeated counseling and remediation.
4. Refusal for any reason by any clinical agency to allow the student to participate in clinical practice.
5. Procedure:
   a. Program Director is notified of the student behavior or situation in writing immediately. A written report is to be submitted to the Program Director within 24 hours of the incident. The student is also advised and requested to prepare a written narrative in response to the incident.
   b. The Program Director will review all written and other relevant documentation and then meet with the course faculty to review the incident. The student will also be invited to meet with the Program Director. If necessary the Program Director, having consulted with the Dean of Nursing, may call a meeting of the course faculty and the student.
   c. Following the meeting of course faculty and student, the decision to either uphold or to set aside the course failure will be conveyed to the student in writing.
   d. Should the student choose to appeal the decision, policies and procedures outlined in the Aquinas College Student Handbook are to be followed.

VIII. PROFESSIONAL ROLE DEVELOPMENT

RN-BSN Appointments to School of Nursing Committees

RN-BSN students have the opportunity to serve on the following Committees of the School of Nursing:

1. Curriculum
2. Evaluation and Outcomes
3. Academic Standards
4. Aquinas College Association of Nursing Students (ACANS)
5. Special Task Groups

Cohort Representatives

Students have the opportunity for input and decision making by direct communication with the faculty and Program Director or through their cohort representatives. Cohort representatives are selected by each cohort class group to serve for an academic year.

Aquinas College Association of Nursing Students (ACANS)

All nursing students are members of the ACANS and are encouraged to participate in the Association’s activities and community service projects. (See Bylaws in Appendix)
Advisory Council for the School of Nursing

The Advisory Council for the School of Nursing is comprised of representatives of those engaged in the practice of nursing, those in related disciplines, healthcare institutions, consumers, and community leaders, faculty of the Aquinas College Nursing Programs, nursing alumni and students. The ASN and RN-BSN Program Directors serve as committee members, ex-officio. The purpose of the Council is to provide advice, support and counsel to both the ASN and RN-BSN Programs. The Advisory Council evaluates and makes recommendations concerning the operation of both programs and meets a minimum of once per year.

IX. AWARDS AND SCHOLARSHIPS

Awards

Saint Martin DePorres, OP Award for Graduates of the RN-BSN Program

Named in honor of Saint Martin DePorres, OP, a Dominican Friar who ministered to the sick, the homeless, and the abandoned of Lima, Peru during the seventeenth century, the award is presented annually to a RN-BSN graduate who embodies the Mission of Aquinas College and the Philosophy of the School of Nursing. The award consists of an engraved plaque and is presented at the Baccalaureate Mass. Nursing Faculty and RN-BSN students nominate candidates from a list of graduating seniors. The Faculty of the School of Nursing selects the recipients. Contact the Director of the RN-BSN Program for the specific award criteria.

Scholarships

1. The Dr. Linda Witherspoon Watlington Scholarship was established in memory of Aquinas College’s RN-BSN Program Director, Dr. Linda Watlington, by her family. The scholarship is awarded to an RN-BSN Student.

2. The Dr. Daphine Sprouse Bachelor of Science in Nursing Scholarship was named in honors of Dr. Daphine Sprouse, former member of the Aquinas College, Board of Directors, and provides financial assistance to students in the RN-BSN Program who hold a minimum GPA of 2.5. Student applicants must demonstrate financial need and enroll in and complete a minimum of 6 credit hours per semester.

X. GENERAL INFORMATION FOR STUDENTS

Academic Advising
All RN-BSN students have an assigned faculty advisor to help them throughout their educational experiences at Aquinas College. Advisors also serve as resources and as facilitators for students in the Program. Advisors assist the student in course selection appropriate to his/her Program of Study (the advisor’s signature is required on all registration and drop/add forms each semester). Ordinarily, the Director of the RN-BSN Program serves as advisor for RN-BSN students.

**Learning Resource Centers**

1. The Aquinas Library is located in the Aquinas Center on the Main Campus. Students have access to an extensive collection of books and periodicals, electronic databases and selected journals from many off-campus libraries.
2. The Saint Thomas Hospital Library also has excellent holdings and is located on the first floor of Saint Thomas Hospital adjacent to the classroom area.
3. The St. Martin Simulation Learning Laboratory, located in St. Martin Hall, provides a simulated clinical learning environment for the development and assessment of clinical competencies for nursing practice consistent with the learning outcomes of the respective nursing programs (see Appendices).
4. The Jeanette & Leon Travis Nursing Simulation Center at St. Thomas Hospital provides a simulated clinical learning environment for the development and assessment of clinical competencies for nursing practice consistent with the learning outcomes of the respective nursing programs. This Center is used by faculty students for the development of advance practice competencies and for health and physical assessment (see Appendices).

**Student Health**

Students experiencing variances in health status that interferes with the ability to provide safe nursing care should not attend clinical experiences. The student is to notify the clinical faculty by phone (text messaging and email is unacceptable) as soon as possible according to the course or instructor guidelines. Students experiencing an illness requiring intervention from a health care provider must have a written release in order to return to class or clinical experiences.

A student in need of first aid or treatment due to illness, injury or exposure while in the clinical setting should consult with their clinical instructor. The student is responsible for the cost of any first aid services or treatment.

**Students with Special Needs**

Students who have special needs due to physical limitations or special learning needs should follow the procedure outlined in the *Aquinas College Catalog*. The student is required to contact Student Learning Services to arrange for an assessment and any accommodations. Counseling services are available to students from health professionals. Students should contact the Office of Student Learning Services for a listing of names, locations and contact numbers.
Accountability and Professional Responsibilities

Students are required to sign a statement acknowledging receipt and understanding of the information contained in the RN-BSN Student Handbook and their willingness to abide by the policies and procedures contained in this Handbook. This statement will be retained each student’s file in the School of Nursing. Students are responsible for the information in this Handbook.

Students are responsible for:
1. reading and becoming familiar with the policies and procedures contained in the Aquinas College Catalog and the Aquinas College Student Handbook;
2. being informed about his/her grades, credits, requirements and to abide by the regulations of Aquinas College and the RN-BSN Program;
3. notifying the School of Nursing regarding changes in personal information: name, address, telephone number, email address;
4. notifying course faculty in the event of absence from class, emergencies, serious illnesses or accidents
5. preserving the climate of the learning environment for other students by refraining from inviting relatives and friends including children to the classroom or any clinical facility;

Communications

1. The phone numbers of the School of Nursing, the Director of the RN-BSN Program and all other offices of the College are listed on the College’s website.
2. Only messages of an emergency nature will be received and delivered to nursing students.
3. Telephone voice mail is available for messages to be recorded for administrators, faculty and staff.
4. All administrators, faculty and staff have email accounts at Aquinas College. A completed listing of email addresses is available on the Aquinas College website.
5. All email communication must be through the Aquinas College email system.
6. Students are responsible for reading notices and assignments placed on bulletin boards or distributed through email or the portal.
7. Names, addresses, telephone numbers and email addresses of administrators, faculty, staff and students will not be released without prior written consent of the individual.

Policy on Class Attendance and Clinical Experiences in the Event of Unfavorable Weather
(see Appendices)
Ethics and the Internet: Communicating with Administrators, Faculty, Staff and Students
(see Appendices)

Cell Phones and Other Electronic Equipment:

In consideration of the course faculty and other students please keep all cell phones turned off or muted during class or clinical experiences. For emergency messages students may be reached through the School of Nursing at 297-2008. When engaged in clinical practicums students are responsible for following the requirements of the respective clinical facilities.

Copiers for Student Use:

Copiers for student use are located in the Library and in Aquinas Central. Copiers in the School of Nursing are not available for personal use by students.

Releasing Personal Information

Names, addresses, telephone numbers and email addresses of administrators, faculty, staff and students will not be released without prior written consent of the individual;

Information for Students Graduating from the RN-BSN Program

Information about Commencement Activities is managed by the office of the Vice-President for Academic Affairs. The following additional information is also provided:

1. Pinning and Awards Ceremony: A formal ceremony is held each December and May to recognize the RN-BSN students completing program requirements. The actual tradition of the nursing pin, a medal of excellence, and ceremonial pinning originated in the 1860’s at the Nightingale School of Nursing at St. Thomas Hospital in London. The nursing pin, a proud symbol and tradition shared by nurses, represents where your professional education and experience were earned. Students may purchase their pin during the last semester of the program. A description of the official pin can be found at the beginning of this Student Handbook.

2. Saint Martin De Porres, OP, Award for Graduates of the RN-BSN Program

Purpose of the Award: Named in honor of Saint Martin De Porres OP, a Dominican Friar who ministered to the sick, the homeless, and the abandoned of Lima, Peru during the seventeenth century, the award is presented annually to a RN-BSN graduate who embodies the Mission of Aquinas College and the Philosophy of the School of Nursing.

Criteria:
   a. Successfully completed all requirements for the Bachelor of Science in Nursing at Aquinas College;
b. Demonstrates excellence in caring for others with compassion, affirming and protecting human dignity and freedom, living the virtue of charity, valuing the sacredness of human life in colleagues and in the sick;

c. Generous in giving of self to the needs of others regardless of age, color, creed, culture, gender, illness or socio-economic status;

3. Commencement Ceremonies: Commencement Ceremonies are held once per academic year in the month of May. Students completing graduation requirements in December prior to the May graduation, in May and in the subsequent summer semester are encouraged to participate in the May Commencement Ceremonies.

4. Costs Associated with Program Completion and Graduation: Graduating students can expect to incur additional expenses related to graduation. Please contact the School of Nursing for current fees.

Official Student and Graduate Academic Records

The Aquinas College Office of the Registrar maintains all official student records. The RN-BSN Program maintains nursing student files of information and records pertinent to their enrollment, progression and completion of the Program. These files are retained for a period of up to five years after graduation. Students are responsible for maintaining a current address, telephone number and email address with the Registrar of the College and the School of Nursing.

XI. APPENDICES
A. RN-BSN PROGRAM OF STUDIES: DEGREE REQUIREMENTS

LIBERAL ARTS CORE ................................................................. 55 HOURS

COMPUTERS (3 hours)
   CPU 115 Introduction to Computers* .................................... 3 hours

ENGLISH (6 hours)
   ENG 111 English Composition I* ......................................... 3 hours
   ENG 112 English Composition II* ......................................... 3 hours

HISTORY (3 hours)
   Any one course in History ............................................... 3 hours

HUMANITIES (6 hours)
   Choose two courses from the following: Fine Arts, Foreign Language,
   History, Philosophy, Literature or Theology ........................... 6 hours

LITERATURE (3 hours)
   Any one course in Literature ............................................ 3 hours

MATHEMATICS (3 hours)
   MAT 210 Statistics I* .................................................... 3 hours

NATURAL SCIENCES (12 hours)
   BIO 211 Anatomy and Physiology I* .................................. 4 hours
   BIO 212 Anatomy and Physiology II* .................................. 4 hours
   BIO 220 Microbiology* .................................................. 4 hours

PHILOSOPHY (3 hours)
   PHI 215 Ethics* .................................................................. 3 hours

SOCIAL SCIENCES (6 hours)
   PSY 115 General Psychology* ............................................ 3 hours
   SOC 210 Introduction to Sociology* .................................... 3 hours

THEOLOGY (3 hours)
   THE 210 Moral Theology* ................................................ 3 hours

ELECTIVE REQUIREMENTS (7 hours)
   Choose three courses with the approval of the Dean of the School of Nursing...... 7 hours

INTRODUCTION TO ACCELERATED STUDIES ............................. 3 HOURS
   IDS 310 Introduction to Accelerated Studies in Nursing* .......... 3 hours

UPPER DIVISION NURSING COURSES* ....................................... 32 HOURS
   NUR 315 Advanced Professional Nursing Concepts and Issues* .... 3 hours
   NUR 345 Pathophysiology* ............................................... 4 hours
   NUR 375 Health and Physical Assessment* ............................. 4 hours
   NUR 380 Current Pharmacotherapy Applications* .................. 2 hours
   NUR 415 Nursing Research* .............................................. 3 hours
   NUR 420 Advanced Adult Health Nursing* ............................ 4 hours
   NUR 426 Family and Community Health Nursing* ................. 4 hours
   NUR 435 Leadership and Management of Healthcare Delivery* .... 4 hours
   NUR 442 Senior Practicum and Seminar* ............................. 4 hours

BLOCK NURSING CREDIT (awarded upon enrollment in IDS 310) ........... 30 HOURS

TOTAL HOURS FOR R.N.-B.S.N. DEGREE .................................... 120 HOURS

* Minimum grade of "C" required in each of these courses.
** It is strongly recommended that students earn a minimum of 50 of the 55 general studies credits prior to admission to
   Upper Division Nursing. The remaining 6 credits must be completed before enrolling in NUR 420.

B. ETHICS AND THE INTERNET: COMMUNICATING WITH
   ADMINISTRATORS, FACULTY, STAFF AND STUDENTS
We are all aware of the enormous opportunities and challenges that have come with the use of the Internet and specifically, electronic messaging (E-mail; Blogs; Facebook; Twitter; Skype, etc). Our work has certainly not diminished with this technology but the technology has increased our efficiency. Use of the technology has also diminished the important encounters of face-to-face communication and dialogue so very important in today’s world and especially in nursing. With any new discovery come concerns and changes in behaviors and expectations.

The Faculty of the School of Nursing desire to bring to your attention the concerns about communicating with administrators, faculty, staff and students via e-mail particularly as it relates any matters that negatively impact upon the protection of human dignity, civility, privacy and confidentiality, academic status and professional behaviors while you are students in the Nursing Programs at Aquinas College.

Some Facts:

1. Original authorship and confidentiality of electronic messaging of administrators, faculty and students cannot be protected nor assured. Once an electronic message has been forwarded it is in the world-wide public domain and cannot be recalled.
2. Language in electronic messaging can be used inappropriately when the sender is distressed, angry, frustrated, worried, ill, etc.
3. Electronic messages can readily be edited, copied, reassigned authorship and forwarded to second and third parties, even future employers, without your knowledge or permission.
4. The electronic messaging platform is not an appropriate vehicle to resolve matters of concern, conflicts, misunderstanding, course grades or evaluations especially as they relate to academic progression, assignments, clinical experiences and grades while you are a student in the Nursing Program at Aquinas College.

Some Strategies:

1. Ask to meet with your faculty in private to discuss your concerns and questions.
2. In preparation for a meeting, take some time to think through your concerns and questions and review the Student Handbooks for the College and the School of Nursing.
3. The proper order for addressing your concerns and questions is as follows:
   a. for course questions: contact the course faculty;
   b. contact the Program Director for an appointment if the matter has not been resolved through meetings of clinical faculty and course faculty;
   c. contact the Dean of Nursing for an appointment if the matter has not been resolved through earlier meetings.
3. You have the option to prepare a written narrative explaining your concerns. This narrative is to be given to the faculty before or during your meeting.
4. Written narratives will be accepted only by regular mail, fax or hand delivered to the faculty. E-mail narratives will not be accepted.
5. Responses to your questions or concerns will be given to you at the time of the meeting or through written communication sent via regular mail.

These strategies will help resolve concerns and questions in both a professional and timely manner while also protecting and respecting human dignity, privacy and confidentiality and promoting civility consistent with the Mission of Aquinas College, the School of Nursing and the nursing profession.

For further information please contact the School of Nursing. We also refer you to the *Aquinas College Network Acceptable Use Policy Guidelines*, outlined in the *Aquinas College Student Handbook*.

**AC-DON: 1/23/2011**

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**C. WHITE PAPER: A NURSE’S GUIDE TO THE USE OF SOCIAL MEDIA**

**NATIONAL COUNCIL OF STATE BOARDS OF NURSING**

August 2011

**Introduction**

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications, including blogs, social networking sites, video sites, and online chat rooms and forums. Nurses often use electronic media both personally and professionally. Instances of inappropriate use of electronic media by nurses have been reported to boards of nursing (BONs) and, in some cases, reported in nursing literature and the media. This document is intended to provide guidance to nurses using electronic media in a manner that maintains patient privacy and confidentiality.

Social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients and family members, and educating and informing consumers and health care professionals.

Nurses are increasingly using blogs, forums and social networking sites to share workplace experiences particularly events that have been challenging or emotionally charged. These outlets provide a venue for the nurse to express his or her feelings, and reflect or seek support from friends, colleagues, peers or virtually anyone on the Internet. Journaling and reflective practice have been identified as effective tools in nursing practice. Without a sense of caution, however, these understandable needs and potential benefits may result in the nurse disclosing too much information and violating patient privacy and confidentiality.

Health care organizations that utilize electronic and social media typically have policies governing employee use of such media in the workplace. Components of such policies often address personal use of employer computers and equipment, and personal computing during work hours. The policies may address types of websites that may or may not be accessed from employer computers. Health care organizations also maintain careful control of websites maintained by or associated with the organization, limiting what may be posted to the site and by whom.

The employer’s policies, however, typically do not address the nurse’s use of social media outside of the workplace. It is in this context that the nurse may face potentially serious consequences for inappropriate use of social media.
Confidentiality and Privacy

To understand the limits of appropriate use of social media, it is important to have an understanding of confidentiality and privacy in the health care context. Confidentiality and privacy are related, but distinct concepts. Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse. Such information may only be disclosed to other members of the health care team for health care purposes. Confidential information should be shared only with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Beyond these very limited exceptions the nurse's obligation to safeguard such confidential information is universal.

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

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

Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Nurses may breach confidentiality or privacy with information he or she posts via social media. Examples may include comments on social networking sites in which a patient is described with sufficient detail to be identified, referring to patients in a degrading or demeaning manner, or posting video or photos of patients. Additional examples are included at the end of this document.

Possible Consequences

Potential consequences for inappropriate use of social and electronic media by a nurse are varied. The potential consequences will depend, in part, on the particular nature of the nurse’s conduct.

BON Implications

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

- Unprofessional conduct;
- Unethical conduct;
- Moral turpitude;
- Mismanagement of patient records;
- Revealing a privileged communication; and
- Breach of confidentiality.

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

A 2010 survey of BONs conducted by NCSBN indicated an overwhelming majority of responding BONs (33 of the 46 respondents) reported receiving complaints of nurses who have violated patient privacy by posting photos or information about patients on social networking sites. The majority (26 of the 33) of BONs reported taking disciplinary actions based on these complaints. Actions taken by the BONs included censure of the
nurse, issuing a letter of concern, placing conditions on the nurse’s license or suspension of the nurse’s license.

Other Consequences

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

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

Another concern with the misuse of social media is its effect on team-based patient care. Online comments by a nurse regarding co-workers, even if posted from home during nonwork hours, may constitute as lateral violence. Lateral violence is receiving greater attention as more is learned about its impact on patient safety and quality clinical outcomes. Lateral violence includes disruptive behaviors of intimidation and bullying, which may be perpetuated in person or via the Internet, sometimes referred to as “cyber bullying.” Such activity is cause for concern for current and future employers and regulators because of the patient-safety ramifications. The line between speech protected by labor laws, the First Amendment and the ability of an employer to impose expectations on employees outside of work is still being determined. Nonetheless, such comments can be detrimental to a cohesive health care delivery team and may result in sanctions against the nurse.

Common Myths and Misunderstandings of Social Media

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

- A mistaken belief that the communication or post is private and accessible only to the intended recipient. The nurse may fail to recognize that content once posted or sent can be disseminated to others. In fact, the terms of using a social media site may include an extremely broad waiver of rights to limit use of content. The solitary use of the Internet, even while posting to a social media site, can create an illusion of privacy.
- A mistaken belief that content that has been deleted from a site is no longer accessible.
- A mistaken belief that it is harmless if private information about patients is disclosed if the communication is accessed only by the intended recipient. This is still a breach of confidentiality.
- A mistaken belief that it is acceptable to discuss or refer to patients if they are not identified by name, but referred to by a nickname, room number, diagnosis or condition. This too is a breach of confidentiality and demonstrates disrespect for patient privacy.
- Confusion between a patient’s right to disclose personal information about himself/herself (or a health care organization’s right to disclose otherwise protected information with a patient’s consent) and the need for health care providers to refrain from disclosing patient information without a care-related need for the disclosure.
- The ease of posting and commonplace nature of sharing information via social media may appear to blur the line between one’s personal and professional lives. The quick, easy and efficient technology enabling use of social media reduces the amount of time it takes to post content and simultaneously, the time to consider whether the post is appropriate and the ramifications of inappropriate content.

How to Avoid Problems
It is important to recognize that instances of inappropriate use of social media can and do occur, but with awareness and caution, nurses can avoid inadvertently disclosing confidential or private information about patients.

The following guidelines are intended to minimize the risks of using social media:

- First and foremost, nurses must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Nurses are strictly prohibited from transmitting by way of any electronic media any patient-related image. In addition, nurses are restricted from transmitting any information that may be reasonably anticipated to violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient or information gained in the nurse-patient relationship with anyone unless there is a patient care related need to disclose the information or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to the identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Do not refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer policies for taking photographs or video of patients for treatment or other legitimate purposes using employer-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has the obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with the nurse does not permit the nurse to engage in a personal relationship with the patient.
- Consult employer policies or an appropriate leader within the organization for guidance regarding work related postings.
- Promptly report any identified breach of confidentiality or privacy.
- Be aware of and comply with employer policies regarding use of employer-owned computers, cameras and other electronic devices and use of personal devices in the work place.
- Do not make disparaging remarks about employers or co-workers. Do not make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer unless authorized to do so and follow all applicable policies of the employer.

Conclusion

Social and electronic media possess tremendous potential for strengthening personal relationships and providing valuable information to health care consumers. Nurses need to be aware of the potential ramifications of disclosing patient-related information via social media. Nurses should be mindful of employer policies, relevant state and federal laws, and professional standards regarding patient privacy and confidentiality and its application to social and electronic media. By being careful and conscientious, nurses may enjoy the personal and professional benefits of social and electronic media without violating patient privacy and confidentiality.
Illustrative Cases
The following cases, based on events reported to BONs, depict inappropriate uses of social and electronic media. The outcomes will vary from jurisdiction to jurisdiction.

**SCENARIO 1**
Bob, a licensed practical/vocational (LPN/VN) nurse with 20 years of experience used his personal cell phone to take photos of a resident in the group home where he worked. Prior to taking the photo, Bob asked the resident’s brother if it was okay for him to take the photo. The brother agreed. The resident was unable to give consent due to her mental and physical condition. That evening, Bob saw a former employee of the group home at a local bar and showed him the photo. Bob also discussed the resident’s condition with the former coworker. The administrator of the group home learned of Bob’s actions and terminated his employment. The matter was also reported to the BON. Bob told the BON he thought it was acceptable for him to take the resident’s photo because he had the consent of a family member. He also thought it was acceptable for him to discuss the resident’s condition because the former employee was now employed at another facility within the company and had worked with the resident. The nurse acknowledged he had no legitimate purpose for taking or showing the photo or discussing the resident’s condition. The BON imposed disciplinary action on Bob’s license requiring him to complete continuing education on patient privacy and confidentiality, ethics and professional boundaries.

This case demonstrates the need to obtain valid consent before taking photographs of patients; the impropriety of using a personal device to take a patient’s photo; and that confidential information should not be disclosed to persons no longer involved in the care of a patient.

**SCENARIO 2**
Sally, a nurse employed at a large long-term care facility arrived at work one morning and found a strange email on her laptop. She could not tell the source of the email, only that it was sent during the previous nightshift. Attached to the email was a photo of what appeared to be an elderly female wearing a gown with an exposed backside bending over near her bed. Sally asked the other dayshift staff about the email/photo and some confirmed they had received the same photo on their office computers. Nobody knew anything about the source of the email or the identity of the woman, although the background appeared to be a resident’s room at the facility. In an effort to find out whether any of the staff knew anything about the email, Sally forwarded it to the computers and cell phones of several staff members who said they had not received it. Some staff discussed the photo with an air of concern, but others were laughing about it as they found it amusing. Somebody on staff started an office betting pool to guess the identity of the resident. At least one staff member posted the photo on her blog.

Although no staff member had bothered to bring it to the attention of a supervisor, by midday, the director of nursing and facility management had become aware of the photo and began an investigation as they were very concerned about the patient’s rights. The local media also became aware of the matter and law enforcement was called to investigate whether any crimes involving sexual exploitation had been committed.

While the county prosecutor, after reviewing the police report, declined to prosecute, the story was heavily covered by local media and even made the national news. The facility’s management placed several staff members on administrative leave while they looked into violations of facility rules that emphasize patient rights, dignity and protection. Management reported the matter to the BON, which opened investigations to determine whether state or federal regulations against “exploitation of vulnerable adults” were violated. Although the originator of the photo was never discovered, nursing staff also faced potential liability for their willingness to electronically share the photo within and outside the facility, thus exacerbating the patient privacy violations, while at the same time, failing to bring it to management’s attention in accordance with facility policies and procedures. The patient in the photo was ultimately identified and her family threatened to sue the facility and all the staff involved. The BON’s complaint is pending and this matter was referred to the agency that oversees long-term care agencies.

This scenario shows how important it is for nurses to carefully consider their actions. The nurses had a duty to immediately report the incident to their supervisor to protect patient privacy and maintain professionalism. Instead, the situation escalated to involving the BON, the county prosecutor and even the national media. Since
the patient was ultimately identified, the family was embarrassed and the organization faced possible legal consequences. The organization was also embarrassed because of the national media focus.

SCENARIO 3

A 20-year-old junior nursing student, Emily, was excited to be in her pediatrics rotation. She had always wanted to be a pediatric nurse. Emily was caring for Tommy, a three-year-old patient in a major academic medical center’s pediatric unit. Tommy was receiving chemotherapy for leukemia. He was a happy little guy who was doing quite well and Emily enjoyed caring for him. Emily knew he would likely be going home soon, so when his mom went to the cafeteria for a cup of coffee, Emily asked him if he minded if she took his picture. Tommy, a little “ham,” consented immediately. Emily took his picture with her cell phone as she wheeled him into his room because she wanted to remember his room number.

When Emily got home that day she excitedly posted Tommy’s photo on her Facebook page so her fellow nursing students could see how lucky she was to be caring for such a cute little patient. Along with the photo, she commented, “This is my 3-year-old leukemia patient who is bravely receiving chemotherapy. I watched the nurse administer his chemotherapy today and it made me so proud to be a nurse.” In the photo, Room 324 of the pediatric unit was easily visible.

Three days later, the dean of the nursing program called Emily into her office. A nurse from the hospital was browsing Facebook and found the photo Emily posted of Tommy. She reported it to hospital officials who promptly called the nursing program. While Emily never intended to breach the patient’s confidentiality, it didn’t matter. Not only was the patient’s privacy compromised, but the hospital faced a HIPAA violation. People were able to identify Tommy as a “cancer patient,” and the hospital was identified as well. The nursing program had a policy about breaching patient confidentiality and HIPAA violations. Following a hearing with the student, school officials and the student’s professor, Emily was expelled from the program. The nursing program was barred from using the pediatric unit for their students, which was very problematic because clinical sites for acute pediatrics are difficult to find. The hospital contacted federal officials about the HIPAA violation and began to institute more strict policies about use of cell phones at the hospital.

This scenario highlights several points. First of all, even if the student had deleted the photo, it is still available. Therefore, it would still be discoverable in a court of law. Anything that exists on a server is there forever and could be resurrected later, even after deletion. Further, someone can access Facebook, take a screen shot and post it on a public website.

Secondly, this scenario elucidates confidentiality and privacy breaches, which not only violate HIPAA and the nurse practice act in that state, but also could put the student, hospital and nursing program at risk for a lawsuit. It is clear in this situation that the student was well-intended, and yet the post was still inappropriate. While the patient was not identified by name, he and the hospital were still readily identifiable.

SCENARIO 4

A BON received a complaint that a nurse had blogged on a local newspaper’s online chat room. The complaint noted that the nurse bragged about taking care of her “little handicapper.” Because they lived in a small town, the complainant could identify the nurse and the patient. The complainant stated that the nurse was violating “privacy laws” of the child and his family. It was also discovered that there appeared to be debate between the complainant and the nurse on the blog over local issues. These debates and disagreements resulted in the other blogger filing a complaint about the nurse.

A check of the newspaper website confirmed that the nurse appeared to write affectionately about the handicapped child for whom she provided care. In addition to making notes about her “little handicapper,” there were comments about a wheelchair and the child’s age. The comments were not meant to be offensive, but did provide personal information about the patient. There was no specific identifying information found on the blog about the patient, but if you knew the nurse, the patient or the patient’s family, it would be possible to identify who was being discussed.

The board investigator contacted the nurse about the issue. The nurse admitted she is a frequent blogger on the local newspaper site; she explained that she does not have a television and blogging is what she does for entertainment. The investigator discussed that as a nurse, she must be careful not to provide any information about her home care patients in a public forum.
The BON could have taken disciplinary action for the nurse failing to maintain the confidentiality of patient information. The BON decided a warning was sufficient and sent the nurse a letter advising her that further evidence of the release of personal information about patients will result in disciplinary action.

This scenario illustrates that nurses need to be careful not to mention work issues in their private use of websites, including posting on blogs, discussion boards, etc. The site used by the nurse was not specifically associated with her like a personal blog is; nonetheless the nurse posted sufficient information to identify herself and the patient.

**SCENARIO 5**

Nursing students at a local college had organized a group on Facebook that allowed the student nurses’ association to post announcements and where students could frequently blog, sharing day-to-day study tips and arranging study groups. A student-related clinical error occurred in a local facility and the student was dismissed from clinical for the day pending an evaluation of the error. That evening, the students blogged about the error, perceived fairness and unfairness of the discipline, and projected the student’s future. The clinical error was described, and since the college only utilized two facilities for clinical experiences, it was easy to discern where the error took place. The page and blog could be accessed by friends of the students, as well as the general public.

The students in this scenario could face possible expulsion and discipline. These blogs can be accessed by the public and the patient could be identified because this is a small community. It is a myth that it can only be accessed by that small group, and as in Scenario 3, once posted, the information is available forever. Additionally, information can be quickly spread to a wide audience, so someone could have taken a screen shot of the situation and posted it on a public site. This is a violation of employee/university policies.

**SCENARIO 6**

Chris Smith, the brother of nursing home resident Edward Smith, submitted a complaint to the BON. Chris was at a party when his friend, John, picked up his wife’s phone to read her a text message. The message noted that she was to “get a drug screen for resident Edward Smith.” The people at the party who heard the orders were immediately aware that Edward Smith was the quadriplegic brother of Chris. Chris did not want to get the nurse in trouble, but was angered that personal information about his brother’s medical information was released in front of others.

The BON opened an investigation and learned that the physician had been texting orders to the personal phone number of nurses at the nursing home. This saved time because the nurses would get the orders directly and the physician would not have to dictate orders by phone. The use of cell phones also provided the ability for nurses to get orders while they worked with other residents. The practice was widely known within the facility, but was not the approved method of communicating orders.

The BON learned that on the night of the party, the nurse had left the facility early. A couple hours prior to leaving her shift she had called the physician for new orders for Edward Smith. She passed this information onto the nurse who relieved her. She explained that the physician must not have gotten a text from her co-worker before he texted her the orders.

The BON contacted the nursing home and spoke to the director of nursing. The BON indicated that if the physician wanted to use cell phones to text orders, he or the facility would need to provide a dedicated cell phone to staff. The cell phone could remain in a secured, private area at the nursing home or with the nurse during her shift.

The BON issued a warning to the nurse. In addition, the case information was passed along to the health board and medical board to follow up with the facility and physician.

This scenario illustrates the need for nurses to question practices that may result in violations of confidentiality and privacy. Nurse managers should be aware of these situations and take steps to minimize such risks.

**SCENARIO 7**

Jamie has been a nurse for 12 years, working in hospice for the last six years. One of Jamie’s current patients, Maria, maintained a hospital-sponsored communication page to keep friends and family updated on her battle with cancer. Jamie periodically read Maria’s postings, but had never left any online comments. One day, Maria
posted about her depression and difficulty finding an effective combination of medications to relieve her pain without unbearable side effects. Jamie knew Maria had been struggling and wanted to provide support, so she wrote a comment in response to the post, stating, “I know the last week has been difficult. Hopefully the new happy pill will help, along with the increased dose of morphine. I will see you on Wednesday.” The site automatically listed the user’s name with each comment. The next day, Jamie was shopping at the local grocery store when a friend stopped her and said, “I didn’t know you were taking care of Maria. I saw your message to her on the communication page. I can tell you really care about her and I am glad she has you. She’s an old family friend, you know. We’ve been praying for her but it doesn’t look like a miracle is going to happen. How long do you think she has left?” Jamie was instantly horrified to realize her expression of concern on the webpage had been an inappropriate disclosure. She thanked her friend for being concerned, but said she couldn’t discuss Maria’s condition. She immediately went home and attempted to remove her comments, but that wasn’t possible. Further, others could have copied and pasted the comments elsewhere.

At her next visit with Maria, Jamie explained what had happened and apologized for her actions. Maria accepted the apology, but asked Jamie not to post any further comments. Jamie self-reported to the BON and is awaiting the BON’s decision. This scenario emphasizes the importance for nurses to carefully consider the implications of posting any information about patients on any type of website. While this website was hospital sponsored, it was available to friends and family. In some contexts it is appropriate for a nurse to communicate empathy and support for patients, but they should be cautious not to disclose private information, such as types of medications the patient is taking.

References


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

National Council of State Boards of Nursing
111 E. Wacker Dr., Suite 2900 Chicago, IL 60601
312.525.3600 | Fax: 312.279.1032

**D. INSTRUCTIONS FOR ACCESSING THE AQUINAS COLLEGE LIBRARY**

**Procedure for accessing Aquinas Databases from off campus using Aquinas ID:**
1. From Aquinas College Homepage ([www.aquinascollege.edu](http://www.aquinascollege.edu)) select “Library” Link
2. From Library Homepage select “Research Databases” Link
3. From Knowledge Portal page select “Databases from Off-Campus” Link
4. From the page “Access to Databases via College ID# “ select desired database
5. When asked to enter “username.” Enter barcode number on back of Aquinas ID card (*). (* Your Aquinas ID Barcode number will only work if you have registered this number with the Aquinas College Library. Please note that you must personally visit the Aquinas Library in order to register your ID Barcode number.

**Procedure for accessing Aquinas Databases from off campus using individual database passwords.**
1. From Aquinas College Homepage select “Library” Link
2. From Library Homepage select “Research Databases” Link
3. From Knowledge Portal page select “Research Databases” Link
4. From Research Database page select desired database
5. If the database requires authentication you will have to enter a unique database username and password for each selected database (**).
E. ST. MARTIN NURSING SIMULATION LABORATORY POLICIES AND PROCEDURES

INTRODUCTION: The Aquinas College St. Martin Nursing Simulation Learning Laboratory (St. Martin Lab (SML)) has been designed and equipped for use by all students and faculty of the School of Nursing. The purpose of the Lab is to provide a simulated clinical learning environment for the development and assessment of clinical competencies for nursing practice consistent with the outcomes of the respective nursing programs. The Lab is designed for use for organized instructional periods under the supervision of faculty and for independent-self-directed learning.

POLICIES AND PROCEDURES: To assist students in achieving clinical competency for nursing practice, the appropriate use, maintenance of equipment, supplies and furnishings are necessary.

1. Use of the SML for formal classroom instruction takes precedence over independent self-directed learning of students. Scheduled classroom sessions are posted at the entrances of the SML.

2. Requests for scheduling for independent study are submitted to the SML Coordinator or course faculty. The SML is open Mondays-through Thursdays from 8:00 a.m. to 4:00 p.m.

3. Only currently enrolled nursing students at Aquinas College are permitted in the SML. Current Student Identification Badges are to be worn while using the SML.

4. Eating, drinking or chewing gum is not permitted in the SML. A fine of $25.00 will be charged each time this policy is violated.

5. All equipment (mannequins; supplies; books) are to be used carefully and safely at all times. At the conclusion of the learning experience all equipment is to be properly cleaned and replaced in its proper place; beds properly made; privacy screens in their proper place; cleaning up all spillages of water or other fluids.

6. Report all damaged or malfunctioning equipment immediately to the SML Coordinator or course faculty.

7. Disposable supplies are to be used within reason and disposed properly in the appropriate containers.

8. In the event of accidents or injuries involving nursing students performing in the role of nursing students under the supervision of nursing faculty of the School of Nursing, the following are to be observed:
a. Students are responsible for notifying the SML Coordinator or course faculty of the incident immediately following its occurrence.
b. For incidents involving Blood Borne Pathogens or needle sticks in the SML, students are also responsible for notifying the course faculty.
c. For injuries:
   i. students are to be referred to an appropriate professional for examination and a determination made regarding further intervention or treatment;
   ii. refusal of students to be examined is to be noted in the students file. In these instances, students are required to sign a waiver that relieves the SML, course faculty and Aquinas College from any consequences following a refusal to seek an evaluation or treatment;
   iii. Aquinas College is not responsible for the costs of treatment as a result of an accident or injury. The School of Nursing requires that all nursing students carry health insurance.

F. THE JEANETTE & LEON TRAVIS NURSING SIMULATION CENTER AT ST. THOMAS HOSPITAL

PART A: POLICIES AND PROCEDURES

INTRODUCTION: The School of Nursing at Aquinas College has been invited to use the facilities of the Jeanette and Leon Travis Nursing Simulation Center at St. Thomas Hospital (aka the Travis Center) for simulation learning opportunities for faculty and students. The purpose of the Travis Center is to provide a simulated clinical learning environment for the development and assessment of clinical competencies for nursing practice consistent with the outcomes of the respective nursing programs. The Travis Center is designed for use for organized instructional periods under the supervision of faculty.

POLICIES AND PROCEDURES: To assist students in achieving clinical competency for nursing practice, the appropriate use, maintenance of equipment, supplies and furnishings are necessary.

1. All faculty and students must complete the online General and Clinical Facility Orientation Program (Total Clinical Placement System: http://tcps-tn.org/orient.htm) prior to using the Travis Center. Instructions for completing this on-line program are attached.

2. Use of the Travis Center for formal classroom instruction and simulation practice sessions must be scheduled through the Coordinator of the Travis Center.

3. Faculty of the School of Nursing at Aquinas College is responsible for instruction and supervision of students.
4. Only faculty and currently enrolled nursing students at Aquinas College are permitted access to the Travis Center.

5. Eating and drinking is limited to the classroom. A fine of $25.00 will be charged each time this policy is violated. All refuse is to be placed in the proper containers.

6. All equipment (mannequins; supplies; books) are to be used carefully and safely at all times.

7. Report all damaged or malfunctioning equipment immediately to course faculty.

8. At the conclusion of learning experiences:
   a. all equipment is to be properly cleaned and replaced in its proper place.
   b. beds properly made and linens changed as needed.
   c. cleaning up all spillages of water or other fluids.
   d. soiled linens are to be placed in the appropriate receptacles.
   e. all refuse placed in its proper containers.

9. Disposable supplies are to be used within reason and properly discarded in the appropriate containers.

10. In the event of accidents or injuries involving nursing students performing in the role of nursing students under the supervision of nursing faculty of the School of Nursing, the following are to be observed:
    a. Students are responsible for notifying the course faculty of the incident immediately following its occurrence.
    b. For incidents involving Blood Borne Pathogens or needle sticks in the Travis Center, students are also responsible for notifying the course faculty and the Center Coordinator.
    c. For injuries:
       i. students are to report all injuries via the SaferSystem at St. Thomas Hospital
       ii. students are to be referred to an appropriate professional and a determination made regarding further intervention or treatment.
       iii. refusal of students to be examined is to be noted in the students file. In these instances, students are required to sign a waiver that relieves St. Thomas Hospital, course faculty and Aquinas College from any consequences following a refusal to seek an evaluation or treatment.
       iv. Aquinas College is not responsible for the costs of treatment as a result of an accident or injury. The School of Nursing requires that all nursing students carry health insurance.
PART B: ACCESS TO THE TRAVIS CENTER

1. **Location:** The Travis Center is located on the sixth floor, 6D, of St. Thomas Hospital, 4220 Harding Road, Nashville, TN 37205.

2. **Access:** For purpose of security and safety, access to the Travis Center is restricted and requires the use of a pass card. When arriving at the entrance to Travis Center, gently knock on the door and someone will come to open the door. At no time is the door to be propped open.

3. **Parking Options:** Days: use the parking areas at Aquinas College; Evenings: parking is available without cost in the Seton Garage on the Saint Thomas campus.

AC-DON-Travis Nursing Simulation Center Policies & Procedures 2/25/2011

G. POLICY ON CLINICAL EXPERIENCES IN THE EVENT OF UNFAVORABLE WEATHER

A. **PURPOSE:** The purpose of this policy is to establish clear guidelines for faculty and students participating in theory and clinical experiences and to assure their safety in the event of unfavorable weather conditions.

B. **GENERAL GUIDELINES:**

1. Aquinas College will normally remain open as scheduled regardless of weather conditions.
2. Students, faculty and staff should use their discretion regarding coming to campus.
3. Should an emergency or weather-related event occur that would dictate the school to close for all or part of the day, the closure or late start will be announced through our Emergency Notification System via e-mail, text message, the Aquinas College homepage, www.aquinascollage.edu, and on local television.
4. If the College is closed, there are no theory classes on campus.
5. If the College opens later than 8:00 AM, the late opening will be announced as early as possible by the above-named media. Any classes affected by the late opening will begin at the hour the College opens and end at its regularly scheduled time.
6. Classes that are held off campus are left to the discretion of the instructor who will communicate with each student in the class.

C. **SPECIFIC GUIDELINES FOR OFF-CAMPUS CLINICAL NURSING EXPERIENCES:**
1. The decision to close the College or to open on a delayed schedule rests with the College Administration (see II. General Guidelines, 1 through 6).
2. If the College is officially closed all clinical experiences are cancelled.
3. If the College opens on a delayed schedule, clinical faculty will make the decision to either proceed with clinical experiences or cancel them.
4. Depending on when decisions to closure of the College are announced, designated course faculty will serve as the point of first contact concerning the application of these specific guidelines to clinical experiences either to cancel the experiences or to proceed with clinical experiences should students have arrived in the clinical setting before official announcements are made.
5. Students who arrive at their clinical assignments before an official announcement to close or delay classes has been made should participate in their assignments only if members of the regular or adjunct faculty are present.
6. The DON communication system will be used to convey this information in a timely manner to clinical agencies, adjunct clinical faculty and students.


H. NURSING STUDENT AWARDS POLICIES AND PROCEDURES

PURPOSE: From time to time, selected graduating nursing students demonstrate exceptional contributions to nursing consistent with the Mission and Philosophy of the School of Nursing and of Aquinas College. Through an objective and transparent process, the Faculty of the Department has enunciated policies and procedures that publically recognize graduating students during the College’s Commencement Week activities.

SELECTION PROCESS: Under the direction of the School of Nursing’s Committee on Faculty and Student Leadership Development, the process for selecting graduating students to receive awards based on the respective award criteria from the School of Nursing is as follows:
1. Nominations for student awards may be submitted by faculty and students of the School of Nursing.
2. Nominations are to be submitted in writing to the Chair of the Committee explaining why the nominee should be considered for the respective award.
3. All nominations are to be submitted to the Chair of the Academic Standards Committee not later than March 1.
4. Nominations and supportive documentation will be distributed to the Faculty of the School of Nursing who will select students to receive awards.
5. Selection of the students to receive awards requires an absolute majority (one plus half) of the votes of the regular faculty.
6. Ordinarily one award will be presented during the December and May Graduation unless the Faculty determine otherwise.

AC-DON: Nursing Awards-3/23/2011
I. SUBSTANCE ABUSE POLICY

Aquinas College School of Nursing recognizes its responsibility for maintaining a drug-free clinical environment where patient care and services are provided in a safe, competent and effective manner. A nursing student abusing drugs and/or alcohol and who attends class or clinical practice while under the influence of drugs or alcohol present a serious health and safety hazard to themselves, peers, staff, faculty and patients.

POLICY

Nursing students are prohibited from being under the influence of alcohol, illegal substances or other mind-altering substances while in the student role in the classroom or clinical agency. In addition, students may not use, possess, manufacture, distribute, solicit or receive alcohol, illegal substances or other mind-altering substances while in the classroom or clinical setting in the role of a nursing student representing Aquinas College.

Any nursing student whose classroom, clinical performance or behavior suggests the influence of alcohol or other mind-altering substances may be asked to submit to a random drug screen. This provides an opportunity for the student to be cleared of any improper drug use. A student who is non-compliant or refuses to submit to an alcohol/drug screen as requested or a student with a positive alcohol/drug screen will be immediately dismissed from the RN-BSN Program.

Nursing students are asked to inform their instructor if they are taking medication that may affect their judgment and clinical performance. If the student’s clinical performance, behavior and/or judgment suggest misuse of a prescription medication, the student will be asked to leave clinical and will be allowed to return to the clinical area only after submitting a notice of evaluation by the prescribing physician or healthcare provider. Misuse of prescription medication is subject to review under this policy.

PROCEDURES

Aquinas College nursing faculty reserve the right to request a random urine or blood alcohol and drug screening under any of the following circumstances:

1. Behavior or physical appearance indicative of alcohol or drug impairment.
2. Discovery of any missing controlled substance.
4. Solicitation of drugs.

Upon suspicion of student alcohol or drug abuse:

1. The instructor will notify the Director of the RN-BSN Program by telephone followed by the completion of the School of Nursing Incident Report form.
2. The Dean of School of Nursing is to be notified if the Director of the RN-BSN Program is not available.
3. A decision is made upon notification regarding appropriate action.
4. Student may be asked to submit to appropriate testing; if testing is required a member of the faculty is to accompany the student to be tested.
5. Student will sign consent form prior to testing.
6. Refusal to submit to testing will result in immediate dismissal.
7. Negative test results: student is allowed to return to the classroom and/or clinical area.
8. Positive test results: student is immediately dismissed from the program.

A student removed from clinical due to misuse of prescription medication will be allowed to return only with a note from the physician. Each missed clinical day will be an absence. If a student misses more than 3 clinical days, the student will receive an F for the course.

J. REQUIREMENTS FOR STUDENTS PARTICIPATING IN CLINICAL EXPERIENCES IN THE RN-BSN PROGRAM

Note: This checklist must be completed with all supporting documentation attached and returned to the Director of the RN-BSN Program in the School of Nursing at Aquinas College not later than four weeks before the first class session in NUR 442 – Senior Practicum and Seminar.

Name of Student: ___________________________________________
Social Security Number: _______________________________________
School: ___________________________________________________
Program: ___________________________________________________

RN-BSN students will have the opportunity to participate in a wide range and variety of preceptor clinical experiences. Students and faculty will jointly interpret course-learning objectives according to the student RN’s experience, professional goals, and identified learning needs.

A. Requirements

Clinical experience requirements are justified by the special nature of the profession of nursing that deals with the health status of individuals and requires that both nurses and patients be protected from injury and diseases when immunization or screening is available.

All students enrolling in a clinical nursing course must submit the following documentation to Mrs. Sandra Adams, Administrative Assistant in the School of Nursing at Aquinas College before beginning the clinical experience (by mail; by fax (615) 783-0562):
1. Copy of a currently active and unrestricted Tennessee RN license.
2. Copy of card verifying current CPR certification (adult/child)
3. Copy of card verifying current health insurance coverage
4. Copy of the results of a Criminal Background Check
5. Specific Requirements:
   a. In accord with recommendations from the Centers for Disease Control ("CDC"), a two-step TB skin test is required. Student must provide written documentation of two (2) TB skin tests done within one year of the start date of the clinical, one of which needs to be within the past 3 months. If the second TB skin test is positive, a baseline chest X-ray will be required. Thereafter, a TB skin test will be performed annually. Date of last TB skin tests: ____________________________
      Results: ☐ Negative  ☐ Positive  Documentation attached.
      If positive, date and result of last chest X-ray: ____________________________
      Documentation attached.
   b. If born on or after January 1, 1957, provide written documentation of two (2) live measles (rubeola) vaccines given no less than one month apart, after the first birthday; or written documentation of a measles/mumps/rubella (MMR) vaccine since 1989, or written documentation of laboratory evidence of immunity to rubeola: date and result.
      _____ MMR/Rubeola vaccine: Documentation attached
      _____ Rubeola infection: Documentation attached
      _____ MMR Rubeola vaccine not applicable.
      Date of Birth: ____________________________
      _____ Laboratory evidence of measles immunity attached
   c. Provide written documentation of a positive varicella (chicken pox) titer drawn from a reputable laboratory: date and result; or written documentation of two (2) varicella vaccines given no less than one month apart and a post vaccine titer.
      _____ Varicella titer; Documentation attached
      _____ Varicella vaccine; Documentation attached.
   d. Provide written documentation of completed series of three (3) Hepatitis-B vaccines, or provide written documentation of positive surface antibodies to hepatitis B, or documentation of informed refusal of the vaccine.
      _____ Series begun, has had _____ of three (3) Hepatitis-B Immunizations; Documentation attached
      _____ Documentation of three (3) Hepatitis-B vaccinations attached
Documentation of informed refusal of the vaccine attached
Documentation of hepatitis B immunity attached

e. Provide written documentation of laboratory evidence of immunity to rubella (German measles) and mumps date and result. These titers are not necessary if the student/nurse/instructor received at least one dose of MMR or one dose each of Rubella vaccine and Mumps vaccine.
   _____ Immunity due to MMR or Rubella vaccine;
   Documentation attached.
   _____ Immunity to Rubella documented by positive titer.
   Documentation attached.
   _____ Immunity to Mumps documented by positive titer.
   Documentation attached.

f. It is recommended the student/nurse/instructor receive a tetanus/diphtheria booster if ten (10) years have elapsed since last booster.
   Date of last booster._____________; Documentation attached.

g. Signature required by OSHA to acknowledge receipt of educational materials related to blood borne pathogens (Management of Occupational Exposures to Blood or Other Potentially Infectious Materials).

I have received the educational materials related to blood borne pathogens.

Signature/Date: (student/instructor): ____________________________

Note: Students who know they have an infectious disease process should not enter the clinical area. Students who may be immunosuppressed should avoid coming in contact with infectious patients.

B. **Professional Dress:**

RNs enrolled in the RN-BSN Program and participate in clinical experiences in hospitals or other clinical settings will usually wear street clothes (no shorts, jeans, tank tops, T-shirts, sandals) covered by a white lab coat. In certain community settings, a lab coat may not be appropriate. The official Aquinas College School of Nursing Photo Identification Badge is always to be worn at the level of the collar or best pocket. Clinical settings under contract with School of Nursing at Aquinas College have the authority to require students to comply with their specific dress code policies.
C. Verification: All documentation has been reviewed and is on file in the School of Nursing at Aquinas College.

Authorized Signature
AC-DON-RN-BSN Program: 2/11/2011

Date

K. ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES

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Ethical and Religious Directives for Catholic Health Care Services
Fifth Edition
United States Conference of Catholic Bishops

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PREAMBLE

Health care in the United States is marked by extraordinary change. Not only is there continuing change in clinical practice due to technological advances, but the health care system in the United States is being challenged by both institutional and social factors as well. At the same time, there are a number of developments within the Catholic Church affecting the ecclesial mission of health care. Among these are significant changes in religious orders and congregations, the increased involvement of lay men and women, a heightened awareness of the Church’s social role in the world, and developments in moral theology since the Second Vatican Council. A contemporary understanding of the Catholic health care ministry must take into account the new challenges presented by transitions both in the Church and in American society.

Throughout the centuries, with the aid of other sciences, a body of moral principles has emerged that expresses the Church’s teaching on medical and moral matters and has proven to be pertinent and applicable to the ever-changing circumstances of health care and its delivery. In response to today’s challenges, these same moral principles of Catholic teaching provide the rationale and direction for this revision of the Ethical and Religious Directives for Catholic Health Care Services.

These Directives presuppose our statement Health and Health Care published in 1981. There we presented the theological principles that guide the Church’s vision of health care, called for all Catholics to share in the healing mission of the Church, expressed our full commitment to the health care ministry, and offered encouragement to all those who are involved in it. Now, with American health care facing even more dramatic changes, we reaffirm the Church’s commitment to health care ministry and the distinctive Catholic identity of the Church’s institutional health care services. The purpose of these Ethical and Religious Directives then is twofold: first, to reaffirm the ethical standards of behavior in health care that flow from the Church’s teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today.

The Ethical and Religious Directives are concerned primarily with institutionally based Catholic health care services. They address the sponsors, trustees, administrators, chaplains, physicians, health care personnel, and patients or residents of these institutions and services. Since they express the Church’s moral teaching, these Directives also will be helpful to Catholic professionals engaged in health care services in other settings. The moral teachings that we profess here flow principally from the natural law, understood in the light of the revelation Christ has entrusted to his Church. From this source the Church has derived its understanding of the nature of the human person, of human acts, and of the goals that shape human activity.

The Directives have been refined through an extensive process of consultation with bishops, theologians, sponsors, administrators, physicians, and other health care providers. While providing standards and guidance, the Directives do not cover in detail all of the complex issues that confront Catholic health care today. Moreover, the Directives will be reviewed periodically.
by the United States Conference of Catholic Bishops (formerly the National Conference of Catholic Bishops), in the light of authoritative church teaching, in order to address new insights from theological and medical research or new requirements of public policy.

The Directives begin with a general introduction that presents a theological basis for the Catholic health care ministry. Each of the six parts that follow is divided into two sections. The first section is in expository form; it serves as an introduction and provides the context in which concrete issues can be discussed from the perspective of the Catholic faith. The second section is in prescriptive form; the directives promote and protect the truths of the Catholic faith as those truths are brought to bear on concrete issues in health care.

GENERAL INTRODUCTION

The Church has always sought to embody our Savior’s concern for the sick. The gospel accounts of Jesus’ ministry draw special attention to his acts of healing: he cleansed a man with leprosy (Mt 8:1-4; Mk 1:40-42); he gave sight to two people who were blind (Mt 20:29-34; Mk 10:46-52); he enabled one who was mute to speak (Lk 11:14); he cured a woman who was hemorrhaging (Mt 9:20-22; Mk 5:25-34); and he brought a young girl back to life (Mt 9:18, 23-25; Mk 5:35-42). Indeed, the Gospels are replete with examples of how the Lord cured every kind of ailment and disease (Mt 9:35). In the account of Matthew, Jesus’ mission fulfilled the prophecy of Isaiah: “He took away our infirmities and bore our diseases” (Mt 8:17; cf. Is 53:4).

Jesus’ healing mission went further than caring only for physical affliction. He touched people at the deepest level of their existence; he sought their physical, mental, and spiritual healing (Jn 6:35, 11:25-27). He “came so that they might have life and have it more abundantly” (Jn 10:10).

The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ’s mission; to see suffering as a participation in the redemptive power of Christ’s passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ.

For the Christian, our encounter with suffering and death can take on a positive and distinctive meaning through the redemptive power of Jesus’ suffering and death. As St. Paul says, we are “always carrying about in the body the dying of Jesus, so that the life of Jesus may also be manifested in our body” (2 Cor 4:10). This truth does not lessen the pain and fear, but gives confidence and grace for bearing suffering rather than being overwhelmed by it. Catholic health care ministry bears witness to the truth that, for those who are in Christ, suffering and death are the birth pangs of the new creation. “God himself will always be with them [as their God]. He will wipe every tear from their eyes, and there shall be no more death or mourning, wailing or pain, [for] the old order has passed away” (Rev 21:3-4).
In faithful imitation of Jesus Christ, the Church has served the sick, suffering, and dying in various ways throughout history. The zealous service of individuals and communities has provided shelter for the traveler; infirmaries for the sick; and homes for children, adults, and the elderly. In the United States, the many religious communities as well as dioceses that sponsor and staff this country’s Catholic health care institutions and services have established an effective Catholic presence in health care. Modeling their efforts on the gospel parable of the Good Samaritan, these communities of women and men have exemplified authentic neighborliness to those in need (Lk 10:25-37). The Church seeks to ensure that the service offered in the past will be continued into the future.

While many religious communities continue their commitment to the health care ministry, lay Catholics increasingly have stepped forward to collaborate in this ministry. Inspired by the example of Christ and mandated by the Second Vatican Council, lay faithful are invited to a broader and more intense field of ministries than in the past. By virtue of their Baptism, lay faithful are called to participate actively in the Church’s life and mission. Their participation and leadership in the health care ministry, through new forms of sponsorship and governance of institutional Catholic health care, are essential for the Church to continue her ministry of healing and compassion. They are joined in the Church’s health care mission by many men and women who are not Catholic.

Catholic health care expresses the healing ministry of Christ in a specific way within the local church. Here the diocesan bishop exercises responsibilities that are rooted in his office as pastor, teacher, and priest. As the center of unity in the diocese and coordinator of ministries in the local church, the diocesan bishop fosters the mission of Catholic health care in a way that promotes collaboration among health care leaders, providers, medical professionals, theologians, and other specialists. As pastor, the diocesan bishop is in a unique position to encourage the faithful to greater responsibility in the healing ministry of the Church. As teacher, the diocesan bishop ensures the moral and religious identity of the health care ministry in whatever setting it is carried out in the diocese. As priest, the diocesan bishop oversees the sacramental care of the sick. These responsibilities will require that Catholic health care providers and the diocesan bishop engage in ongoing communication on ethical and pastoral matters that require his attention.

In a time of new medical discoveries, rapid technological developments, and social change, what is new can either be an opportunity for genuine advancement in human culture, or it can lead to policies and actions that are contrary to the true dignity and vocation of the human person. In consultation with medical professionals, church leaders review these developments, judge them according to the principles of right reason and the ultimate standard of revealed truth, and offer authoritative teaching and guidance about the moral and pastoral responsibilities entailed by the Christian faith. While the Church cannot furnish a ready answer to every moral dilemma, there are many questions about which she provides normative guidance and direction. In the absence of a determination by the magisterium, but never contrary to church teaching, the guidance of approved authors can offer appropriate guidance for ethical decision making.
Created in God’s image and likeness, the human family shares in the dominion that Christ manifested in his healing ministry. This sharing involves a stewardship over all material creation (Gn 1:26) that should neither abuse nor squander nature’s resources. Through science the human race comes to understand God’s wonderful work; and through technology it must conserve, protect, and perfect nature in harmony with God’s purposes. Health care professionals pursue a special vocation to share in carrying forth God’s life-giving and healing work.

The dialogue between medical science and Christian faith has for its primary purpose the common good of all human persons. It presupposes that science and faith do not contradict each other. Both are grounded in respect for truth and freedom. As new knowledge and new technologies expand, each person must form a correct conscience based on the moral norms for proper health care.

PART ONE
The Social Responsibility of Catholic Health Care Services

Introduction

Their embrace of Christ’s healing mission has led institutionally based Catholic health care services in the United States to become an integral part of the nation’s health care system. Today, this complex health care system confronts a range of economic, technological, social, and moral challenges. The response of Catholic health care institutions and services to these challenges is guided by normative principles that inform the Church’s healing ministry.

First, Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care.7

Second, the biblical mandate to care for the poor requires us to express this in concrete action at all levels of Catholic health care. This mandate prompts us to work to ensure that our country’s health care delivery system provides adequate health care for the poor. In Catholic institutions, particular attention should be given to the health care needs of the poor, the uninsured, and the underinsured.8

Third, Catholic health care ministry seeks to contribute to the common good. The common good is realized when economic, political, and social conditions ensure protection for the fundamental rights of all individuals and enable all to fulfill their common purpose and reach their common goals.9

Fourth, Catholic health care ministry exercises responsible stewardship of available health care resources. A just health care system will be concerned both with promoting equity of care—to assure that the right of each person to basic health care is respected—and with
promoting the good health of all in the community. The responsible stewardship of health care resources can be accomplished best in dialogue with people from all levels of society, in accordance with the principle of subsidiarity and with respect for the moral principles that guide institutions and persons.

Fifth, within a pluralistic society, Catholic health care services will encounter requests for medical procedures contrary to the moral teachings of the Church. Catholic health care does not offend the rights of individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the Church.

**Directives**

1. A Catholic institutional health care service is a community that provides health care to those in need of it. This service must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church.

2. Catholic health care should be marked by a spirit of mutual respect among caregivers that disposes them to deal with those it serves and their families with the compassion of Christ, sensitive to their vulnerability at a time of special need.

3. In accord with its mission, Catholic health care should distinguish itself by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination: the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees. In particular, the person with mental or physical disabilities, regardless of the cause or severity, must be treated as a unique person of incomparable worth, with the same right to life and to adequate health care as all other persons.

4. A Catholic health care institution, especially a teaching hospital, will promote medical research consistent with its mission of providing health care and with concern for the responsible stewardship of health care resources. Such medical research must adhere to Catholic moral principles.

5. Catholic health care services must adopt these Directives as policy, require adherence to them within the institution as a condition for medical privileges and employment, and provide appropriate instruction regarding the Directives for administration, medical and nursing staff, and other personnel.

6. A Catholic health care organization should be a responsible steward of the health care resources available to it. Collaboration with other health care providers, in ways that do not compromise Catholic social and moral teaching, can be an effective means of such stewardship.
7. A Catholic health care institution must treat its employees respectfully and justly. This responsibility includes: equal employment opportunities for anyone qualified for the task, irrespective of a person’s race, sex, age, national origin, or disability; a workplace that promotes employee participation; a work environment that ensures employee safety and well-being; just compensation and benefits; and recognition of the rights of employees to organize and bargain collectively without prejudice to the common good.

8. Catholic health care institutions have a unique relationship to both the Church and the wider community they serve. Because of the ecclesial nature of this relationship, the relevant requirements of canon law will be observed with regard to the foundation of a new Catholic health care institution; the substantial revision of the mission of an institution; and the sale, sponsorship transfer, or closure of an existing institution.

9. Employees of a Catholic health care institution must respect and uphold the religious mission of the institution and adhere to these Directives. They should maintain professional standards and promote the institution’s commitment to human dignity and the common good.

PART TWO
The Pastoral and Spiritual Responsibility of Catholic Health Care

Introduction

The dignity of human life flows from creation in the image of God (Gn 1:26), from redemption by Jesus Christ (Eph 1:10; 1 Tm 2:4-6), and from our common destiny to share a life with God beyond all corruption (1 Cor 15:42-57). Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all. The words of Christ have provided inspiration for Catholic health care: “I was ill and you cared for me” (Mt 25:36). The care provided assists those in need to experience their own dignity and value, especially when these are obscured by the burdens of illness or the anxiety of imminent death.

Since a Catholic health care institution is a community of healing and compassion, the care offered is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social, and spiritual dimensions of the human person. The medical expertise offered through Catholic health care is combined with other forms of care to promote health and relieve human suffering. For this reason, Catholic health care extends to the spiritual nature of the person. “Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person.” Directed to spiritual needs that are often appreciated more deeply during times of illness, pastoral care is an integral part of Catholic health care. Pastoral care encompasses the full range of spiritual services, including a listening presence; help in dealing with powerlessness, pain, and alienation; and assistance in recognizing and responding to God’s will with greater joy and peace. It should be acknowledged, of course, that technological advances in medicine have reduced the length of hospital stays dramatically. It follows, therefore, that the pastoral care of patients, especially administration of the sacraments,
will be provided more often than not at the parish level, both before and after one’s hospitalization. For this reason, it is essential that there be very cordial and cooperative relationships between the personnel of pastoral care departments and the local clergy and ministers of care.

Priests, deacons, religious, and laity exercise diverse but complementary roles in this pastoral care. Since many areas of pastoral care call upon the creative response of these pastoral caregivers to the particular needs of patients or residents, the following directives address only a limited number of specific pastoral activities.

**Directives**

10. A Catholic health care organization should provide pastoral care to minister to the religious and spiritual needs of all those it serves. Pastoral care personnel—clergy, religious, and lay alike—should have appropriate professional preparation, including an understanding of these Directives.

11. Pastoral care personnel should work in close collaboration with local parishes and community clergy. Appropriate pastoral services and/or referrals should be available to all in keeping with their religious beliefs or affiliation.

12. For Catholic patients or residents, provision for the sacraments is an especially important part of Catholic health care ministry. Every effort should be made to have priests assigned to hospitals and health care institutions to celebrate the Eucharist and provide the sacraments to patients and staff.

13. Particular care should be taken to provide and to publicize opportunities for patients or residents to receive the sacrament of Penance.

14. Properly prepared lay Catholics can be appointed to serve as extraordinary ministers of Holy Communion, in accordance with canon law and the policies of the local diocese. They should assist pastoral care personnel—clergy, religious, and laity—by providing supportive visits, advising patients regarding the availability of priests for the sacrament of Penance, and distributing Holy Communion to the faithful who request it.

15. Responsive to a patient’s desires and condition, all involved in pastoral care should facilitate the availability of priests to provide the sacrament of Anointing of the Sick, recognizing that through this sacrament Christ provides grace and support to those who are seriously ill or weakened by advanced age. Normally, the sacrament is celebrated when the sick person is fully conscious. It may be conferred upon the sick who have lost consciousness or the use of reason, if there is reason to believe that they would have asked for the sacrament while in control of their faculties.
16. All Catholics who are capable of receiving Communion should receive Viaticum when they are in danger of death, while still in full possession of their faculties.12

17. Except in cases of emergency (i.e., danger of death), any request for Baptism made by adults or for infants should be referred to the chaplain of the institution. Newly born infants in danger of death, including those miscarried, should be baptized if this is possible.13 In case of emergency, if a priest or a deacon is not available, anyone can validly baptize.14 In the case of emergency Baptism, the chaplain or the director of pastoral care is to be notified.

18. When a Catholic who has been baptized but not yet confirmed is in danger of death, any priest may confirm the person.15

19. A record of the conferral of Baptism or Confirmation should be sent to the parish in which the institution is located and posted in its baptism/confirmation registers.

20. Catholic discipline generally reserves the reception of the sacraments to Catholics. In accord with canon 844, §3, Catholic ministers may administer the sacraments of Eucharist, Penance, and Anointing of the Sick to members of the oriental churches that do not have full communion with the Catholic Church, or of other churches that in the judgment of the Holy See are in the same condition as the oriental churches, if such persons ask for the sacraments on their own and are properly disposed.

With regard to other Christians not in full communion with the Catholic Church, when the danger of death or other grave necessity is present, the four conditions of canon 844, §4, also must be present, namely, they cannot approach a minister of their own community; they ask for the sacraments on their own; they manifest Catholic faith in these sacraments; and they are properly disposed. The diocesan bishop has the responsibility to oversee this pastoral practice.

21. The appointment of priests and deacons to the pastoral care staff of a Catholic institution must have the explicit approval or confirmation of the local bishop in collaboration with the administration of the institution. The appointment of the director of the pastoral care staff should be made in consultation with the diocesan bishop.

22. For the sake of appropriate ecumenical and interfaith relations, a diocesan policy should be developed with regard to the appointment of non-Catholic members to the pastoral care staff of a Catholic health care institution. The director of pastoral care at a Catholic institution should be a Catholic; any exception to this norm should be approved by the diocesan bishop.
PART THREE
The Professional-Patient Relationship

Introduction
A person in need of health care and the professional health care provider who accepts that person as a patient enter into a relationship that requires, among other things, mutual respect, trust, honesty, and appropriate confidentiality. The resulting free exchange of information must avoid manipulation, intimidation, or condescension. Such a relationship enables the patient to disclose personal information needed for effective care and permits the health care provider to use his or her professional competence most effectively to maintain or restore the patient’s health. Neither the health care professional nor the patient acts independently of the other; both participate in the healing process.

Today, a patient often receives health care from a team of providers, especially in the setting of the modern acute-care hospital. But the resulting multiplication of relationships does not alter the personal character of the interaction between health care providers and the patient. The relationship of the person seeking health care and the professionals providing that care is an important part of the foundation on which diagnosis and care are provided. Diagnosis and care, therefore, entail a series of decisions with ethical as well as medical dimensions. The health care professional has the knowledge and experience to pursue the goals of healing, the maintenance of health, and the compassionate care of the dying, taking into account the patient’s convictions and spiritual needs, and the moral responsibilities of all concerned. The person in need of health care depends on the skill of the health care provider to assist in preserving life and promoting health of body, mind, and spirit. The patient, in turn, has a responsibility to use these physical and mental resources in the service of moral and spiritual goals to the best of his or her ability.

When the health care professional and the patient use institutional Catholic health care, they also accept its public commitment to the Church’s understanding of and witness to the dignity of the human person. The Church’s moral teaching on health care nurtures a truly interpersonal professional-patient relationship. This professional-patient relationship is never separated, then, from the Catholic identity of the health care institution. The faith that inspires Catholic health care guides medical decisions in ways that fully respect the dignity of the person and the relationship with the health care professional.

Directives

23. The inherent dignity of the human person must be respected and protected regardless of the nature of the person’s health problem or social status. The respect for human dignity extends to all persons who are served by Catholic health care.

24. In compliance with federal law, a Catholic health care institution will make available to patients information about their rights, under the laws of their state, to make an advance directive for their medical treatment. The institution, however, will not honor an advance
directive that is contrary to Catholic teaching. If the advance directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honored.

25. Each person may identify in advance a representative to make health care decisions as his or her surrogate in the event that the person loses the capacity to make health care decisions. Decisions by the designated surrogate should be faithful to Catholic moral principles and to the person’s intentions and values, or if the person’s intentions are unknown, to the person’s best interests. In the event that an advance directive is not executed, those who are in a position to know best the patient’s wishes—usually family members and loved ones—should participate in the treatment decisions for the person who has lost the capacity to make health care decisions.

26. The free and informed consent of the person or the person’s surrogate is required for medical treatments and procedures, except in an emergency situation when consent cannot be obtained and there is no indication that the patient would refuse consent to the treatment.

27. Free and informed consent requires that the person or the person’s surrogate receive all reasonable information about the essential nature of the proposed treatment and its benefits; its risks, side-effects, consequences, and cost; and any reasonable and morally legitimate alternatives, including no treatment at all.

28. Each person or the person’s surrogate should have access to medical and moral information and counseling so as to be able to form his or her conscience. The free and informed health care decision of the person or the person’s surrogate is to be followed so long as it does not contradict Catholic principles.

29. All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity. The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.

30. The transplantation of organs from living donors is morally permissible when such a donation will not sacrifice or seriously impair any essential bodily function and the anticipated benefit to the recipient is proportionate to the harm done to the donor. Furthermore, the freedom of the prospective donor must be respected, and economic advantages should not accrue to the donor.

31. No one should be the subject of medical or genetic experimentation, even if it is therapeutic, unless the person or surrogate first has given free and informed consent. In instances of non-therapeutic experimentation, the surrogate can give this consent only if the experiment entails no significant risk to the person’s well-being. Moreover, the greater the person’s incompetency and vulnerability, the greater the reasons must be to perform any medical experimentation, especially non-therapeutic.
32. While every person is obliged to use ordinary means to preserve his or her health, no person should be obliged to submit to a health care procedure that the person has judged, with a free and informed conscience, not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to family or community.18

33. The well-being of the whole person must be taken into account in deciding about any therapeutic intervention or use of technology. Therapeutic procedures that are likely to cause harm or undesirable side-effects can be justified only by a proportionate benefit to the patient.

34. Health care providers are to respect each person’s privacy and confidentiality regarding information related to the person’s diagnosis, treatment, and care.

35. Health care professionals should be educated to recognize the symptoms of abuse and violence and are obliged to report cases of abuse to the proper authorities in accordance with local statutes.

36. Compassionate and understanding care should be given to a person who is the victim of sexual assault. Health care providers should cooperate with law enforcement officials and offer the person psychological and spiritual support as well as accurate medical information. A female who has been raped should be able to defend herself against a potential conception from the sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization. It is not permissible, however, to initiate or to recommend treatments that have as their purpose or direct effect the removal, destruction, or interference with the implantation of a fertilized ovum.19

37. An ethics committee or some alternate form of ethical consultation should be available to assist by advising on particular ethical situations, by offering educational opportunities, and by reviewing and recommending policies. To these ends, there should be appropriate standards for medical ethical consultation within a particular diocese that will respect the diocesan bishop’s pastoral responsibility as well as assist members of ethics committees to be familiar with Catholic medical ethics and, in particular, these Directives.

PART FOUR
Issues in Care for the Beginning of Life

Introduction

The Church’s commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and with the dignity of marriage and of the marriage act by which human life is transmitted. The Church cannot approve medical practices that undermine the biological, psychological, and moral bonds on which the strength of marriage and the family depends.
Catholic health care ministry witnesses to the sanctity of life “from the moment of conception until death.”20 The Church’s defense of life encompasses the unborn and the care of women and their children during and after pregnancy. The Church’s commitment to life is seen in its willingness to collaborate with others to alleviate the causes of the high infant mortality rate and to provide adequate health care to mothers and their children before and after birth.

The Church has the deepest respect for the family, for the marriage covenant, and for the love that binds a married couple together. This includes respect for the marriage act by which husband and wife express their love and cooperate with God in the creation of a new human being. The Second Vatican Council affirms:

This love is an eminently human one. . . . It involves the good of the whole person. . . . The actions within marriage by which the couple are united intimately and chastely are noble and worthy ones. Expressed in a manner which is truly human, these actions signify and promote that mutual self-giving by which spouses enrich each other with a joyful and a thankful will.21

Marriage and conjugal love are by their nature ordained toward the begetting and educating of children. Children are really the supreme gift of marriage and contribute very substantially to the welfare of their parents. . . . Parents should regard as their proper mission the task of transmitting human life and educating those to whom it has been transmitted. . . . They are thereby cooperators with the love of God the Creator, and are, so to speak, the interpreters of that love.22

For legitimate reasons of responsible parenthood, married couples may limit the number of their children by natural means. The Church cannot approve contraceptive interventions that “either in anticipation of the marital act, or in its accomplishment or in the development of its natural consequences, have the purpose, whether as an end or a means, to render procreation impossible.”23 Such interventions violate “the inseparable connection, willed by God . . . between the two meanings of the conjugal act: the unitive and procreative meaning.”24

With the advance of the biological and medical sciences, society has at its disposal new technologies for responding to the problem of infertility. While we rejoice in the potential for good inherent in many of these technologies, we cannot assume that what is technically possible is always morally right. Reproductive technologies that substitute for the marriage act are not consistent with human dignity. Just as the marriage act is joined naturally to procreation, so procreation is joined naturally to the marriage act. As Pope John XXIII observed:

The transmission of human life is entrusted by nature to a personal and conscious act and as such is subject to all the holy laws of God: the immutable and inviolable laws which must be recognized and observed. For this reason, one cannot use means and follow methods which could be licit in the transmission of the life of plants and animals.25
Because the moral law is rooted in the whole of human nature, human persons, through intelligent reflection on their own spiritual destiny, can discover and cooperate in the plan of the Creator.26

**Directives**

38. When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive.27

39. Those techniques of assisted conception that respect the unitive and procreative meanings of sexual intercourse and do not involve the destruction of human embryos, or their deliberate generation in such numbers that it is clearly envisaged that all cannot implant and some are simply being used to maximize the chances of others implanting, may be used as therapies for infertility.

40. Heterologous fertilization (that is, any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouses) is prohibited because it is contrary to the covenant of marriage, the unity of the spouses, and the dignity proper to parents and the child.28

41. Homologous artificial fertilization (that is, any technique used to achieve conception using the gametes of the two spouses joined in marriage) is prohibited when it separates procreation from the marital act in its unitive significance (e.g., any technique used to achieve extracorporeal conception).29

42. Because of the dignity of the child and of marriage, and because of the uniqueness of the mother-child relationship, participation in contracts or arrangements for surrogate motherhood is not permitted. Moreover, the commercialization of such surrogacy denigrates the dignity of women, especially the poor.30

43. A Catholic health care institution that provides treatment for infertility should offer not only technical assistance to infertile couples but also should help couples pursue other solutions (e.g., counseling, adoption).

44. A Catholic health care institution should provide prenatal, obstetric, and postnatal services for mothers and their children in a manner consonant with its mission.

45. Abortion (that is, the directly intended termination of pregnancy before viability or the directly intended destruction of a viable fetus) is never permitted. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic health care institutions are not to provide abortion services, even based upon the
principle of material cooperation. In this context, Catholic health care institutions need to be concerned about the danger of scandal in any association with abortion providers.

46. Catholic health care providers should be ready to offer compassionate physical, psychological, moral, and spiritual care to those persons who have suffered from the trauma of abortion.

47. Operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman are permitted when they cannot be safely postponed until the unborn child is viable, even if they will result in the death of the unborn child.

48. In case of extrauterine pregnancy, no intervention is morally licit which constitutes a direct abortion.31

49. For a proportionate reason, labor may be induced after the fetus is viable.

50. Prenatal diagnosis is permitted when the procedure does not threaten the life or physical integrity of the unborn child or the mother and does not subject them to disproportionate risks; when the diagnosis can provide information to guide preventative care for the mother or pre- or postnatal care for the child; and when the parents, or at least the mother, give free and informed consent. Prenatal diagnosis is not permitted when undertaken with the intention of aborting an unborn child with a serious defect.32

51. Non-therapeutic experiments on a living embryo or fetus are not permitted, even with the consent of the parents. Therapeutic experiments are permitted for a proportionate reason with the free and informed consent of the parents or, if the father cannot be contacted, at least of the mother. Medical research that will not harm the life or physical integrity of an unborn child is permitted with parental consent.33

52. Catholic health institutions may not promote or condone contraceptive practices but should provide, for married couples and the medical staff who counsel them, instruction both about the Church’s teaching on responsible parenthood and in methods of natural family planning.

53. Direct sterilization of either men or women, whether permanent or temporary, is not permitted in a Catholic health care institution. Procedures that induce sterility are permitted when their direct effect is the cure or alleviation of a present and serious pathology and a simpler treatment is not available.34

54. Genetic counseling may be provided in order to promote responsible parenthood and to prepare for the proper treatment and care of children with genetic defects, in accordance with
Catholic moral teaching and the intrinsic rights and obligations of married couples regarding the transmission of life.

PART FIVE
Issues in Care for the Seriously Ill and Dying

Introduction

Christ’s redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death. The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death—for many, a time when hope seems lost—the Church witnesses to her belief that God has created each person for eternal life.

Above all, as a witness to its faith, a Catholic health care institution will be a community of respect, love, and support to patients or residents and their families as they face the reality of death. What is hardest to face is the process of dying itself, especially the dependency, the helplessness, and the pain that so often accompany terminal illness. One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it. Effective management of pain in all its forms is critical in the appropriate care of the dying.

The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.

The task of medicine is to care even when it cannot cure. Physicians and their patients must evaluate the use of the technology at their disposal. Reflection on the innate dignity of human life in all its dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. In this way two extremes are avoided: on the one hand, an insistence on useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death.

The Church’s teaching authority has addressed the moral issues concerning medically assisted nutrition and hydration. We are guided on this issue by Catholic teaching against euthanasia, which is “an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated.” While medically assisted nutrition and hydration are not morally obligatory in certain cases, these forms of basic care should in principle be provided to all patients who need them, including patients diagnosed as being in a “persistent vegetative state” (PVS), because even the most severely debilitated and helpless
patient retains the full dignity of a human person and must receive ordinary and proportionate care.

**Directives**

55. Catholic health care institutions offering care to persons in danger of death from illness, accident, advanced age, or similar condition should provide them with appropriate opportunities to prepare for death. Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. They should also be offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them. They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.

56. A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.

57. A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient’s judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense on the family or the community.

58. In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the “persistent vegetative state”) who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be “excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed.” For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.

59. The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.

60. Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way. Dying patients who request euthanasia should receive
loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death.42

61. Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for is or her death while fully conscious, he or she should not be deprived of consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person’s life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.

62. The determination of death should be made by the physician or competent medical authority in accordance with responsible and commonly accepted scientific criteria.

63. Catholic health care institutions should encourage and provide the means whereby those who wish to do so may arrange for the donation of their organs and bodily tissue, for ethically legitimate purposes, so that they may be used for donation and research after death.

64. Such organs should not be removed until it has been medically determined that the patient has died. In order to prevent any conflict of interest, the physician who determines death should not be a member of the transplant team.

65. The use of tissue or organs from an infant may be permitted after death has been determined and with the informed consent of the parents or guardians.

66. Catholic health care institutions should not make use of human tissue obtained by direct abortions even for research and therapeutic purposes.43

PART SIX
Forming New Partnerships with Health Care Organizations and Providers

Introduction

Until recently, most health care providers enjoyed a degree of independence from one another. In ever-increasing ways, Catholic health care providers have become involved with other health care organizations and providers. For instance, many Catholic health care systems and institutions share in the joint purchase of technology and services with other local facilities or physicians’ groups. Another phenomenon is the growing number of Catholic health care systems and institutions joining or co-sponsoring integrated delivery networks or managed care organizations in order to contract with insurers and other health care payers. In some instances, Catholic health care systems sponsor a health care plan or health maintenance organization. In many dioceses, new partnerships will result in a decrease in the number of health care providers, at times leaving the Catholic institution as the sole provider of health care services. At whatever
level, new partnerships forge a variety of interwoven relationships: between the various institutional partners, between health care providers and the community, between physicians and health care services, and between health care services and payers.

On the one hand, new partnerships can be viewed as opportunities for Catholic health care institutions and services to witness to their religious and ethical commitments and so influence the healing profession. For example, new partnerships can help to implement the Church’s social teaching. New partnerships can be opportunities to realign the local delivery system in order to provide a continuum of health care to the community; they can witness to a responsible stewardship of limited health care resources; and they can be opportunities to provide to poor and vulnerable persons a more equitable access to basic care.

On the other hand, new partnerships can pose serious challenges to the viability of the identity of Catholic health care institutions and services, and their ability to implement these Directives in a consistent way, especially when partnerships are formed with those who do not share Catholic moral principles. The risk of scandal cannot be underestimated when partnerships are not built upon common values and moral principles. Partnership opportunities for some Catholic health care providers may even threaten the continued existence of other Catholic institutions and services, particularly when partnerships are driven by financial considerations alone. Because of the potential dangers involved in the new partnerships that are emerging, an increased collaboration among Catholic-sponsored health care institutions is essential and should be sought before other forms of partnerships.

The significant challenges that new partnerships may pose, however, do not necessarily preclude their possibility on moral grounds. The potential dangers require that new partnerships undergo systematic and objective moral analysis, which takes into account the various factors that often pressure institutions and services into new partnerships that can diminish the autonomy and ministry of the Catholic partner. The following directives are offered to assist institutionally based Catholic health care services in this process of analysis. To this end, the United States Conference of Catholic Bishops (formerly the National Conference of Catholic Bishops) has established the Ad Hoc Committee on Health Care Issues and the Church as a resource for bishops and health care leaders.

This new edition of the Ethical and Religious Directives omits the appendix concerning cooperation, which was contained in the 1995 edition. Experience has shown that the brief articulation of the principles of cooperation that was presented there did not sufficiently forestall certain possible misinterpretations and in practice gave rise to problems in concrete applications of the principles. Reliable theological experts should be consulted in interpreting and applying the principles governing cooperation, with the proviso that, as a rule, Catholic partners should avoid entering into partnerships that would involve them in cooperation with the wrongdoing of other providers.
Directives

67. Decisions that may lead to serious consequences for the identity or reputation of Catholic health care services, or entail the high risk of scandal, should be made in consultation with the diocesan bishop or his health care liaison.

68. Any partnership that will affect the mission or religious and ethical identity of Catholic health care institutional services must respect church teaching and discipline. Diocesan bishops and other church authorities should be involved as such partnerships are developed, and the diocesan bishop should give the appropriate authorization before they are completed. The diocesan bishop’s approval is required for partnerships sponsored by institutions subject to his governing authority; for partnerships sponsored by religious institutes of pontifical right, his nihil obstat should be obtained.

69. If a Catholic health care organization is considering entering into an arrangement with another organization that may be involved in activities judged morally wrong by the Church, participation in such activities must be limited to what is in accord with the moral principles governing cooperation.

70. Catholic health care organizations are not permitted to engage in immediate material cooperation in actions that are intrinsically immoral, such as abortion, euthanasia, assisted suicide, and direct sterilization.

71. The possibility of scandal must be considered when applying the principles governing cooperation. Cooperation, which in all other respects is morally licit, may need to be refused because of the scandal that might be caused. Scandal can sometimes be avoided by an appropriate explanation of what is in fact being done at the health care facility under Catholic auspices. The diocesan bishop has final responsibility for assessing and addressing issues of scandal, considering not only the circumstances in his local diocese but also the regional and national implications of his decision.

72. The Catholic partner in an arrangement has the responsibility periodically to assess whether the binding agreement is being observed and implemented in a way that is consistent with Catholic teaching.

CONCLUSION

Sickness speaks to us of our limitations and human frailty. It can take the form of infirmity resulting from the simple passing of years or injury from the exuberance of youthful energy. It can be temporary or chronic, debilitating, and even terminal. Yet the follower of Jesus faces illness and the consequences of the human condition aware that our Lord always shows compassion toward the infirm.
Jesus not only taught his disciples to be compassionate, but he also told them who should be the special object of their compassion. The parable of the feast with its humble guests was preceded by the instruction: “When you hold a banquet, invite the poor, the crippled, the lame, the blind” (Lk 14:13). These were people whom Jesus healed and loved.

Catholic health care is a response to the challenge of Jesus to go and do likewise. Catholic health care services rejoice in the challenge to be Christ’s healing compassion in the world and see their ministry not only as an effort to restore and preserve health but also as a spiritual service and a sign of that final healing that will one day bring about the new creation that is the ultimate fruit of Jesus’ ministry and God’s love for us.

Notes


2. Health care services under Catholic auspices are carried out in a variety of institutional settings (e.g., hospitals, clinics, outpatient facilities, urgent care centers, hospices, nursing homes, and parishes). Depending on the context, these Directives will employ the terms “institution” and/or “services” in order to encompass the variety of settings in which Catholic health care is provided.

3. Health and Health Care, p. 5.


10. The duty of responsible stewardship demands responsible collaboration. But in collaborative efforts, Catholic institutionally based health care services must be attentive to occasions when the policies and practices of other institutions are not compatible with the Church’s authoritative moral teaching. At such times, Catholic health care institutions should determine whether or to what degree collaboration would be morally permissible. To make that judgment, the governing boards of Catholic institutions should adhere to the moral principles on cooperation. See Part Six.

13. Cf. ibid., c. 867, § 2, and c. 871.

14. To confer Baptism in an emergency, one must have the proper intention (to do what the Church intends by Baptism) and pour water on the head of the person to be baptized, meanwhile pronouncing the words: “I baptize you in the name of the Father, and of the Son, and of the Holy Spirit.”

15. Cf. c. 883, 3º.
16. For example, while the donation of a kidney represents loss of biological integrity, such a donation does not compromise functional integrity since human beings are capable of functioning with only one kidney.

17. Cf. directive 53.
18. Declaration on Euthanasia, Part IV; cf. also directives 56-57.

22. Ibid., no. 50.
24. Ibid., no. 12.

27. “Homologous artificial insemination within marriage cannot be admitted except for those cases in which the technical means is not a substitute for the conjugal act but serves to facilitate and to help so that the act attains its natural purpose” (Donum Vitae, Part II, B, no. 6; cf. also Part I, nos. 1, 6).
28. Ibid., Part II, A, no. 2.
29. "Artificial insemination as a substitute for the conjugal act is prohibited by reason of the voluntarily achieved dissociation of the two meanings of the conjugal act. Masturbation, through which the sperm is normally obtained, is another sign of this dissociation: even when it is done for the purpose of procreation, the act remains deprived of its unitive meaning: ‘It lacks the sexual relationship called for by the moral order, namely, the relationship which realizes “the full sense of mutual self-giving and human procreation in the context of true love”’ (Donum Vitae, Part II, B, no. 6).

30. Ibid., Part II, A, no. 3.
31. Cf. directive 45.
37. See Declaration on Euthanasia.
38. Ibid., Part II.
40. See Pope John Paul II, Address to the Participants in the International Congress on “Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas” (March 20, 2004), no. 4, where he emphasized that “the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act.” See also Congregation for the Doctrine of the Faith, “Responses to Certain Questions of the United States Conference of Catholic Bishops Concerning Artificial Nutrition and Hydration” (August 1, 2007).
42. See Declaration on Euthanasia, Part IV.
43. Donum Vitae, Part I, no. 4.
44. While there are many acts of varying moral gravity that can be identified as intrinsically evil, in the context of contemporary health care the most pressing concerns are currently abortion, euthanasia, assisted suicide, and direct sterilization. See Pope John Paul II’s Ad Limina Address to the bishops of Texas, Oklahoma, and Arkansas (Region X), in Origins 28 (1998): 283. See also “Reply of the Sacred Congregation for the Doctrine of the Faith on Sterilization in Catholic Hospitals” (Quaecumqu Sterilizatio), March 13, 1975, Origins 6 (1976): 33-35: “Any cooperation institutionally approved or tolerated in actions which are in themselves, that is, by their nature and condition, directed to a contraceptive end . . . is absolutely forbidden.
For the official approbation of direct sterilization and, a fortiori, its management and execution in accord with hospital regulations, is a matter which, in the objective order, is by its very nature (or intrinsically) evil.” This directive supersedes the “Commentary on the Reply of the Sacred Congregation for the Doctrine of the Faith on Sterilization in Catholic Hospitals” published by the National Conference of Catholic Bishops on September 15, 1977, in Origins 7 (1977): 399-400.

45. See Catechism of the Catholic Church: “Scandal is an attitude or behavior which leads another to do evil” (no. 2284); “Anyone who uses the power at his disposal in such a way that it leads others to do wrong becomes guilty of scandal and responsible for the evil that he has directly or indirectly encouraged” (no. 2287).


This fifth edition of the Ethical and Religious Directives for Catholic Health Care Services was developed by the Committee on Doctrine of the United States Conference of Catholic Bishops (USCCB) and approved as the national code by the full body of the USCCB at its November 2009 General Meeting. This edition of the Directives, which replaces all previous editions, is recommended for implementation by the diocesan bishop and is authorized for publication by the undersigned.

Msgr. David J. Malloy, STD General Secretary, USCCB

In 2001 the National Conference of Catholic Bishops and United States Catholic Conference became the United States Conference of Catholic Bishops.

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L. AQUINAS COLLEGE ASSOCIATION OF NURSING STUDENTS (A.C.A.N.S.)
BYLAWS

ARTICLE I — NAME
The name of this organization shall be Aquinas College Association of Nursing Students
(A.C.A.N.S.).

ARTICLE II — PURPOSES AND FUNCTIONS
Consistent with the Mission and Core Values of Aquinas College and the Philosophy of the
School of Nursing, the purposes of A.C.A.N.S. are:

A. To assume responsibility for contributing to nursing education in order to
provide for the highest quality health care;
B. To provide educational opportunities and services representative current professional
interests and concerns, and;
C. To facilitate the development of the whole person, his/her professional role,
and his/her responsibility for the health care of all persons through the art and science of
nursing.

The functions of the A.C.A.N.S. shall include the following:

A. To have input into the standards of nursing education and influence the
educational process in the School of Nursing at Aquinas College;
B. To influence health care, nursing education and practice through legislative
activities, as appropriate;
C. To promote and encourage participation in community affairs and activities
directed at improving health care and the resolution of related social issues;
D. To represent nursing students to the consumer, to institutions, and to other
organizations;
E. To promote and encourage student participation in interdisciplinary activities;
F. To promote and encourage recruitment efforts, participation in student
activities, and educational opportunities regardless of a person’s race, color,
creed, sex, lifestyle, national origin, age, or economic status;
G. To promote and encourage collaborative relationships with the local, state, and
National Student Nurses Association;
H. To promote and encourage the participation in organizations that contributes to
continuing professional development in nursing.

ARTICLE II — MEMBERSHIP
Section 1. Membership is limited to all students currently admitted to the Nursing Program
in the School of Nursing at Aquinas College, as well as those students currently
admitted as nursing intent students at Aquinas College.

Section 2. Membership
A. **Active Members:**
   1. All Students currently admitted to Nursing Programs in the School of Nursing at Aquinas College:
      a. Associate Degree Program
      b. RN-BSN Program
      c. MSN Program
      d. Post-Master’s Certificate Program
   2. Active members shall retain all privileges of membership.
   3. Active members must maintain good standing with Aquinas College.
   4. Completion of an A.C.A.N.S Membership application is required.

Section 3. **Dues**
   A. All current nursing students are members of A.C.A.N.S. by virtue of their enrollment in the School of Nursing at Aquinas College. There are no designated fees associated with membership in A.C.A.N.S.
   B. Active members of A.C.A.N.S. must be in good financial standing with Aquinas College.
   C. Any member who fails to meet their financial obligation to Aquinas College shall forfeit any and all privileges of membership.

**ARTICLE IV—OFFICERS AND DIRECTORS**

Section 1. **Officers**
   The officers of A.C.A.N.S. shall consist of President, Vice-President, and Secretary.

Section 2. **Officers Eligibility:**
   A. Only members who shall be nursing students throughout the full term of office and who possess the privileges of active membership shall be eligible to serve as officers of A.C.A.N.S.

Section 3. **Officers Elections:**
   A. Officers: Offices are elected from among the Board of Directors with an absolute majority of those present and voting;
   B. Board: The Board of Directors are elected by the members with two Directors representing each class in the programs in the School of Nursing. In these elections a simple majority suffices.

Section 4. **Term of Office of Officers and Directors:**
   The term of office will begin one month after the adjournment of the last meeting at which officers are elected, and shall extend for a period of two years.
Section 5. Duties of Officers and Ad Hoc Task Groups

A. The President shall:
   1. Preside at all meetings of A.C.A.N.S.
   2. Appoint special committees and ad hoc task groups with the approval of the Board.
   3. Serve as ex-officio member of all committees except the Committees on Nominations.
   4. Approve expenditures as submitted by the Treasurer.
   5. Represent A.C.A.N.S. in all matters and perform all other duties pertaining to said office.

B. The Vice-President shall:
   1. Assume the duties of the President in the absence or disability of the President.
   2. In the event of a vacancy occurring in the Office of President, assume the duties of the President.
   3. Serve as chairperson of the Membership Committee.
   4. Be responsible for planning and coordinating activities and events.

C. The Secretary shall:
   1. Record and distribute the minutes of all meetings of A.C.A.N.S. and of the Board.
   2. Receive all official documents and correspondence and retain until time of disposal according to procedural policy.
   3. Send notices of time, place and agenda of Board meetings to officers and consultants 7 days prior to the meeting time.
   4. Send bylaws, policies, list of officers, directors, and consultants and other pertinent information to constituents.
   5. Notify all constituents of time and place of all meetings and special events.
   6. Be responsible for the development of an album of historical events of A.C.A.N.S., including meetings, speakers, conventions, and special events.

ARTICLE VI—MEETINGS

Section 1. Annual Meeting
The annual meeting of A.C.A.N.S. shall be held at such time and place as determined by the Board. The annual meeting shall be for the purpose of holding a chapter-wide election, receiving reports, and conducting such other business as may properly come before A.C.A.N.S. constituents. Notice of the meetings shall be given to members of the voting body at least 30 days prior to the meeting. The constituent members shall be the governing voting body of A.C.A.N.S. and the members of the Board.
Section 2.  Body
A.  The voting body at meetings of A.C.A.N.S. shall consist of officers, directors and all members of A.C.A.N.S.
B.  Representation to the annual meeting of T.S.N.A. shall be one delegate per five active or associate members in the A.C.A.N.S. chapter.
C.  Representation to the N.S.N.A. annual meeting.

School Constituents:
1.  The school chapter shall be entitled to one voting delegate and alternate for every 50 members as determined by the N.S.N.A. Bylaws.
2.  The school chapter delegate and alternate which shall be members in good standing in A.C.A.N.S. duly selected and/or elected by members of A.C.A.N.S. at a proper meeting.

Section 3.  Privileges
The privileges of making motions and voting shall be limited to the voting body.  A voting member shall have but one vote in any election or on any question.

Section 4.  Meetings
All meetings of A.C.A.N.S. shall be open unless voted otherwise by the Board of Directors

Section 5.  Quorum
A quorum shall consist of the President or Vice-President, one-half of the Board of Directors and five percent of all members.

Section 6.  Special Meetings
A.  A special meeting may be called by the Executive Committee and shall be called by the President upon written request of five or more members.  Notice of time, place and purpose of the meeting shall be sent to all members not less than three days prior to the meeting.

B.  A quorum for a special meeting shall be the President and/or First Vice-President and all those present and voting.

ARTICLE VII— BOARD OF DIRECTORS
Section 1.  Board of Directors
The Board of Directors shall consist of the elected officers and directors who are the elected class representatives.  The consultants shall serve as ex-officio members without a vote.

Section 2.  Power of A.C.A.N.S.
All powers of A.C.A.N.S. are vested in and shall be exercised by the Board of Directors during the interim between meetings of A.C.A.N.S. except that the Board shall not nullify nor modify
any action taken by the constituent members in meetings, and subject to the provisions of these Bylaws.

Section 3. Responsibilities of Board of Directors
The Board of Directors shall not be responsible for any contract, claim, or obligation incurred, or for any position taken by any officer or constituent member unless same was duly authorized in writing by the Board.

Section 4. Board Management
Management by the Board shall include the following duties:
A. Review and approve the terms of official relationships established with other organizations, single or in coalition.
B. Approve any commitment in the form of action, statement of policy or position, or financial obligations involving A.C.A.N.S. relationships with other organizations.
C. Approve the budget and provide for the annual audit of accounts at the close of the fiscal year.
D. Have the power by three-fourths votes to declare an office vacant.
E. In case of emergency, votes by referendum may be taken by the Executive Committee, provided that material is sent in the same words to each member. Action taken by mail shall be verified and made part of the minutes of the next meeting of the Board.

Section 5. Regular A.C.A.N.S. Meetings
Regular meetings of the Board of Directors be held once a month, and at such other times as deemed necessary. The President shall determine date, place, and time of said meeting. A quorum shall be a majority of the voting members of the board including the President or First Vice-President and one consultant.

Section 6. Executive Committee
There shall be an Executive Committee consisting of the Officers of A.C.A.N.S. This Committee shall have the power to transact business only in an emergency situation. All transactions of this committee shall be reported in full at the next regularly scheduled meeting of the Board of Directors. The Executive Committee may conduct such emergency business via telephone or mail.

ARTICLE VIII—FACULTY ADVISORS
Section 1. Number and Term of Faculty Advisors
Faculty advisors are appointed by the Dean of the School of Nursing for terms of two years. At least one advisor serves on the School of Nursing’s Faculty and Student Development Committee.
Section 2. Responsibilities of Faculty Advisors
Faculty Advisors shall:
   A. Be responsible for providing for interchanges of information between the
      Board of Directors of A.C.A.N.S. and other organizations within the state.
   B. Serve as resource persons consulting with the Board of Directors, members and
      staff.
   C. Attend meetings of A.C.A.N.S.
   D. Hold membership in a professional nursing organization.

ARTICLE IX—COMMITTEES
The Board of Directors, at its discretion, shall establish committees deemed necessary to carry on
the work of A.C.A.N.S., and determine functions, terms, and membership of the committees. A
quorum for committee meetings shall be a majority of the members.

ARTICLE X—OFFICIAL PUBLICATION
A.C.A.N.S. newsletter shall be the official publication of A.C.A.N.S. and shall be distributed to
members as one of the benefits of membership. The times of which it is distributed shall be
determined by the Board of Directors, provided that there are at least two issues per year.

ARTICLE XI—PARLIAMENTARY AUTHORITY
All meetings of A.C.A.N.S. shall be conducted according to parliamentary law as set forth in
ROBERT’S RULES OF ORDER NEWLY REVISED where the rules apply and are not in
conflict with these Bylaws.

ARTICLE XII—AMENDMENTS
Section 1. Requirements for Amendments
These Bylaws may be amended at a specific meeting by a two-thirds vote of those present and
voting provided that notice of the proposed amendments has been sent to the members at least
two weeks prior to the meeting.

Section 2. Submission of Amendments
Proper amendments shall be submitted in writing, carrying proponent’s signature, to the Board of
Directors for review at least three weeks prior to the specific meeting. Proposed amendments
may be submitted only by a member of the Board of Directors, a Task Group, or an A.C.A.N.S.
member.

Section 3. Member Voting for Amendments
These Bylaws may be amended at the specific meeting by an absolute majority of those voting,
i.e. present, ballot, or electronic, provided previous notice has been given at an earlier session of
the same meeting, and provided that the proposed amendment shall have been presented to the
presiding officer before the meeting where previous notice is given.

AC-SON: ACANS Bylaws: 8/20/2012
M. VERIFICATION OF RECEIPT OF RN-BSN STUDENT HANDBOOK

Verification of Receipt of the RN-BSN Student Handbook

I. ______________________________________ __________________________
   (print name) (Aquinas College I.D. Number)
   have received and read Aquinas College RN-BSN Student Handbook (2013-2014) prepared by
   the School of Nursing at Aquinas College.

   I understand the privileges and responsibilities associated with being a student in the RN-BSN
   Program at Aquinas College and agree to fully cooperate with the policies and procedures
   outlined in this Handbook.

   I further understand that from time-to-time policies may be revised and new ones added and that
   I will be informed of the changes and additions is so far as they may affect my progress in the
   Program.

   In addition to policies and procedures contained in the RN-BSN Handbook, students are also
   responsible for all policies and procedures outlined the Aquinas College Catalog and the Aquinas
   College Student Handbook.

   Please detach this form from the Handbook and return it to the Faculty or to the School of
   Nursing. This signed and dated statement will be placed in the permanent records maintained in
   the School of Nursing at Aquinas College.

   ______________________________________ __________________________
   (Student Signature) (Date of Receipt)

AC-RN-BSN: 8/01/2013