



**COLLEGE OF HEALTH PROFESSIONS AND WELLNESS**

**Policy Manual**  
**2022-2023**

JACKSONVILLE STATE UNIVERSITY COLLEGE OF HEALTH PROFESSIONS AND WELLNESS  
CHPW MANUAL

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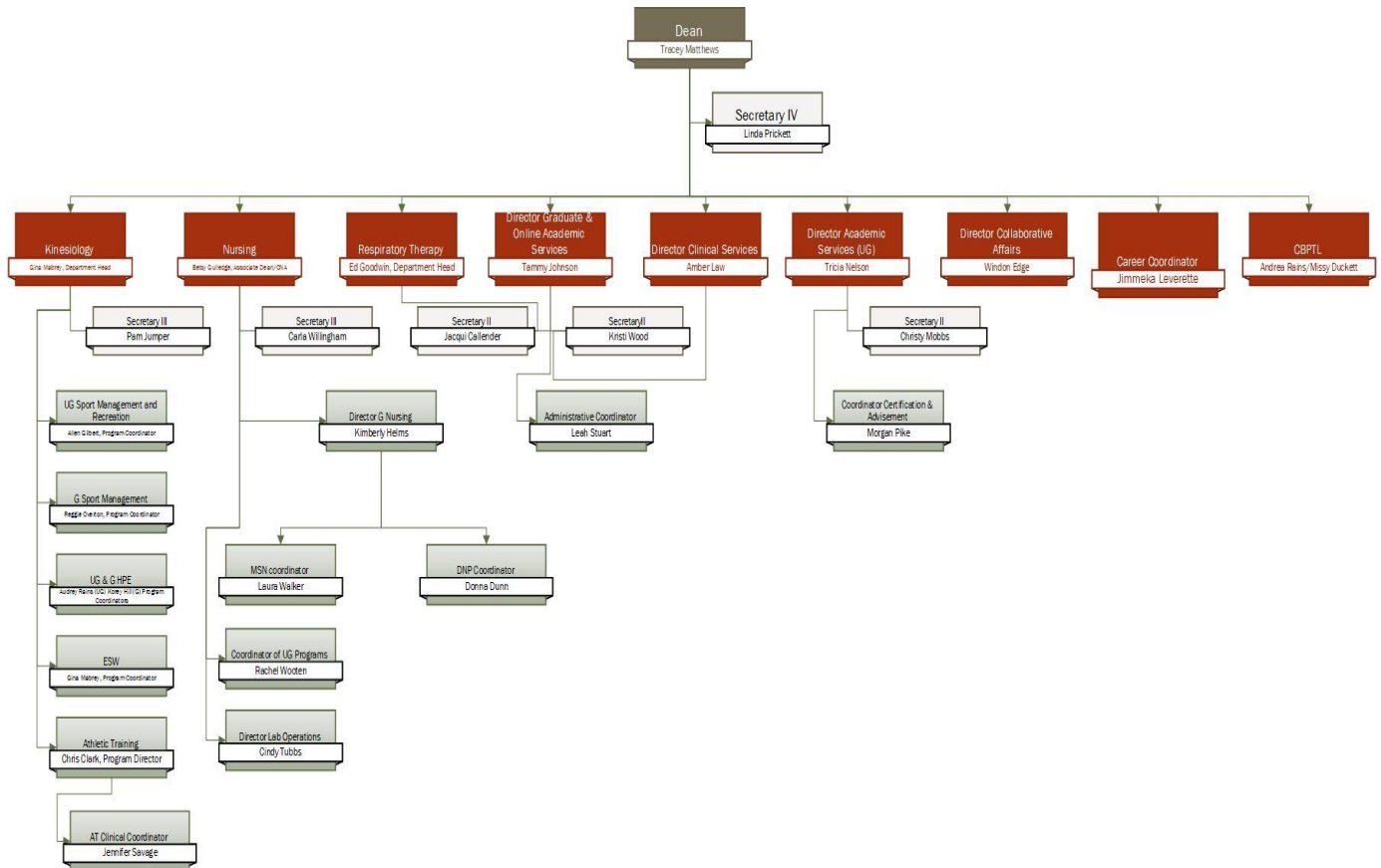
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 Last Reviewed: August 2020      Adoption Date: March 1991  
 Last Revised: August 2020  
 Subject: CHPW Organizational Structure  
 Committee: CHPW Leadership Team  
 Approved: Dean Tracey Matthews

**College of Health Professions & Wellness (CHPW) Organizational Structure**

**Nursing, Respiratory Therapy, & Kinesiology**



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Last Revised: June 2018

Subject: CHPW Organization Bylaws

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Faculty Organization Bylaws**

**Purpose:**

The purpose of the organization of the College of Health Professions and Wellness (CHPW) shall be to provide a means for the employees to fulfill its mission of delivering evidence-based teaching and learning within professional undergraduate and graduate programs

**Meetings of the Faculty Organization:**

The CHPW shall meet at least once a semester and more often as deemed necessary by the Dean and faculty. Departmental meetings for nursing, respiratory therapy and kinesiology will occur more often at the discretion of the department heads and/or program directors.

**Administration:**

The administration of the CHPW emanates from the control delegated by the Board of Trustees and President of the University to the Dean and faculty through the Provost and Senior Vice President for Academic Affairs.

1. The Dean serves as the chief administrative officer of the College and is responsible to the Provost and Senior Vice President for Academic Affairs, serving as an agent for observation and execution of the rules and regulations of the University.
2. The Associate Dean serves in the absence of the Dean and coordinates the day-to-day operations of the CHPW.
3. The CHPW Leadership Team consists of those individuals in positions which report directly to the dean. The functions of the Executive Leadership Team are detailed in Policy I:04.00.
4. The CHPW Faculty Affairs Committee membership consists of faculty representing all programs within the CHPW. The functions of the CHPW Faculty Affairs Committee are detailed in Policy I:06.00.

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**Program Administration for Kinesiology:**

1. Kinesiology faculty serve on general program committees at the discretion of the department head. Additionally, Kinesiology faculty hold regular meetings to discuss department and programmatic needs.
2. The Dean, Associate Dean, and/or Department Head have the authority to establish sub-committees or ad-hoc committees as needed to address programmatic needs.

**Program Administration for Respiratory Therapy:**

1. Respiratory therapy faculty serve on general program committees at the discretion of the department head. Additionally, Respiratory Therapy faculty hold regular meetings to discuss programmatic needs.
2. The Dean, Associate Dean, and/or Department Head, have the authority to establish sub-committees or ad-hoc committees as needed to address programmatic needs.

**Program Administration for Nursing:**

1. Standing committee structures are in place to provide shared faculty governance within JSU Nursing. Standing committees include the following:
  - a. Curriculum Committee for BSN programs
  - b. Admission & Progression Committee for BSN programs
  - c. Simulation Committee
  - d. Program Evaluation Committee
  - e. Student-Alumni Committee
2. Two councils are in place to serve the specific needs of the RN-BSN program and all graduate nursing programs.
  - a. The DON STEP Council shall have decision-making authority over matters of policy and procedures specific to the STEP program. All substantive decisions require final approval by the dean. The STEP council shall meet at least once per semester. Functions of the STEP Council are detailed in Undergraduate Nursing Manual.
  - b. The DON Graduate Council shall have decision-making authority over matters of policy and procedure specific to the graduate nursing programs and curriculum. All substantive decisions require final approval by the dean. The Graduate Council shall meet at least once per semester. Functions of the Graduate Council are detailed in the Graduate Nursing Manual.



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Subject: CHPW Preparing, Maintaining and Reviewing Policies and/or Templates for the Policy & Procedures Manual

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Preparing, Maintaining and Reviewing Policies and/or Templates for the Policy & Procedures Manual**

**Purpose:**

The purpose of this policy is to establish the structure for the development, formatting, approval and evaluation process for all CHPW policies.

**Development and procedure of new policies/templates:**

Proposed policies, once drafted, will be presented to the Dean/Associate Dean for a policy number and distributed amongst faculty for feedback, review, and approval.

New policy development or revisions to existing policies will originate within the appropriate committee.

**Revising existing policy/template procedure:**

The appropriate committee shall submit proposed changes to faculty for review and feedback. Minor editorial changes may be made by the committee and submitted without faculty review and feedback as long as change is only editorial. Depending on type of editorial change, faculty may need to be informed of the change. The Dean/Associate Dean and Committee Chair may make this determination. All substantive changes must be discussed with faculty before voting can occur.

**Approval process:**

A new policy/template or policy/template with major revisions will be submitted to the faculty for feedback and approval. Approval can be made in the form of an in person or virtual voting process.

Once approval is obtained, policy/template will be added to The Policy & Procedures Manual for the CHPW and will be housed in a central repository for faculty and staff access.

**Review Process:**

All policies will be reviewed biennially by the appropriate committee and the recommendations forwarded to the Dean's Administrative Associate.

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**Review** - review of policy terminology and currency to ensure it reflects current terminology; review completed by committee.

**Revised** - changes made to an existing policy.

**Editorial changes** - changes made to better clarify the policy or correct the process without changing the meaning of the policy.

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Subject: CHPW Leadership Team

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Leadership Team**

The (LT) serves as an executive group providing input to the Dean and Associate Dean.

The CHPW LT shall have the following functions:

1. To serve as a leadership voice for the CHPW.
2. To identify innovative opportunities for professional development for CHPW faculty and staff.
3. To review overall marketing and recruitment plans for the CHPW.
4. To identify leadership development opportunities and promote succession planning within the CHPW.
5. To make recommendations and suggestions for continuous quality improvement of all programs and departments.
6. To provide a seamless leadership approach across the CHPW.

The membership of the Leadership Team shall consist of those administrators in positions who directly report to the Dean. Additionally, members may be appointed temporarily as needed by the Dean/Associate Dean.

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Last Revised: June 2018

Subject: CHPW Faculty Affairs Committee

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Faculty Affairs Committee**

**The CHPW Faculty Affairs Committee** is designed to facilitate faculty governance and support of professional development and role expectations.

The Faculty Affairs Committee shall have the following functions:

1. To identify best practices for faculty governance.
2. To promote ongoing scholarly activities in the CHPW and University.
3. To recommend mechanisms for effective evaluation of faculty members.
4. To make recommendations related to role expectations in teaching, service, faculty practice, and scholarship.
5. To maintain and revise position descriptions within the CHPW.
6. To promote faculty nominations for the CHPW (SVL, Faculty Fellow, etc.), university (Emeriti, etc.), and external (ALN Lamplighter, etc.) awards.
7. To formulate new policies or revise existing policies that ensure relevancy of the educational and professional practices associated with faculty role expectations within the College of Health Professions and Wellness.
8. To report aggregated outcomes from scholarly activities, i.e., presentations, awards, etc., and make recommendations relative to teaching, service, scholarship, and practice.

The membership of the Faculty Affairs Committee shall consist of the following:

1. Faculty members from all departments will be represented on the Faculty Affairs Committee.
2. Participation of two students at the discretion of the Faculty Affairs Committee chair.
3. Ex-officio: Dean, Associate Dean, Directors/Program Directors and Coordinators of various programs as designated by the Deans.

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Document No.: I:06.00  
Adoption Date: January 2021  
Subject: CHPW Curriculum Committee  
Committee: CHPW Leadership team  
Approved: Dean Tracey Matthews

**CHPW Curriculum Committee**

**The CHPW Curriculum Committee** is designed to facilitate the development, refinement, renovation, and outcomes management of a multiple curriculum across the CHPW that is responsive to the needs of a student- centered learning environment, the consumer, and the healthcare system.

The CHPW Curriculum Committee shall have the following functions:

1. To develop curricula that is reflective of established knowledge, skills, and attitudes necessary to provide high quality education throughout all domains of the CHPW.
2. To refine and renovate curricula in response to national initiatives and goals, established professional competencies, external stakeholders, and regulatory agencies.
3. To critically reflect and problem solve regarding the curriculum and provide evidence-based suggestions to promote excellence in the teaching/learning environment.
4. To ensure congruency among program, level, course, and unit outcomes across the curricula.
5. To offer evidence-based decisions related to resources utilized to facilitate teaching and learning.
6. To provide oversight of course curriculum maps and make recommendations for specific course refinement/renovation.
7. To evaluate and approve appropriate teaching/learning strategies utilized in the classroom. practical and clinical setting.
8. To propose recommendations related to methods of evaluation of student learning to ensure appropriate rigor, critical thinking, and clinical reasoning.
9. To develop new policies or revise existing policies reflective of best practices in teaching and learning.
10. To generate aggregated outcome data, draw conclusions, and make recommendations in an annual report relative to specified benchmarks.

The membership of the Committee on CHPW Curriculum shall consist of the following:

1. A committee chair with three to five years of educator experience in higher education
2. A minimum of six expert faculty
3. A term is two years with members serving no more than two consecutive terms unless approved by the Dean/Associate Dean.
4. Ex officios: Dean, Associate Dean, Directors/Program Directors and Coordinators of various programs as designated by the Deans

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Last Revised: November 2020

Subject: CHPW Ad-Hoc Committees

Committee: CHWP Leadership Team

Approved: Dean Tracey Matthews

**CHPW Ad-Hoc Committees**

**CHPW Ad-Hoc Committees** shall be established by the faculty organization, Leadership team, Associate Dean or Dean as the need arises to resolve problems, issues, or events of a non-recurring nature. The existence of these committees shall cease after the objectives have been accomplished.

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Subject: Nursing Simulation Committee

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**Simulation Committee**

**The Simulation Committee** is designed to provide oversight, recommendations, and evaluation of simulation experiences in various programs in the College of Health Professions and Wellness.

The Simulation Committee should have the following functions:

1. Identify and promote best practices for utilizing simulation in healthcare programs.
2. Recommend policies and procedures for ensuring adequate simulation experiences.
3. Maintain and revise all policies specific to simulation.
4. Generate aggregate data specific to simulation experiences from Evaluation KIT surveys and complete an annual report relative to recommendations for improvement in simulation experiences.

The membership of the Simulation Committee shall consist of the following:

1. The Simulation Coordinator.
2. The Nursing Arts Lab Coordinator and Clinical Lab Assistants.
3. At least one faculty representative from each level of the Undergraduate Nursing Program.
4. At least one faculty representative from the Graduate Nursing Programs.
5. At least one faculty representative from Respiratory Therapy Program.
6. At least one faculty representative from the Kinesiology Department.
7. Ex-officio members: Dean, Associate Dean, Directors/Program Directors and Coordinators of various programs as designated by the Deans

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Subject: Position Description for the Coordinator of the Center for Best Practices in Teaching and Learning (CBPTL)

Committee: Leadership Team

Approved: Dean Tracey Matthews

**Position Description for the Coordinator of the Center for Best Practices in Teaching and Learning (CBPTL)**

**POSITION SUMMARY:**

The Coordinator of the Center for Best Practices in Teaching and Learning is a highly motivated, enthusiastic individual with the ability to effectively train and support novice and experienced nurse educators in best practices related to teaching and learning. The coordinator focuses on enhancement of best practices in teaching and learning and the incorporation of educational technology in the traditional and online learning environment. The coordinator works collaboratively with the administrative team to plan, coordinate, develop and implement professional development opportunities for faculty members in the CHPW. The coordinator also works collaboratively with the administrative team to facilitate a student-centered learning environment.

**The coordinator will possess:**

1. A terminal degree with a clearly articulated program of nursing research and experience in the field of educational research and innovation.
2. Experience teaching in higher education, nursing education and experience in the scholarship of teaching and learning.
3. Strong understanding of contemporary student learning processes and familiarity with national trends and issues in higher education.
4. Excellent verbal and written communication, leadership, and interpersonal relationship skills
5. Successful experience in developing and conducting live, blended and online professional development workshops.
6. Expertise in integrating technology and effective androgical techniques into a wide variety of instructional situations.
7. Strong computer and educational technology skills and experience working with on-line course management systems, such as Learning Management System (LMS).
8. Demonstrated ability to plan, promote and deliver instructional workshops to persons at various levels of understanding and use of effective instructional methodologies and educational technology.



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**ESSENTIAL FUNCTIONS:**

Arranges schedules and facilitates professional development workshops/seminars for faculty in the CHPW. Topics should be related to improving teaching and learning, including but not limited to content such as learning styles, collaborative learning, critical thinking, problem solving based learning, innovations in technology related to teaching strategies, and outcomes assessment.

1. Conducts live workshops
  - a. Manage onsite workshops and presentations for CBPTL
2. Utilizes diverse strategies to create innovative learning opportunities such as webinars, online courses, interactive workshops, distance education updates, etc.
3. Works collaboratively with internal and external stakeholders to develop learner centered objectives and summaries for awarding contact hours through the Alabama Board of Nursing (ABN) or other professional organizations.
  - a. Provides pertinent materials for professional development (electronic license verification of attendance, sign-in sheets, and evaluations)
  - b. Ensures that all policies and procedures relating to conference sessions are followed
  - c. Serves as course reviewer for CEU's through the ABN or other professional organizations
  - d. Sends emails to professional development participants providing them with necessary information about each session
4. Provides professional development information to Associate Dean to schedule professional development opportunities on the CHPW.
5. Provides leadership oversight for the planning, development and implementation of appropriate methods of evaluation in the undergraduate nursing program.
6. Facilitates the development and implementation of diverse programs geared toward student success such as: brown bag blogs/lunch and learns, caring groups, a peer mentoring/coaching program and academic skills workshops.
7. Completes an annual report

**PHYSICAL REQUIREMENTS:**

1. Communicates effectively verbally and in writing, in a variety of settings, with a wide range of audiences.
2. Reads documents written in English.
3. Uses multiple technological devices extensively.
4. Moves from building to building on campus and travels off-campus as needed in the performance of his/her duties.

**REQUIRED KNOWLEDGE, ABILITIES, AND SKILLS:**

1. Knowledge of CHPW-related professional organization standards and standards for the Southern Association of Colleges and Schools Commission on Schools (SACS-COC).
2. Knowledge of CHPW and university policies and procedures.
3. Knowledge of current national initiatives related to Teaching/Learning.
4. Expert problem solving, interpersonal relationship and leadership skills

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5. Ability to communicate effectively, orally and in writing.
6. Proficiency in computer skills and utilization of software (Word, Excel), teaching platforms (Learning Management System (LMS)), and electronic communication systems (e-mail, electronic calendars).

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Subject: CHPW CBPTL Mission Vision and Goals

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Center for Best Practices in Teaching and Learning (CBPTL)**  
**Mission Vision and Goals**

**Mission Statement**

The Center for Best Practices in Teaching and Learning (CBPTL) fully embrace and encourage implementation of andragogical teaching/learning principles. These theories are reflected in the implementation of an innovative orientation program for novice educators and the development of lifelong learning opportunities for experienced faculty members. Creative teaching/learning strategies are explored and incorporated in the traditional, hybrid and online learning environment to facilitate knowledge, skills and abilities.

**Vision and Goals Statement**

The overarching goal of the CBPTL is to foster a learner centered community. Best practices in teaching, learning, and evaluation are considered to be a vital component of the mission of the CBPTL and act as the underpinning for program improvement and success. Specific strategies to achieve this goal include:

1. Facilitation of a student-centered learning environment.
2. Employment of best practices in teaching, learning and evaluation.
3. Implementation of innovative approaches to teaching and learning.
4. Development of exemplary courses in instructional design.
5. Cultivation of creative learning opportunities for faculty and students.
6. Fostering professional behaviors that model caring among faculty and students.

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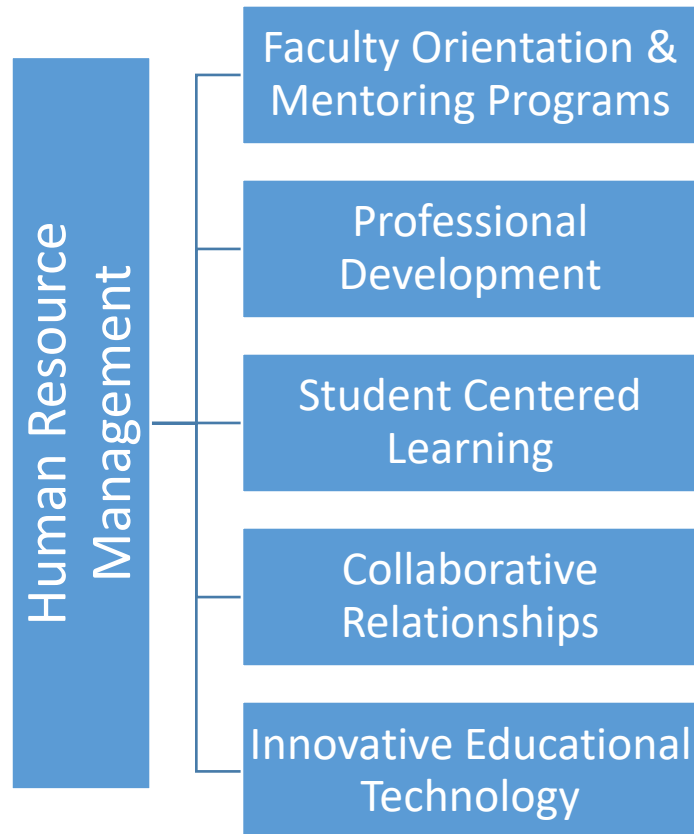
Last Reviewed: June 2018

Subject: CHPW Center for Best Practices in Teaching and Learning (CBPTL) Organizational Framework

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Center for Best Practices in Teaching and Learning (CBPTL) Organizational Framework**



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**Definitions of Framework Components**

**1. Faculty Orientation and Mentoring Programs-** The Orientation for New Educators (ONE) Program provides a structured, staggered orientation to newly hired novice educators. Specific goals of ONE include:

- Expand structured delivery of orientation to novice and newly hired educators.
- Stagger the ONE program over a period of 1 academic year.
- Promote an organized mentoring program.
- Identify and incorporate effective communication strategies with new faculty.
- Expand faculty resources within the CBPTL.
- Provide formal orientation for adjunct and full-time faculty members.

Mentoring is an ongoing process with an assigned mentor and any informal mentors. The goal of the mentor/mentee relationship is to promote collaboration between the newly hired full-time faculty mentee novice and a more experienced faculty member. The camaraderie established during this structured affiliation is believed to facilitate transition to the role of nurse educator at the institution, improve perceived self-confidence during a time of significant change, foster success in the role of educator, and encourage retention of nurse educators in the academic setting. (NLN, 2006)

**2. Professional Development-** Professional development within the CHPW is designed to facilitate the development of new educators as they transition to academia. The Highly Effective Teacher (HET) project serves as the underpinning of professional development and encourages lifelong learning of novice and experienced educators. The overarching goal of the HET Project is active participation in a series of professional development workshops during the academic year. The overarching goals of the HET Project include but are not limited to:

- Facilitate the transition from the role of clinical expert to novice educator.
- Promote the professional development of educators.
- Encourage lifelong learning, collaboration and contributorship.
- Increase perceived self-efficacy in the role of a new educator.
- Foster desirable attributes of effective new educators.

**3. Student Centered Learning-**The student-centered learning component of the CBPTL focuses on academic success and fostering leadership and civic engagement of students. This is achieved through diverse avenues and includes educational programs by Subject Matter Experts (SME's) which focus on testing and successful learning strategies.

**4. Collaborative Relationships-**Collaboration is encouraged as an integral part of the curriculum to foster student learning experiences. Various relationships are fostered both internally at JSU and with external agencies to facilitate student learning. These relationships provide students with unique learning experiences, the ability to participate in scholarly research and to form long standing relationships with team members.

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- 5. Innovative Educational Technology**-The educational technology component of the CBPTL includes opportunities for course revision and development based upon best practices in online learning and instructional design. Collaboration is encouraged with the JSU Educational Technology and Support at JSU and includes access to a hybrid lending library which houses resources to support teaching and learning.

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Subject: CHPW Emergency Preparedness and Incident Response Guidelines

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Emergency Preparedness and Incident Response Guidelines**

**Inclement Weather Guidelines**

The following guidelines have been adopted by the faculty to be used in the event of inclement weather (such as snow, ice, tornado potential, or hurricane) which may affect faculty's or student's attendance in class or clinical. The purpose of this policy is to provide a mechanism for deciding whether clinical travel is expected, since official University closings may not be announced until later in the morning. Additionally, this policy has been developed to create, to the extent possible, an environment of safety for faculty, students, and staff in the event of inclement weather while maintaining the vision and operational responsibilities of the CHPW. As weather conditions can vary by location, students, faculty, and staff are responsible for evaluating travel safety in their respective locations. The CHPW makes no expressed or implied guarantee of travel safety based upon decisions of class or clinical cancellation or non-cancellation.

**I. Inclement Weather Day**

- a. If Jacksonville State University is officially closed, information can be found on JSU's website at [www.jsu.edu](http://www.jsu.edu). It is recommended that faculty, students, and staff register for emergency notifications from the University. However, early clinical rotations may be scheduled to begin prior to closure decisions by the University. Therefore, as related to clinical rotations, please refer to inclement weather instructions outlined in this policy. Due to the unique nature of times and locations associated with clinical education, CHPW activities (class or clinicals) may be delayed or cancelled even if the University remains open.
- b. The Course Coordinator/Program Director/Department Head is responsible for contacting course faculty to discuss inclement weather conditions. By consensus of faculty, a decision shall be made regarding class or clinical attendance. Decisions may be made to continue, delay, or cancel classes and/or clinicals. It is suggested that contacts be initiated at least two hours prior to the beginning of class or clinicals. In the event of clinical cancellation, course coordinators (or their designee) will be responsible for contacting clinical instructors, adjunct instructors, clinical associates, graduate assistants, and clinical agencies of weather decisions. In the event of delayed or cancelled classes, the course coordinator (or designated clinical instructors) will notify students via email and Canvas announcement or alternative methods of communication if necessary.

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- c. The Course Coordinator/Program Director/Department Head is responsible for notifying the Dean/Associate Dean of any decision related to class or clinical cancellation or delay, via text and email.
- d. On the day of an inclement weather event, faculty that have classes or clinicals must email or text the Dean or Associate Dean two hours prior to the beginning of class or clinicals for the following circumstances:
  - i. Inability to safely travel to campus or clinical.
  - ii. A delay would likely allow for safe travel.
- e. Students should monitor JSU email accounts and Canvas course announcements in the event of inclement weather. Clinical and/or class cancellations or delays will be posted in these forums. Students are responsible for evaluating the safety of travel in their vicinity. Students are responsible for notifying faculty if they are unable to attend clinical because of weather and road conditions.

**II. Projected Inclement Weather**

- a. In the event that inclement weather is projected for the following day, course coordinators or designated faculty will email students and clinical adjuncts/associates by 1700 that weather conditions are being monitored and that it is not necessary to call or email the CHPW. Advise students that decisions related to clinical and/or class cancellations or delays will be made two hours prior to the scheduled start time and will be posted via JSU email and Canvas announcement.
- b. Decisions related to class or clinical cancellation for all CHPW activities should be made two hours prior the scheduled start times. The Dean or Associate Dean will contact faculty via email and/or text of the decision. Course coordinators will notify students of the decision via email and Canvas announcement. The course coordinator or designated faculty will notify clinical instructors, adjunct instructors, clinical associates, and graduate assistants via phone or text messaging. Clinical agencies shall be notified via phone.
- c. Students should monitor JSU email accounts and Canvas course announcements in the event of inclement weather.

**III. Alternative Methods of Contact**

- a. If power is lost or GEM is unavailable, the following plan will be implemented in the event of inclement weather:
  - i. Individual faculty who has class or clinical will call/text the Dean/Associate Dean by 0500 on the day of the event to provide notification of the inability to travel safely to the JSU campus or clinical site.
  - ii. In the event that the CHPW class or clinicals will be cancelled or delayed, the Dean /Associate Dean, or Program Director will notify Course Coordinators



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or designated faculty via phone and activate the “Phone Calling Tree” for notification of faculty. Clinical adjuncts, clinical instructors, graduate assistances shall be notified by the Course Coordinator.

- iii. Courses will develop and maintain a phone tree so that it can be activated in a timely manner. The phone tree shall include adjuncts/clinical associates/grad assistants. Faculty should print and keep a copy of student contact information, clinical rotation schedule, faculty/staff contact information, and the master lab calendar. These documents shall be maintained in Canvas Faculty Survival Tool Kit.
- iv. Students shall be notified by the Course Coordinator (or designee) via phone using contact information provided by the student and maintained in the course “Phone Tree”.

**IV. Alternative Course Delivery**

- a. In the event of class cancellation, faculty may convert to “Alternate Course Delivery”. Courses may opt not to meet but faculty should post lectures, activities, case studies, etc. that the students are responsible for completing in lieu of “in person” classes. Students are responsible for seeking clarification of concepts that are unclear or difficult.
- b. Faculty shall schedule time for the review of concepts provided via alternative methods prior to testing.
- c. A summary of Alternate Course Delivery shall be forwarded to the Department Head.
- d. If faculty determines that the rescheduling of cancelled classes will be required, the course coordinator shall consult with the Program Director or Associate Dean.
- e. In order to make-up hours associated with cancelled or delayed clinical days, faculty may extend future clinical days. Prior to extending future clinical days, faculty must consult with the Program Director or Associate Dean.
- f. The Course Coordinator or faculty designee shall notify the clinical agency and specific unit of any plans for extended clinical days.

**V. Severe Weather Warning Procedures**

When severe weather procedures are implemented by the Jacksonville State University Director of Safety, the Dean’s office will be notified to implement the severe weather preparedness plan. All students, clients, visitors, faculty, and staff will follow the University’s plan for the building in which individual classes are located at the time of severe weather.

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**Fire Safety and Fire Incident Procedures**

The following procedures have been adopted by the faculty to provide guidelines for fire safety and fire incidents. The purpose of this policy is to provide a mechanism for the response and evacuation in the event of a fire.

**I. Fire Incident Procedures**

- a. Upon the discovery of any fire, it is the responsibility of faculty, staff, and students to notify others in the building of the immediate danger. The nearest fire alarm should be activated, and the exact location of the fire should be conveyed to anyone in the immediate area. Call University Police Department at 5050.
- b. Upon discretion and consideration of safety, an attempt should be made to extinguish the fire and/or contain the fire to the immediate area. In the event that it is deemed unsafe to remain in the area to extinguish the fire, all individuals should proceed to the nearest evacuation route.
- c.

**II. Evacuation Procedures**

The purpose of evacuation is to provide a safe and orderly exit in the event of a fire incident. While predetermined evacuation routes are provided to guide occupants of the safest route, never go through a fire or dangerous area when safe, alternative escape routes are available. Evacuation should follow the University's plan for the building in which individual classes are located.

**Bomb Threat Procedures**

The following procedures have been adopted by the faculty to provide guidelines in the event of a bomb threat on the CHPW.

**I. Receiving a Bomb Threat**

- a. Upon receiving a bomb threat via phone, remain calm and obtain as much information as possible without angering the caller.
- b. Note the caller's voice (male or female, accent, or speech impediment).
- c. Note the use of specific slang or phrases.
- d. Note any background noise (other voices, aircraft, traffic, church bells, etc.) that might indicate the caller's location or identity.
- e. Try to obtain the location of the bomb.
- f. Attempt to obtain the time of detonation and type of detonator.
- g. If threat is left on voice message, do not erase.
- h. Immediately notify University Police Department at 5050 and immediate supervisor.

**II. Evacuation in Bomb Threat Incident**

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- a. Upon notification of the University Police Department and immediate supervisor of a bomb threat, activate the nearest fire alarm.
- b. Evacuate the building using the evacuation procedures for a fire.

**III. Suspicious Package or Object**

- a. In the event of a suspicious package or object, immediately call University Police Department at 5050.
- b. Do not attempt to move or disturb the package/object.
- c. Move away from the object.
- d. Notify your immediate supervisor. Students should notify any faculty or staff member.

**Suspicious Person Incident**

The following procedures have been adopted by the faculty to provide guidelines in the event of a suspicious person.

**I. Suspicious Person Procedures**

- a. While there is no specific definition, a suspicious person can be anyone that raises concerns. Be aware of anyone displaying the following characteristics:
  - i. People in buildings or areas who do not appear to be conducting legitimate business.
  - ii. People monitoring areas, buildings, or entrances.
  - iii. Unfamiliar people in restricted, sensitive, or private areas.
  - iv. People wearing clothing not consistent with the weather conditions (bulky coat in warm weather, etc.).
  - v. Individuals attempting to access utility locations.
  - vi. Individuals displaying violent or disruptive behaviour.
  - vii. Unfamiliar individuals without proper I.D. badges in areas that require such identification.
- b. In the event of a suspicious person in your area, immediately call the University Police Department at 5050 and give the location of the individual, what he/she is wearing, and brief physical description.
- c. Do not physically confront the person.
- d. Do not block the person's access to an exit.
- e. Do not attempt to detain the person.
- f. Do not let anyone into a locked building or office.
- g. If you feel threatened, lock doors, and secure yourself in your space.

**Active Shooter Incident**

The following procedures have been adopted by the faculty to provide guidelines in the event of an active shooter incident at the JSU CHPW.

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I. Active Shooter Incident Procedures

- a. If you witness any armed person(s) on campus, immediately contact University Police Department at 5050 and give the location of the individual, what he/she is wearing, and brief physical description.
- b. If the person is outside the building, use the following procedures:
  - i. Turn off lights and close and lock doors and windows.
  - ii. Do not open for the door for anyone if you do not recognize their voice.
  - iii. If you can do so safely, get everyone down on the floor and out of the line of fire.
  - iv. If you can safely do so, move to a core area of the building.
- c. If the person is inside the building, use the following procedures:
  - i. If it is possible to do so, flee the building and to a safe location far away.
  - ii. Contact the University Police Department at 5050.
  - iii. If flight is impossible, lock all doors and secure yourself in your space.
  - iv. If you are in a classroom without door locks, use a door wedge and block the door with heavy objects such as a desk or filing cabinet.
  - v. Instruct everyone to get on the floor or under a desk and remain silent.
  - vi. Remain in the room until told “All Clear” by University Police.
  - vii. Faculty should have a readily available cell phone in class or lab at all times.

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Subject: CHPW Smoke-Free Environment Policy

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Smoke-Free Environment Policy**

Considering health risks and factors related to quality of life for smokers and non-smokers, it is the policy of the CHPW that the environment be designated as a smoke-free environment. NO smoking or the use of electronic cigarettes will be permitted within any building, or on building grounds at any time. This policy applies to faculty, staff, visitors, and students.

Appropriate signage will be displayed on the front and rear entrances to the building. Students shall be advised of the policy upon admission to the upper division of nursing and shall be held accountable if a policy violation occurs.

Faculty and staff will be responsible for educating students and visitors of established smoking regulations.

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Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Policy and Procedure for Tenure and Promotion**

**I. Policy and Procedure for Promotion**

All policies, procedures, and actions regarding faculty promotion shall be in compliance with the rules and regulations stated in the University Faculty Handbook. The schedule for the promotion process is contained in the planning calendar, available on the Faculty Resource page of the Academic Affairs homepage.

**II. Promotion and Tenure Equivalencies for the CHPW**

In addition to published articles and scholarly research, possible examples of scholarship based upon Boyer's Model of Scholarship include, but are not limited to the following creative activities:

- State or regional podium or poster presentations.
- National or international podium or poster presentation.
- Composition of a new degree program proposal and development, new graduate course development, program prospectus or accreditation self-study.
- Establishment of State chartered Centers of Excellence.
- Receipt of a substantial monetary grant for teaching, research, or professional service pursuits providing a significant contribution to the field.
- Obtainment of a national certification at the approval of the department head.

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Subject: CHPW Role of Faculty Mentor

Committee: Faculty Affairs Committee

Approved: Dean Tracey Matthews

**CHPW Role of a Faculty Mentor**

A mentor is to be an experienced faculty member assigned by the ONE (Orientation of New Educators) Department Heads, Program Directors and/or Coordinators whose responsibilities are to facilitate the transition of a new faculty member into the academic role. The faculty mentor may be a person who is not a part of the course/courses in which the new faculty member is involved and who can assure that core faculty requirements/expectations are relayed to the mentee. These core faculty responsibilities/expectations are not to be confused with specific course details. Serving in the mentor role is considered part of a faculty member's service to the CHPW.

The mentorship should occur over two semesters, or as directed by the ONE Coordinators. The mentor is expected to meet with the new faculty member **no less than three times per semester** (beginning, midterm, and at the end of each semester) during the prescribed time of mentorship.

It is the responsibility of the faculty mentor to ensure that a new faculty member is adequately acclimated to the environment and policies of the CHPW and to provide oversight for completion of the new faculty's orientation checklist. Mentoring includes development of collegial relationships which are characterized by civility and professionalism and supports activities which introduce the mentee to the academic culture such as what it is like to begin and end a semester, time management as a faculty member, interacting with students, valuing of email communication between faculty members, emphasizing the importance of faculty meetings as means of dissemination of essential information for ongoing curriculum implementation. **(Refer to items on the Mentor Evaluation Attachment A)**

At the end of the designated mentorship, each new faculty will evaluate the effectiveness of the mentoring received. This evaluation will be submitted to the ONE Coordinators. Data will be analyzed and included in the ONE program annual report submitted to the Center for Best Practices in Teaching and Learning (CBPTL) and the CHPW through Compliance Assist.

See Attachment A for Mentor Evaluation.

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**Attachment A**

**Mentor Evaluation**

Name of New Faculty Completing Evaluation: \_\_\_\_\_

Name of Mentor Faculty: \_\_\_\_\_

1. My assigned mentor assisted me in becoming acclimated to the JSU environment, policies, and procedures:  
Strongly disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)

2. My assigned mentor was available and accessible:  
Strongly disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)

If not, why do you feel your mentor was unavailable?

3. My assigned mentor assisted with easing the transition to teaching in the CHPW:  
Strongly disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)

If not, why?

4. I would recommend this individual for future mentoring assignments:  
Strongly disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)

5. How long were you on the job before your mentor initiated the first meeting with you?

6. Approximately how many times did your mentor meet with you?

7. Please list any other faculty that you like to recognize for serving in a “mentor” capacity.

Comments and Suggestions:



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Subject: CHPW Faculty Practice Guidelines

Committee: Faculty Affairs Committee

Approved: Dean Tracey Matthews

**CHPW Faculty Practice Guidelines**

Jacksonville State University (JSU) College of Health Professions and Wellness is committed to the support of faculty practice initiatives that contribute to the progression of the University, College, and Department missions of teaching, scholarship, and service. The various disciplines within the CHPW may have expectations for practice specific to the professional accrediting body of each program. In these cases, the Dean of the CHPW is responsible for insuring accreditation requirements are met as they relate to practice. Faculty practice hours will be negotiated during yearly evaluations between administration and the faculty member and must be approved by the Dean/Associate Dean. The proposal should be submitted prior to faculty workload assignments in order to provide necessary time for workload adjustments. Faculty practice is subject to the approval of the Dean/Associate Dean and based on availability and teaching needs in addition to accreditation requirements. Faculty practice should also be included within the faculty member's yearly goals for service with documentation of faculty practice progress as a component of the evaluative process. Faculty practice procedures outlined in Attachment A should be followed.

**Nurse Practitioner Faculty Practice Guidelines**

JSU supports the recommendation of the Commission on Collegiate Nursing Education (CCNE) for faculty who hold a current license as a nurse practitioner and teach in clinical courses. Those faculty are required to pursue and maintain national certification specific to their specialty.

Faculty practice may be maintained by clinical practice within the healthcare environment or via alternative routes such as clinical or community partnerships, consultation, etc. (as approved by the Dean/Associate Dean of the College of Health Professions and Wellness). The Dean and Associate Dean will provide guidance for implementation of faculty practice with final approval by the Dean.

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**Attachment A**

**Faculty Practice Procedure**

The following parameters have been developed to augment the expectations for development and implementation of an individual faculty practice plan.

1. The faculty member's primary obligation is to JSU and designated workload responsibilities. Faculty Practice should not exceed 10% for non-NP faculty unless negotiated with Associate Dean/Department Head. NP faculty should not exceed 20% of faculty workload or as negotiated with Associate Dean/Department.  
An individual faculty practice plan (Attachment B) should be structured and completed in advance of the academic year for intended implementation and the plan submitted to the Associate Dean/Department Head of the CHPW annually during the faculty member's yearly evaluation.
2. The Associate Dean/Department Head will determine final approval of plan.
3. Faculty practice may include the following:
  - a. Consulting activities to clinical agencies, colleges of nursing, and health related public, private, and government agencies on health-related practice or evidence to support practice.
  - b. Clinical practice in various agencies

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Attachment B

Application for Faculty Practice

Please list below the appropriate faculty practice activities intended for the upcoming academic year. All pertinent information and documentation must be attached. **Return this form and the attached documentation to your Department Head or Associate Dean's office prior to the date of annual evaluation at end** of each academic year. Refer to faculty practice parameters in Attachment A for examples.

Name: \_\_\_\_\_

Description of planned activities or proposal:

Projected Schedule:

\*Include travel dates.

Coverage for JSU responsibilities (e.g., if faculty practice activities are occurring during the standard work week, how are JSU responsibilities related to teaching and service covered):

Signature of faculty applicant: \_\_\_\_\_

Signature of Associate Dean/Department Head: \_\_\_\_\_

Approval Date: \_\_\_\_\_

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Subject: CHPW Faculty Annual Review Policy and Procedure

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Faculty Annual Review Policy and Procedure**

**Faculty Annual Review**

**Purpose**

An annual review is the predominant means for ensuring congruence between the faculty members' goals and performance and the needs of the CHPW academic Departments, College of Health Professions and Wellness (CHPW), and university. In addition, the faculty annual review (FAR) creates a data source for decisions about professional development plans, promotion, and tenure. The evaluative authority, i.e., Department Head, Program Director, Associate Dean, or Dean will evaluate each faculty member on an annual basis and evaluate goals, outcomes and provide constructive feedback to assist faculty in continuous improvement. Any deficiencies will be addressed with a plan for improvement.

Professional staff are evaluated via the Human Resources evaluation process. This includes some faculty with administrative rank (e.g., 12-month track coordinators, etc.). Faculty in these roles should seek direction from the Department Head or Program Director regarding the appropriate process. Administrators on a tenure-track may be required to complete the FAR process and the Human Resources process simultaneously.

**Process**

Each faculty and professional staff member will participate in the summative evaluation process annually. Formative evaluations will occur as needed throughout the academic year. Student evaluations are collected near the end of each semester via Evaluation Kit. Student evaluations serve as formative data for the faculty throughout the academic year. Summaries of student evaluations are review during the FAR.

The components of the FAR process are as follows: (1) student evaluations via Evaluation Kit (2) completion of critical evaluation of self (3) review of goals (4) update of digital measures and (4) review by the evaluative authority. Those in internally appointed Director or Coordinator roles would also include faculty and staff evaluations as well as the critical evaluation of self-version specific to those in leadership roles (See Attachment C). Faculty requesting workload adjustments due to doctoral studies would also need to complete the Memorandum of Agreement for Workload Adjustments (See Attachment F).

Tenure-track Faculty up for the third-year review will also be required to submit a portfolio of performance inclusive of evidence of teaching, scholarship, service, and community engagement

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for the prior three years (Refer to JSU Faculty Handbook, Promotion and Tenure Guidelines). The third-year review will serve to inform faculty of their progress toward meeting tenure and/or promotion goals.

**Critical Evaluation of Self**

Prior to meeting with their evaluative authority, faculty should complete the Critical Evaluation of Self. This allows faculty to critically appraise their goals and summative outcomes prior to the FAR and set appropriate goals for the upcoming year (See Attachment A Given that a portion of workload allocation is dedicated to the leadership role, appropriate evaluation of the leadership role must occur. Anyone requesting a workload adjustment requests for professional development should fill out Attachment C.

**Goal Setting**

All faculty should set meaningful and measurable goals for the upcoming academic year. These goals should not be reflective of expected job responsibilities but those areas in need of improvement or in which the faculty member designates as priorities for the upcoming academic year (See Attachment B).

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Attachment A

Jacksonville State University  
College of Health Professions and Wellness  
Faculty  
Critical Evaluation of Self

Name \_\_\_\_\_  
Date \_\_\_\_\_

**1. Goals**

a. For the past academic year, my goals for teaching, scholarship, and service were:

Met \_\_\_\_\_

Partially Met \_\_\_\_\_

Not Met \_\_\_\_\_

b. Please provide a brief synopsis as to the status of your goals, addressing each component of the tripartite role and providing one example of how a goal was met for that specific area. (See attachment “Synopsis of Goal achievement”)

**2. Teaching Effectiveness**

a. Review **course evaluation data** for all courses taught for the previous academic year (including last summer, fall, and spring). List courses and course evaluation summary score below.

Courses	Summer	Fall	Spring

b. Do the summary scores of **course evaluations** meet the benchmark of 4/5? If so, please provide strategies/recommendations for continued improvement of courses. If not, please provide strategies/recommendations and/or responses to student feedback to propose for course improvement. Are there any common themes identified among student responses?

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c. Review **faculty evaluation data** department evaluations. What is the range of the faculty evaluation summary scores in your courses? List below.

Courses	Summer	Fall	Spring

d. Do the **faculty evaluation summary scores** meet the benchmark of 4/5? Critically review and address any specific items in the faculty evaluation that are below the benchmark. Are there any common themes identified among students?

e. Are course outcomes meeting the benchmark? (e.g., ATI, course pass rates, clinical pass rates, projects, etc.). Discuss the outcomes and whether or not those have been met below. Identify strategies for improvement. If outcomes are not meeting the benchmark, specifically identify an area for critical exploration and analysis over the next year.

f. Clinical/practicum teaching is a valuable learning experience for students and faculty. If expectations for the clinical experience are clear, the clinical experience seems to be more beneficial. What areas can you identify that need improvement from a clinical standpoint?

g. Learning labs/checkoffs/validations are very important in the development of a student's knowledge and skills. Students' first exposure to various skills occurs in the lab setting, for the most part. The expectation for skill teaching/demonstration has been frequently communicated by administration and is as follows: Faculty demonstration of skill in small groups; supervision of students completing return demonstration in small groups; dedicated practice time for students (with faculty available not necessarily supervising); and validation/check-off by assigned faculty. This approach is not meant to infringe upon academic freedom but rather to ensure a consistent approach to teaching new skills across the curriculum and is in direct response to an established trend of student concerns related to lab skills as well as positive student outcomes when approach is followed. Are your labs delivered in this manner? Why or why not?

**3. Professional behavior**

a. Throughout the year, various conflicts/situations arise between faculty/students and faculty/faculty. Reflect on the past year. Do you feel that you have addressed all issues/conflicts by employing professional problem solving? In what areas could you improve?

b. Research seems to indicate that teaching effectiveness is improved by employing professional behavior in every aspect of teaching. Professional behavior, in this sense, is used very broadly and inclusive of characteristics such as organization, knowledge, time

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management, etc. Issues of student incivility have been shown to decrease when faculty are organized, respectful, forthright, and clear in expectations. Identify at least two areas in which you feel you can improve related to professional behaviors that would impact teaching effectiveness.

c. Do you feel you have been participative in and available for the duration of faculty, committee, and student meetings? Are your office hours posted and adhered to? Are you timely and professional in your responses to students and faculty? Are you committed to assisting with lab check-offs for other courses as well as your own?

**4. Scholarship**

a. What was your most significant area of growth related to scholarship this year? Please list any publications/presentations/grants/projects in which you have participated.

b. Scholarship expectations are reflective of rank. As you prepare goals for next year, identify the scholarship expectations associated with your rank and design goals accordingly.

**5. Service**

Service activities are an expectation of faculty. Service can take a variety of forms.

a. What was your most significant service activity this year, including Community Engagement? Please list service activities in which you have participated.

b. As you prepare goals for next year, identify the expectations associated with your rank and design goals accordingly.

**6. Faculty with Administrative Responsibilities (Department Head, Director, Coordinator etc.)**

a. What are your most significant accomplishments in this role?

b. As you prepare for goals next year, identify the expectations associated with this position and consider goals according to your job description.

**7. Requests/Professional Growth & Development**

a. What courses do you prefer to teach?

b. What professional development topics interest you most?

c. How can administration best support you?

d. Do you have any specific ideas related to improvement of our program?

e. Do you have any concerns to express?



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Attachment B

Jacksonville State University

Department of \_\_\_\_\_

Goals \_\_\_\_\_

Year \_\_\_\_\_

Name \_\_\_\_\_

**I. Teaching (X%)**

**II. Service (X%)**

**III. Scholarly (X%)**

**IV. Community Engagement (X%)**

**V. Practice (X%)**

**VI. Coordinator/Director Responsibilities (if applicable) (X%)**

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Attachment C

**JACKSONVILLE STATE UNIVERSITY**  
**College of Health Professions and Wellness**  
**Memorandum of Agreement for Workload Adjustment**

**Philosophy.** The process of continuous improvement includes, among other things, faculty development through doctoral study or completion of the terminal degree. Faculty in doctoral study experience personal and professional growth which should translate to improved teaching, service, and scholarly activities for Jacksonville State University (JSU). Believing that doctoral education is beneficial to the faculty member, students, and the CHPW efforts will be made to support and encourage full time faculty pursuing a terminal degree. Support may be through adjusted teaching assignments and/or workload adjustments.

**Foundational Premises.** As requests are considered and decisions are made regarding teaching assignments and/or workload adjustments to support doctoral study, principles that must be honored include:

1. The faculty member's priority responsibility is to JSU, not to their terminal degree program. Should the quality of teaching, service, and/or scholarly activities become adversely affected, adjustments will cease and not be granted in the future.
2. The needs and resources of the CHPW determine adjustments in teaching assignments or workload.
3. Workload and/or scheduling adjustments may be made when feasible but are not guaranteed.
4. Adjusting teaching assignments or workload to support doctoral study is an investment made by JSU with the expectation that there will be a return on the investment. If workload is reduced or altered to accommodate doctoral study, the faculty member must agree to remain at JSU an equivalent time as pay back. If a faculty member is given 2 years of reduced/altered workload for doctoral study, it is expected the faculty member will stay at JSU for at least 2 years after degree completion.
5. Faculty wishing consideration of teaching assignment or workload for doctoral study should submit a written request documenting acceptance to doctoral study, the program of study, and expected time of graduation. If teaching or workload adjustments are made, verification of successful completion of doctoral study must be submitted upon the **completion of each term**. Student copies of transcripts suffice for semester-by-semester verification of doctoral work, but an official transcript must be submitted upon completion of the program.
6. Specific accommodations for individual faculty will be attached to this agreement.
7. Upon completion of the doctoral degree, faculty will support a portfolio and request for promotion to a tenure-track. Approval of promotion to a tenure track position may be dependent on vacant and available tenure track positions.

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I have read and agree to the terms of this Memorandum of Agreement.

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

**Teaching Assignments:**

**Committee Assignments:**

**Advisement:**

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Document No.: I:18.00

Last Reviewed: November 2020

Adoption Date: April 1983

Last Revised: June 2018

Subject: CHPW Procedure for Loan of Laboratory Equipment

Committee: Department Head/Supervisor

Approved: Dean Tracey Matthews

**CHPW Procedure for Loan of Laboratory Equipment**

1. Any faculty member who desires to borrow equipment from the CHPW laboratories must negotiate loan of equipment through lab coordinators or designee.
2. The lab coordinators or designee will maintain a lab request form on all equipment borrowed by faculty.
3. The faculty will list all equipment borrowed on a lab request form and sign it.
4. The lab coordinators or designee will remove the lab request form when the equipment is returned.
5. Students are allowed to borrow equipment from the lab with faculty approval.

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Document No.: I:19.00

Last Reviewed: April 2022

Adoption Date: May 2004

Last Revised: April 2022

Subject: CHPW Timeframe for Maintaining Hardcopy Student Materials

Committee: Faculty Affairs Committee

Approved: Dean Tracey Matthews

**CHPW Timeframe for Maintaining Hardcopy of Student Materials**

Faculty should maintain a hardcopy student material for a minimum of three calendar years or dependent on program accreditation standards.

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Document No.: I:20.00

Last Reviewed: November 2020

Adoption Date: Fall 1982

Last Revised: June 2018

Subject: CHPW Clinical Travel Policy

Committee: CHPW Leadership Team

Approved: Dean Tracey D. Matthews

**CHPW Clinical Travel Policy**

Clinical travel reimbursement will be calculated in the following manner:

1. All faculty members will consider the shortest distance to the clinical site (Home address versus University) as home base.:
  - 1.1 Faculty members will record mileage via Chrome River in the semester that clinicals were performed.
  - 1.2 Travel to clinical agencies will be calculated according to JSU policy. Travel is paid from home base to destination.
  - 1.3 Travel to community service functions will be reimbursed at the standard rate.
  - 1.4 Travel to JSU main campus is not considered reimbursable.

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Document No.: I:21.00

Last Reviewed: November 2020

Adoption Date: 1979

Last Revised: November 2020

Subject: CHPW Student Grievance Appeal Policy

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Student Grievance Appeal Policy**

An appeal challenges a decision that has been made; a grievance is a complaint seeking a resolution to a specific problem. The same procedure is followed for either.

**I. Student Initiated Appeals and Grievances**

The appeal and grievance procedures are each divided into two phases, an “Informal Phase” and a “Formal Phase”. The Informal Phase is intended to attempt to resolve an issue through meeting and discussion with the faculty member or members involved and the Course Coordinator (if applicable). Should the student be dissatisfied with the results obtained in the Informal Phase, a formal appeal may be made. In such case, the procedures outlined in the “Formal Phase” shall be followed.

**Informal Phase.**

1. A student wishing to appeal a decision or discuss a grievance or complaint shall, within three (3) working days of the event/issue, provide an account in writing and arrange to speak with the faculty member(s) faculty member or Course Coordinator (if applicable) involved in the issue. If the issue cannot be resolved at this level, the student may initiate an appeal and the resolution procedure then enters the Formal Phase. The faculty member(s) and Course Coordinator (if applicable) shall compile a written report of the issue or issues presented, a summary of the facts, a summary of any attempts to resolve the issue and the ultimate decision made and submit this report to the Program Director/ Program Coordinator and Department Head/Associate Dean.

**Formal Phase.**

1. Completion of the Informal Phase by a student is mandatory and shall be completed before an appeal can be made. A student wishing to file a formal appeal of a decision or grievance/complaint must contact the Program Director/ Program Coordinator and Department Head/Associate Dean in writing within three (3) working days of the meeting with the faculty/Course Coordinator (if applicable). The Program Director/Coordinator shall ensure the student has access to the Appeal/Grievance Process. \*\* Note: for Education programs, appeals must be conducted using the College of Education and Professional Studies procedures.
2. The student must submit a written account of the relevant issue or issues involved to the Program Director/ Program Coordinator and Department Head/Associate Dean. Only information presented by the student at this time can be used in any phase of the appeal. The Program Director/ Program Coordinator and Department Head/Associate Dean shall thereafter meet with the student, review the appeal or grievance as well as the record of the

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Informal Phase, and attempt to resolve the issue. If the appeal or grievance is not resolved, the student shall be informed of his/her right to meet with the Dean. A student wishing to have a decision reviewed by the Dean of the CHPW shall provide within three (3) working days of being informed of the decision the following: a written request for review to the Office of the Dean, a summary of the prior proceedings by the Faculty/Course Coordinator, Program Director/ Program Coordinator and Department Head/Associate Dean along with the student's written account. The Dean shall thereafter set a time and place to meet with the student.

3. If the appeal or grievance is pursued, the student will meet with the Dean. The Dean may, but is not required to, include members of the faculty and staff and the University Attorney. Information from the student, faculty, Course Coordinator (if applicable), Program Director/Chief Nursing Administrator and/or Department Head will be reviewed. Only information provided in the student's written account and information from the review by the Faculty/Course Coordinator, Program Director Associate Dean, Department Head will be allowed. The decision of the Dean shall be final.



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Document No.: I:22.00

Last Reviewed: November 2020

Adoption Date: January 1984

Last Revised: November 2020

Subject: CHPW Illness, Injury, Pregnancy or Other Health Condition

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Illness, Injury, Pregnancy, or Other Health Condition**

If as a result of injury, illness, pregnancy, or other health conditions, should a student be unable to perform the essential functions or complete the requirements of a course, the affected student should immediately request a conference with their instructor or clinical supervisor and advisor. The availability of any reasonable accommodation will be explored and to the extent feasible implemented. The University reserves the right in such situations to request a physician or other healthcare professional to certify any necessary restrictions.

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Document No.: I:23.00

Last Reviewed: June 2018

Adoption Date: October 2000

Last Revised: June 2018

Subject: CHPW: Guidelines for Professional Use of Technological Devices in Healthcare

Committee: Leadership Council

Approved: Dean Tracey Matthews

**CHPW: Guidelines for Professional Use of Technological Devices in Healthcare**

Technological devices are increasingly an important tool in education and healthcare as a means of accessing information and calculating equations commonly used in healthcare. However, these devices can be inappropriate and unprofessional when utilized in improper forums. The College of Health Professions and Wellness maintains the right to regulate the use of these devices in class, laboratory, and clinical settings as outlined in this policy. For the purpose of this policy, technological devices are defined as any technological device used for communication, retrieval, or storage of information, accessing the internet, or creating photographs/videos. Examples of such devices are, but not limited to cellular phones, or tablet/laptop computers. No cellular phones are to be used in the classroom or lab settings unless approved by the course instructor for educational purposes. Cellular phones or approved technological devices may be used in clinical settings for clinical resource purposes per instructor and agency guidelines and may be accessed in non-patient care areas only. Students are strictly prohibited from using cell phones for personal communication (calls or text messages) in a clinical setting unless explicitly approved by the instructor. Cellular phones or any electronic device shall not be used for taking photographs/videos/recordings of any kind in a clinical setting. The storage of data on any technological device that compromises patient privacy or confidentiality is strictly prohibited. Cellular phones brought into class, lab, or clinical must remain in a non-audible, vibration mode or the OFF position.

All unapproved electronic devices are strictly forbidden in testing or test review settings.

Information about recordings/videos of lectures, presentations, and laboratory demonstration can be found in I:25.00 Audio Video Recording Policy.

Violations of the above policy may result in, but not limited to, additional assignments, zero credit for a test or assignment, course/clinical failure, or dismissal from their academic program.

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Document No.: I:24.00

Last Reviewed: June 2018

Adoption Date: 1994

Last Revised: June 2018

Subject: CHPW of Understanding Student Handbook

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Letter of Understanding Student Handbook**

During orientation, students in the specific programs, are required to review the program specific handbook and acknowledge understanding by signing a form that is referenced in their student handbook.

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Document No.: I:25.00

Last Reviewed: June 2018

Adoption Date: May 14, 1999

Last Revised: June 2018

Subject: CHPW Audio and Video Recording Policy

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Audio and Video Recording Policy**

The purpose of this policy is to establish the procedures and limitations related to audio/video recording of classroom lectures, presentations, and laboratory demonstrations.

It is the policy of the CHPW that students can participate in audio or visual recording of lectures, presentations, or laboratory demonstrations within strict guidelines. Recording of lectures, presentations, or laboratory presentations is exclusively authorized for the purposes of individual or group study with other students enrolled in the same class. Any audio/visual recording or edited portion of the recording shall not be reproduced, transferred, or uploaded to any publicly accessible internet environment such as, but not limited to, social media sites, internet blogs, or live podcasts (see CHPW Professionalism in Social Media Policy No.: I:27.00). Retention of recordings is prohibited. Upon completion of the associated course, students shall destroy all recordings unless specific permission is obtained from the course instructor. Violations of this policy may result in punitive action, including dismissal from the nursing program.

The recording of lectures, presentations, or laboratory demonstrations will be the sole responsibility of the student. Audio/Visual equipment used for recording must not present any disruption of normal class activities. Course instructors reserve the right to deny any recording device deemed to be intrusive, distracting, or otherwise incompatible with normal class activities.

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Document No.: I:26.00

Last Reviewed: November 2020

Adoption Date: September 1998

Last Revised: November 2020

Subject: CHPW Statement of Understanding Regarding EPP

Committee: CHPW Curriculum Committee

Approved: Dean Tracey Matthews

**CHPW Statement of Understanding Regarding EPP**

**ETS Proficiency Profile**

Prior to graduating all students must take the ETS Proficiency Profile (EPP). The ETS Proficiency Profile assesses four core skill areas —critical thinking, reading, writing and mathematics—in a single multiple-choice test. It measures proficiency in critical thinking, reading, writing and mathematics in the context of humanities, social sciences and natural sciences, and academic skills developed, as opposed to subject knowledge taught, in general education courses.

This test must be **COMPLETED** prior to graduation. Students should consult their specific academic programs for specific completion dates. The exam is administered online and is non-proctored. The EPP examination is a mandatory graduation requirement for JSU. The Graduation Certification Advisor will email the EPP instructions and information during student's final semester.

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**Attachment A**

**Statement of Understanding Regarding EPP**

I have been advised and fully understand that I must take the ETS Proficiency Profile (EPP). The ETS Proficiency Profile assesses four core skill areas – critical thinking, reading, writing and mathematics – in a single test. I understand the ETS measures proficiency in these areas in the context of humanities, social sciences and natural sciences, and academic skills developed, as opposed to subject knowledge taught, in general education courses.

**Failure to comply with these guidelines may prevent my graduating as scheduled.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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Document No.: I.27.00

Last Reviewed: June 2018

Adoption Date: April 2012

Last Revised: June 2018

Subject: CHPW Professionalism in Social Media

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Professionalism in Social Media**

The purpose of this policy is to help clarify how best to protect the personal and professional reputations and privacy of our institution, employees, students, clinical partners, and patients. This policy is not intended to supersede any present or future policy of Jacksonville State University (JSU) regarding professional expectations, information technology, electronic communication, or social media.

Employees and students at the CHPW are liable for all forms of communication. The same laws, professional expectations, and guidelines for interacting with employees, students, parents, alumni, donors, media, clinical partners and other university constituents apply to all forms of communication.

**Definition of Social Media:** For the purposes of this policy, social media is defined as any form of online publication or presence that allows end users to engage in conversations in or around the content of an internet website. Examples include, but are not limited to, Instagram, LinkedIn, Twitter, Facebook, YouTube, blogs, and wikis. The absence of, or lack of explicit reference to a specific social media site, does not limit the extent of the application of this policy.

**Definition of Electronic Communication:** any electronic transfer of signs, signals, writing, images, sounds, data, or intelligence of any nature transmitted in whole or in part via electronic device. This includes, but not limited to, cellular phones, computers, texting devices, facsimile (Fax), data storage devices, or video and voice recordings (unless otherwise specified in the Audio and Visual Recording Policy No.: I:25.00).

**Protect confidential and proprietary information:** Do not post confidential or proprietary information about JSU, the CHPW, students, employees, clinical partner agencies, patients, or alumni. Employees and students must follow applicable federal requirements such as FERPA and HIPAA regulations. Employees and students who share confidential information do so at the risk of disciplinary action, up to, and including termination/dismissal from the program. All HIPAA and FERPA regulations apply to social media and electronic communications.

**Protect Institutional Voice:** When utilizing social media and electronic communication, identify your views as your own. It should be clear that you are not speaking for JSU/CHPW.

**Faculty and student interaction:** Faculty may implement and encourage the use of social media in their courses but may not require a student to join or participate in a social media site. Required interaction outside of the classroom must occur within a university-approved format. Faculty may accept connections to students in social media contexts at their discretion but may

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not initiate this connection without prior approval from the appropriate program director and Dean.

**Prohibited communication:** Faculty, staff, and students are prohibited from making any reference to clinical activities in social media forums and electronic communication. Attempts to avoid explicit identification of a clinical partner agency, associate, agency location, patient, or JSU entity should not be perceived as a guarantee of anonymity or compliance with HIPAA, FERPA, or this policy. For example, avoiding the use of a patient's or clinical agency's specific name does not guarantee compliance with this policy. Communication related to clinical activities, as described above, can result in disciplinary action, up to, and including termination/dismissal from the program.

Violations of this policy also result in a violation of the Professional Scholar's Code and will be handled in accordance with that policy.



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Document No.: I.28.00  
Last Reviewed: November 2020  
Last revised: June 2018  
Subject: CHPW Professional Scholars' Code  
Committee: CHPW Leadership Team  
Approved: Dean Tracey Matthews

**CHPW Professional Scholars' Code**

**I. Professional Scholars' Code**

**A. Introduction**

The academic community of student and faculty at the College of Health Professions and Wellness (CHPW) strives to develop, sustain, and protect an environment of honesty, trust and respect. Students within the system receive the benefits of the academic pursuit of knowledge, free from the obstacles of academic dishonesty. The Professional Scholar's Code demands that students act with integrity in all their endeavors. Exhibiting honesty in academic pursuits and reporting violations of the Professional Scholar's Code will encourage others to emulate integrity in the nursing profession. Every student who approaches their studies with honesty and forthrightness suffers when another student attains an unfair advantage through academic dishonesty. Most importantly, the safety of patients is jeopardized when students are dishonest in completing program requirements (The University of Florida, 2006, p. 5).

**B. Dissemination and Clarification**

**JSU Nursing**

The nursing profession is one of highest distinction that promotes honesty and integrity. The JSU Nursing requires students and faculty to comply with the standards of conduct deemed appropriate for the nursing profession by the American Association of Colleges of Nursing Essentials of Baccalaureate Education, the American Association of Colleges of Nursing Essentials of Masters Education, the American Nurses Association's Code of Ethics, as well as those delineated in the Professional Scholars' Code of the JSU Nursing.

1. All students and faculty in the JSU Nursing shall be informed of the Professional Scholar's Code upon registration and/or employment in the department and thereby assume the responsibility of abiding by the spirit of honesty in their academic pursuits. The establishment of a Professional Scholars' Code is not intended to be an indication that academic dishonesty behavior is commonplace at this institution. The Professional Scholars' Code is a method of reaffirming the existing code of honor which has prevailed at this department since its inception.
  - a. The Scholars' Code shall be part of the student handbooks, course shells and Faculty/Staff Policy and Procedures Manual. It is the responsibility of students, faculty, and staff to be familiar with this policy. Students and faculty

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must indicate acknowledgement of this policy via Attachment A upon admission or hire. This document will be placed in individual's file and students will mark electronically reviewed in course shells in subsequent semesters.

b. It shall be the responsibility of each faculty member to inform students of the Professional Scholars' Code as part of the course orientation (live or electronic) at the beginning of every semester, through the course syllabus/notebook or other effective means. Faculty shall support the principles of academic integrity and fairness through course policies and procedures.

c. The appropriate officials and offices shall conduct an orientation for all nursing students, incoming nursing faculty to familiarize these individuals with the provisions of the Scholars' Code prior to attending classes or teaching.

### **Department of Respiratory Therapy**

The Department of Respiratory Therapy requires students and faculty to comply with the standards of conduct deemed appropriate for the profession by the American Association for Respiratory Care, the National Board for Respiratory Care, the Committee on Accreditation for Respiratory Care, and the Alabama State Board for Respiratory Therapy. All respiratory therapy students are also held to the standards delineated in the Professional Scholars' Code of the Department of Respiratory Therapy.

1. All students and faculty in the Department of Respiratory Therapy shall be informed of the Professional Scholar's Code upon registration and/or employment in the department and thereby assume the responsibility of abiding by the spirit of honesty in their academic pursuits. The establishment of a Professional Scholars' Code is not intended to be an indication that academic dishonesty behavior is commonplace at this institution. The Professional Scholars' Code is a method of reaffirming the existing code of honor which has prevailed at this department since its inception.
  - a. The Scholars' Code shall be part of the student handbooks, course shells and Faculty/Staff Policy and Procedures Manual. It is the responsibility of students, faculty, and staff to be familiar with this policy. Students and faculty must indicate acknowledgement of this policy via Attachment A upon admission or hire. This document will be placed in individual's file and students will mark electronically reviewed in course shells in subsequent semesters.
  - b. It shall be the responsibility of each faculty member to inform students of the Professional Scholars' Code as part of the course orientation (live or electronic) at the beginning of every semester, through the course syllabus or other effective means. Faculty shall support the principles of academic integrity and fairness through course policies and procedures.

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- c. The appropriate officials and offices shall conduct an orientation for all students and incoming faculty to familiarize these individuals with the provisions of the Scholars' Code prior to attending classes or teaching.

## **II. Violations of Professional Scholar's Code**

Any action by students revealing dishonesty is considered a violation of the Professional Scholar's Code. Actions of this nature should be reported to the course faculty.

### **A. Violations of Academic Honesty**

Though the following list does not include all of the possible violations of the Professional Scholars' Code, it is indicative of the types of actions which must be prohibited in order to maintain academic integrity at this University.

1. Dishonesty on an examination, problem solution, exercise, or assignment which is offered by the student in satisfaction of course requirements or as extra credit is a violation of the Professional Scholars' Code. Dishonesty occurs when a student gives, receives, makes, or uses unauthorized assistance. Dishonesty includes but is not limited to the following: using notes or cheat sheets, copying another individual's work, having another person take an examination for the student, giving false reasons for absence or tardiness, or improper use of electronic equipment. These actions violate the principles of the Professional Scholars' Code.
2. Plagiarism is the act of passing off the ideas, works, and writings of another as one's own. Its most blatant form consists of copying verbatim the work of another without citation. This most obvious type of plagiarism requires a degree of premeditation and careful planning, but plagiarism can be the result of carelessness, negligence, or ignorance of acceptable forms of citation. An act of plagiarism includes copying of another person's ideas or words, interspersing one's own words within another's work, paraphrasing another's work (using ideas or theory but rewriting the words), fabricating sources of data, and other uses of another's ideas or words without acknowledgement (A.T. Still University, Student Handbook, 2008). It is incumbent on each student to learn the proper forms of citation and to exercise due caution in the preparation of papers and assignments. If there are questions regarding how to apply the Professional Scholars' Code in a particular situation, the student should request immediate clarification from the instructor.
3. The submission of commercially prepared papers, reports, or themes in satisfaction of course requirements are prohibited. The use of another's academic work wholly, or in part, as a means of satisfying course requirements is also prohibited. Falsifying or misrepresenting the results of a research project or study is a violation of the Professional Scholars' Code.

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4. Examinations, practical exercises, and problem solutions, whether administered in the classroom or given in a take-home form should be the work of the individual who submits them. Unless it is intended to be a take home test, the exercises shall not be removed from the classroom/lab/computer lab. **STUDENTS SHALL NOT SHARE TEST INFORMATION/EXAM QUESTIONS WITH ANY OTHER STUDENTS DURING OR AFTER THE ADMINISTRATION OF AN EXAMINATION.**
5. Group work and other forms of collaboration may be authorized by an instructor for a specific assignment. The presumption remains, however, that unless otherwise permitted and specified by the instructor, all academic work is to be an individual effort. In this spirit, the Professional Scholars' Code prohibits both the giving and receiving of unauthorized assistance.
6. Audio or visual recording of lectures, presentations, or laboratory demonstrations by students is permissible within strict guidelines as outlined in the Audio and Visual Recording Policy (See policy I.24.00). Noncompliance with the audio/visual recording 4guidelines is a violation of the Professional Scholars' Code.

A student of the College of Health Professions and Wellness who submits an examination or other work certifies that the work is his or her own and that he or she is unaware of any instance of violation of this code by himself/herself or others.

### **III. Suspected Violations of Professional Scholar's Code**

1. Students suspected of violating the Professional Scholar's Code will be notified verbally and in writing. Faculty should use Attachment B for communication of violation to student. Faculty should complete Attachment C in order to document the alleged incident, the student's response, and resolution of the incident. All documentation should be placed in the student's permanent file.
2. The student has the right to seek advice from the Program Director, Academic Advisor or Department Head for their own program.
3. The student may admit the offense or refute it and offer written evidence supporting the denial. Written evidence must be provided within three (3) working days. Faculty will employ diligence in assuring due process.
4. Faculty will consider the nature of the offense; evidence presented by the student and make a decision regarding consequences.
5. Consequences for students found guilty of violation of the Professional Scholar's Code may include, but are not limited to additional assignments, zero credit for an assignment, failure of course, or dismissal from program.
6. Should the student wish to appeal the faculty decision, the student should follow the 'Student Appeal And/or Grievance Procedure' as outlined in the student handbook.

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**References**

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**Attachment A**

**Professional Scholars Code Agreement**

The students and faculty of the College of Health Professions and Wellness recognize that academic honesty and integrity are fundamental values of the nursing profession and this University community as evidenced by the Professional Scholar's Code. Students and faculty at the College of Health Professions and Wellness commit to holding themselves and their peers to the high standard of honor required by the Professional Scholars Code. **Any individual who becomes aware of a violation of the Professional Scholars Code is bound by honor to take corrective action** (University of Florida, 2006).

We, the members of the College of Health Professions and Wellness, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.

I have read and understand the Professional Scholar's Code. I hereby pledge that on all work submitted at the College of Health Professions and Wellness. I will neither give nor receive unauthorized aid in doing any or all assignments.

\_\_\_\_\_  
Student/Faculty Signature

\_\_\_\_\_  
Date

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Attachment B

**Notification of Alleged Violation of the Professional Scholars' Code**

Student's Name: \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_

Course: \_\_\_\_\_

The student listed above is reported to have committed a violation of the Professional Scholars' Code of the College of Health Professions and Wellness. This form is a notification of alleged violation and potential disciplinary action. Please contact (insert name and phone # or email) immediately.

The student is required to sign this form acknowledging notification. Signing the form acknowledges notification; it is not an admission of guilt. This report will be filed in the student's permanent file.

The accused student has the right to know the allegations and have an opportunity to a meeting with faculty where he/she may present evidence in writing. The student has the right to seek advice from his/her Academic Advisor or the Director of Student Services.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date of Notification

\_\_\_\_\_  
Signature of Course Faculty

\_\_\_\_\_  
Date

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Attachment C

**Professional Scholars' Code Report Form**

**Individual (s) involved in violation or alleged violation of Scholars' Code:**

\_\_\_\_\_

**Contact Information of individuals in violation or alleged violation of the Scholars' Code:**

\_\_\_\_\_

Date of Incident: \_\_\_\_\_

Date of Notice to Individuals of Alleged Violation of Scholars' Code (attach copy of notice to this report):

**Please give a full report of the situation in which the breach/alleged breach in the Professional Scholars' Code occurred:**

**Please describe the student's response and attach any documentation provided by the student.**

**Please describe the resolution of the breach/alleged breach of the Professional Scholars' Code.**

\_\_\_\_\_  
Print Faculty Name

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date



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Document No.: I:29.00

Last Reviewed: June 2018

Adoption:

Last Revised: June 2018

Subject: CHPW Standards for Professional Behavior

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Standards for Professional Behavior**

**II. Standards for Professional Behavior**

**A. Introduction**

The academic community of students and faculty at the College of Health Professions and Wellness (CHPW) strives to develop, sustain and protect an environment of professionalism. The Standards for Professional Behavior demands that students and faculty display professionalism in all of their endeavors. Exhibiting professionalism in academic pursuits and reporting violations of the Standards for Professional Behavior will encourage others to emulate professionalism in the nursing profession. Every student and/or faculty who approaches their studies or nursing student/faculty role with professionalism suffers when another student/faculty behaves in an unprofessional manner that reflects negatively on the CHPW and the profession.

**B. Dissemination and Clarification**

**JSU Nursing**

The JSU Nursing requires students and faculty to comply with the standards of conduct deemed appropriate for the nursing profession by the American Association of Departments of Nursing Essentials of Baccalaureate Education, the American Association of Departments of Nursing Essentials of Masters Education, the American Nurses Association's Code of Ethics, as well as those delineated in the Professional Scholars' Code of the JSU Nursing.

1. All students and faculty/staff in the JSU Nursing shall be informed of the Standards for Professional Behavior upon registration and/or employment in the Department and thereby assume the responsibility of abiding by the spirit of professionalism in their academic pursuits. The establishment of a Standards for Professional Behavior is not intended to be an indication that unprofessionalism is commonplace at this institution.
  - a. The Standards for Professional Behavior shall be part of the student handbooks, course shells and Faculty/Staff Policy and Procedures Manual. It is the responsibility of students, faculty, and staff to be familiar with this policy. Students and faculty must indicate acknowledgement of this policy via Attachment A upon admission or hire. This document will be placed in individual's file and students will mark electronically reviewed in course shells in subsequent semesters.

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b. It shall be the responsibility of each faculty member to inform students of the Standards for Professional Behavior as part of the course orientation (live or electronic) at the beginning of every semester, through the course syllabus/notebook or other effective means. Faculty shall support the principles of professionalism through course policies and procedures.

c. The appropriate officials and offices shall conduct an orientation for all nursing students, incoming nursing faculty and staff to familiarize these individuals with the provisions of the Standards for Professional Behavior prior to attending classes or teaching or assuming an employee role within the DON.

III. **Unprofessional behavior** is the improper conduct by a student faculty, or staff which infringes on the reasonable freedom of others, or which is otherwise detrimental to the proper conduct of Jacksonville State University, The JSU Nursing, and clinical agency partners. The JSU Nursing is dedicated to maintaining excellence and integrity in all aspects of its professional conduct. Violations within these areas will be processed appropriately without regard to the sex, race, color, religious affiliation, national or ethnic origin, age, veteran status, or disability of any of the participants.

Professional behaviors such as accountability, promptness, responsibility, honesty, and respect are expectations of all students, faculty, and staff. As representatives of the nursing profession and Jacksonville State University, students, faculty, and staff are expected to maintain these professional behaviors within the classroom, online educational platforms, clinical activities, and communities it serves. Professional decorum is expected in all interactions with administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates.

Evidence of unprofessional behavior can result in verbal/written warning, prescriptive educational assignments, reduction in course grade, clinical or course failure, or dismissal from the nursing program and/or Jacksonville State University.

Unprofessional behaviors include, but are not limited to, the following:

1. Unsafe practice (acts of commission or omission) that places a client in serious jeopardy.
2. Falsification of records (academic, clinical medical records, records of attendance or completion of course objectives).
3. Being under the influence of any substance that impairs performance as outlined in The JSU Nursing *Impairment and Substance Abuse Policy*.
4. Academic dishonesty (lying, cheating, and plagiarism; may also be considered a violation of the Scholar's Code).
5. Distribution (physically or verbally) of actual or summarized test questions, assignments, papers, or any graded activities.
6. Physical or verbal altercations.

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7. Incivility or willful harassment, sexual harassment, abuse or intimidation (physical, non-physical, verbal) of administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates.
8. Willful expressions of disrespect (physical, non-physical, verbal) of administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates related to race, cultural values/practices, religious beliefs, sexual orientation, physical/mental disabilities, and socioeconomic status.
9. Violation of confidentiality as outlined by HIPAA, FERPA, and confidentiality agreements with clinical partner agencies.
10. Theft of property
11. Rudeness, disruptive behavior, and/or lack of professional decorum in the classroom, online educational platforms, clinical practicum, and all communication/interaction settings that include, but are not limited to, face-to-face meetings, postal mailings, email, text messaging, facsimile (fax), social media, and video/audio recordings. This includes a pattern of late arrivals to class/clinical site or repetitive absences from class, clinical, and online platforms.
12. Unprofessional or inappropriate dress in the classroom, clinical practicum, clinical or simulation laboratory, and JSU Nursing and/or University functions. This includes failure to wear ID badge in clinical areas.

(University at Buffalo School of Nursing Undergraduate Handbook, 2012)

**Department of Respiratory Therapy**

1. All students and faculty/staff in the College of Health Professions and Wellness shall be informed of the Standards for Professional Behavior upon registration and/or employment in the college and thereby assume the responsibility of abiding by the spirit of professionalism in their academic pursuits. The establishment of a Standards for Professional Behavior is not intended to be an indication that unprofessionalism is commonplace at this institution.
  - a. The Standards for Professional Behavior shall be part of the Student Handbooks and Faculty/Staff Policy and Procedures Manual. It is the responsibility of students, faculty, and staff to be familiar with this policy.
  - b. It shall be the responsibility of each faculty member to inform students of the Standards for Professional Behavior as part of the course orientation (live or electronic) at the beginning of every semester, through the course syllabus/notebook or other effective means. Faculty shall support the principles of professionalism through course policies and procedures.
  - c. The appropriate officials and offices shall conduct an orientation for all students, incoming faculty and staff to familiarize these individuals with the provisions of the Standards for Professional Behavior prior to attending classes or teaching or assuming an employee role within the Department of Respiratory Therapy.

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**Unprofessional behavior** is the improper conduct by a student faculty, or staff which infringes on the reasonable freedom of others, or which is otherwise detrimental to the proper conduct of Jacksonville State University, The College of Health Professions and Wellness, and clinical agency partners. The College of Health Professions and Wellness is dedicated to maintaining excellence and integrity in all aspects of its professional conduct. Violations within these areas will be processed appropriately without regard to the sex, race, color, religious affiliation, national or ethnic origin, age, veteran status, or disability of any of the participants.

Professional behaviors such as accountability, promptness, responsibility, honesty, and respect are expectations of all students, faculty, and staff. As representatives of the health care profession and Jacksonville State University, students, faculty, and staff are expected to maintain these professional behaviors within the classroom, online educational platforms, clinical activities, and communities it serves. Professional decorum is expected in all interactions with administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates.

Evidence of unprofessional behavior can result in verbal/written warning, prescriptive educational assignments, reduction in course grade, clinical or course failure, or dismissal from the College and/or Jacksonville State University. Unprofessional behaviors include, but are not limited to, the following:

1. Unsafe practice (acts of commission or omission) that places a client in serious jeopardy.
2. Falsification of records (academic, clinical medical records, records of attendance or completion of course objectives).
3. Being under the influence of any substance that impairs performance as outlined in The College of Health Professions and Wellness *Impairment and Substance Abuse Policy*.
4. Academic dishonesty (lying, cheating, and plagiarism; may also be considered a violation of the Scholar's Code).
5. Distribution (physically or verbally) of actual or summarized test questions, assignments, papers, or any graded activities.
6. Physical or verbal altercations.
7. Incivility or willful harassment, sexual harassment, abuse or intimidation (physical, non-physical, verbal) of administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates.
8. Willful expressions of disrespect (physical, non-physical, verbal) of administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates related to race, cultural values/practices, religious beliefs, sexual orientation, physical/mental disabilities, and socioeconomic status.
9. Violation of confidentiality as outlined by HIPAA, FERPA, and confidentiality agreements with clinical partner agencies.
10. Theft of property

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11. Rudeness, disruptive behavior, and/or lack of professional decorum in the classroom, online educational platforms, clinical practicum, and all communication/interaction settings that include, but are not limited to, face-to-face meetings, postal mailings, email, text messaging, facsimile (fax), social media, and video/audio recordings. This includes a pattern of late arrivals to class/clinical site or repetitive absences from class, clinical, and online platforms.
12. Unprofessional or inappropriate dress in the classroom, clinical practicum, clinical or simulation laboratory, and College of Health Professions and Wellness and/or University functions. This includes failure to wear ID badge in clinical areas.

**Department of Kinesiology**

1. All students and faculty/staff in the department of Kinesiology shall be informed of the Standards for Professional Behavior upon registration and/or employment in the college and thereby assume the responsibility of abiding by the spirit of professionalism in their academic pursuits. The establishment of a Standards for Professional Behavior is not intended to be an indication that unprofessionalism is commonplace at this institution.
  - a. The Standards for Professional Behavior shall be part of the Student Handbooks and Faculty/Staff Policy and Procedures Manual. It is the responsibility of students, faculty, and staff to be familiar with this policy. Students and faculty must indicate acknowledgment of this policy via Attachment A. This document will be placed in the individual's file.
  - b. It shall be the responsibility of each faculty member to inform students of the Standards for Professional Behavior as part of the course orientation (live or electronic) at the beginning of every semester, through the course syllabus/notebook or other effective means. Faculty shall support the principles of professionalism through course policies and procedures.
  - c. The appropriate officials and offices shall conduct an orientation for all Kinesiology students, incoming Kinesiology faculty and staff to familiarize these individuals with the provisions of the Standards for Professional Behavior prior to attending classes or teaching or assuming an employee role within the College of Health Professions and Wellness.

**Unprofessional behavior** is the improper conduct by a student faculty, or staff which infringes on the reasonable freedom of others, or which is otherwise detrimental to the proper conduct of Jacksonville State University, The CHPW, and agency partners. The CHPW is dedicated to maintaining excellence and integrity in all aspects of its professional conduct. Violations within these areas will be processed appropriately without regard to the sex, race, color, religious affiliation, national or ethnic origin, age, veteran status, or disability of any of the participants.

Professional behaviors such as accountability, promptness, responsibility, honesty, and respect are expectations of all students, faculty, and staff. As representatives of the health care profession and Jacksonville State University, students, faculty, and staff are expected to maintain these professional behaviors within the classroom, online educational

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platforms, clinical activities, and communities it serves. Professional decorum is expected in all interactions with administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates.

Evidence of unprofessional behavior can result in verbal/written warning, prescriptive educational assignments, reduction in course grade, clinical or course failure, or dismissal from the College and/or Jacksonville State University. Unprofessional behaviors include, but are not limited to, the following:

1. Unsafe practice (acts of commission or omission) that places a client in serious jeopardy.
2. Falsification of records (academic, clinical medical records, records of attendance or completion of course objectives).
3. Being under the influence of any substance that impairs performance as outlined in *The CHPW Impairment and Substance Abuse Policy*.
4. Academic dishonesty (lying, cheating, and plagiarism; may also be considered a violation of the Scholar's Code).
5. Distribution (physically or verbally) of actual or summarized test questions, assignments, papers, or any graded activities.
6. Physical or verbal altercations.
7. Incivility or willful harassment, sexual harassment, abuse or intimidation (physical, non-physical, verbal) of administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates.
8. Willful expressions of disrespect (physical, non-physical, verbal) of administration, faculty, staff, classmates, vendors, clients, families, visitors, and all clinical healthcare partners and their associates related to race, cultural values/practices, religious beliefs, sexual orientation, physical/mental disabilities, and socioeconomic status.
9. Violation of confidentiality as outlined by HIPAA, FERPA, and confidentiality agreements with partner agencies.
10. Theft of property
11. Rudeness, disruptive behavior, and/or lack of professional decorum in the classroom, online educational platforms, clinical practicum, and all communication/interaction settings that include, but are not limited to, face-to-face meetings, postal mailings, email, text messaging, facsimile (fax), social media, and video/audio recordings. This includes a pattern of late arrivals to class/clinical site or repetitive absences from class, clinical, and online platforms.
12. Unprofessional or inappropriate dress in the classroom, clinical practicum, clinical or simulation laboratory, and CHPW and/or University functions.
13. Unprofessional, inappropriate or misuse of technology both personally and professionally in and out of academic environments. Digital citizenship violations including but limited to inappropriate photo/video of other individuals not meant for academic purposes and without expressed consent, posting slanderous, misleading or defaming remarks on social media platforms targeted at the JSU community.

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**III. Suspected Violations of Standards for Professional Behavior**

1. Students suspected of violating the Standards for Professional Behavior will be notified verbally and in writing. Faculty should use Attachment B for communication of violation to student. Faculty should complete Attachment C in order to document the alleged incident, the student's response, and resolution of the incident. All documentation should be placed in the student's permanent file.
2. Suspected faculty/staff violations will be managed by the Dean/Associate Dean and referred to Human Resources, if necessary.
3. The student has the right to seek advice from his/her Academic Advisor, Program Director or the Department Head for their own program.
4. The student may admit the offense or refute it and offer written evidence supporting the denial. Written evidence must be provided within three (3) working days. Faculty will employ diligence in assuring due process.
5. Faculty will consider the nature of the offense; evidence presented by the student and make a decision regarding consequences.
6. Consequences for students found guilty of violation of the Standards for Professional Behavior may include, but are not limited to additional assignments, zero credit for an assignment, failure of course, or dismissal from program.
7. Should the student wish to appeal the faculty decision, the student should follow the 'Student Appeal and/or Grievance Procedure' as outlined in the student handbook.

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**Attachment A**

**Standards for Professional Behavior Agreement**

The students and faculty/staff of the College of Health Professions and Wellness recognize that professionalism is a fundamental value of the nursing profession and this University community as evidenced by the Standards for Professional Behavior. Students and faculty/staff at the College of Health Professions and Wellness commit to holding themselves and their peers to the high standard of honor required by the Standards for Professional Behavior. **Any individual who becomes aware of a violation of the Standards for Professional Behavior is bound by honor to take corrective action** (University of Florida, 2006).

We, the members of the College of Health Professions and Wellness, pledge to hold ourselves and our peers to the highest standards of honesty and integrity.

I have read and understand the Standards for Professional Behavior. I hereby pledge that I will maintain the highest level of professionalism in all settings of which I am representing the College of Health Professions and Wellness.

\_\_\_\_\_  
Student/Faculty/Staff Signature

\_\_\_\_\_  
Date



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**Attachment B**

**Notification of Alleged Violation of the Standards for Professional Behavior**

Name: \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_

Course: \_\_\_\_\_

The student/faculty staff listed above is reported to have committed a violation of the Standards for Professional Behavior of the College of Health Professions and Wellness. This form is a notification of alleged violation and potential disciplinary action. Please contact (insert name and phone # or email) immediately.

The student is required to sign this form acknowledging notification. Signing the form acknowledges notification; it is not an admission of guilt. This report will be filed in the student's permanent file.

The accused student has the right to know the allegations and have an opportunity to a meeting with faculty where he/she may present evidence in writing. The student has the right to seek advice from his/her Academic Advisor or the Director of Student Services.

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date of Notification

\_\_\_\_\_

Signature of Course Faculty

\_\_\_\_\_

Date

**Standards for Professional Behavior Report Form**

**Individual (s) involved in violation or alleged violation of the Standards for Professional Behavior:** \_\_\_\_\_

**Contact Information of individuals in violation or alleged violation of the Standards for Professional Behavior:**

\_\_\_\_\_

Date of Incident: \_\_\_\_\_

Date of Notice to Individuals of Alleged Violation of the Standards for Professional Behavior (attach copy of notice to this report):

**Please give a full report of the situation in which the breach/alleged breach in the Standards for Professional Behavior occurred. For Nursing only, please link the behaviors to the specific ANA Code of Ethics Provision(s) that has been violated, when applicable.**

**Please describe the individual's response and attach any documentation provided.**

**Please describe the resolution of the breach/alleged breach of the Standards for Professional Behavior.**

\_\_\_\_\_

Print Faculty Name

\_\_\_\_\_

Faculty Signature

\_\_\_\_\_

Date

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Document No.: I.30.00

Last Reviewed: November 2020

Adoption Date: May 1991

Last Revised: November 2020

Subject: CHPW Procedure for Student and Faculty Health Appraisals

Committee: CHPW Leadership Committee

Approved: Dean Tracey Matthews

**CHPW Procedure for Student and Faculty/Adjunct Health Appraisals**

In accordance with affiliate agencies and CHPW requirements, all students upon admission into upper division CHPW, and faculty upon hire, are to have a physical examination and subsequent exams while enrolled/employed. The findings are to be reported on the appropriate health forms.

During orientation and initial advisement, students may receive information regarding specific health requirements for completion and submission via the electronic documents tracking system.

Faculty and students must assume financial responsibility for the immunization. Failure to comply with these requirements may impact employment status at Jacksonville State University or dismissal from the CHPW.

**The following procedure outlines STUDENT Initial and annual Health Appraisals and must be completed at the CHPW designated facility for upper division CHPW students.**

1. The “Initial Health Appraisal Form” will be made available to the student in the online orientation to be completed upon acceptance into your academic program. Thereafter, the “Annual Health Appraisal Form” is to be obtained from the website.
2. The student should then contact the designated facility to arrange an appointment for the “Initial Health Appraisal” to be completed. “Annual Health Appraisals” will be conducted by the contracted healthcare providers.
3. The Initial health appraisal must be completed prior to the first day of class for all upper division nursing students.
4. Subsequent annual health appraisals must be completed prior to the first day of class.
5. If an individual elects to have a titer, he or she must assume financial responsibility for the test. If the test reveals a non-immune status, the student must follow the Centers for Disease Control (CDC) recommended guidelines.
6. The completed health forms will be reviewed by the designated facility medical review officer and healthcare providers. All deficiencies must be rectified, and the student must be cleared by the designated due date.
7. Any student who does not comply with the policy stated herein will not be allowed to function in the clinical area until the completed health appraisal is submitted to the Director of Clinical Services. Failure to comply with guidelines may result in course failure and possible dismissal from the program.

**The following procedure outlines FACULTY/ADJUNCT Initial and annual Health Appraisals and must be completed at the designated facility.**

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1. The Faculty/Adjunct will upon hire receive an “Initial Faculty Profile” sheet which documents necessary clinical needs to satisfy clinical requirements pertaining to health records.
2. All immunizations and/or titers must be presented with the “Initial Faculty Profile”.
3. Subsequent Health Appraisals must be completed annually.
4. The Director of Clinical Services will maintain Faculty/Adjunct files.

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Document No.: I.31.00

Last Reviewed: November 2020

Adoption Date: February 2005

Last Revised: November 2020

Subject: CHPW Requirements for TB Skin Test

Committee: CHPW Leadership Team

Approval: Dean Tracey Matthews

**CHPW Requirements for TB Skin Test**

All faculty assigned to a clinical course(s) must present written documentation for Tuberculosis (TB) screening with negative results (or appropriate treatment if positive) on an annual basis to supervise students in clinical courses. Testing (one-step, two-step, or chest x-ray) must have occurred within the last calendar year and be valid through the clinical semester.

Faculty who cannot provide evidence of negative TB status within the past year will be required to obtain a two-step Tuberculin skin test before starting clinical rotations and are mandated to renew the Tuberculin one-step skin test once per year. A chest x-ray is acceptable in lieu of skin testing where applicable in accordance with CDC guidelines. Acceptable documentation consists of evidence of the TB test on letterhead from facility that provided the test.

Faculty testing positive will be required to comply with the current Centers for Disease Control (CDC) treatment recommendations. Failure to comply with the CDC requirements may impact employment status at Jacksonville State University.

**Requirements for TB Skin Test for Students**

All students involved in clinical courses must present written documentation for Tuberculosis (TB) screening with negative results (or appropriate treatment if positive).

Students will be required to obtain a two-step Tuberculin skin test with the first injection administered and read prior to clinical. Students must also renew their one-step TB skin test on an annual basis.

Students testing positive will be required to comply with the current Centers for Disease Control (CDC) treatment recommendations as directed by the designated facility. Failure to comply with the CDC requirements may result in dismissal from the student's academic program.

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Document No.: I.32.00

Last Reviewed: November 2020

Adoption Date: January 19, 1990

Last Revised: November 2020

Subject: CHPW Requirements for Hepatitis B Vaccine

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Requirements for Hepatitis B Vaccine**

All CHPW students and faculty who perform tasks that may involve exposure to blood or body fluids should receive vaccinations for Hepatitis B. The following process should be followed:

1. Faculty and students should provide proof of a 3-dose series of hepatitis B vaccine at 0-, 1-, and 6-month intervals.
  - a. If series occurred prior to acceptance to upper division, students should provide evidence of series to designated facility.
  - b. If series has not occurred or been interrupted, the student or faculty should receive series from designated facility.

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Document No.: I.33.00

Last Reviewed: November 2020

Adoption Date: January 19, 1990

Last Revised: November 2020

Subject: CHPW Requirements for MMR Booster

Committee: CHPW Leadership Team

Approval: Dean Tracey Matthews

**CHPW Requirements for Measles, Mumps, Rubella (MMR)**

All CHPW faculty and students involved in clinical courses must present written documentation of immunity to Measles (Rubeola), Mumps, and Rubella and Tetanus. Faculty and students born in 1957 or later must do one of the following to be considered immune to measles, mumps, or rubella:

- Provide documentation of (a) physician-diagnosed measles or mumps disease.
- Provide laboratory evidence of measles, mumps, or rubella immunity from a blood sample titer.
- Provide evidence of appropriate vaccination against measles, mumps, and rubella (i.e., administration on or after the first birthday of two doses of live measles and mumps vaccines separated by 28 days or more, and at least one dose of live rubella vaccine).
- Faculty and students born in 1957 or later without serologic evidence of immunity or prior vaccination should receive 2 doses of MMR, 4 weeks apart.
- Faculty and students born before 1957 should discuss the need for MMR vaccination with medical staff at the designated facility if they do not have a history of physician-diagnosed measles and mumps disease (or laboratory evidence of immunity from blood sample titer) and do not have laboratory evidence of rubella immunity. These students may be particularly vulnerable in the event of a mumps outbreak.

If blood titers reveal an “indeterminate” or “equivocal” level of immunity, the faculty member or student will be considered nonimmune. Further recommendations related to any of the above categories may be made by medical staff at the designated facility. As a result, the faculty or student may be required to sign a “Low Titer Waiver”.

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Document No. I.34.00

Last Reviewed: November 2020

Adoption Date: May 2009

Last Revised: November 2020

Subject: CHPW Requirements for Tetanus/Diphtheria/Pertussis (Td/Tdap)

Committee: CHPW Leadership Team

Approval: Dean Tracey Matthews

**CHPW Requirements for Tetanus / Diphtheria / Pertussis (Td/Tdap)**

All CHPW faculty and students involved in clinical courses must present written documentation for Tetanus, Diphtheria, and Pertussis. All faculty and students who have completed a primary series of a tetanus/diphtheria-containing product (DTP, DTaP, DT, Td) should receive Td boosters every 10 years.

Faculty and students must also be given a 1-time dose of Tdap as soon as feasible (give if TD booster has not been received in the last two years).



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Document No.: I.35.00

Last Reviewed: November 2020

Adoption Date: March 2005

Last Revised: November 2020

Subject: CHPW Requirements for Varicella (Chickenpox)

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Requirements for Varicella (Chickenpox)**

All faculty and students assigned in clinical courses must present written documentation of immunity to Varicella (chickenpox) through one of the following:

- Having received 2 doses of varicella vaccine given at least 28 days apart
- Having had a physician diagnosis of a history of varicella or herpes zoster or laboratory confirmation of disease
- Demonstrate laboratory evidence of immunity

Before a faculty member or student can receive the varicella vaccine, the Alabama Department of Public Health (ADPH) requires a **negative varicella titer**. The ADPH guidelines state that individuals who receive their first dose of varicella vaccine after the thirteenth birthday must be given two doses at least one month apart.

If a blood titer test reveals a non-immune status, the faculty member or student must follow the Centers for Disease Control (CDC) recommended guidelines and receive two (2) doses of vaccine.

Faculty and students must assume financial responsibility for the immunization. Failure to comply with these requirements may impact employment status at Jacksonville State University or dismissal from the CHPW program.

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Document No.: I:36.00

Last Reviewed: November 2020

Adoption Date: March 2014

Last Revised: November 2020

Subject: CHPW Requirements Influenza and COVID-19 vaccination

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Requirements for Influenza and COVID-19 vaccination (flu)**

Influenza is a serious respiratory disease, and it is highly recommended that all healthcare workers submit to yearly vaccinations. Faculty and Students should present proof of influenza vaccination (not mist) or sign the Seasonal Influenza (Flu) Vaccine Declination Form (Attachment A).

While JSU does not require COVID vaccination, many of the clinical facilities do require COVID vaccination. If an exemption is warranted, students must follow the procedure for requesting a medical or religious exemption through each facility with the understanding that a request for exemption may not be granted and that some facilities do not allow for exemptions.

Faculty and students must assume financial responsibility for the immunization. Failure to comply with these requirements may impact employment status at Jacksonville State University or dismissal from the CHPW program.

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**Attachment A**

**Seasonal Influenza (flu) for Faculty and Students Declination Form**

As a faculty member/nursing student of the College of Health Professions and Wellness, I have been advised of the benefits of receiving the flu vaccines.

I understand that are many contributing factors to not being able to receive the influenza vaccine, including but not limited to, the following:

- Concern about side effects
- Allergy to eggs or chicken
- Allergy to Thimerosal, Gentamycin, or Latex
- Possibility of contracting Guillain-Barre Syndrome within 6 weeks of receiving flu shot

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 26, 000 people and hospitalizes more than 200,000 people in the United States each year (CDC, 2011).
- Influenza vaccination is recommended for all health care workers to protect clients from influenza disease, its complications and death.
- If I contract influenza, will shed the virus for 24-48 hours before and up to seven (7) days after my symptoms appear. My shedding the virus can spread influenza disease to patients.
- The influenza virus can live on surfaces such as doorknobs and keyboards for 2-8 hours.
- The consequences of my refusing to be vaccinated could result in a life-threatening consequence to my health and the health of those with whom I have contact, including my family, co-workers and clients.
- I understand that I cannot contract influenza from the influenza vaccine.
- I understand that I may be required to wear a mask or any other preventative gear while attending clinical.
- I understand that I may not be able to perform clinicals in certain agencies that require flu shots.

**Knowing these facts, I choose to decline the vaccination at this time.**

Signature

Date

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Document No.: I.37.00

Last Reviewed: November 2020

Adoption Date: May 2001

Last Revised: November 2020

Subject: CHPW Low Titer Waiver

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Low Titer Waiver**

I, \_\_\_\_\_ have received the vaccination for the following  
\_\_\_\_\_ (Measles (Rubeola), Mumps, and Rubella; Hepatitis B, etc.) and my  
titer level remains low.

Based on the low titer results, I understand that I am not considered to be immune. I am aware that the College of Health Professions and Wellness requires participation in patient treatment and clinical procedures. I am also aware that as a result of my participation, I may be exposed to infectious diseases.

By my signature below, I release Jacksonville State University, employees, and the participating clinical agencies from any liability for injury, illness or infection that may be contracted as a result of this incident. I understand that I am responsible for any future financial expenses that may incur at this time or in the future.

\_\_\_\_\_  
Faculty/ Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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Document No.: I:38.00

Last Reviewed: November 2020

Adoption Date: September 1999

Last Revised: November 2020

Subject: CHPW Health Insurance and CPR Policy

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Health Insurance and CPR Policy**

All College of Health Professions and Wellness students are required to have proof of valid health insurance and CPR verification while attending clinicals. These verifications are due on the first day of class.

**Health Insurance:**

1. The student will complete and submit the “Health Insurance Form” along with a copy of the health insurance card (or verification of payment submitted to the insurance company) for validation. If health insurance is purchased online through a monthly payment system, student must provide proof of active insurance each month.
2. The Director of Clinical Services will maintain a record of the forms collected the first day of class; the course coordinator is responsible for reviewing the record for their course and ensuring that no student goes to clinical with an outstanding deficit.
3. Prior to onset of clinicals, the forms will be submitted to the Director of Clinical Service’s Secretary for filing in the student’s permanent record.

**CPR:**

1. The student will present a copy of their current BCLS card (acceptable CPR certification was provided to student during orientation). In the event that the CPR card expires during the student’s tenure, a new CPR card will be presented. Students will not be allowed to attend clinical with an expired CPR card. Should the student not be in possession of their CPR card, a written letter on professional letterhead and signed by the instructor of the class is sufficient until the CPR card is received.
2. The Director of Clinical Services will maintain a record of the forms collected the first day of class; the course coordinator is responsible for reviewing the record for their course and ensuring that no student goes to clinical with an outstanding deficit.
3. Prior to onset of clinicals, the forms will be submitted to the Director of Clinical Services’ Secretary for filing in the student’s permanent record.

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CHPW MANUAL

Attachment A

COLLEGE OF HEALTH PROFESSIONS AND WELLNESS  
HEALTH INSURANCE FORM

Verification of Medical Insurance for \_\_\_\_\_ (Semester) \_\_\_\_\_ (Year)

Student's Name (print): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name of Insured (name on card): \_\_\_\_\_

Contract #: \_\_\_\_\_

Group #: \_\_\_\_\_

Effective date: \_\_\_\_\_

I certify that the above information is accurate and true. I am fully covered with medical insurance that extends through the end of this semester. I understand if I purchase insurance with a monthly payment, I will provide the CHPW with a monthly receipt. If this insurance status changes before the end of the semester, I will notify my course coordinator and will purchase additional insurance immediately. **I understand I cannot attend clinicals unless I am covered with medical insurance. Failure to continue insurance until the end of the semester could result in dismissal from the program.**

Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_ Verified By: \_\_\_\_\_

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Document No.: I:39.00

Last Reviewed: November 2020

Last Revised: November 2020

Subject: CHPW Student Responsibility for Medical Care

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Student Responsibility for Medical Care**

In the event of sickness or injury, students are responsible for all costs related to the provision of medical care as needed.

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Document No.: I:40.00

Last Reviewed: November 2020

Adoption Date: September 2002

Last Revised: November 2020

Subject: CHPW Authorization for Release of Information by Medical Provider

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Authorization for Release of Information by Medical Provider**  
**(Hold Harmless Agreement) Authorization for Use and Disclosure by JSU**

Student's Name: \_\_\_\_\_

Other Name(s) Used \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student ID #: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

I hereby authorize and request release to Jacksonville State University College of Health Professions and Wellness (CHPW) my medical records and information of whatever kind and nature relating, without limitation, to my healthcare history. These protected records shall be released to: ATTN: Dean of CHPW, JACKSONVILLE STATE UNIVERSITY, 700 PELHAM ROAD NORTH, JACKSONVILLE, AL 36265.

The purpose of this request for release of records is to determine suitability for and compliance with requirements to participate in clinical experiences with patients in my capacity as a student of the \_\_\_\_\_ program.

I authorize these records to be delivered upon request and upon presentation of a copy of this Authorization for Release. I understand that I have a right to revoke this authorization in writing at any time, except to the extent information has already been released in reliance upon this authorization.

I am aware that clinical entities TO WHICH I AM ASSIGNED may require, AMONG OTHER INFORMATION, proof of compliance with REQUIRED immunizations and evidence, AND EVIDENCE OF negative TB TESTS AND / OR drug screens. JSU CHPW has my permission to release proof of immunizations and evidence of negative drug screens to clinical agencies where I provide patient care.

I EXPRESSLY RELEASE AND HOLD HARMLESS ANY MEDICAL PROVIDER RESPONDING TO THIS REQUEST FOR MEDICAL RECORDS AND / OR INFORMATION, AND JACKSONVILLE STATE UNIVERSITY, THEIR RESPECTIVE AGENTS, SERVANTS AND EMPLOYEES, FROM ANY LIABILITY, CLAIM, DEMAND, ACTION OR CAUSE OF ACTION RELATED to, DIRECTLY OR INDIRECTLY, FULFILLING THIS REQUEST AS SUBMITTED. THIS RELEASE IS BEING EXECUTED VOLUNTARILY WITH KNOWLEDGE OF MY RIGHT NOT TO DO SO; HOWEVER, I understand that if I refuse, I may be unable to complete clinical requirements FOR TRAINING and, therefore, be unable to participate in or complete the JSU CHPW academic programs.

DATED: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ WITNESS SIGNATURE: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For JSU CHPW Use Only



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Document No.: I:41.00

Last Reviewed: November 2020

Adoption Date: July 2004

Last Revised: November 2020

Subject: CHPW Requirements for Criminal Background Check

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Requirements for Criminal Background Check**

All CHPW faculty, part time clinical associates and adjuncts, and students must have a background check completed by the agency designated by the CHPW, prior to acceptance in their respective role.

In the case of faculty, clinical associates, and adjuncts, the University's employment process also requires one or more additional background checks. The information obtained from the CHPW investigation will be shared with the Dean of the CHPW, and with the administrative personnel at any/all assigned clinical sites or agencies as required by the policies of these agencies or institutions. The information obtained in the reports rendered to the University shall be kept confidential except to the extent necessary in making admission, employment, and clinical assignment decisions.

Policies mandating criminal background checks are congruent with The Joint Commission (TJC), (TJC Standard HR.1.20.05 requires a criminal background check for staff and students as well as volunteers who work in the same capacity as staff who provide care, treatment, and services.)

Faculty, clinical associates, adjuncts, and CHPW students must be successfully cleared through criminal background checks, healthcare licensing or certification registries and state boards of nursing prior to engaging in patient contact.

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**Attachment A**

**Letter of Understanding Regarding Criminal Background Checks**

I have read and understand the CHPW policies regarding the requirement for criminal background checks. I voluntarily give my consent to the obtaining of one or more necessary reports and the use thereof as outlined in the stated policy.

\_\_\_\_\_  
**Print** Full Name (Include Middle Name)

\_\_\_\_\_  
(Maiden Name If Applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Document No.: I.42.00

Last Reviewed: November 2020

Adoption Date: July 2004

Last Revised: November 2020

Subject: CHPW Requirements for Positive Background Checks

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Requirements for Positive Background Checks**

1. If a positive background is detected, the Dean or the Dean's designee will contact the student and ask for the following: 1) written explanation of the occurrence; 2) discussion as to how this situation was resolved or will be resolved; (Be sure to include information specific to the punishment, such as probation, rehab, counseling, etc.)
2. Upon receipt of the written information from student, the Dean will send information to the appropriate academic administrator and related committees and may consult with University Counsel. The Committee and/or Program Directors may meet virtually or in person to provide a recommendation to the Dean regarding status of the student.
3. Once the Dean is notified regarding the recommendation, he/she will review the case and communicate with the student. If the student is allowed to continue in the program, the Dean or the Dean's designee must contact agencies to determine where the student can participate in clinical activities. The Director of Clinical Services for CHPW will track this information each semester and communicate with the student and faculty as needed regarding clinical sites.

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Document No.: I.43.00

Last Reviewed: November 2020

Adoption Date: September 6, 1996

Last Revised: November 2020

Subject: CHPW Blood and Body Fluid Exposure

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Blood and Body Fluid Exposure**

**Philosophy**

The CHPW faculty, professional staff, clinical associate/adjuncts and nursing students adhere to Standard Blood and Body Fluid Precautions. These groups will be referred to collectively as ‘individuals’ for this policy. One principle of these precautions is to assume that all patients are potential carriers of blood borne disease. In addition, health care workers should assume themselves to be potential carriers. They must exercise caution as to protect both patients and health care workers from exposure to blood and body fluids.

Individuals are responsible for adhering to the established accidental exposure policies, procedures of the clinical agency, and the CHPW with respect to reporting and documentation of the incident.

**Prevention**

Individuals are required to receive the Hepatitis B vaccine series, as indicated in Policy IV.06.00.

Individuals that present reactions or life-threatening complications must provide written documentation from their health care provider to be exempt from this requirement.

Before entering the clinical setting, all individuals are instructed on Standard Blood and Body Fluid Precautions and post-exposure procedures.

**Post-Exposure Protocol**

When an individual is directly exposed to or in contact with blood or other potentially infectious materials, the response shall be as follows:

1. If the potential exposure involves a needle stick, puncture injury, cut, or fluid contact, wash the area with soap and water for at least 15 seconds. In the case of a mucous membrane exposure, rinse the site with copious amounts of water or normal saline solution. Irrigate the eyes with commercially prepared isotonic solution in eye wash stations, if available, or with saline solution or clean water. Flush splashes to the nose, mouth, or skin with water.

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**CHPW Student and Faculty/Professional Staff/Clinical Associate/Adjunct Exposure**

1. The CHPW student must immediately consult his/her clinical faculty/preceptor, RMC Center for Occupational Health (256-741-6464 or 256-235-5121 after business hours) or his/her own health care provider, emergency health care provider, or infectious disease specialist regarding the advisability of post-exposure prophylaxis. Protocol for exposure can be found on the “Post Blood or Body Fluid Exposure Procedure for the JSU Nursing Students Card” included in the Dress Code for Clinical and Laboratory Settings (III:05.00)
2. Faculty/Professional Staff/Clinical Associate/Adjunct must immediately consult RMC Center for Occupational Health (256-7141 or 256-452-0859) or his/her own health care provider, emergency health care provider, or infectious disease specialist regarding the advisability of post-exposure prophylaxis. Clinical faculty/preceptor will report the incident to the course coordinator and appropriate agency staff.
3. **The health care provider will make the judgment as to whether the exposure warrants prophylaxis.** Coordination of the individual’s plan of care and follow-up will be the responsibility of the student and the student’s health care provider.
4. Once the clinical faculty /preceptor has notified the agency charge nurse or immediate supervisor, it is recommended that the clinical agency’s infectious disease nurse, if available, also be notified. An incident (exposure) report should be completed. If the agency will allow, a copy of the report should be obtained and forwarded to the Course Coordinator (or designee). If the agency will not provide a copy of the report, the clinical instructor or preceptor should write a memorandum for record to the Course Coordinator, summarizing the details of the exposure. The Course Coordinator (or designee) will notify the Dean within three (3) days that an incident has occurred.
5. Notification of the patient (if the exposure source is known), risk screening of the patient or other diagnostic testing of the patient, if indicated, will be coordinated in accordance with agency policies.
6. RMC Center for Occupational Health, the exposed individuals’ own health care provider, emergency health care provider, or infectious disease specialist will manage the individual’s post-exposure baseline and follow-up laboratory tests for bloodborne pathogens. Individuals are responsible for coordinating the release of their initial test results to the health care provider of their choice, if needed. The College is not responsible for ensuring the student’s compliance with post-exposure care.
7. CHPW students and Faculty/Professional Staff/Clinical Associate/Adjunct will be responsible for all costs with regards to their post exposure medical care.

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Attachment A

**Possible Exposure to Blood Borne Pathogens  
Release of Liability  
Student**

I \_\_\_\_\_ am aware that the CHPW requires participation in patient treatment and clinical procedures during the course of my academic classes. I am also aware that as a result of my participation, I may be exposed to infectious diseases.

I have been informed by my clinical instructor/preceptor \_\_\_\_\_ that on this date I have been involved in an incident that may have resulted in my being exposed to infectious disease. I understand that it is the policy of the CHPW to release me from the clinical environment in order that I have the opportunity to seek medical evaluation of risk status and further treatment. It is my decision to refuse to seek medical evaluation for risk status and further treatment. By my signature below, I release Jacksonville State University, any of its employees, and the participating agency \_\_\_\_\_ from any liability for injury, illness or infection that may be contracted as a result of this incident.

I am aware that I am responsible for following the agency policies with regards to reporting and documentation of the exposure incident, regardless of my decision to seek medical attention. I understand that I am responsible for any future financial expenses resulting from my decision not to seek medical evaluation at this time, or any expenses resulting in the future should I elect to change my mind and seek care in the future.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student Program

\_\_\_\_\_  
Clinical Instructor/Preceptor

\_\_\_\_\_  
Date

The signed release of responsibility will be maintained in the student's permanent file.

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Document No.: I.44.00

Last Reviewed: November 2020

Adoption Date: August 2007

Last Revised: November 2020

Subject: CHPW Impairment and Substance Abuse Testing Policy

Committee: CHPW Leadership Team

Approved: Dean Tracey Matthews

**CHPW Impairment and Substance Abuse Testing Policy**

**I. Philosophy**

Jacksonville State University (JSU) CHPW is committed to maintaining a drug-free workplace and academic environment. In compliance with Federal law, the University has adopted a University Drug-Free Workplace Policy that prohibits the illegal manufacture, distribution, dispensing, possession, or use of a controlled substance. All CHPW students, faculty, and staff must become familiar with and comply with this university-wide policy, which applies to behavior that not only occurs on the University campus but also on property owned or controlled by the University and/or a University-sponsored or University-supervised activity at other locations. This policy is accessible at <http://www.jsu.edu/depart/undergraduate/catalog/pdf/jsucatalogue07-09.pdf>. The JSU CHPW Impairment and Substance Abuse Testing Policy, as described below, is intended to compliment the University's Drug-Free Workplace Policy. This policy applies to CHPW students, faculty, clinical associate and adjuncts, professional staff and students at any time and in any location while in a role affiliated with JSU.

**II. Purpose**

For obvious health and safety concerns, CHPW students, faculty, and clinical faculty must conduct health care and educational activities fully in control of their manual dexterity and skills, mental faculties, and judgment. The presence or use of drugs or alcohol, lawful or otherwise, which interferes with the judgment or motor coordination of nursing students, faculty, and clinical faculty in a health care setting, poses an unacceptable risk for patients, colleagues, the University, and affiliating clinical agencies.

The CHPW recognizes its responsibility to provide a safe, efficient academic environment for students, faculty, and clinical faculty and to cooperate with clinical agencies in providing for the safe and effective care of their patients during nursing students' clinical experiences in their facilities. Therefore, the following policy has been adopted to:

1. Prevent substance abuse and/or activities or behaviors a) that are prohibited by the University's Drug-Free Workplace Policy, state or federal laws or b) which may subject the involved student, other individuals, and the University to legal penalties or consequences, or c) which may cause a deterioration of the atmosphere and circumstances under which the care of patients and the nursing educational programs are conducted.

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2. Cooperate with affiliating clinical agencies by requiring CHPW faculty, and clinical faculty reporting to such agencies to consent voluntarily a) to allow those agencies to drug test the student, faculty, or clinical faculty in accordance with their policies, and b) to disclose any drug testing results to appropriate CHPW officials; and
3. Require all students enrolled in clinical courses in the CHPW to submit to pre-clinical testing, random testing, and mandatory drug testing based upon reasonable suspicion of substance abuse.
4. Require all part time clinical faculty to submit to pre-employment testing and mandatory drug testing based upon reasonable suspicion of substance abuse.
5. Require all faculty and full-time clinical faculty employed in the CHPW to submit to pre-employment testing, random testing, and mandatory drug testing based upon reasonable suspicion of substance abuse.

**III. Definitions of Terms Used in Policy**

Drug Testing means the scientific analysis of urine, blood, breath, saliva, hair, tissue, and other specimens of the human body for the purpose of detecting a drug or alcohol.

1. Pre-clinical testing means that all students will be tested prior to engaging in any clinical activity and/or patient care.
2. Pre-employment testing means that all faculty and full/part time clinical faculty will be tested prior to employment in the CHPW.
3. Random testing means that CHPW students, faculty, and full-time clinical faculty will be arbitrarily selected for drug testing using a computerized system. This testing can occur at any time during employment or enrollment in upper division of the BSN, Respiratory Therapy, Kinesiology or Graduate Programs.
4. Reasonable suspicion testing means that evidence exists which forms a reasonable basis for concluding that it is more likely than not that a student, faculty, or clinical faculty has engaged in substance abuse. Facts which could give rise to reasonable suspicion include but are not limited to the odor of alcohol or drugs, impaired behavior such as slurred speech, decreased motor coordination, difficulty in maintaining balance, marked changes in personality or job performance, and unexplained accidents. Such evidence may come from a professional or expert opinion, layperson opinion, scientific tests, or other sources or methods.



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Illegal drug means any drug which is not legally obtainable; any drug which is legally obtainable but has not been legally obtained; any prescribed drug not legally obtained; any prescribed drug not being used for the prescribed purpose or by the person for whom it was prescribed; any over-the-counter drug being used at a dosage level other than that recommended by the manufacturer, or being used for a purpose other than the purpose intended by the manufacturer; and any drug being used for a purpose or by a person not in accordance with bona fide medical therapy. Examples of illegal drugs include, but are not limited to, stimulants, depressants, narcotic or hallucinogenic drugs, cannabis substances, such as marijuana and hashish, cocaine, heroin, methamphetamine, phencyclidine (PCP), and so-called designer drugs and look-alike drugs.

Impaired means that a person's mental or physical capabilities are reduced below their normal levels (with or without any reasonable accommodation for a disability). An impaired student manifests deterioration in the level of function as compared to that previously observed, or the student does not function at a level normally expected under the prevailing circumstances. Impairment may exist in one or more multiple domains, including psychomotor activity and skills, conceptual or factual recall, integrative or synthetic thought processes, judgment, attentiveness, demeanor, and attitudes as manifested in speech or actions. Impairment will include addiction to and/or physical dependence upon chemical substances.

CHPW student means any individual formally enrolled in a major within the College of Health Professions and Wellness.

Faculty means any person employed in the faculty role in the CHPW.

Clinical faculty are employed full or part time by the CHPW to supervise students in clinical settings. Examples of clinical faculty may include but are not limited to registered nurses or certified athletic trainers. Clinical faculty may be hired as adjuncts or clinical associates.

Substance abuse means (a) the manufacture, use, sale, purchase, distribution, transfer, or possession of an illegal drug while on University or affiliated clinical site premises or while participating in any University or affiliated clinical site-sponsored or related activity, including any nursing-related course or clinical training activity; (b) the consumption, possession, or distribution of alcohol, unless approved by the University or clinical agency, by any nursing student, faculty, or clinical faculty while on University or affiliated clinical site premises or while participating in any University-or affiliated clinical site-sponsored or related activity, including any nursing-related course or clinical training activity; and (c) a student, faculty, or clinical faculty's use of alcohol or any drug in such a way that the their performance in any nursing course, including activities at any clinical site, is impaired.

#### **IV. Policy Requirements**

##### **A. Drug and Alcohol Prohibitions and Duty to Notify of Drug/Alcohol Convictions**

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1. Substance abuse as defined in this policy, or a violation of any term of the Jacksonville State University Drug-Free Workplace Policy while engaged in any University affiliated experience is strictly prohibited. All students, faculty, and clinical faculty in the CHPW courses or programs are required to abide by these rules when reporting to nursing-related courses and clinical experiences and while at affiliating clinical agencies (including parking lots and grounds).
2. Under no circumstance should CHPW students, faculty, or clinical faculty participate in CHPW therapy-related courses or clinical activities while they are impaired.
3. CHPW students who violate these rules will be deemed to be unable to meet the essential qualifications/functions of the nursing curriculum. CHPW students determined to have violated these prohibitions shall be dismissed from the CHPW.
4. A violation by any CHPW student of any state or federal statute, or regulation established pursuant to such statute, pertaining to the manufacture, improper possession, sale, use, or distribution of a drug or alcohol is strictly prohibited. Any such violation must be reported to the Dean of the CHPW within five days. Such violation, if substantiated, will result in disciplinary action up to and including student's dismissal from the CHPW. A CHPW student who fails to notify the Dean of the CHPW within five days of an administrative action or legal conviction for any such violation shall result in dismissal from the CHPW.
5. Faculty or clinical faculty determined to have violated these prohibitions shall result in termination from the CHPW.

**B. Student, Faculty, and Clinical Faculty's Agreement to Submit to Drug Testing and to Consent to Release of Test Results to Dean of the College of Health Professions and Wellness.**

1. The student, faculty or clinical faculty must agree to submit to drug testing prior to being assigned to an affiliating agency, for random testing, and for reasonable suspicion. The individual shall sign a consent: a) to abide by the drug/alcohol policies and drug testing policies of each affiliating clinical agency in which a student is assigned; b) to submit to any drug/alcohol testing (random or reasonable suspicion) required by the CHPW and/or the affiliating clinical agency; and c) to release a copy of any and all drug/alcohol test results to the Dean of the CHPW (see Attachment A for consent). Failure to sign such consent shall be grounds for non-placement at an affiliating clinical agency and shall result in dismissal from the program in the case of the student or termination in the case of full or part time clinical faculty.

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2. A CHPW student, faculty, or clinical faculty's failure to submit to a required drug testing, or attempting to tamper with, contaminate, or switch a sample shall result in dismissal from the CHPW.
3. The cost of all drug/alcohol testing required shall be borne by the person or individual depending on what term we want to use being tested.

**V. Procedures for Drug Testing Requested by the CHPW**

**A. Procedure for Pre-Clinical/Pre-Employment Drug Testing Requested by the CHPW**

1. Drug testing for pre-clinical **upper division traditional students in first semester** will be arranged by the CHPW. The cost of this drug testing will be assumed by the student.
2. Drug testing for pre-clinical for **GRADUATE NURSING PROGRAMS students** will be arranged by the student but must be conducted in a qualified laboratory setting. The cost of this drug testing will be assumed by the student. The student will be provided a list of specific drugs for testing by the Director, Graduate Studies.
3. Drug testing for pre-employment for faculty and clinical faculty will be arranged by the faculty or clinical faculty. The cost of this drug testing will be assumed by the employee. The faculty or clinical faculty will provide a copy of the drug test to the Dean, CHPW.

**B. Procedure for Random Drug Testing Requested by the CHPW**

1. Drug testing for random drug testing will be arranged by the CHPW. The cost of this drug testing will be assumed by the CHPW student. Any "non-negative" screening that requires additional testing will be paid by the individual. Failure to comply with all aspects of random testing will result in dismissal from the program or termination of employment with the CHPW.
2. Students will be arbitrarily selected for random drug testing using a computerized system (depending on program). Random drug testing can occur at any time. The individuals will be notified by faculty/staff if his/her name is selected and will be required to report immediately for testing as directed.

**C. Procedure for Reasonable Suspicion Drug Testing Requested by the CHPW**

1. Any CHPW student, faculty, or full/part time clinical faculty who demonstrates behavioral changes reasonably suspected to be related to substance abuse as defined herein will be subjected to testing. A decision to drug test based on reasonable suspicion of substance abuse may be made by a

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faculty/staff member and/or the clinical agency. The CHPW student, faculty, or full/part time clinical faculty's request to drug test will be documented (see Attachment B) and may be based on a variety of factors, including but not limited to:

- a. observable phenomena such as direct observation of drug use and or physical symptoms or manifestations of being under the influence of a drug.
  - b. erratic behavior, slurred speech, staggered gait, flushed face, dilated/pinpoint pupils, wide mood swings, or deterioration of work or academic performance.
  - c. information that a student has caused or contributed to an accident that resulted in injury requiring treatment by a licensed health care professional.
  - d. substance abuse-related conviction by a court or being found guilty of a substance abuse-related offense in another administrative or quasi-legal proceeding.
2. Drug testing for reasonable suspicion will be arranged by the CHPW, unless done in cooperation with the affiliating clinical agency. The cost of this drug testing will be assumed by the individual being tested.

**D. Collection and verification process**

1. Drug testing will be conducted by a certified collector in accordance with established methods and procedures. Confidentiality of the student, faculty, and clinical faculty as well as the validity of the sample will be protected by the testing facility. The procedure for collection as determined by the collection site, will involve a urine sample, securable urine containers, and chain of custody procedures. This procedure ensures that the samples identified to a student, faculty, or clinical faculty actually contain materials from that individual, that the samples are protected from tampering, and that the analysis of them is done in accordance with federal guidelines.
2. The test shall screen for the use of drugs whose use is either illegal, or which are prone to abuse (including alcohol), as determined at the discretion of the Medical Review Officer of the testing facility, training hospital, CHPW or for the use of any drugs which are reasonably suspected of being abused or used by the nursing student, faculty, or clinical faculty.
3. Non-negative test results will be confirmed by additional testing. If the test is positive, the entirety of the relevant available evidence, including health history, will be used to determine the presence or absence of substance abuse.
4. The Medical Review Officer will notify a CHPW student, faculty, or clinical faculty who has a non-negative drug test. If the results of the individual's test

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confirm the presence of a prescribed drug (verified negative) the person will be required to obtain a written statement from the prescribing physician or a Substance Abuse Professional (at the discretion of the CHPW) stating that the drug level is within prescribed limits and that the level does not indicate abuse. The prescribing physician or a Substance Abuse Professional must indicate that the drug will not interfere with safe practice in the clinical area. The Medical Review Officer will determine the final status of the drug test. Positive test results shall be communicated to the Dean and documented in the CHPW students, faculty, and clinical faculty records in the CHPW. A positive substance abuse test shall result in dismissal from the program or termination from the CHPW.

5. Failure to submit to any form of required drug testing (pre-employment/pre-clinical/random/reasonable suspicion) shall result in dismissal from the program or termination from the CHPW.

**VI. Confidentiality**

All drug testing results will be treated by the CHPW as information that is received in confidence and shall not be disclosed to third parties unless disclosure is required by law, the information is needed by appropriate college officials to perform their job functions, disclosure is needed to override public health and safety concerns, or the CHPW student, faculty, or full/part time clinical faculty has consented in writing to the release of the information. The CHPW and the University shall have the right to use and disclose the results of drug testing required by this policy in connection with internal academic purposes and in connection with the defense of any student grievance and any claims filed by a nursing student, faculty, or full/part time clinical faculty by his/her personal representative, in any court of law or with any state or federal administrative agency.

**VII. Appeal Process**

A CHPW student may appeal the Department's decision to dismiss or not re-admit a student through the established Student Grievance Procedure.

Used with permission from *The University of Alabama Capstone College of Nursing, Substance Abuse Policy/Drug/Alcohol Testing Policy.*

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**Attachment A**

**CHPW consent to and Permission for Drug Screening for Nursing or Respiratory Therapy  
Students, Faculty or Clinical Faculty**

I have read, understand, and agree to abide by the impairment and substance abuse testing policy guidelines.

I understand that failure to submit to drug screening will result in dismissal from the nursing program or termination of employment with the CHPW.

I understand that a positive drug screen will result in dismissal from the nursing program or termination of employment with the CHPW.

I understand that results of my drug screen may be released to clinical agencies.

I hereby release the designated testing agency and its director, Jacksonville State University, and faculty of the CHPW from any claim in connection with the drug screening guidelines.

I understand that in the event any legal action is taken as a result of the drug screening guidelines, confidentiality may no longer be maintained.

\_\_\_\_\_  
Student or Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*This form will be maintained by the CHPW and will be disclosed to appropriate clinical agencies upon their request.*

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**Attachment B**

**CHPW Report of Reasonable Suspicion of Drug/Alcohol Use**

*To be completed by the nursing student, faculty, or staff member observing suspected substance abuse.*

1. Name of CHPW student, faculty, or clinical faculty suspected of substance abuse as defined in policy.

\_\_\_\_\_

2. Reasons why you suspect the student, faculty, or clinical faculty of substance abuse. (Be as specific as possible, including times and dates when incidents occurred or unusual behavior was observed, the identity of any particular substance suspected of abuse, if known, and the names and whereabouts of those witnessing the incidents/behavior.) [Staple additional comments/observations to this document]

NOTE: Some types of information that should be documented if observed or known includes: speech (normal, incoherent, confused, change in speech, slurred, rambling, shouting, using profanity, slow); coordination (normal, swaying, staggering, lack of coordination, grasping for support); performance (unfair practices, unsatisfactory work); alertness (change in alertness, sleepy, confused); demeanor (change in personality, fighting, excited, combative, aggressive, violent, argumentative, indifferent, threatening, antagonistic); eyes (bloodshot, dilated); clothing (dirty, disheveled); odor of alcohol on breath); other observed actions or behaviors; unexplained absences or tardiness; whether student, faculty, or clinical faculty was found with drugs/alcohol or admitted to use of drugs/alcohol; whether other students, faculty, or staff have complained of the behavior and if so a list of witnesses to the behavior.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Based on the information above, it is my opinion that there is reasonable suspicion to believe that this nursing student, faculty, or clinical faculty has engaged in substance abuse as defined in the CHPW Impairment and Substance Abuse Testing Policy:

\_\_\_\_\_  
Signature of Faculty/Staff Member Approving Drug Test

Date \_\_\_\_\_ Time \_\_\_\_\_

Printed Name and Title of Faculty/Staff Member: \_\_\_\_\_

Printed Name and Signature of Student: \_\_\_\_\_

To be completed by the CHPW student, faculty, or clinical faculty to be tested (optional):

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Are you taking any medications, or is there any other information you believe might explain your behavior or assist the Medical Review Officer and/or prescribing physician interpreting your test?

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The original of this form should be given to the CHPW Dean for inclusion in the nursing student, faculty, or clinical faculty's confidential records. It may be disclosed on a "need to know" basis to clinical agencies and/or testing facilities.



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**CHPW MANUAL**

Document No.: I:45.00

Last Reviewed: June 2018

Last Revised: June 2018

Adoption Date: May 2014

Subject: CHPW Format for Syllabus

Committee: CHPW Curriculum Committee

Approved: Dean Tracey Matthews

**CHPW Format for Syllabus**

It is the policy of the College of Health Professions and Wellness to utilize the following template when developing a Syllabus. All courses must adhere to the format below to provide consistency among all graduate and undergraduate courses.

**Syllabus Template (attached)**

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**Enter Course Number and Title Here: For Example: NU 400 Research and Outcomes Syllabus (must match JSU catalog name)**  
**Enter Term, Year: (Example: Spring 2014)**

**COURSE FACULTY**

Provide faculty contact information (name/title/credentials, office location and room number, office & cell or home number, email address, office hours) here along with faculty photo (include clinical faculty). For credentials, should be highest level first i.e., PhD, RN

**COURSE DESCRIPTION**

Place course description here, NOTE this must match the description in the JSU catalog.

**COURSE CREDIT**

Enter course credit information here including breakdown of lecture, lab, & clinical (if applicable).

**PREREQUISITES**

Enter prerequisites here

**STUDENT LEARNING OUTCOMES**

Copy and paste your student learning outcomes here.

**COURSE REQUIREMENTS**

List the specific requirements for your course (attendance, email, assignment requirements, APA, late assignments, attendance/absences, tardiness, ATI® requirement, professional scholar's code letter of agreement, software requirements, labeling of work submitted, classroom decorum, exam policy/review, med calc exam requirements – if applicable, taping policy, etc.)

**TEXTBOOK AND LEARNING RESOURCES**

List the title of required and recommended textbooks as well as any other learning resources required.

**METHODS OF EVALUATION**

Please add/change rows as needed to fit individual course needs.

<i>Evaluation</i>	<i>Percentage of Course Grade</i>
Unit Exams	79%
ATI	1%
Final Exam	20%

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**COURSE GRADING RUBRICS**

Please insert your grading rubrics here.

**DISABILITY RESOURCES**

1. Disability Resources (DR) provides appropriate and reasonable accommodations for students with documented disabilities. It is the goal of DR to ensure that students with disabilities have equal opportunity to achieve their personal academic goals while maintaining the integrity of JSU's academic program requirements.
2. DSS provides reasonable accommodations through a variety of services and programs. Accommodations may include exam proctoring, special testing procedures, extended time on exams, priority registration, interpreter services, captioning services, readers, note takers, brailled formats, enlarged print materials, alternative formats, and assistive technology. Disability Resources is located in the Student Success Center on the 2<sup>nd</sup> floor of Houston Cole Library and more information can be located at [www.jsu.edu/dss](http://www.jsu.edu/dss). DR phone number is 256-782-8380.

**CRITICAL DATES PERTAINING TO JSU**

In this section, you should provide a hyperlink to the academic calendar.

(Example: [www.jsu.edu](http://www.jsu.edu))

**MILITARY-CONNECTED STUDENT STATEMENT**

The Office of Veteran Services serves all active duty, guard, reserve, veteran, and dependent students at JSU. If you have any questions about Veteran Services please contact (256) 782-8838, [veterans@jsu.edu](mailto:veterans@jsu.edu). If you are a student currently serving in the military (Active Duty, Guard, or Reserves) with the potential of being called to military service or training during the course of the semester, you are encouraged to contact your course instructor no later than the first week of class to discuss the class attendance policy. The instructor may make accommodations for this absence or suggest that you take the course at another time.

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**CHPW MANUAL**

Document No.: I:46.00

Adoption Date: November 2021

Subject: CHPW Curriculum Change Process

Committee: CHPW College Curriculum Committee

Approved: Dean Tracey Matthews

**CHPW Curriculum Change**

The process for curricular changes in the College of Health Professions and Wellness is designed to facilitate the development, refinement, renovation, and outcomes management for all programs and is responsive to the needs of a student- centered learning environment, the consumer, and the healthcare system.

Departments in the CHPW may or may not have program or department specific curriculum committees.

Departments that do not have curriculum committees use the following process:

1. Faculty submit curriculum proposals after discussion with department faculty and the department head.
2. Curriculum proposals are submitted through Courseleaf, electronic management system and the College Curriculum committee reviews and votes on the proposal.
3. If the proposal is approved, it moves to the Dean for approval; if it is not approved, the proposal will be returned to the originator.
4. If the Dean approves the proposal, it is moved to the University Undergraduate Curriculum Committee or Graduate Curriculum Committee, depending on program level. If the Dean does not approve the proposal, it is sent back to the originator.
5. Upon approval from either the University Undergraduate Curriculum Committee or Graduate Curriculum committee the proposal is sent to the Provost for final approval
6. Should the University-wide committees or Provost not approve the proposal, it will be sent back to the originator.

**Nursing Process:**

All faculty members must seek approval from their program curriculum committee prior to making revisions to the course in regard to content, method of delivery, and/or method of evaluation (tests, exams, quizzes, checkoffs, clinical models). Textbook adoptions may be at the discretion of the course coordinator/lead faculty and do not need committee approval **unless** the adoption poses substantive changes in the content to be taught, teaching /learning strategies or methods of assessment/evaluation of student learning.

1. Any change to curriculum requires completion of the Curriculum Request for Change form specific to undergraduate or graduate. This form is submitted to the program curriculum committee.

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2. If the change is editorial only, the committee may vote to accept the change or via faculty no protest; however, if the change involves a substantive change, the recommendation will go before program faculty for a vote.
3. If the proposed change goes to faculty for a vote, the Curriculum Request for Change form should circulate via email to the faculty at least one week prior to the vote.
4. If a curriculum change results in a subsequent catalog change, the curriculum proposal is submitted through Courseleaf, electronic management system and the College Curriculum Committee reviews and votes on the proposal.
5. If the proposal is approved, it moves to the Dean for approval; if it is not approved the proposal will be returned to the originator.
6. If the Dean approves the proposal, it is moved to the University Undergraduate Curriculum Committee or Graduate Curriculum Committee, depending on program level. If the Dean does not approve the proposal, it is sent back to the originator.
7. Upon approval from either the University Undergraduate Curriculum Committee or Graduate Curriculum committee the proposal is sent to the Provost for final approval
8. Should the University-wide committees or Provost not approve the proposal, it will be sent back to the originator.