

Notice of Disciplinary Procedure Form
College of St. Benedict/St. John's University Department of Nursing

Student Name:	Faculty:
Date(s) of written feedback:	Course Coordinator(s):
	Course(s):
Formal Written Notification (Level I) Contract: _____	
Probationary (Level II) Contract: _____	
Termination: _____	

Infractions are related to the following:

- _____ Student is exhibiting unsatisfactory professional behaviors (Level I or II contract)
- _____ Student is failing to meet course/clinical outcomes (Level II contract)
- _____ Student has displayed egregious infractions of health and safety regulations (termination)

RATINGS:

S = Satisfactory: Consistently displays behavior with little to no prompting
 U = Unsatisfactory: Does not/inconsistently displays the behavior, needs prompting and/or requires improvement
 N = Not observed

Standards of Professional Performance	S	U	N
QUALITY OF PRACTICE AND EDUCATION Examples include but are not limited to:			
A. Provides safe nursing care during clinical experiences			
B. Punctual, attendance within expectations			
C. Completes tasks and assignments on time			
D. Completes tasks with minimal supervision			
E. Attentive and engaged in and out of the classroom			
F. Commitment to high academic standards; does not just "put in the time"			
G. Demonstrates application of theoretical knowledge to clinical setting			
H. Verbal communication is professional			
I. Nonverbal communication is professional			
J. Responsive to communication cues with appropriate situational adjustments			
K. Documentation is professional, legible, and complete			
L. Listens actively			
M. Courteous, polite			
N. Compassionate, supportive, reassuring			
O. Reliable and dependable			
P. Demonstrates sound judgment and clinical decision-making			
Q. Able to set priorities			
R. Responds appropriately to the emotional response of self, patients, clients, and/or family members			
S. Adheres to Department of Nursing/clinical site dress code			
T. Adequate personal hygiene and grooming			
PRACTICE EVALUATION AND LEADERSHIP Examples include but are not limited to:			
A. Demonstrates awareness of strengths and limitations			
B. Seeks assistance in evaluating practice when appropriate			
C. Accepts constructive feedback in a positive manner			
D. Takes initiative to improve and/or correct behavior			
E. Intervenes appropriately before issues become problems			

F. Demonstrates thoughtful self-reflection			
G. Remains flexible and open to change			
COLLEGIALITY AND COLLABORATION Examples include but are not limited to:			
A. Attitude is collegial and cooperative			
B. Accepts and completes responsibility for own share of group work			
C. Shows respect and consideration for all group members			
D. Gives appropriate and timely feedback to other group members			
E. Communicates with others to resolve problems			
F. Respectfully acknowledges and discusses personal feelings and feelings of others			
ETHICS Examples include but are not limited to:			
A. Adheres to ANA Code of Ethics			
B. Prevents personal bias or feelings from interfering with professional interactions			
C. Focuses on the needs of patients, clients, and/or family			
D. Protects and respects patient autonomy, confidentiality and dignity			
E. Maintains appropriate professional boundaries			
F. Demonstrates a commitment to practicing self-care, managing stress, and connecting with self and others			
G. Trustworthy			
H. Honest			
I. Respectful of others' time (when requesting appointments, information, etc.)			
J. Demonstrates sensitivity to vulnerable and/or diverse individuals and/or populations			
K. Advocates for patient, client, and/or family			

Narrative description of cause for disciplinary action OR see narrative on Clinical Evaluation Form dated _____:

Verbal and/or written feedback given to student:

Specific requirements to demonstrate improvement:

[Student Name] will:

Term and Consequences:

This contract will be in effect through _____ [Term/Date/Year].
 At the end of each semester contracts will be reviewed by the course coordinator, relevant course faculty, and APR chair. Faculty will then determine if the student has met the contract terms and can be removed from the contract or if the contract should remain in force.

Failure to meet to the conditions of the contract within the designated time frame will result in:

- ____ Placement on Level II contract
- ____ Course failure
- ____ Termination from nursing program

Your Rights:

You have a right to due process, namely the procedure followed to notify you of concerns, inconsistencies or problems. You have a right to know what these concerns or infractions are and what

steps you can take to correct them. You have a right to disagree with the findings and to appeal the process as described in the Student Handbook for nursing majors and the grievance policies and procedures described in the college/university Handbooks. You have a right to access your academic records and other documents that are kept confidential.

The contract is stored securely in the student file in the Department of Nursing. Copies of the contract are provided to the student (in person or via certified mail, if needed) and, for probationary contracts, the Academic Dean (or Dean’s designee) and Director of Academic Advising receives a copy. The chair of the Department of Nursing is responsible for communicating the probationary contract information to the Assistant Dean and Director of Academic Advising or Dean’s designee.

Communication across courses is essential for appropriate follow-up and student guidance. Therefore, the chair of APR committee will update the Faculty Organization about those students placed on probationary contracts. The probationary contract information will be entered into the disciplinary procedure tracking document accessible only to faculty with the Department of Nursing. The student’s name will be deleted from the tracking document upon graduation.

A copy of the contract will be retained in student’s file until graduation.

Contract:

_____ Date _____
Faculty initiating contract

_____ Date _____
Student signature (Indicates the student received this contract and information about the appeals policy).

_____ Date _____
Course Coordinator (probationary contracts only)

_____ Date _____
Department Chair (probationary contracts only)

This form was approved by faculty of the Department of Nursing 12/13/16. Changes approved by the Faculty Organization on 3/23/2020.