Division of Nursing
& Health Sciences

PRE-PROGRAM
POLICIES & INFORMATION

2015-2016
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DIVISION OF NURSING & HEALTH SCIENCES PRE-PROGRAM POLICIES & INFORMATION

The rights and responsibilities of all students are detailed in the Lewis-Clark State College Catalog, while policies and procedures specific to students admitted to a Nursing & Health Sciences Program are detailed in the current year NHS Student Handbook. The Pre-Program Policies & Information handbook details policies and information pertinent to all Pre-Program NHS students. NHS handbooks are updated annually and as changes are needed. Changes are communicated to students via LCMail and posted on bulletin boards in Sacajawea Hall. Annually, admitted students sign a declaration form assuming responsibility for the information, policies, and procedures found in the current year NHS Student Handbook.

DIVISION OF NURSING & HEALTH SCIENCES MISSION STATEMENT

In concert with LCSC, the Division of Nursing and Health Sciences exists to facilitate the development of outstanding healthcare providers committed to excellence in the delivery and management of patient centered care.

ACADEMIC POLICIES

Admission to an NHS Program

Current admission criteria, processes, and application materials are posted to the NHS web site: www.lcsc.edu/nursing. Click on the Program or Track of your choice, select the Application link for admission criteria and procedures. The Curriculum link lists pre-program course requirements.

Students are admitted to NHS programs based on the total number of points earned from grade point average, grades in select coursework, entrance testing, English language skills testing for non-native speakers, and specific program/track related certification/licensure. Admission to LCSC does not imply or guarantee acceptance into an NHS program. Those who successfully complete an NHS program are eligible to test for licensure or certification specific to their discipline.

Qualified students not accepted into an NHS program may reapply during the next application window. Updated materials must be submitted and fees paid. For BSN students, an Associate of Arts degree option is available to those students awaiting a second application period. Nine credits are needed for the Associate of Arts degree in addition to those courses required for
application to the nursing program. See your Academic Advisor or Career & Advising Services for assistance.

**C.N.A. Requirement: BSN Basic Track, PN, and Radiographic Sciences programs**

Certification as a Nursing Assistant (C.N.A.) or LC equivalency is required for admission to the BSN Basic Track, and the Practical Nursing and Radiographic Science programs. Details are provided on the “C.N.A.” link on the NHS website or at LCSC Workforce Training (www.lcsc.edu/workforce-training). C.N.A. information and the Affirmation Form are found in the Appendix.

**Language Proficiency (TOEFL/iELTS)**

Language skills testing is required for applicants to any NHS program for whom English is not the first and native language. A minimum score of 76 on the iBT (internet TOEFL) test with verbal sub-score of at least 23 or 6 on the iELTS with a verbal sub-score of at least 6 is required; test scores are submitted with the application. See the Appendix for details.

**Academic Advising**

All students enrolled in an NHS program are assigned an academic faculty advisor to assist with registration procedures, class scheduling, graduation, and academic affairs. Students are responsible for the college catalog and Nursing & Health Sciences degree and graduation requirements. Each semester the student consults with his/her advisor to be released for registration.

**Student Responsibilities**

- Be proactive in the advising experience.
- Schedule appointments or make regular contact with advisor.
- Accept responsibility for your educational experience.
- Develop and record an educational plan, and monitor progression toward meeting program requirements. Use the tools in Warrior Web to assist in this process.
- Demonstrate professional behavior.
- Clarify personal and academic goals.
- Become knowledgeable about the NHS program, policies, and procedures.
- Access and utilize campus resources as needed or advised.
- Participate in evaluating the advising process.
- Notify advisor of any issues that may affect academic performance.

**Academic Advisor Responsibilities**

- Advise students regarding educational goals and assist with the development of clear, realistic educational plans.
- Maintain confidentiality.
- Inform students of available resources.
• Identify students requiring additional support, and refer accordingly.
• Use Warrior Web to access official student documents such as transcripts, TRER, and class schedule.
• Assist students in maintaining educational records and auditing progression. Use appropriate program Study Plan to track progress toward meeting program requirements. Document all electronic mail, voice mail, and in person meetings.
• Assist students in meeting LCSC core and graduation requirements.
• Assist students in accessing and completing college forms.
• Assist students in problem solving and in developing decision-making skills.
• Support students in taking responsibility for their learning and educational experiences.

**BSN Student Transfer Policy**

Students are accepted for transfer into the BSN program after evaluation on a case-by-case basis. Students requesting transfer to the LCSC BSN program must have successfully completed at least one semester/quarter of a nationally accredited nursing program. Students, who have not completed at least one semester/quarter successfully, should apply as a new applicant during an open application period.

*NOTE: Graduates from the LCSC BSN Program must meet all lower and upper division core requirements, complete 32 residency credits, 36 upper division credits, and a total of 128 credits.*

**Transfer Request Process**

Students requesting transfer to LCSC BSN program should make an appointment with the Chair of the BSN Admissions & Progression Subcommittee. The student will provide the following at the meeting:

• Copies of unofficial transcripts from all colleges attended (pre-nursing and nursing coursework included).
• Copies of syllabi from all nursing courses taken at the previous school.
• Clinical evaluations from all clinical courses in the previous school.
• Portfolio of samples of written work completed by the student in the previous program
• A written statement from the student explaining the reason for transfer and plans for success in the LCSC nursing program.
• A letter from the previous program’s nursing administrator highlighting the student’s academic successes.
• A letter from the instructor of any failed courses outlining the documented problems resulting in course failure.

**Transfer Credits**
• Students requesting transfer to the LCSC BSN program must have completed the final semester at the transfer school within two academic semesters of the application date at LCSC.

• Students must have earned a minimum grade of “C” in all BSN coursework in order to have the course be considered for transfer.

• Students will successfully complete pre-nursing coursework required by the LCSC BSN program prior to application to the BSN program as a transfer student.

• BSN coursework will be evaluated by course faculty on a case-by-case basis for equivalency. Non-equivalent courses may count toward total college credits for graduation, but not towards the LCSC BSN program courses.

• Students will complete a basic skills competency test prior to placement in clinical courses (available through Workforce Training).

**Application**

The student will complete an application for the BSN program and submit this during a usual open application period. The student application should include the Transfer Student Intake Form.

**Decisions for Admission**

Decisions for admission are based upon:

1. Student’s record of overall academic ability
2. Student record of overall clinical ability
3. Overall performance in past coursework
4. The student’s insight into the issues that contributed to leaving the program
5. Actions taken by the student for resolution of the problem.
6. Student’s record of professional and communications and behaviors
7. Grade information from pre-program coursework.

Decisions for placement are based on:

1. Evidence of clinical safety and competence as a BSN student (Skills Testing results)
2. Alignment of course content between transferring programs
3. Grade information from pre-program coursework
4. Available resources
Course Challenge

Students that have substantial educational, work-related or life experience may be awarded full credit for one or more required NHS program courses through the course challenge process. There are no partial course challenges permitted. See the Appendix for the Course Challenge Policy. Specific guidelines for the BSN Program are found in the Appendix A. For RS, RI, and PN course-specific guidelines, meet with the Program Coordinator or Director.

Credits: Transferability

Credits awarded by other colleges may be applied to meet degree requirements.

- Students must arrange for a copy of all college transcripts to be sent to LCSC’s Admissions office.
- Students are notified when the transcripts have been received. Students may access transcript information via WarriorWeb Transfer Equivalency Guide (TRER).
- The TRER shows the evaluation completed by the Admissions office. Students/faculty who wishes to conduct an informal evaluation of courses may use the TRER [www.lcsc.edu/admissions/applying-to-lcsc/transfer-students/transfer-guides](http://www.lcsc.edu/admissions/applying-to-lcsc/transfer-students/transfer-guides) to determine course equivalencies.
- Students/faculty should evaluate the TRER for courses listed as Elective that may be applicable to the program.
- General education core and program requirements must be satisfied regardless of the number of credits transferred.
- Refer to LCSC College Catalog for admission policies and core requirements [www.lcsc.edu/admissions/transfer-and-articulation](http://www.lcsc.edu/admissions/transfer-and-articulation).

Internal Petition

An **Internal** Petition is used to address an NHS program requirement (program course, prerequisite, or support course), providing flexibility for student progression in an NHS program or to address unique circumstances that require faculty or administrative consideration. An **External** Petition addresses general education core issues and is processed by the College Petition committee. Appropriate forms and meeting dates are available on the Registrar’s web site. A **Course Substitution Form** is used to address an NHS prerequisite, or a program support course, when a comparable course has been completed at another institution. See your academic advisor for assistance.

Grade Appeal, Complaint / Grievance, Disciplinary Process

An appeal or formal complaint in NHS is defined as one submitted in writing through the appropriate department channels. The complaint must include a detailed description of the circumstances, the parties involved, and the action the complainant wishes to take. The complaint will be handled in accordance with LCSC College Grade Appeal policies, regardless of the nature of the complaint.
The procedure for an appeal or formal complaint begins at the instructor/program/division level. There must be written evidence of progression through the appropriate channels at each step of the grievance. This is consistent with the Lewis-Clark State College policy.

Related policies found in NHS Student Handbook:
- Academic Dishonesty: Academic Policies
- Disciplinary Process: Appendix
- Performance Improvement Plan: Clinical Policies & Appendix
- Unsafe Clinical Practice: Clinical Policies
- Progression Policy: Academic Policies

The appropriate channels are:
1. Faculty member (Attempt to resolve issue)
2. NHS Chair (Informal and Formal appeals; See Appendix for Grade Appeal Process)
3. College level (see LCSC policy: www.lcsc.edu/registrar/grades-honors)

**Pre-Program Progression**

Pre-program students must earn a grade of C (73%) or higher in selected core and support courses. Students earning less than a “C” (73%) may repeat the course one time to complete the NHS program requirements for admission. Repeated courses, course audits and course withdrawals are closely evaluated during the admission process and students who have repeated a core or support course more than once may not be considered for program admission or may earn fewer admission points. Therefore, students are advised to consider carefully, prior to registration, the ability to successfully complete a course and avoid course withdrawal. Course audits are not recommended and if done, count as one attempt at the course.

**Progression Policy: Admitted NHS Students**

*Progression* is the term used for advancing from one semester to the next while in an NHS. Once a student is accepted to an NHS program, the curriculum plan must be followed as written; all coursework in one semester must be completed successfully before the student progresses to the next semester’s courses. Many criteria must be met to progress, including:

- **Background Check/ Health requirements:** Upon admission and annually, students must renew and meet department policies for health requirements, CPR, and background checks.
- **Grades:** NHS students must achieve minimum program grades in all required courses (general education, support, and program course courses). Students must earn a “Pass” in Pass/Fail courses and the minimum required program or course grade in graded classes (73-75% for PN/BSN; 75% for RS).
- **Students earning a “Fail” grade or grade less than that required by the program or the specific course (noted in course syllabus), are dismissed from the program.**
- **Students who are at risk for or who have failed a course should initiate a meeting with their faculty advisor prior to the end of the semester in which the course was taken in order to discuss an academic plan.** See Course Failure or Grade Less than “C” / Program/ Course
Requirement section below.

- See the NHS Re-Entry policy.
- **Students earning a failing grade in a course with the NU, PN, or RS prefix may retake the course one time only; after a second attempt, the student may not continue in the program and the Re-Entry process does not apply.**

Special Notes:

- Students who **fail a clinical** course in mid-semester will not be allowed to continue in the failed course. However, in special circumstances, the student may be allowed to complete NHS theory/lab courses in which they are enrolled. Dismissal from the program will be in effect at the end of the semester in which the course failure occurred.
- Students must successfully complete all courses in a given semester before additional program courses may be taken (E.g., all J-1, P-1, or RS-1 courses must be successfully completed before second semesters classes may be taken).

**Re-Entry Policy**

Students who have been dismissed from an NHS program or who have stepped out for personal reasons and wish to resume coursework may reapply for Program Re-entry **one time only**. If re-entry is denied, the petition process may not be used to request further consideration. Re-entry materials are submitted during the appropriate NHS Program admission window. Re-entry is not granted in cases of Academic Suspension.

**Student Papers/Written Assignments**

- The original copy of student papers may be kept on file in the Division of Nursing & Health Sciences. Students are expected to keep a duplicate copy of all papers submitted.
- The current edition of the APA (American Psychological Association) style guide is to be used in writing and formatting formal papers.
- The student is responsible to reference the most recent APA style guide in formatting papers. In disputes about APA grading criteria, the current APA style guide will be used. Faculty preferences for formatting that do not adhere to the APA style guide need to be explicitly stated in the syllabus to be used for grading.
Assessment/ Program Evaluation Process

1. All LCSC students have the opportunity to evaluate faculty and each course using the college Student Course Evaluation (SCE) form; NHS has added extra questions to more fully understand the student’s perspective of clinical, simulation and other experiences. Students also have the chance to provide informal feedback to faculty throughout the semester via class discussion or informal feedback forms. Participation in the evaluation process is strongly encouraged. It is recommended the student provide his/her comment(s) in an objective, professional, and ethical manner.

2. End of Program Evaluations: All students are required to participate in college and program outcomes assessments, including an exit interview and general education examination.

Drug Testing

Students must consent to disclosure of drug screening results to all clinical agencies to which the student is assigned or which the student is requesting placement for a clinical experience. Any positive drug screen test can lead to academic dismissal from the program.

If the student is unable to complete the required clinical experience due to a positive drug screen test the student may be dismissed from the program.

Background Check Policy

The NHS requires an annual Background Check (BGC) on all students throughout their enrollment in an NHS program. Failure to comply with BGC timelines will result in program dismissal. All students must have a clear record on the BGC before being fully admitted to or progressing in an NHS program. The student is responsible for costs associated with the annual background check. Agencies may have additional, specific requirements. NHS cannot guarantee clinical placement or the ability to complete clinical hours if the student does not meet the agency requirements. Results of your background check may be released to authorized agencies or clinical/field experience/internship sites.

1. The background check will be obtained from a company identified by the NHS and will include the following:
   a. Social security number and identity verification
   b. Criminal search (7 years) national and county
   c. Violent Sexual Offender and Predator Registry Search
   d. Office of Inspector General (OIG) List of Excluded Individuals/Entities
2. Derogatory information of the following nature, discovered during the background investigation, is the basis for eliminating a candidate from consideration for NHS program admission or for program dismissal, as clinical placement will not be possible and the student would be unable to complete clinical requirements. Pending charges for the following crimes will be considered crimes and will be deemed substantially detrimental to the care of patients and will result in dismissal. Timeframe is for the last seven (7) years unless otherwise noted:
   a. Felony convictions
   b. Withheld judgments for felonies
   c. Other plea agreements to felony convictions
   d. Sexual assault, rape, indecent exposure, lewd and lascivious behavior, or any crime involving non-consensual sexual conduct committed at any time
   e. Child abuse, sexual exploitation of children, child abduction, child neglect,
   f. Contributing to the delinquency or neglect of a child, enticing a child for immoral purposes, exposing a minor to pornography or other harmful materials, incest, or any other crime involving children as victims or participants committed at any time
   g. Homicide committed at any time.
   h. Any charge related to illegal drugs such as (but not limited to) possession of drugs or paraphernalia, or trafficking.
   i. Abuse, exploitation or neglect of a vulnerable adult (disabled or elderly) committed at any time.
   j. Assault or Battery.
   k. Misdemeanor theft committed during the last 5 years or grand theft committed during the previous seven years.
   l. Offenses involving substantial misrepresentation of any material fact to the public or an employer including embezzlement, bribery, fraud, racketeering or allowing an establishment to be used for illegal purposes.
   m. DUI within the last 3 years or more than one DUI in the past five years.
   n. First or second-degree arson.
   o. Kidnapping.
   p. Mayhem, as defined by Section 18-5001, Idaho Code.
   q. Poisoning.
   r. Forgery or fraudulent use of a financial transaction card.
   s. Forgery and counterfeiting.
   t. Insurance fraud.
   u. Pattern of behavior deemed to be unprofessional, or that is felt to put patients, faculty and/or students at risk.

3. Students will be admitted to the program provisionally, pending the submission of a clean background check. All provisionally admitted students will be given instructions on
obtaining a background check. Results of the check are released to the student and with the student’s permission, accessed by NHS Division Chair (or designee).

4. The initial and annual check will be reviewed by the Division Chair (or designee) to determine if the background check is clean.
   a. If the check is clean, the student will be eligible for full admission to/continuation in the program.
   b. If the background check contains crimes listed above, the student will be notified in writing that their provisional admission to the program has been withdrawn, or if an admitted student, that they are dismissed.
   c. Background check findings may not be appealed.

5. Students applying to any NHS program or students in any NHS program who experience pending charge(s) mentioned above must disclose the pending charge(s)/arrests/convictions to the Division chair within 72 hours of the incident.

6. Background checks are maintained online in the Certified Background Check database for a limited period. Those background checks that lead to program dismissal will be maintained in a locked file cabinet in the NHS. Records will be destroyed five (5) years after (a) an applicant is denied admission or (b) a student graduates.

7. Results of a background check performed at another facility for employment reasons may not be used in lieu of the division-approved BGC due to variances in quality and scope of background checks. The NHS has contracted with one company and all students need to complete the same BGC. By having all students complete the same BGC the NHS can assure its clinical agencies that the specific requirements of a BGC have been done uniformly and within a reasonable timeframe.

8. Students who leave the program, regardless of reason, must repeat the BGC before considered for readmission.

9. All students will repeat a complete BGC annually in accordance with the above guidelines. Failure to comply with BGC timelines will result in program dismissal.

10. NHS will not address questions about individual background checks results. NHS strictly adheres to the above policy.

**Clinical Rotations**

Students in all NHS Programs will participate in a variety of clinical rotations (day, evening and night shifts). All students should anticipate travel and clinical rotations of 8-12 hours in length. All clinical locations and schedules are scheduled to change.

**Confidentiality Statement**

The College and Division abide by the Healthcare Insurance Portability and Accountability Act (HIPAA), specifically the areas of the law related to privacy and confidentiality of patient and
student healthcare information. As part of this law, the College and the student agree to not use or disclose protected health information other than as permitted or required by this Agreement or as required by law. The College and the student agree to use appropriate safeguards to prevent use or disclosure of the protected health information other than as provided by this Agreement.

All information related to health-care clients in any agency setting is strictly confidential. Any notes used during clinical must be destroyed prior to leaving the agency. Any student who knowingly or unknowingly reveals information related to a health-care client in other than appropriately designated settings will be referred to the Division Chairperson. Such behavior could result in dismissal from the program. Students who need to access patient records at clinical agencies must submit the appropriate request form (see Appendix).

Confidentiality is defined as action taken by the student or healthcare provider to preserve the anonymity of the client. Information used for class presentations or post conferences will contain no identifying information. When copying any client records from any setting, all copies need to have pertinent identifying data removed. Confidentiality also includes the security of any electronic data, e.g., hospital computers, telephone, e-mail, fax, and cell phone conversations. Preparation forms, care plans, and any other databases must have no identifying patient data.

**Health Care Requirements of Students**

**Immunization, CPR and Background Check Requirements**

All LCSC nursing and radiographic science students are required to provide official documentation of immunization requirements and Healthcare Provider CPR certification in preparation for admission to the program. These requirements must be met and maintained at all times throughout enrollment in the program. Immunization and CPR updates and documentation of such are the responsibility of the student to maintain. Records must be uploaded to the required tracking system (annual fees apply) as advised by the Division. Failure to complete the process and receive confirmation of satisfactory completion will result in inability to attend clinical practica. **Your records may be released to clinical agencies for audit and/or clinical placement issues.** See the Appendix for special situations.

In addition to uploading immunization and CPR documentation, students document this data on the LCSC/NHS Student Clinical Passport form that is kept by the student and accompanies them to all clinical rotations for review as necessary by authorized agency personnel. Current immunization and CPR requirements as well as the Student Clinical Passport form are accessed on the NHS website at the following link:  
http://www.lcsc.edu/nursing/student-resources/

**Declination of Immunizations**

If the student chooses NOT to be immunized, s/he must sign the Declination Form for each declined immunization (see Appendix). The Clinical Coordinator will review the Declination(s). If there is an outbreak of an applicable communicable disease (those for which NHS or the
agency requires immunization) in a clinical facility, for his or her protection, and the protection of clients in the community, the student will be removed from clinical for the duration of the outbreak. By signing the declination form, the student acknowledges that in some cases due to removal from the clinical setting to avoid exposure, s/he may not be able to complete course or clinical requirements, including the required number of clinical hours. This may affect the student’s ability to progress in the program. The student accepts full responsibility for this declination and the consequences thereof.

**Illness/ Health/ Safety of Student**

**Communicable Diseases**
If a student has a potentially communicable disease (e.g., hepatitis A, mumps, giardia, shigella, salmonella, or similar), he/she must notify clinical instructor immediately and action will be determined in consultation with the Student Health Services and/or the Public Health Department.

**Chronic or Unstable medical /emotional illness**
All students who attend clinical practicum experiences must be of stable physical and emotional health to provide patient care, which upholds acceptable standards of safety and professionalism.
- It is the responsibility of the student to disclose to the Program Coordinator/ Director/ Leadership Team any new or chronic personal medical or emotional condition that could potentially jeopardize the maintenance of a safe environment and safe care for the patient or student. See Performance Standards posted to the NHS website.
- The Program Coordinator/ Director/ Leadership Team, in conjunction with the student and academic advisor, will determine a course of action which may include:
  - Notification of faculty and clinical staff who need to know about the situation for patient and student safety.
  - Removal of the student from the clinical setting until the problem is resolved. Clinical attendance policies apply if students are unable to attend clinical.
  - Require a Primary Caregiver’s release to document the student’s safety to return to the clinical setting.
  - Referral to the college Disability Services, as appropriate, for additional resources and assistance.
  - Clinical agency policies apply and may exceed those of the nursing/radiography program.

- Examples include (but are not limited to) brittle diabetes in which the student could suffer hypoglycemia, frequent panic attacks, minor surgeries which could influence movement and pain, seizure disorders, unstable asthma, chest pains, back injuries/disabilities.

**Excused Medical Absence**
- To earn a passing grade in a clinical course, all required clinical hours must be completed. Due to the nature of the clinical experiences, it is very difficult to “make up” missed time. Absences anticipated to extend longer than 2 clinical days place the student in jeopardy of failing a clinical course.
When extenuating circumstances present and the student has arranged in advance, faculty will make every effort to provide opportunities for the student to acquire hours needed to fulfill course requirements. It remains the student’s responsibility to meet the terminal objectives of the course. If an equivalent and timely make-up experience cannot be provided, the student may receive a grade of “Incomplete” for the clinical course. The student may not progress in the program until the “I” is satisfactorily resolved. Clinical make-up experiences are not available during official college breaks (Fall, Winter, Spring, and Summer breaks) or holidays.

**Medications: Personal Prescriptions**

All students are responsible to know the effects and side effects of their personal medications. Any influence from these medications that could potentially jeopardize the provision of safe patient care or safety to the student needs to be reported to the clinical course faculty.

- Clinical faculty reserve the right to remove any student in these circumstances from the clinical setting. Clinical attendance policies apply if students are unable to attend clinical due to their prescription regime.
- A Primary Caregiver’s release may be required to assure the student’s safety in some situations.

Nursing & Health Sciences has a responsibility to maintain the standards of the program when planning alternate experiences for the student. Therefore, the following will be considered when absences are accrued:

1. Academic and clinical proficiency of the student
2. Type of experience that will be missed (observation vs. practice)
3. Equivalency/appropriateness of make-up experience
4. Availability of clinical space or appropriately qualified faculty to support the make-up experience
5. Ability of the faculty of record to adequately observe and evaluate the student during the “make up” hours.

See the NHS Student Handbook Appendix for an agreement that must be signed by the student, instructor, Lead course faculty, and/or Program Director/Coordinator when requesting excused medical absences. Signing the statement indicates this plan was chosen freely by the student.

Following an excused clinical absence, the student must provide a statement from a physician prior to returning to clinical and/or beginning an alternate experience.

**Liability Insurance**

All students automatically pay for liability insurance through student course fees. No student is permitted in clinical setting without appropriate liability coverage.

**Performance Standards**
The student must be capable of meeting the performance standards of the NHS programs. Reasonable accommodation can be made for some disabilities. However, students are expected to perform in a reasonably independent manner.

<table>
<thead>
<tr>
<th>Category Description and Standard</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Critical thinking</strong> ability sufficient to exercise sound clinical judgment <strong>Reasoning</strong> skills sufficient to perform deductive/inductive thinking for healthcare decision-making</td>
<td>• Identify cause/effect relationships and make appropriate judgments in clinical situations • Develop health care plans • Calculate medications</td>
</tr>
<tr>
<td><strong>Communication</strong> abilities sufficient for effective interaction in verbal and written form</td>
<td>• Able to obtain information, explain treatment procedures, initiate health teaching, describe patient situations, perceive nonverbal communications</td>
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<tr>
<td><strong>Gross and fine motor</strong> function sufficient to provide safe and effective care</td>
<td><strong>Gross Motor:</strong> • Gross motor skills sufficient to provide the full range of safe and effective patient care activities [move within confined spaces, reach above shoulders (IV poles), reach below waist (plug into electrical wall outlets)] <strong>Fine Motor:</strong> • Fine motor skills sufficient to perform manual psychomotor skills [pick up small objects with hands, pinch/pick or otherwise work with fingers (e.g., manipulate a syringe), sustain repetitive movements (CPR)] <strong>Physical Strength:</strong> • Physical stamina sufficient to perform client care activities for entire length of work shift [push, pull, support and lift 25 pounds of weight (position, ambulate, and transfer clients; defend self against combative client, use upper body strength to perform CPR]</td>
</tr>
<tr>
<td><strong>Auditory</strong> ability sufficient to monitor and assess needs of clients</td>
<td>• Able to hear monitor alarm and emergency signals, able to listen to breath sounds and to hear normal speaking level sounds</td>
</tr>
<tr>
<td><strong>Visual</strong> ability sufficient for observation and assessment necessary for care</td>
<td>• Able to observe patients, and visualize physical alterations and abnormalities</td>
</tr>
<tr>
<td><strong>Tactile</strong> ability sufficient for physical assessment</td>
<td>• Able to perform palpation of a pulse, perceive temperature and functions of a physical exam</td>
</tr>
<tr>
<td><strong>Mental</strong> Alertness sufficient to interact appropriately with the environment.</td>
<td>• Able to stay attentive and respond appropriately, wakeful, not fatigued</td>
</tr>
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| **Emotional** health sufficient | **Interpersonal:** • Interpersonal abilities sufficient to interact with individuals,
to utilize totally her or his intellectual abilities. Able to function effectively during stressful situations. Able to perform effective communication and therapeutic interventions with patients.

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<tr>
<th>Professionalism that befits a student healthcare provider and enables proper conduct when representing LCSC at clinical sites</th>
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| • Negotiate interpersonal conflict  
  • Establish rapport with clients and with co-workers  
  • Able to adapt to ever-changing environments: displaying flexibility, learning to function in the case of uncertainty that is inherent in clinical situations involving patients/clients.  
  • Able to listen objectively to patient concerns, able to complete communications without outbursts, tears, fears or other encumbrances to patient interactions. Personal judgments and persuasions are not promoted. Communication is based on professional values and ethics. |

### School Pin

An official school pin has been designed for each program. Students will be given the opportunity to purchase a pin at the end of the program. Purchase of a pin is not mandatory. Order information will be provided. The cost of the pin is **not** included in program or course fees.

### Student Representation at NHS Meetings

Students are given the opportunity to select representatives to participate in selected NHS meetings. It is each representative's responsibility to obtain input from peers prior to these scheduled meetings and determine his/her classmates' requests and concerns and report any decision back to the group. Student representatives are expected to be professional in their conduct. If confidential/personal student material is being discussed during the faculty meeting, the student(s) may be excused.

### Textbooks

Students in all NHS programs should anticipate significant costs for required textbooks and electronic support materials (e-books, software, and/or hardware).

### Transportation/ Expenses for Clinical

NHS students are required to provide their own transportation and bear the expenses for all travel and most housing related to clinical experiences. LCSC is not responsible for any personal injuries or damages incurred during travel.
Uniform Requirement Summary: All Programs

Students enrolled in a Nursing & Health Sciences Program must comply with uniform requirements. See Appendix for details.
APPENDIX – All NHS Programs
# Nursing Assistant Qualifications for BSN Admission

## Options for Alternatives

<table>
<thead>
<tr>
<th>Affirmation Admissions Subcommittee</th>
<th>Challenge Workforce Training</th>
<th>Skills Training Only Workforce Training</th>
<th>Traditional CNA Various agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who</strong></td>
<td>Medics or corpsmen who have documented inpatient work experience w/in past two years.</td>
<td>Medics or corpsmen Certified healthcare Workers: Medical Assistant EMT Paramedic Respiratory Therapist Physical Therapist</td>
<td>Medics or corpsmen Certified healthcare Workers: Medical Assistant EMT Paramedic Respiratory Therapist Physical Therapist</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>No cost</td>
<td>Per Workforce Training (includes Study Pack)</td>
<td>Per Workforce Training (20 hrs of Skills Training)</td>
</tr>
<tr>
<td><strong>What</strong></td>
<td>Skills List Signed by RN supervisor with documented employment</td>
<td>Independent study based on prior knowledge</td>
<td>Skills training only</td>
</tr>
<tr>
<td><strong>Testing</strong></td>
<td>None</td>
<td>Skills testing* Based on standardized scenarios One attempt allowed</td>
<td>Skills testing* Based on standardized scenarios Two attempts allowed</td>
</tr>
<tr>
<td><strong>Notes</strong></td>
<td>Requires contact with Chair of Admissions and Advising Subcommittee for nursing when form is completed</td>
<td>No facilitated training One time opportunity for testing</td>
<td>Does not qualify student for state registry or eligibility to be titled as a certified nursing assistant</td>
</tr>
</tbody>
</table>

*Testing uses standardized scenarios selected at random (23 skills in selection pool). The student is scored during testing against standards identified in the study packet.

Please see [http://www.lcsc.edu/workforce-training](http://www.lcsc.edu/workforce-training) for details of cost and scheduling.
Certified Nursing Assistant (C.N.A.) Affirmation Form

Employee/former employee name_________________________________________________________

Information about the agency:

Name of facility_________________________________________ Location______________________

Contact information:

Phone no.__________________________________________email address_______________________

Your name_______________________________________ Title________________________________

Relationship to employee________________________________________________________________

Dates of employment that relate to the experience listed below:_______________________________

Please indicate your evaluation of the performance of the above employee/past employee in each of
the areas. Please use the following scale:

- **C** = competent in both skill and associated knowledge about the skill
- **CS** = lacked competence in either the skill performance or the knowledge associated with the skill
- **NA** = no knowledge of competence in this particular area

<table>
<thead>
<tr>
<th>Basic restorative services: Training the patient for self-care</th>
<th>Bathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic restorative services: Use of assistive devices</td>
<td>Positioning and turning</td>
</tr>
<tr>
<td>Basic restorative services: Proper positioning in bed and chair</td>
<td>Toileting</td>
</tr>
<tr>
<td>Basic restorative services: Care and use of prosthetic devices</td>
<td>Dressing &amp; Grooming</td>
</tr>
<tr>
<td>Assisting with eating</td>
<td>Proper feeding techniques</td>
</tr>
<tr>
<td>Assisting with hydration</td>
<td>Skin care</td>
</tr>
<tr>
<td>Transfers bed to chair; bed to gurney</td>
<td>Care of the dying patient</td>
</tr>
</tbody>
</table>

Signature:________________________________________________________Date_________________

Applicant signature allowing release of information:____________________________________

19
**Language Proficiency Decision Tree for Nursing: Students with English as Second Language (ESL)**

**Background:** In 2008 the National Council of State Boards of Nursing (NCSBN) made recommendations that ESL students meet a minimum standard for testing. In accordance with that recommendation, in May of 2011, the Lewis-Clark Division of Nursing and Health Sciences has a minimum requirement for testing and scoring in order to be eligible to apply to the BSN Basic Track. Area schools were surveyed for their practices. LCSC faculty took these scores into account for the determination of our standard. The policy for the BSN Basic track is based on the fact that nursing has the public trust for safety. The element of accurate communication and understanding of medical situations is an essential component of safety in the delivery of nursing care. Therefore, the BSN Basic Track recommendation is that our admission standard for nursing is greater than the college requirement.

**Policy:** Students who are non-native to the United States and who do not have English as their native or 1st language are required to take the TOEFL or iELTS test prior to application to the nursing program. The *minimum score required for acceptance to the BSN Basic track is: 76/23 internet TOEFL or 6/6 iELTS.* TOEFL scores obtained prior to or at the time of admission to LCSC are acceptable.

The table below addresses specific circumstances. It was formed under the advice of the program advisers for the Office of International Students at LCSC.

<table>
<thead>
<tr>
<th>Bachelor’s Degree from US college</th>
<th>Minimum BS/BA from college in foreign country in native language</th>
<th>HS in native country</th>
<th>HS in US or Canada; private schools in native country taught in English or BS/BA in native country taught in English or IIE with cum GPA at or &gt; 3.3</th>
<th>US permanent resident (“resident alien”) or US citizen whose native/1st language is not English</th>
</tr>
</thead>
<tbody>
<tr>
<td>English 101/102 taken in the US</td>
<td>TOEFL required for college admission</td>
<td>Compass test required*</td>
<td>Compass test required*</td>
<td>Compass test required*</td>
</tr>
<tr>
<td></td>
<td>Compass test required*</td>
<td>English placement based on scores</td>
<td>English placement based on scores -OR- English 101/102 in US with grade of “C” or better and 2.0 GPA</td>
<td>English placement based on scores -OR- English 101/102 in US with grade of “C” or better</td>
</tr>
<tr>
<td>LCSC College requirement:</td>
<td>Minimum LCSC requirement</td>
<td>LCSC College Requirement:</td>
<td>LCSC College Requirement:</td>
<td>LCSC College Requirement:</td>
</tr>
<tr>
<td>English 102 with grade of “C” or better.</td>
<td>Eng 101/102 with grade of “C” or better.</td>
<td>“X” credits in US college</td>
<td>TOEFL waived</td>
<td>TOEFL waived</td>
</tr>
<tr>
<td>LCSC BSN NURSING REQUIREMENT</td>
<td>Eng 102 grade “C” or better</td>
<td>English 102 grade “C” or better</td>
<td>English 102 grade “C” or better</td>
<td>English 102 grade “C” or better</td>
</tr>
</tbody>
</table>

**Students self-report their education and citizenship status to advisers.**

**Advisers:**
- Please verify student educational background with the Office of International Students (OIS).
- Students who are U.S. permanent residents—or- those who have acquired US citizenship are often not referred to OIS.

**Key:**
- IIE Institute of Intensive English
- ELS English language schools
- * May use ACT or SAT scores for placement
- ** Specialized petition process for BSN nursing application. Please consider the amount of time student has experience using the English language
Course Challenge Procedure

Policy
1. Students with substantial educational, work-related or life experience may be awarded full credit for one or more required NHS program courses through the course challenge process. There are no partial course challenges permitted. Specific guidelines for the BSN Program are found in the Appendix A. For RS, RI, and PN course-specific guidelines, meet with the Program Coordinator or Director.
2. Both theory and clinical courses may be challenged.
3. The challenge process must be completed by “the Last Day to Withdraw” in the semester prior to the semester in which the course is to be taken. The “Last Day to Withdraw” is noted in the Academic Calendar (www.lcsc.edu/registrar).
4. Only students admitted to an NHS program may request an NHS course challenge.
5. Students initiate the course challenge process through discussion with their academic advisor.
6. Course lead faculty will determine the method by which the student validates his/her experience/knowledge. A written paper, testing, or laboratory demonstration are examples of methods that may be used in the challenge process to validate knowledge or skill.
7. Course challenges within the NHS are processed in accordance with the LCSC Course Challenge policy. For BSN courses, see additional guidelines in the Appendix. Current registration and fee requirements are found at www.lcsc.edu/registrar.
8. The student will be notified of the challenge outcome prior to the end of the semester in which the challenge was completed. Students who are unsuccessful in the course challenge will be required to take the course in order to receive credit. A course may be challenged only one time.
9. In rare instances, students may meet a portion of the course competencies through previous study or extensive work experience. Students in these cases must register for the course then meet with the course Lead Faculty who will validate the competencies that have been met. Students must then successfully complete the remaining course requirements.

Process

Student Role: (semester prior to the course being offered)
1. Meet with academic advisor to discuss the feasibility of a course challenge.
2. Meet with Lead Faculty for the course to be challenged. Obtain a copy of the course objectives and describe the reasons for requesting eligibility to challenge the course.
3. Based on the discussion, submit to the Lead Faculty a Letter of Intent for the course challenge process. Include in this letter:
   - Student name, student identification number, and LCMail address
   - Date of letter
   - Course number and title being challenged
   - Brief explanation of experience or training that the student identifies as meeting course objectives. Address specific rationales for eligibility to challenge the course
   - The Letter of Intent is filed in the NHS student files.
4. Meet with course faculty to determine the methods to be used for validation of the prior learning (test, paper, etc.).
5. Complete the Course Challenge Form from the Registrar’s website. http://www.lcsc.edu/registrar
6. Submit the completed Course Challenge Form to the NHS Division Chair for approval.
7. If approval is denied, register for the course to be taken in the upcoming semester.
8. Pay associated fees at the Cashier’s window. Return the approved form and acknowledgement of payment to the faculty assigned to facilitate the challenge.

9. Complete the course challenge requirements and submit them to the Lead Faculty prior to the “Last Day to Withdraw” for the semester (dates in Academic Calendar on Registrar’s web page). The Lead Faculty member determines when all requirements for the course challenge have been met; the earned grade is noted on the Course Challenge Form and the student is notified.

10. Students unsuccessful in the course challenge must enroll in the course for credit.

The Lead Faculty Role:

1. Meet with student to review the course objectives and briefly discuss student’s intent to challenge the course; review the eligibility based on the program’s Course Criteria for challenges (if applicable, noted below).

2. Review student Letter of Intent; meet with student to determine the method by which the student validates their experience in the challenged course content areas. A written paper, testing, or skills demonstration are examples of methods faculty may use in the challenge process. This becomes the Course Challenge plan.

3. If the plan is acceptable to both faculty and student, file the Letter of Intent in the NHS student file and have the student complete the college Course Challenge Form (Registrar’s Web Page). Once completed, the student submits form to the Division Chair for final approval to begin the challenge. Once approved by Chair, the Lead faculty notifies student; the student pays the associated fees and submits the form to the Registrar’s office.

4. Evaluate the course challenge material based on the Course Challenge plan as submitted by the student. If all requirements for the course challenge have been met prior to the end of the semester, notify the student of the outcome of the challenge process. Students who are unsuccessful in the course challenge will be required to take the course in order to receive credit. A student cannot challenge a course a second time.

5. At the successful completion of the challenge, the Lead Faculty submits the earned grade on the Course Challenge Form.

6. Course challenge material is submitted to the Program Director/Coordinator for review and final filing in the student file.

7. Distribute copies of the Course Challenge Form including a copy to course Lead Faculty and student.

8. Students unsuccessful in the course challenge must enroll in the course for credit.
PROCEDURE FOR CHALLENGING NHS COURSES

The semester prior to the course, meet with advisor and lead faculty to discuss feasibility

Submit Letter of Intent to Lead Faculty (Inform Program Director/Coordinator)

APPROVED

NOT APPROVED

TAKE COURSE

Complete Challenge a Course Form
Submit to Division Chair for final approval
Pay challenge fee to Controller.
(Use only when entire course is to be challenged.)

Agree on Course Challenge plan or challenge exam test date

Complete Challenge

PASS

FAIL

Course Challenge form signed & Grade Posted

Enroll in Course

For clinical course challenge, prepare the material to validate how course objectives have been met.
### NHS: General Appearance Guidelines

<table>
<thead>
<tr>
<th></th>
<th>ACCEPTABLE</th>
<th>UNACCEPTABLE</th>
</tr>
</thead>
</table>
| **UNIFORMS** | - Clothing is clean and in good repair  
- Clothing is generally wrinkle-free  
- Shoes are clean and kept in good repair  
- Primarily white shoes that are safe for fast walking, running: low height, secured to foot  
- Socks that cover ankles or hose worn with shoes  
- White or gray short-sleeve shirts are visible only at neckline | - Holes, tears, rips, frays  
- Unfinished or raveled hems  
- Stained, dirty, or excessively wrinkled garments  
- Shirts with slogans, graphics or logos  
- Undergarments obtrusively visible through outerwear  
- Open toed shoes  
- Dark colored socks  
- Shoes worn for everyday use  
- Sweatshirts, hoodies |
| **GROOMING** | - Neat and clean hair in a natural color  
- Hair secured with modest clips, pins, combs so as not to come into contact with patient  
- Clean, neatly trimmed or manicured nails  
- Conventional makeup  
- Neatly groomed facial hair | - Body odor, offensive breath, unkempt personal appearance  
- Long, loose hair  
- Extremes in hair dyeing, bleaching or coloring  
- Long or artificial fingernails, gels, inlays, extenders and wraps  
- Nail polish  
- Heavy makeup  
- Perfumes, after-shaves, and scented cosmetics  
- Uniform smelling of cigarette smoke  
- Chewing gum |
| **JEWELRY/TATTOOS** | - Small stud allowed in ear and/or nose  
- Single modest ring  
- Reasonable efforts to cover tattoos  
- Watch that is easily removed for hand washing; pendant watch; stethoscope watch | - Mouth and eyebrow jewelry  
- Necklaces and bracelets  
- Decorative rings or adornments  
- Hoop earrings |
| **NAMETAGS** | - Worn in upright and clearly visible position such as at chest height or attached to breakaway lanyard  
- Must be able to see student’s name and photograph on badge | - Defaced by pins or stickers  
- Old, dirty, discolored  
- ID picture that no longer looks like student |
NHS Uniform Requirement Summary: All Programs

Students enrolled in a Nursing & Health Sciences Program must comply with the following requirements:

<table>
<thead>
<tr>
<th></th>
<th>Basic BSN /LPN to BSN Tracks</th>
<th>Practical Nursing</th>
<th>Radiography</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td>Cherokee</td>
<td>Cherokee</td>
<td>Cherokee</td>
</tr>
<tr>
<td>Color</td>
<td>Black</td>
<td>Ceil blue</td>
<td>Wine (radio) top; Wine or black pants</td>
</tr>
<tr>
<td>Top styles</td>
<td>4700; 4801; 4746; 4876; or 4780</td>
<td>Women: 4700; Men: 4777</td>
<td>Women: 4700; Men: 4777</td>
</tr>
<tr>
<td>Pants styles</td>
<td>Matching black; Any Cherokee style, sits at the waist, doesn’t show leaning of shoes; covers back and midriff when bending &amp; stretching</td>
<td>Matching Ceil blue Any Cherokee style, sits at the waist, doesn’t show leaning of shoes; covers back and midriff when bending &amp; stretching</td>
<td>Matching Wine or black; Any Cherokee style, sits at the waist, doesn’t show leaning of shoes; covers back and midriff when bending &amp; stretching</td>
</tr>
<tr>
<td>NHS Logo</td>
<td>Left upper sleeve</td>
<td>Left upper sleeve</td>
<td>Left upper sleeve</td>
</tr>
<tr>
<td>Warm-up jacket</td>
<td>Optional: black</td>
<td>Optional: Ceil blue Women: 4350 or 4301; Men: 4450</td>
<td>Optional: wine Women: 4350 or 4301; Men: 4450</td>
</tr>
<tr>
<td>Shoes</td>
<td>White or black; worn only for clinical</td>
<td>White; worn only for clinical</td>
<td>White or black; worn only for clinical</td>
</tr>
<tr>
<td>Socks</td>
<td>To match shoe color</td>
<td>White</td>
<td>To match shoe color</td>
</tr>
<tr>
<td>T-shirt (worn under uniform top)</td>
<td>Short sleeved, no printing; gray or white</td>
<td>Short sleeved, no printing; gray or white</td>
<td>Short sleeved, no printing; gray or white</td>
</tr>
</tbody>
</table>

Deadlines & Additional Information

- LCSC Nursing & Health Sciences faculty determines the uniform color and styles as well as the logo and its placement. See the Nursing & Health Sciences Handbook or your orientation materials for style choices. Only approved styles are allowed.
- The Owl Uniforms orders the uniforms and takes them to ArtBeat for placement of the logo (this takes at least 3-4 weeks).
- Uniforms are ‘made to order’. To ensure that your uniform is ready on time, you must order and pay for your uniform according to the following timelines. Late orders will incur a late-order fee of $10:
  - BSN Basic/ LPN to BSN August start: July 1 (logo only: July 1)
  - BSN Basic/ LPN to BSN January start: November 15 (logo only: Dec 1)
  - Practical Nursing (PN) January start: November 15 (logo only: Dec 1)
  - Radiographic Sciences August start: July 1 (logo only: July 1)
- Students who purchase uniforms independently must take them to the Owl for placement of the logo. There is a $5.00 service charge per item plus the cost of the logo (approximately $6). Costs are subject to change. **Uniforms purchased from a vendor other than The Owl Uniforms must be received by The Owl for logo placement according to the schedule above.**
**Immunizations: Special Procedures PPD (TB Skin Test) Positive**

All students with a positive PPD test must provide documentation of initial chest x-ray results and medical consultation. The following procedures are required. Please read carefully.

IF THE STUDENT HAS OR WILL BE TAKING INH THERAPY:

1. Provide documentation of initial prophylaxis (INH medication) and medical consultation for TB evaluation.

2. If exposure was recent (within 3 months); chest x-ray results are required again at 3 months along with documented follow-up medical consultation

3. Obtain medical records release form from LCSC Student Health Services.

4. Student must obtain a yearly history and physical in which:
   a. signs and symptoms of TB infection are reviewed.
   b. review of steps to take if symptoms occur or if a respiratory infection lingers.

Documentation of this yearly check-up will be on file at Student Health Services at Lewis-Clark State College.

IF STUDENT HAS NOT OR WILL NOT BE TAKING INH THERAPY:

1. If exposure was recent (within 3 months), chest x-ray results are required again after 3 months along with follow-up medical consultation.

2. Student must obtain a yearly history and physical in which:
   a. signs and symptoms of TB infection are reviewed.
   b. review of steps to take if TB symptoms occur or if a respiratory infection lingers.

Documentation of this yearly check-up will be provided to Student Health Services.

IF A CHEST X-RAY IS POSITIVE OR STUDENT EXHIBITS SIGNS/ SYMPTOMS OF ACTIVE TB**:

Sputum specimens for AFB and appropriate medical follow-up must be obtained per CDC protocol

**Student will not be allowed in clinical pending an evaluation of first AFB result (approximately 24 hours). Clinical faculty will consult with Student Health Services in conjunction with the Public Health Department to determine whether the student can return to clinical.
Immunization Declination Form Example

(Name) VACCINE DECLINATION FORM

The Division of Nursing & Health Sciences at Lewis-Clark State College requires that all nursing and radiography students show proof of immunity to (Name condition). Proof includes documentation of titers (blood test to detect positive antibody).

Students not immune to this illness may not be admitted to clinical sites during outbreaks of the illness to protect patients from student exposure.

I choose not to take the (Name) Vaccine. I understand that the immunization is a preventative measure in case I might become exposed to the (Name) virus during my clinical experiences at Lewis-Clark State College. I accept the responsibility for choosing not to be immunized.

I understand that due to my potential occupational exposure to the (Name) virus I may be at risk of acquiring the disease. I have been given the opportunity to be vaccinated with (Name) Vaccine. However, I decline (Name) vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring (Name condition). If in the future I continue to have occupational exposure to the (Name) virus and I want to be vaccinated with (Name) Vaccine, I can receive the vaccination.

I understand that I may not be admitted to clinical sites during outbreaks of the illness and that in some cases, I may not be able to complete clinical requirements.

I have read and understand the preceding Declination to be Immunized statement in the NHS Student Handbook.

Signature: ___________________________ Date: ___________________________

Witness: ___________________________ Date: ___________________________
Accreditation

The BSN Program is fully accredited by the Commission on Collegiate Nursing Education (CCNE). CCNE is officially recognized by the U. S. Secretary of Education as a national accreditation agency; it is an autonomous accrediting agency that contributes to the improvement of the public’s health. CCNE ensures the quality and integrity of baccalaureate, graduate and residency programs in nursing. CCNE serves the public interest by assessing and identifying programs that engage in effective educational practice.

As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and post-baccalaureate nurse residency programs (http://www.aacn.nche.edu/ccne-accreditation). For accreditation questions or concerns please contact CCNE, One Dupont Circle, NW, Suite 530, Washington, DC, 20036, (202)-887-6791.

The Program is also approved by the Idaho Board of Nursing, PO Box 83720, 280 N. 8th Street, Suite 210, Boise, ID 83720-0061, 208-334-3110.

BSN Program Mission Statement

To strengthen the health and wellbeing of the people of our communities by preparing students as professional nurses who engage in critical reasoning and creative thinking to design, provide, and coordinate exceptional nursing care in a dynamic healthcare environment.

BSN Program Philosophy

The faculty of the Baccalaureate of Science in Nursing (BSN) program, in support of the mission of Lewis-Clark State College, the Division of Nursing and Health Sciences and the BSN Program, is committed to providing an outstanding undergraduate education for the preparation of professional nurses. The philosophy of the BSN program reflects the beliefs of the faculty and is based on the synergy of three concepts:

- The Science of Nursing
- The Art of Nursing
- The Teaching/Learning Environment

Synergy is the working together of two or more parts when the result is greater than the sum of their individual effects or capabilities.

We believe the Art of Nursing and the Science of Nursing are synergistic and within the teaching learning environment provide the philosophical basis for the BSN program.

We believe the BSN prepared professional nurse graduate is prepared to meet the challenges of an ever-changing healthcare environment, assuming leadership roles in the profession, advocating on behalf of clients and participating in the political processes impacting healthcare and the profession of nursing.
Science of Nursing

We believe that the **nursing process** is the scientific methodology whereby nurses plan interventions. It is the critical process of the science of nursing, a deliberate problem-solving approach to meeting people’s health care and nursing needs.

We believe that **critical thinking and evidenced based practice and research** are the foundations from which clinical reasoning and clinical judgment arise.

We believe that understanding the complexity of human needs requires extensive knowledge and integration of the **life and social sciences**.

Art of Nursing

We believe that **Caring Practices along with the American Nurses Association Code of Ethics** creates a compassionate, supportive, and therapeutic environment for patients, family members, communities and colleagues with the aim of promoting comfort and healing and preventing unnecessary suffering.

We believe the **7 C’s of Caring** define understanding of the caring concept for the nurse and the client.

- **Commitment** – Commitment to relationship is essential to caring. Nursing is a mutual interactive process producing an experience where both the client and nurse benefit.

- **Compassion** – Compassion means having an understanding of and being sensitive to situations and needs, understanding an experience from another’s perspective.

- **Confidence** – Encourages trust, truth, and respect without fear or conditions.

- **Competence** – Combining judgment and skills with knowledge and experience to best serve the client.

- **Conscience** – A process of valuing self and others. Conscience encompasses the principles of humanistic nursing care and the American Nurses Association Code of Ethics.

- **Collaboration** – working with others in a way that promotes/encourages each person’s contributions toward achieving optimal/realistic patient/family goals. Involves inter-disciplinary work with colleagues and community.

- **Cultural Sensitivity** - to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values.

Teaching/Learning Environment

We believe in providing an environment that requires the student to be actively involved and to take responsibility for their learning.
We believe in and strive to create an interactive teaching-learning environment, which embraces various teaching methods and modalities, and accounts for student learning preferences.

We believe the faculty develops curriculum that facilitates learning that is responsive to the changing health care environment.

We believe that paramount to the curriculum are the AACN Professional Roles of Provider of Care, Designer/Manager/Coordinator of Care and Member of the Profession.

We believe in providing a safe environment that facilitates open communication where experiential learning is encouraged.

We believe that adult learning principles guide the curriculum. Students are encouraged to extend and refine previous knowledge and experiences to examine the complex meaning of nursing phenomena.

We believe that professional collegial relationships between faculty and students are essential.

We believe in fostering students’ intellectual curiosity and a commitment to lifelong learning.

We believe that the faculty’s teaching expertise, personal scholarship, professionalism and clinical excellence provides students with the tools to develop an expert level of practice as professional nurses.

**AACN Roles for the Baccalaureate Generalist Nurse**


*Baccalaureate Generalist nurses are providers of direct and indirect care.* In this role, nurses are patient advocates and educators. Historically, the nursing role has emphasized partnerships with patients – whether individuals, families, groups, communities, or populations – in order to foster and support the patient’s active participation in determining healthcare decisions. Patient advocacy is a hallmark of the professional nursing role and requires that nurses deliver high quality care, evaluate care outcomes, and provide leadership in improving care.

Changing demographics and ongoing advances in science and technology are a reality of healthcare practice. The generalist nurse provides evidence-based care to patients within this changing environment. This clinician uses research findings and other evidence in designing and implementing care that is multidimensional, high quality, and cost effective. The generalist nurse also is prepared for the ethical dilemmas that arise in practice and will be able to make and assist others in making decisions within a professional ethical framework. Understanding advances in science and technology and the influence these advances have on health care and individual wellbeing is essential. Understanding patients and the values they bring to the healthcare relationship is equally important.

The generalist nurse practices from a holistic, caring framework. Holistic nursing care is comprehensive and focuses on the mind, body, and spirit, as well as emotions. The generalist nurse recognizes the important distinction between disease and the individual’s illness experience. Assisting patients to understand this distinction is an important aspect of nursing. In addition, nurses recognize that determining the health status of the patient within the context of the patient’s values is essential in providing a framework for planning, implementing, and evaluating outcomes of care.
The generalist nurse provides care in and across all environments. Nurses focus on individual, family, community, and population health care, as they monitor and manage aspects of the environment to foster health.

**Baccalaureate generalist nurses are designers, coordinators, and managers of care.** The generalist nurse, prepared at the baccalaureate degree level, will have the knowledge and authority to delegate tasks to other healthcare personnel, as well as to supervise and evaluate these personnel. As healthcare providers who function autonomously and interdependently within the healthcare team, nurses are accountable for their professional practice and image, as well as for outcomes of their own and delegated nursing care. Nurses are members of healthcare teams, composed of professionals and other personnel that deliver treatment and services in complex, evolving healthcare systems. Nurses bring a unique blend of knowledge, judgment, skills, and caring to the healthcare team.

**Baccalaureate generalist nurses are members of the profession and in this role are advocates for the patient and the profession.** The use of the term “professional” implies the formation of a professional identity and accountability for one’s professional image. As professionals, nurses are knowledge workers who use a well-delineated and broad knowledge base for practice. Professional nursing requires strong critical reasoning, clinical judgment, communication, and assessment skills. The professional nurse also requires the development and demonstration of an appropriate set of values and ethical framework for practice. As advocates for high quality care for all patients, nurses are knowledgeable and active in the policy processes defining healthcare delivery and systems of care. The generalist nurse also is committed to lifelong learning, including career planning, which increasingly will include graduate level study.

**AACN Professional Values (2008)**

Professional values and their associated behaviors are foundational to the practice of nursing. The following professional values epitomize the caring, professional nurse. Nurses, guided by these values, demonstrate ethical behavior in patient care.

**Altruism** is a concern for the welfare and well-being of others. In professional practice, altruism is reflected by the nurse’s concern and advocacy for the welfare of patients, other nurses, and other healthcare providers.

**Autonomy** is the right to self-determination. Professional practice reflects autonomy when the nurse respects patients’ rights to make decisions about their health care.

**Human Dignity** is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, concern for human dignity is reflected when the nurse values and respects all patients and colleagues.

**Integrity** is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession.

**Social Justice** is acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation.
American Nurses Association (ANA) Code of Ethics for Nurses*

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

7. The nurse participates in the advancement of the professional through contributions to practice, education, administration, and knowledge development.

8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

BSN Student Outcomes

The BSN Faculty has set the following Student Outcomes. Additional detail is available in the Program’s Systematic Plan for Evaluation.

<table>
<thead>
<tr>
<th>Expected Student Outcomes</th>
<th>Tools/Indicators</th>
</tr>
</thead>
</table>
| **I. Upon graduation, students are well prepared to function as a Baccalaureate nurse in a various healthcare settings.** *Definition:* Graduates will be able to provide compassionate care informed by a scientific base of knowledge in a complex and evolving healthcare environment as a generalist nurse. Provides care for patients across the lifespan, to diverse individuals, in a variety of practice settings; demonstrates knowledge related to genetics, health, wellness, illness and disease management; and demonstrates psychomotor skills critical to practice. Understands the responsibilities inherent in being a member of the nursing profession, demonstrates the ability to self-evaluate/assess and reflects on practice, and appreciates the life-long learning involved in the healthcare setting. Components include:  
• Consistent delivery of safe, competent, & ethical nursing care  
• Application of psychomotor skills and appropriate technology in patient care  
• Exercises critical thinking and sound clinical judgment based on the professional standards of practice  
• Creating a compassionate & therapeutic environment  
• Deliver patient & family centered care based on current evidence  
• Appreciation of and respect for human diversity across the lifespan  
• Competent in managing resources and patient information  
• Engages in lifelong learning & continued professional growth | • HESI® & other Outcomes Testing  
• NCLEX-RN® Pass Rates  
• Exit Survey  
• Alumni Survey  
• Employer Survey |
| **II. Graduates well prepared to participate as a member of interdisciplinary healthcare teams.** *Definition:* Graduates that interact effectively with patients, family, and colleagues. Professionals that foster mutual respect and shared decision making within the healthcare environment. Understands and applies active listening, effective verbal and nonverbal communication, and conflict resolution. Understands the principals of teaching & learning and utilizes therapeutic techniques. Develop themselves through engagement in professional activities and professional roles Components include:  
• Functions effectively as a member of an inter-professional team in a variety of healthcare settings.  
• Has the capacities to use language skills (critical writing, critical listening, speaking, critical reading, non-verbal | • Exit Survey  
• Alumni Survey  
• Employer Survey  
• Professional Service Survey |
The BSN Faculty has set the following Student Outcomes. Additional detail is available in the Program’s Systematic Plan for Evaluation.

<table>
<thead>
<tr>
<th>Expected Student Outcomes</th>
<th>Tools/Indicators</th>
</tr>
</thead>
</table>
| communication, information processing, and group processing skills) and information technology to promote mutual understanding of ideas, feelings, and actions | • HESI® & other Outcomes Testing  
• Exit Survey  
• Alumni Survey  
• Employer Survey |
| • Advocates for increased quality and safe patient care as a member of the interdisciplinary team |                                                                              |
| • Teamwork                                                                                 |                                                                              |
| • Collaboration                                                                            |                                                                              |

III. Graduates well prepared to understand and assume leadership roles in the healthcare system.

*Definition*: Leadership in the health care system is demonstrated by ethical and critical decision-making skills, effective work relationships, open communication, conflict resolution skills, and an understanding of the complex health care system.

Components of Leadership in the Health Care System include:
- Quality improvement
- Evidence-based practice
- Information management
- Role of the nurse as member of the profession/political activism
- Prevention & population focused care

IV. Stakeholders who are satisfied with the BSN curriculum and educational experience

- Exit Survey
- Alumni Survey
- Employer Survey
- Course Feedback forms
- Employment rates

V. Students who successfully complete and graduate from the program.

- Graduate rates
### Course Challenge Guidelines*

<table>
<thead>
<tr>
<th>Course</th>
<th>Criteria</th>
<th>Minimum length of experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Assessment NU 306 and NU 307 (Basic student)</td>
<td>• Must take course</td>
<td></td>
</tr>
<tr>
<td>Pharmacology NU 312 (Basic student)</td>
<td>• Must take course</td>
<td></td>
</tr>
</tbody>
</table>
| Clinical or clinical nursing theory (Basic student) | o Clinical experience in the same area of clinical practicum (LPN students)  
o Prior education in accredited nursing program at or beyond course being challenged (clinical or course theory) | Current experience; excellent performance evaluations; and full time experience of 4 or more years. Lapse of time since last course or work experience = 2 years or less. |
| Transcultural Nursing NU 360 (Basic and RN student) | • Must take course                                                      |                              |
| Professional Dev III NU 413 (Basic and RN student)  | • Nursing management experience @ department head level or higher  
• Departmental management experience in position other than nursing | 2 years of full time work    |
| Professional Dev IV NU 414 (Basic and RN student)   | Must take course                                                       |                              |
| Community Health NU 440 (Basic and RN)              | Must take course                                                       |                              |
| PR: Community Health NU 442                        | Broad public health nursing experience                                  | Minimum 2 years of full time work |
| Healthcare Policy and Econ NU 469 (Basic and RN student) | • Nursing management experience @ administrative level  
• Healthcare financial experience                     | 2 years of (FT) experience  
1 year FT experience                                     |
| PR: Leadership for RN NU 478                        | Nursing management experience @ department head level or higher         | 2 years of full time work     |
| Nursing Research I and II NU 445 and 446            | Must take course                                                       |                              |

*These guidelines are intended to delineate the expectation that substantial experience is needed in order to qualify for course challenges. The criteria listed here is to be used when evaluating experience as a replacement for coursework. The course substitution process is used for alternate course work that may count as a substitution for the nursing course.
Credits for Diploma RN Student

Procedure:

1. Diploma RN presents transcript to BSN faculty advisor for evaluation.

2. Advisor meets with the student to evaluate background in Anatomy and Physiology, Microbiology and Chemistry based on curriculum of:
   a. diploma program
   b. ongoing continuing education
   c. ongoing nursing practice

3. Based on the advisor's assessment, a recommendation (see Appendix) for the number of basic science credits to be awarded and/or needed course work is made. Copies of this recommendation are given to the student, placed in the student's nursing file and forwarded to the Registrar's office for official recording. See the Idaho State Nursing Articulation Plan as well.

4. In the event the student disagrees with the advisor's recommendation, the student should refer to the Division of Nursing & Health Sciences’ Petition Policy (located in this handbook).

   *In selected cases, the same procedure is to be used for social science credit in psychology and sociology if credit was not awarded in the diploma program.
**Recommendation for Natural/Social Science Credits for Diploma RN Student**

**Student Name:** _______________________________  **Date of Graduation:** _________________________

**Name of Diploma Program:** _______________________________________________________________

(1) Approximate amount of concentration (estimated in-college credits) in each of the following areas in student's diploma program:

<table>
<thead>
<tr>
<th>Area</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy &amp; Physiology</td>
<td></td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Humanities</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
</tr>
<tr>
<td>Microbiology</td>
<td></td>
</tr>
<tr>
<td>Sociology/Psychology</td>
<td></td>
</tr>
</tbody>
</table>

(2) Continuing Education in:

<table>
<thead>
<tr>
<th>Area</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anat. &amp; Phys.</td>
<td></td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Humanities</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
</tr>
<tr>
<td>Microbiology</td>
<td></td>
</tr>
<tr>
<td>Sociology/Psychology</td>
<td></td>
</tr>
</tbody>
</table>

(3) Nursing experience:

<table>
<thead>
<tr>
<th>Area worked in</th>
<th>Length of time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Advisor's recommendation:**

Recommend awarding credit as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy &amp; Physiology</td>
<td></td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td>English</td>
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<tr>
<td>Humanities</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
</tr>
<tr>
<td>Microbiology</td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td></td>
</tr>
<tr>
<td>Sociology</td>
<td></td>
</tr>
</tbody>
</table>

Recommend the following courses and credits be taken by the student:

<table>
<thead>
<tr>
<th>Area</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy &amp; Physiology</td>
<td></td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
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<tr>
<td>Communication</td>
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<td>Microbiology</td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td></td>
</tr>
<tr>
<td>Sociology</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

______________________________________________________________________________________________

______________________________________________________________________________________________

**Advisor Signature:** _______________________________________  **Date:** ________________________
Licensure Requirement: RN to BSN and LPN to BSN

All RN to BSN and LPN to BSN students must have an active, unencumbered U.S. Registered Nurse (RN) or Practical Nurse (LPN) license in the state where they will complete their practicum coursework. To participate in broader clinical experiences, nurses living in border states are encouraged to retain an active license in both states.

Proof of current licensure (e.g., License Number) must be provided upon application and must be updated as the license is renewed. If the license is revoked or disciplined, the student must immediately notify his/her advisor and the Division Chairperson, and must withdraw from all clinical courses.

Nursing Code of Ethics and Social Networking Policy

Students in nursing programs are accountable to uphold the standards that apply specifically to the practice of nursing. Those standards are reflected in the ANA Code of Ethics for Professional Practice, ANA Social Networking Policy, and AACN Professional Values statements.

| Failure to uphold these standards will result in disciplinary action which may include dismissal from the nursing program. |

ANA Code of Ethics

“Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. The Code of Ethics for nurses, found in the BSN Appendix, serves the following purposes:

- It is the profession’s nonnegotiable ethical standard
- It is an expression of nursing’s own understanding of its commitment to society
- It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession” (Nursingworld Code of Ethics, 2010)

ANA Social Networking Policy

“Social networks are defined as “web-based services that allow individuals to 1) construct a public or semi-public profile within a bounded system, 2) articulate a list of other users with whom they share a connection, and 3) view and traverse their lists of connections and those made by others within the system” (Boyd and Ellison, 2007). These online networks offer opportunities for rapid knowledge exchange and dissemination among many people, although this exchange does not come without risk. Nurses and nursing students have an obligation to understand the nature, benefits, and consequences of participating in social networking of all types. Online content and behavior has the potential to either enhance or undermine not only the individual nurse’s career, but also the nursing profession.

ANA’s Principles for Social Networking
(ANA Fact Sheet, Navigating the World of Social Media, 2011)
• Nurses must not transmit or place online individually identifiable patient information.
• Nurses must observe ethically prescribed professional patient — nurse boundaries.
• Nurses should understand that patients, colleagues, institutions, and employers may view postings.
• Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
• Nurses should bring content that could harm a patient’s privacy, rights, or welfare to the attention of appropriate authorities.
• Nurses should participate in developing institutional policies governing online conduct.”

ANA Code of Ethics for Nurses, Provision 1.5

The relationships with peers, colleagues and others are of particular importance for the Student Code for nursing students. “The principle of respect for others extends to all individuals with whom the nurse interacts. The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to fair integrity-preserving compromise, and to resolving conflicts.” (NursingWorld, ANA Code of Ethics, 2001)

References


Program Entry for LPNs and RNs

Courses in the BSN program are open only to registered nurses, licensed practical nurses or those students who are admitted to the BSN program:

• Students wishing to participate in classes in the BSN curriculum (courses with NU prefix), must apply for and attain admission to the BSN program. Specific details are found on the NHS website (www.lcsc.edu/nursing) Application links.

• Licensed Practical nurses and Registered nurses who wish to complete a Bachelor of Science degree in Nursing must be admitted to the LPN to BSN or RN to BSN Track in order to register for courses within the RN to BSN curriculum. A license in good standing is required for program admission.

• Licensed Practical and Registered nurses who are non-degree seeking and wish to participate in classes in the BSN curriculum may register for non-clinical course in the basic BSN program with written permission of the course faculty.

• The LPN to BSN and RN to BSN Track admission requirements and coursework are found in the division web site (www.lcsc.edu/nursing). LPN to BSN students look under the Basic Track option; RNs use the RN to BSN link.
Exceptions to the above restrictions:

The 300-level courses are open to all registered nurses, licensed practical nurses, and associate degree (nursing) students who are admitted to LCSC as pre-RN to BSN or pre-LPN to BSN. These courses are open to non-degree seeking registered nurses with written permission of the course faculty.

<table>
<thead>
<tr>
<th>Non-degree seeking RN students (with permission)</th>
<th>Students enrolled in an ADN program</th>
<th>Registered Nurse student</th>
</tr>
</thead>
<tbody>
<tr>
<td>All courses in the Basic BSN track with NU prefix taken only by basic students (excludes courses also in the RN to BSN Track)</td>
<td>NU 313/NU 314 Professional Role Development I and II&lt;br&gt;NU 312 Pharmacology in Nursing&lt;br&gt;NU 352 Psychiatric/Mental Health Nursing&lt;br&gt;NU 354 Geriatric Nursing&lt;br&gt;NU 325/NU 341 Alterations in Health I and II</td>
<td>NA</td>
</tr>
<tr>
<td>Courses in the RN to BSN Track Curriculum Plan</td>
<td>Program admission is required for NU prefix courses; exceptions below:</td>
<td>NA</td>
</tr>
<tr>
<td>NU 308 Nursing App/Genetics</td>
<td>Requires written permission of the course faculty for registration</td>
<td>Permitted for pre-RN to BSN student</td>
</tr>
<tr>
<td>NU 360 Transcultural Nursing</td>
<td></td>
<td>Permitted for pre-RN to BSN student</td>
</tr>
<tr>
<td>NU 370</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Program Progression & Online Coursework

This table delineates which BSN courses (NU prefix) RN to BSN students can take prior to program admission. It also indicates which courses are available for online enrollment of basic students.

<table>
<thead>
<tr>
<th>Course</th>
<th>Pre-requisite for this course</th>
<th>Co-requisite for this course</th>
<th>Program admission required</th>
<th>Online sections RN only</th>
<th>Open to Non-degree seeking licensed RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>NU 306/307 Health Assessment</td>
<td>None</td>
<td>None</td>
<td>Course is approved for students enrolled as LCSC pre-RN to BSN and pre-LPN to BSN</td>
<td>Yes + pre-RN to BSN and pre-LPN to BSN</td>
<td>With written permission of the course faculty</td>
</tr>
<tr>
<td>NU 360 Transcultural Health Care</td>
<td>None</td>
<td>None</td>
<td>Course is approved for students enrolled as LCSC pre-RN to BSN and pre-LPN to BSN</td>
<td>Yes + pre-RN to BSN and pre-LPN to BSN</td>
<td>With written permission of the course faculty</td>
</tr>
<tr>
<td>NU 370 Transitions to Baccalaureate Nursing</td>
<td>None</td>
<td>None</td>
<td>Course is approved for students enrolled as LCSC pre-RN to BSN and pre-LPN to BSN</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>NU 413 Professional Role Development III</td>
<td>None</td>
<td>None</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>NU 414 Professional Role Development IV</td>
<td>NU 413</td>
<td>NU 413</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
### RN to BSN Progression

To ensure progression through the program, students must complete all nursing coursework (NU prefix) with four (4) years of taking the first NU course. Those who do not must submit an Internal NHS petition requesting an exception. Students who do not enroll in BSN coursework for two consecutive semesters (summer semester does not apply) will be dismissed from the BSN program and must reapply and follow the current curriculum.

### Student Membership in Professional Organizations

(***Idaho Student Nurse Association and National Student Nurse Association**)

Students enrolled in the BSN Program (RN, LPN and basic students) at Lewis-Clark State College are encouraged to become members of the LCSC Chapter of the Student Nurse Association (SNA). A Registered Nurse student who is completing the BSN degree is eligible to join his or her local state Student Nurse Association.

Professionalism for the bachelor’s prepared nurse embraces not only the work done as part of employment but extends to include advancement of the goals of nursing, education, involvement in the support of local communities, and fellowship with other nurses. Membership in the LCSC Student Nurse Association promotes the development of these values held by the nursing profession. Active involvement in ISNA shows a commitment by students to learn these values.

When you join the LCSC Student Nurses' Association, you also become a member of the Idaho (ISNA) and the National Student Nurses' Association (NSNA), the only national organization for nursing students and the largest independent student organization in the United States.

Membership benefits include:

1. Scholarships: NSNA Foundation scholarships are available.
2. IMPRINT: A year's subscription to Imprint, the only magazine published by nursing students for nursing students. Students joining prior to December receive the Career Planning Guide Free.
3. NSNA Convention is held annually in the spring semester and the NSNA mid-year conference annually in the fall semester. ISNA members are eligible to attend (at their own expense)

SNA meetings are held at the college and scheduled so that there is no class conflict for attendance at the meetings. Attendance and participation is encouraged for all students. Elections for SNA offices are held on an annual basis at the end of spring semester. A faculty advisor(s) assists the student organization.
APPENDIX B – PN Program
Practical Nursing Program Approval

The Lewis-Clark State College Practical Nursing Program is also approved by the Idaho Board of Nursing, PO Box 83720, 280 N. 8th Street, Suite 210, Boise, ID 83720-0061, 208-334-3110.

Practical Nursing Program Mission Statement

The Practical Nursing program challenges students to achieve academic excellence as members of a collaborative healthcare team, providing evidence based care rooted in professional standards.

Practical Nursing Program Philosophy

The philosophy of the Practical Nursing Program, in support of the mission of Lewis-Clark State College and the Division of Nursing and Health Science, is based on the synthesis of three concepts: the Art of Nursing Education, the Art of Nursing, and the Science of Nursing.

The Art of Nursing Education

The Practical Nursing faculty believes that nursing education must be value focused, improve the learner’s knowledge, and promote life-long learning. The complexity of today’s health care system requires particular emphasis on development of critical thinking and clinical reasoning skills.

The Practical Nursing faculty believes that evidence based learning is key to building a foundation of knowledge and skills. The evidence base foundation provides the Practical Nurse with competent skills to care for individuals in a complex health care system.

The Practical Nursing faculty believes that the curriculum must enhance the learning and capabilities of the practical nurse by applying today’s technology to the provision of care in a variety of clinical sites. The foundation will improve the abilities of the Practical Nurse to recognize the need to initiate changes in approaches to promote health and prevent adverse events.

The Art of Nursing

The Practical Nursing faculty believes that the art of nursing must be holistic in focus encompassing therapeutic communication, cultural competency, and compassion across the care continuum.

The Practical Nursing faculty believes students must understand as stated by Virginia A. Henderson, that nursing is “of the head and of the hands and of the heart.”

The Practical Nursing faculty believes the Practical Nurse, being a dependent role in Idaho, must focus on promoting a caring environment, healing, health and wellness to patients and family while collaborating with registered nurses, physicians or dentists.
The Practical Nursing faculty believes students must understand the value of therapeutic communication in promoting the well-being of the individual and family. Therapeutic communication helps patients find meaning in the health and illness experience ensuring the Practical Nurse practice supports patient centered care for individuals whose values may differ from their own.

The Practical Nursing faculty believes student must understand cultural competency requires life-long learning in a variety of health care settings. The Practical Nursing student understands the need for compassionate care in promoting the well-being of the individual and family. The Practical Nursing student values shared decision making which empowers patient’s participation in the care received. The faculty believes that open communication and collaboration with team members contributes to positive patient outcomes in diverse settings.

The Science of Nursing

The Practical Nursing faculty believes that the science of nursing integrates college level math and science education, nursing theory, critical thinking skills, and evidence based practice rooted in a strong foundation of academic excellence. The faculty believes that continued research and study is an essential part of providing cost effective quality care. The science of nursing foundation will generate knowledge that can translate through student’s nursing care and practice providing opportunities for personalized care. The Practical Nursing students will apply research methods and processes to individualize and improve patient care.

Practical Nursing Program Expected Outcomes

Expected Outcomes of the LCSC Practical Nursing Program include:

1. Graduates who contribute to the well-being of the rural population through provisions of competent nursing care, patient education, and collaboration with other healthcare professionals. (Indicators: Employer Surveys, Graduate Surveys, Course Evaluations, and Exit Interviews).

2. Graduates with a strong foundation for continued growth and learning in the nursing profession. (Indicators: Course Evaluations, NCLEX scores, Exit Interviews, Alumni and Graduate Surveys and Employer Surveys).


5. Graduates who use communication skills to promote patient education and improve patient outcomes (Indicators: Employer Surveys, Course Evaluations, NCLEX scores, and Exit Interviews).

Expected Student Outcomes

The expected student outcomes are derived from the program’s mission and philosophy. Upon completion of the practical nursing program, students will be able to:
<table>
<thead>
<tr>
<th>Expected Student Outcomes</th>
<th>Measures/Outcome Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide competent nursing care in a variety of settings based on practical nursing values and standards.</td>
<td>1. Clinical Evaluation Tool 2. Course Grades 3. HESI</td>
</tr>
<tr>
<td>Apply critical thinking skills to synthesize knowledge from nursing and basic biological sciences in the delivery of care to a diverse patient population</td>
<td>1. Clinical Evaluation Tool 2. Critical Thinking Exercises</td>
</tr>
<tr>
<td>Use communication abilities to promote the well-being of individuals and families</td>
<td>1. Class Presentations 2. Clinical Evaluation Tool 3. Written assignments</td>
</tr>
</tbody>
</table>
APPENDIX C – RS Programs
**Radiographic Science Mission**

To produce competent practitioners in the field of diagnostic imaging who demonstrate professionalism and a commitment to high quality patient care.

**Radiographic Science Program Expected Outcomes**

Program Effectiveness Measures of the LCSC Radiographic Science Program include:

1. Graduates will pass the national registry on the 1st attempt
2. Graduates will achieve ARRT scaled scores that are competitive nationally
3. Graduates will be gainfully employed within 6 months of graduation
4. Students will complete the program
5. Graduates will be satisfied with their education
6. Employers will be satisfied with the performance of newly hired technologists

**Radiographic Science Program Philosophy**

The philosophy of the Division of Nursing and Health Sciences and the Radiographic Science Program at LCSC is based on the synthesis of two concepts: The provision of appropriate care and the enhancement of professional education in the academic and clinical arenas, respectively.

**Appropriate Care: Program Outcomes**

The radiographic program faculty believe that the provision of appropriate care as ordered by a licensed medical professional is the underlying foundation that will lead to disease treatment and enhanced patient care. From this perspective, the program outcomes of diagnostic imaging competence, critical thinking abilities, professional radiography role development, communication abilities, and the application of knowledge of human diversity are derived and realized by each program graduate.

**Professional Radiographic Science Education**

Radiology is “the branch of medicine concerned with radioactive substances, including x-rays, radioactive tracers and ionizing and non-ionizing radiation, and the application of this information prevention, diagnosis, and treatment of disease” (Tabers, 14th ed., p. 1215, 1983). Radiology is an evolving discipline of art and science that anticipates and is responsive to changes in health care delivery, economics, politics, and technology.

Radiography can be defined as “…the making of x-ray pictures” (Tabers, 14th ed., p. 1215, 1983). A radiographer is “an individuals who maintains and uses equipment to produce images of the human body on x-ray film, computed images or digital images for diagnostic purposes. This individual may also supervise or teach others” (Tabers, 14th ed., p. 1215, 1983). A vital role of radiographic science is to enhance the well-being of individuals via the appropriate performance of diagnostic and/or therapeutic imaging procedures.
**Associate of Science Radiography Education**

The radiographic science program faculty view education as a dynamic process of teaching and learning. Learning is a continuous, life-long process of formal and informal, planned and unplanned, structured and intuitive experiences through which knowledge, skills, and values are compared and modified. The ASRT/ARRT Code of Ethics and Professional Conduct provide a framework that explains how the student, through multiple learning experiences, transitions into the role of professional radiographer. The interaction of teaching and learning shape the student’s future development and efforts in learning throughout life. Associate degree radiography education provides the foundation for life-long personal and professional growth in the imaging sciences. A broad base of education comprised of courses in the arts, sciences, and humanities, and radiographic science enables students to think critically, empathize with patients, advocate for maximum patient benefit, and appreciate diversity of values, beliefs, abilities and experience among persons. (Adopted from the LCSC BSN Program Philosophy, 2004-2005).

**Radiographic Science Expected Student/Graduate Outcomes**

Upon completion of the program, Students/ Graduates will:

1. demonstrate clinical competency
2. demonstrate strong communication skills
3. demonstrate critical thinking skill
4. demonstrate professionalism & ethical judgment skills

**ARRT/ASRT® Code of Ethics for Radiographers**

The Code of Ethics forms the first part of the Standard of Ethics. The Code of Ethics shall serve as a guide by which registered technologists and applicants may evaluate their professional conduct as it relates to patients, health care consumers, employers, colleagues, and other members of the health care team. The Code of Ethics is intended to assist the registered radiographer and applicants in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist conducts herself or himself in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality care.
2. The radiologic technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of humankind.
3. The radiologic technologist delivers patient care and services unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socioeconomic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with accepted standards of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.

8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.

9. The radiologic technologist respects confidence entrusted in the course of professional practice, respects the patient’s right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or community.

10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.


**Radiation Exposure/ Safety Policy**

Proper radiation safety protocols are followed by LCSC Radiographic Science students & faculty in both the laboratory and clinical environments. All faculty, staff and students adhere to *As Low as Reasonably Achievable* (A.L.A.R.A.) and the cardinal radiation protection rules of *Time, Distance and Shielding*. To be treated as an unusual occurrence, a monthly exposure reading must exceed 150mRem or an annual dose reading must exceed 1800mRem. In such cases, an NHS Incident/Unusual Occurrence Report shall be completed by the individual receiving the high reading.

A copy of the Incident/Unusual Occurrence Report will be placed in the student’s NHS file.

It is important to note that once an accidental radiation exposure has occurred nothing can or needs to be done from a medical perspective; the doses are low and there will be no radiation related health effect that is discernible with current medical technology.

All documentation related to an incident of this nature shall go to the NHS Division Chair and to the Idaho Department of Health and Welfare Laboratory Division.

Students learn about proper radiation safety and operation of equipment in RS 240 Quality Assurance/Technical Imaging, RS 330 Radiobiology, as well as throughout laboratory practice for RS 221 & 222 Radiographic Methods I & II. Training may be conducted (by the LCSC Radiation Safety Office), as needed, for all faculty and staff using x-ray equipment in the LCSC Radiographic Science suite to reduce the likelihood of such occurrences.
**Procedure for Acquisition and Replacement of Damaged/Lost Radiation Monitoring Devices**

1. Students purchase a personal radiation monitoring device in the first semester of the ASRS Program. The device is used through the duration of the program. There is an initial fee of approximately $80 for the Instadose® device.
2. When a device is damaged or lost, students must notify the Clinical Coordinator within 24 hours and are responsible to purchase a replacement device for approximately $30. Payment is made at the Cashiers Window.
3. Students cannot participate in any clinical hours without a radiation badge device.

**Declaration of Pregnancy Policy: Radiation Protection**

*Policy*: To assure compliance with the revised Nuclear Regulatory Commission (NRC) regulations pertaining to declared pregnant radiation workers, the following has been adopted by the Radiographic Science program:

All students in the Radiographic Science (RS) program will be informed of the recommendations of the NRC relative to radiation exposure limits established for the "declared" pregnant woman. The NRC defines the “declared” pregnant woman as:

> A woman who is an occupational radiation worker and has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception (see 10 CFR 20.1003 and 20.1208).

In the event that a student declares pregnancy (in writing to any of the following: her program advisor, the Clinical Coordinator, or the Program Director, collectively referred to as faculty) specific training will be provided. Details can be found in the NRC Regulatory Guide 8.13. A copy of this document will be provided to, and reviewed with, the student.

*Program Responsibilities:*

1. Provide training on “declared” pregnant category including the NRC’s prenatal radiation exposure limits, and the specific steps that must be taken by the Program once a student declares her pregnancy. The following information shall be emphasized:

   a. According to the NRC, if the student voluntarily declares her pregnancy, she grants consent to the program to limit her dose as measured on her radiation monitoring device to 0.5rem (5 millisievert) to the embryo/fetus throughout the entire pregnancy. If no declaration is made to the program, the occupational dose limits to the student remain unchanged.

   b. The National Council on Radiation Protection and Measurements (NCRP) recommends the monthly reading not exceed 0.05 rem (0.5 mSv) / month to the embryo/fetus for each month after the pregnancy has been declared in writing. A monthly dose greater than 0.1 rem (1 mSv) should be recognized as a substantial variation above a uniform monthly dose rate.
c. If the dose equivalent to the fetus/embryo is found to have exceeded 0.5 rem (5 mSv), or is within 0.05 rem (0.5 mSv) of this dose, by the time the student declares pregnancy to the Program faculty, the program shall be deemed to be in compliance with NRC regulations if the total additional dose equivalent to the embryo/fetus does not exceed 0.05 rem (0.5 mSv) during the remainder of the pregnancy.

2. Provide a copy of the Declaration of Pregnancy form for the student to sign. The original will be stored permanently in the student’s program file.

3. Instruct the student in correct use of the additional radiation monitoring device for fetal exposure monitoring

4. Collect monthly reports to be stored in student’s program file.

**Responsibilities of “Declared” Pregnant Student:**

1. Complete and sign the Declaration of Pregnancy form and give it to the advisor, Clinical Coordinator, or Program Director (faculty).

2. Receive additional, focused instruction for a declared pregnant student from faculty.

3. Purchase an additional radiation monitoring device for fetal monitoring

4. Review precautions to be followed to limit radiation exposure to the embryo/fetus:
   a. to below 0.5 rem (5 mSv) for the entire pregnancy
   b. to under 0.05 rem (0.5 mSv) / month for each month following declaration of the pregnancy
   c. using protective devices (such as a lead apron) and following standard ALARA (As Low As Reasonably Achievable) principles.

5. Decide whether or not to continue in the Radiographic Science program – including clinical experience courses – without modification of any activities. Alternatively, the student may choose another option, such as:
   a. Continue in the Program, but with the following modification:
      i. Excused from fluoroscopic procedures in the Imaging Dept.
      ii. Excused from surgical procedures
      iii. Excused from pain clinic
      iv. Other ______________________
      v. For the following duration:
         1. Remainder of first trimester / Modifications to end on (date):
            __________
         2. Duration of pregnancy
   b. Step out of the clinical experience entirely
      i. Until end of first trimester / date: __________
ii. Remainder of the pregnancy

6. The “declared” pregnant student may revoke her declaration (in writing) at *any time* for *any reason.*
Declaration of Pregnancy Form

Student Name: ________________________  ID # __________  Date of conception (Mo/Yr): ____/___

I am submitting this Declaration of Pregnancy to inform the Radiographic Science faculty that I am pregnant. Under the provisions of 10 CFR Parts 20.1003 & 20.1208, I understand:

- I will be required to purchase an additional radiation monitoring device for fetal exposure monitoring, and to turn in monthly reports to the Clinical Coordinator;
- my exposure will not be allowed to exceed 0.5 rem (5 millisievert) to the embryo/fetus during my entire pregnancy from occupational exposure to radiation;
- this limit includes exposure I have already received since conception;
- if my estimated exposure has already exceeded 0.5 rem (5 mSv), I will be limited to no more than 0.05 rem (0.5 mSv) for the remainder of my pregnancy, spread evenly over the remaining pregnancy; and
- I may revoke this declaration at any time, for any reason, by signing the Revocation of Declaration of Pregnancy at the bottom of this form.

I have received a copy of NRC Regulatory Guide 8.13, and instruction from faculty. I understand that I may continue my clinical experience without modification, and may revoke this declaration at any time for any reason (using the bottom portion of this form).

Student Signature: ____________________________________________ Date: ________________

Faculty Signature/Title: ________________________________________ Date: ________________

Acknowledgement of Declaration of Pregnancy

Name & Title of Faculty: ________________________________ / _________________________

I acknowledge that the above individual has submitted to me a Declaration of Pregnancy statement. I understand that it is my responsibility to ensure that this individual is properly trained with regard to radiation protection, proper fetal exposure monitoring, and potential exposure risks to her unborn child.

Faculty Signature: _____________________________________________ Date: ________________
Revocation of Declaration of Pregnancy

I formally wish to notify faculty of the Radiographic Science program that, as of this date, I am revoking the Declaration of Pregnancy (top of this form). I have read and understand the written materials regarding the potential health effects from exposure to ionizing radiation (NRC Regulatory Guide 8.13). The decision to revoke my previous declaration of pregnancy is a personal choice, which I have made freely.

I understand that by making this declaration, the fetal dose limits specified above will no longer be applicable for the remainder of this pregnancy.

Student Signature: ________________________________ Date: _________________

*Final Copies: Original should be completed, signed and placed in student file with signed Policy attached.*