



*Division of Nursing
& Health Sciences*

STUDENT HANDBOOK

2009 - 2010

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DIVISION OF NURSING & HEALTH SCIENCES STUDENT HANDBOOK

The rights and responsibilities of all students are detailed in the Lewis-Clark State College Catalog, while policies and procedures specific to students enrolled in one of the four Nursing & Health Sciences Programs—Bachelor of Science in Nursing, Practical Nursing, Radiographic Science, and Medical Diagnostic Imaging--are detailed in the current year NHS Student Handbook. The Handbook is updated annually and as changes are needed. Changes are communicated to all students via LCMail and the Division web page.

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

Course Challenge

Policy

1. Students with substantial educational, work-related or life experience may be awarded full or partial credit for one or more required DNHS program courses.
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 offered. The “Last Day to Withdraw” is listed in the College Academic Calendar (www.lcsc.edu/registrar/).
4. Students must be admitted to one of the DNHS programs in order to request a course challenge.
5. Students initiate the course challenge process through discussion with their advisor.
6. Lead faculty will determine the method by which the student validates his/her experience/knowledge in the challenged course content areas. A written paper, completion of testing, or laboratory demonstration are examples of methods faculty may require in the challenge process.

7. Course challenges within the DNHS are processed in accordance with the LCSC Course Challenge policy. Current registration and fee requirements may be found in the LCSC College Catalog 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. Partial course credit may be awarded for courses which meet a portion of the objectives of a DNHS course. Students receiving partial credit for the course challenge must a) successfully validate the portion of the course that is being challenged and b) successfully complete the remaining content requirements through participation in the course.

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 DNHS student files.
4. Meet with faculty to determine the methods to be used for validation of the prior learning (test, paper, etc).
5. Obtain the *Course Challenge Form* from the Office of Admissions or the Registrar's website. <http://www.lcsc.edu/registrar/Forms/Forms.htm>
6. Submit the completed *Course Challenge Form* to the DNHS Division Chair for final approval.
7. File the *Course Challenge Form* with the Office of the Controller/Cashier and pay the associated fees. Return the approved form and acknowledgement of payment to the course Lead Faculty.
8. 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 submitted on the *Course Challenge Form* and the student is notified.
9. If approval is denied, register for the course to be taken in the upcoming semester.
10. Students unsuccessful in the course challenge must enroll in the course for credit.

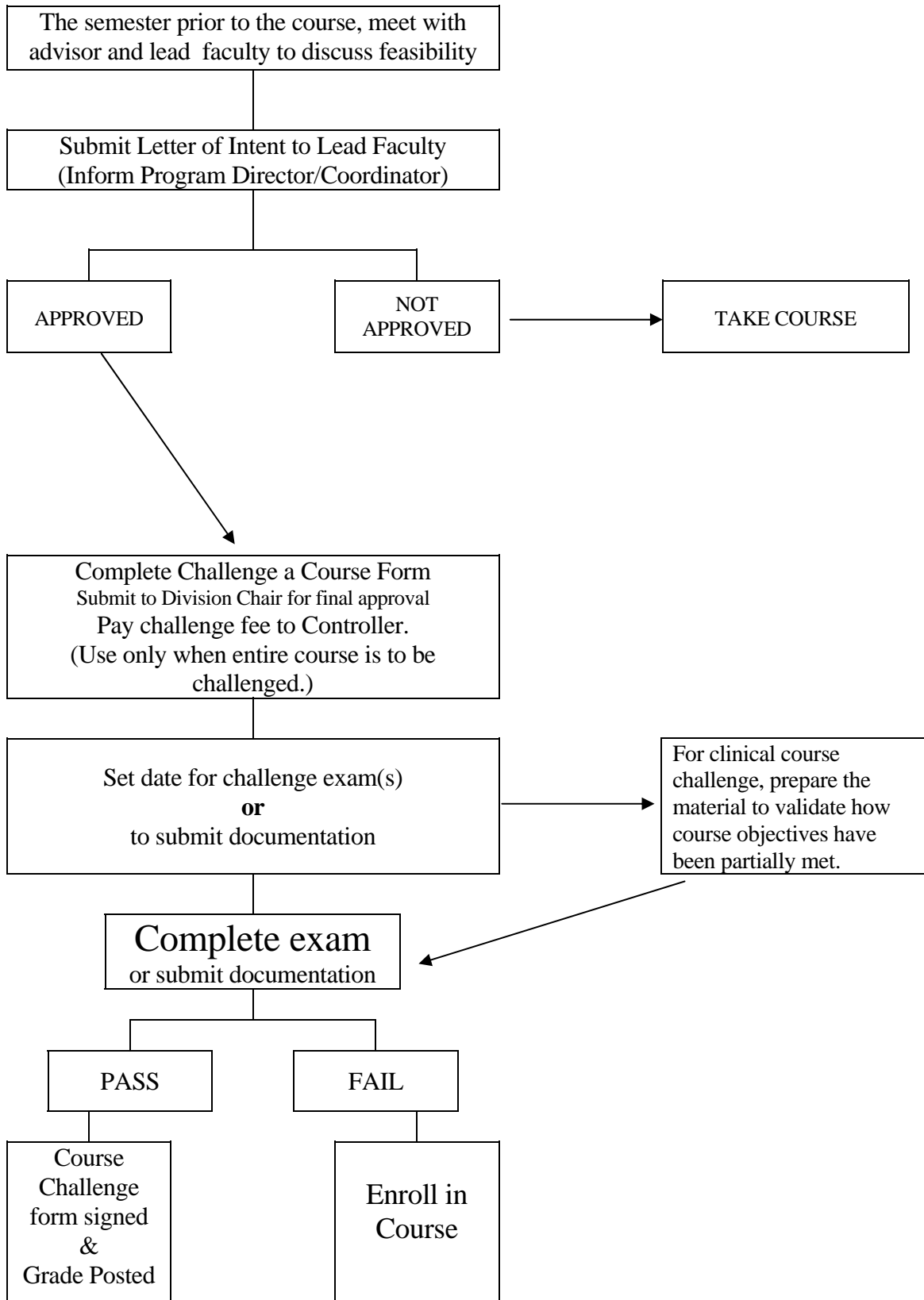
The Lead Faculty Role:

1. Meet with student to provide 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, completion of testing, or demonstration are examples of some of the methods faculty may request in the challenge process.
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 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.

BSN Course Challenge Guidelines*		
Course	Criteria	Minimum length of experience
Health Assessment NU 306 and NU 307 (Basic and RN student)	<ul style="list-style-type: none"> • Must take course 	
Pharmacology NU 312 (Basic student)	<ul style="list-style-type: none"> • Must take course 	
Clinical or clinical nursing theory (Basic student) NU 325/332 NU 341/342	<ul style="list-style-type: none"> • Clinical experience in the same area of clinical practicum (LPN students) • 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)	<ul style="list-style-type: none"> • Must take course • Residing in another culture does not meet course requirements 	
Professional Dev III NU 413 (Basic and RN student)	<ul style="list-style-type: none"> • Nursing management experience @ department head level or higher • Departmental management experience in position other than nursing 	2 years of full time work Partial course credit non-nursing positions possible
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)	<ul style="list-style-type: none"> • 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 which may count as a substitution for the nursing course.

PROCEDURE FOR CHALLENGING DNHS COURSES



Procedure for Credits in Sciences* for Diploma (RN Students)

Many diploma programs do not offer college credit for anatomy and physiology, micro-biology and chemistry, though the student receives comparable academic exposure to these courses. The content is typically integrated throughout the diploma program. In addition, the diploma RN passes the same licensing exam which all other Registered Nurse students take. Thus, licensure validates entry to practice level competency in nursing which draws from the basic science courses.

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 attached form) 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.

Division of Nursing & Health Sciences
BSN 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:

Anatomy & Physiology	Chemistry	Communication	English
Humanities	Math	Microbiology	Sociology/Psychology

- (2) Continuing Education in:

	Anat. & Phys.	Chemistry	Communication	English
Course				
Date				
Credit/CEUs				
	Humanities	Math	Microbiology	Sociology/Psychology
Course				
Date				
Credit/CEUs				

- (3) Nursing experience:

Areas worked in	Length of time
_____	_____
_____	_____
_____	_____

Advisor's recommendation:

Recommend awarding credit as follows:

Anatomy & Physiology	
Chemistry	
Communication	
English	
Humanities	
Math	
Microbiology	
Psychology	
Sociology	

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

Anatomy & Physiology	
Chemistry	
Communication	
English	
Humanities	
Math	
Microbiology	
Psychology	
Sociology	

Comments:

Advisor Signature: _____ Date: _____

Internal Petition (Credit for courses required in a DNHS Program)

Policy

The petition process is a means of providing flexibility for student progression in the program or to meet unique circumstances that require faculty or administrative consideration.

An **Internal** Petition is used to address a NHS program requirement (program course, prerequisite, or support course). An **External** Petition addresses general education *core* issues and is processed by the College Petition committee. A **Course Substitution Form** is used to address a NHS prerequisite, or a program support course, when a comparable course has been completed at another institution. See your academic advisor for assistance. Forms are on the NHS web page.

Process

1. Meet with your academic advisor to determine the need for an external petition, internal petition, or course substitution form.
2. Follow directions on back of form for submission process.

Transferability of Credits

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 wish to conduct an informal evaluation of courses may use the TRER <http://www.lcsc.edu/Admissions/transfer/transfer-guides.htm> 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 [<http://www.lcsc.edu/admissions/transfer>].

Course Failure Policy

Students earning less than a “C” in any nursing course or less than 75% in a radiographic science course will be dismissed from the program. Should a student be dismissed, s/he may not register for any course with an NU, PN, RS or RI prefix. See Re-Entry Policy for readmission to the Program.

Re-Entry Policy

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 reentry one time only. If re-entry is denied, the petition process may not be used to request further consideration. Reentry materials are submitted during the appropriate NHS Program admission window (see current program application on the NHS web site for dates).

Process

1. Meet with your academic advisor to discuss time-frames and readiness for readmission.
2. Visit the LCSC Office of Admissions (208-792-2210) to determine your status as an LC student. Complete reinstatement materials as needed. If total college withdrawal occurred for more than one semester, submit applicable fees and the LCSC College re-application form indicating re-entry. (Fees may be assessed based on duration of absence). Form available at <http://www.lcsc.edu/Admissions/forms.htm>
3. Submit to LCSC updated current transcripts from all colleges/universities attended.
4. Submit Re-entry application materials to NHS office, including updated health and CPR requirements. In addition to the application form, the following materials are required:
 - A. Two letters of recommendation: one from an NHS program faculty member and one from student’s academic advisor.
 - B. A Narrative Plan of Action Statement. The plan of action must:
 - State the problem/situation that occurred resulting in a grade failure, or explain the reason for BSN program withdrawal/dismissal.
 - Discuss circumstantial changes since exit from the program that increase chances of success upon program re-entry.
 - When appropriate, discuss plans to maintain competence in completed companion course(s), while repeating the failed co-requisite. This may be accomplished through mentoring, directed study, or other negotiated learning experiences with the faculty.
 - Basic students who have been out of an NHS program for more than one calendar year may be required to successfully demonstrate knowledge and skills through Clinical Resource Center check-off and skills testing, or guided clinical coursework.

5. Re-entry application is considered by NHS Program committee.
 - A. If re-admitted:
 - Student, Advisor, and Program Director/Coordinator are notified in writing
 - Student meets with academic advisor for registration and advising
 - Student completes updated background check
 - B. If not re-admitted:
 - Meet with Academic Advisor to review options
 - Meet with LCSC Career & Advising Services for career opportunities

Criteria used to evaluate re-admission:

1. Clinical space and faculty availability.
2. Faculty and advisor recommendation.
3. Minimum cumulative program GPA
4. Narrative Plan of Action statement.

Program Progression

To advance in the program, students must meet specified grade, health, CPR and Background check requirements.

The NHS adheres to the grading scale established by the College. Additionally, NHS students must achieve minimum program grades* in all required program courses (including support courses) to progress.

- * Nursing Program minimum requirement: 73%
- * Radiography Program minimum requirement: 75%
- * Students must earn a “Pass” in Pass/Fail courses.

Students earning a “Fail” grade or grade less than the required program minimum will be dismissed from the program.

GRADE	QUALITY POINTS	PERCENTAGE
A	4.00	93
A-	3.67	90
B+	3.33	87
B	3.00	83
B-	2.67	80
C+	2.33	77
C	2.00	73

Health, CPR, and Background check requirements must be maintained by students at all times. The current Health Care Records Checklist is posted to the web site. It is the student’s responsibility to track individual renewal dates for all immunizations and CPR certification. Failure to maintain the requirements may result in dismissal from the Program.

Student Evaluation Process: Clinical Practica

Clinical Assessment Tools are used to evaluate student performance in clinical practica:

1. Each clinical course has an evaluation tool.
2. Performance is based on the student's ability to consistently perform the behaviors listed on each of the practicum or clinical assessments.
3. In some cases, grades are assigned on the basis of (P) pass and (F) fail.
 - a. (P)ass = satisfactory performance indicates that the student has adequately met all criteria for each objective with 73% or greater on clinical evaluation form.
 - b. (F)ail = unsatisfactory performance indicates the student has not adequately met all criteria for each objective (earned less than 73% on clinical evaluation form)
4. In graded clinicals, the grade is assigned according to the College grading scale.
5. The student is expected to maintain satisfactory performance gained in previous nursing courses as s/he progresses through the program.
6. The student must adhere to the policies contained within the DNHS Student Handbook under "Clinical Policies" and specific course policies found in the syllabus.
7. When student performance is not at a satisfactory level in any area on the assessment tool or violates NHS, agency, or LCSC policy, the clinical instructor will initiate the Remediation process (see Remediation Policy).

Remediation Policy

Policy

All NHS students are expected to perform within professional, program, and College guidelines for student conduct. These guidelines are outlined within College and NHS Student Handbooks:

- Professional Standards
- Academic Policies
- Clinical Policies
- LCSC Policies for Academic Performance

When conduct violates the above standards or policies, a remediation form (Appendix) will be used to document the problem, and state the plan for remediation, and the expected student outcome. This documentation will become a part of the permanent NHS and/or College student file for use during the entirety of the student's program coursework.

Students are expected to respond to remediation plan within 48 hours. If remediation is related to a skill, that skill cannot be performed in the clinical setting until remediation is completed.

The use of remediation applies to clinical and academic performance. Examples include but are not limited to:

- Clinical performance which has not progressed to meet level standards
- Academic performance which may result in course failure

- Failure to meet policies outlined in the Student Handbook
- Conduct which is unprofessional and disrespectful to patients, students, or faculty
- Unethical behavior

Student conduct and performance which reflects the high standards set within the DNHS is expected throughout the course of study within the Program. Therefore, faculty members examine student files for trends or continuation of problem behavior. Accumulation of multiple Remediation Forms in the student file may result in further action, including probation.

The nature of the problem will determine the level of remediation required.

Notice to Student (minor problem)

- Conduct that needs refining for an appropriate professional role. Examples not limited to: minor dress code issues, potential attendance problems, accommodation of special requests, inappropriate use of technology (cell phones, I-pods, etc).
- Clinical instructor provides notice of issue to student. Failure to comply may result in further disciplinary action.
- Three notices, or more than one in the same area, will result in a written warning.

Written Warning:

- Repeated offense in any of the above categories or combinations of categories or conduct of a sufficiently serious nature to warrant written warning. Examples not limited to: safety problems, violations of Student Conduct Code.
- Written documentation detailing concerns on the remediation form. Failure to remediate may result in further disciplinary action.

Probation

- Probationary status: indicates the student is performing below expected standards for the course and is in jeopardy of course failure. Written documentation detailing concerns on the remediation form.
- Continued offenses in any of the above categories or conduct felt to be endangering to patient, faculty, students or ethical/legal standards. Examples not limited to: failure to remediate successfully in any of the above categories; safety problems with skills involving patients or hospital staff; blatant disregard for professional standards of behavior
- During a probationary period, if the student is below 73% for nursing or 75% for radiography in any component of the evaluation form, the student may fail the clinical course.
- Probation initiated near the end of the clinical experience when time for remediation is limited may result in a clinical failure.
- Probationary status for a student may be initiated only two (2) times during the program. A third incident would result in a clinical course failure and dismissal from the program.

Immediate termination: when a student demonstrates negligence or “unsafe clinical behavior,” s/he may be immediately terminated from the clinical course and the program. A student may not drop or withdraw from any clinical course if his/her

performance has been deemed unsafe. S/he will receive an immediate grade of ‘Fail’ for the course and be removed from the clinical setting.

Student Accountability

1. Class Attendance: Due to the nature of the content in NHS program courses, it is expected that students will attend each class session. Refer to specific course syllabi for additional expectations regarding class attendance.
2. Student Conduct in Classroom Settings: Respectful conduct in the classroom is important. Each faculty member has the right and the responsibility to set specific ground-rules pertaining to each classroom at the beginning of the semester. In general, please keep in mind the following:
 - Permission of the instructor is necessary to tape a class or to bring a guest to class
 - Professional behavior is expected in all classes at all times
 - Cell phones and pagers turned off or to vibrate mode
 - Entering or leaving the classroom during instruction can be disruptive
 - Computers are to be used for note-taking or classroom activities only
 - Limit side discussions with your neighbor to points of clarification only
 - During test-taking: hats are not allowed, bags must be placed on the floor, calculators used with permission of faculty only, leaving the classroom during test taking is inappropriate
 - Specific patient information discussed during class is to be kept confidential
 - Cell phones or other texting devices are not permitted in the testing environment.
3. Clinical Attendance: See Clinical/Lab Policies – Attendance is mandatory and required for all clinical experiences throughout the program.
4. Late Assignments: Students are expected to complete all course assignments in accordance with the course syllabus and submit the assignment by the stated due date. Consequences for non-submittal of an assignment may include course failure. The grade for an unexcused late assignment will be reduced by 10% per day that the assignment is late. Assignments will not be accepted four or more days after the due date.

Example 1 – 10 point assignment:

One day late = 1 point loss

Two days late = 2 point loss

Three days late = 3 point loss

Four days late = 4 point loss

If the student anticipates that s/he will not be able to submit an assignment on time, the student must send an email message to the course faculty at least 24 hours prior to the date and time the assignment is due. The message must include the reason(s) that the

student is unable to meet the deadline and request an extension to complete the assignment. The email request for extension will be placed in the student's file. The faculty member may approve or deny this request. If the request is approved, the faculty member and student determine the new due date for submission of the assignment. If the request for extension is denied, the original due date will be enforced and the assignment grade will be reduced by 10% per day that the assignment is late. Individual faculty may include alternate information regarding late or omitted assignments in course syllabi.

5. Missed Exams and Quizzes: If a student must miss an examination or quiz, a 15% grade reduction may occur. If the student notifies the instructor prior to the exam or quiz, the faculty member will determine if the 15% penalty will be invoked. If the student fails to contact the instructor, a 15% reduction will be made. Individual faculty may include alternate information regarding missed exams or quizzes in course syllabi.

Academic Dishonesty (Cheating)

Nursing & Health Sciences adheres to the policies described in the LCSC Catalog under Student Code of Conduct [<http://www.lcsc.edu/catalog/sa/Student-Affairs.htm>].

Academic dishonesty in any form will not be tolerated. All work carried out by NHS students in the classroom, lab, or clinical facility must represent academic integrity and be the sole product of the student's original work. Academic dishonesty includes, but is not limited to:

Cheating: Using or attempting to use unauthorized materials, information, or study aids in any academic exercise. The term "academic exercise" includes all forms of work submitted for a grade earned in a course that generates credit hours.

Examples:

- Using unauthorized notes when demonstrating a skill in the Clinical Resource Center.
- Copying answers off another student's test.
- Using notes in a closed book exam.
- Taking materials from the hospital (tubexes, tape, etc.) without returning them promptly.
- Working with others when assignments are required to be completed independently.

Fabrication: Falsification or invention of any information or the source of any information in an academic exercise.

Examples:

- Making up research data for a research paper.
- Making up references for a scholarly paper.
- Claiming that you have looked up a clinical procedure in the hospital's procedure manual and then proceeding to perform a skill without actually having looked it up in the manual.
- Charting assessments from another health care professional's findings rather than your own findings.
- Charting medications when they have not been given.

- Failure to complete an incident report that should have been completed.
- Charting that you performed skills you did not perform – for instance, charting that you turned a patient every two hours when you only turned the patient every four hours.

Collusion: Intentionally or knowingly helping or attempting to help another to commit an act of academic dishonesty.

Examples:

- Assisting another student in procuring or copying secure documents such as previous and current test questions.
- Knowingly helping another student cheat, fabricate information, or plagiarize.
- When serving as a peer evaluator, passing a fellow student on a clinical skill that was not performed correctly according to skills criteria.

Plagiarism: Copying or imitating the language, ideas, and thoughts of another author and passing off the same as one's original work. One sentence taken from any source that is not indicated by footnotes or quotation marks constitutes plagiarism unless indicated by footnote or textbook reference that the material is not original. Paraphrased material must have the proper reference cited at the end of the thought or the paragraph. The Division of Nursing & Health Sciences requires that all formal papers be written using APA style. Please see Appendix for more detail.

Examples:

- Adopting or reproducing ideas or words of another person without acknowledgement in formal papers, reports, or patient care documentation.

The examples noted do not constitute the entirety of offenses that would be examples of dishonesty. The consequences of a violation of the academic dishonesty policy are independent of, and in addition to, any adverse College disciplinary action which results from the student's conduct.

Grievance Procedure

The procedure for grievances begins at the 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 Catalog. The appropriate channels are:

1. Individual faculty member (Attempt to resolve issue)
2. Division Chair (Informal and Formal Grade Appeal Procedures: See Appendix for LCSC Grade Appeal Process/Procedure for Appeals in the DNHS)
3. College level (see LCSC Catalog)

If the problem is not resolved at the division level, the student is directed to the LCSC Catalog for further policy and procedural guidance. The catalog describes grievance actions and appropriate communication channels. Examples of these actions are: grade complaints and disciplinary actions listed under the Code of Conduct in the LCSC Catalog <http://www.lcsc.edu/studentervices>.

Children in the Classroom

According to LCSC policy, “Disruption of the classroom is prohibited. Students have the obligation to respect the education rights of others as they seek to maximize their learning” (LCSC College Catalog: 2007-2009, p. 106). To comply with college policy and minimize distraction, enhance learning, and ensure safety, children are not permitted in the classroom, clinical, or learning laboratory setting for any reason.

Academic Advising

All students enrolled in an NHS program will be assigned an academic faculty advisor for the purpose of assisting with registration procedures, class scheduling, graduation, and academic affairs. Students are responsible for reading and understanding the college catalog information and Nursing & Health Sciences degree and graduation requirements. Each semester the student must consult with their 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 nursing 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.

Faculty/Course and End of Program Evaluation Process

1. Student Evaluation of Faculty & Course: All Lewis-Clark State College students are provided the opportunity to evaluate faculty and each course using the Student Course Evaluation (SCE) form. 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.

Student Papers/Written Assignments

1. 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.
2. The APA style guide is to be used in writing and formatting formal papers. Basic APA guidelines can be found in the Appendix of this handbook. The student is responsible for referencing the most recent APA guide for formatting.

CLINICAL POLICIES

Attendance

- Clinical attendance is required. Three (3) clinical ‘tardies’ are equivalent to one (1) clinical absence.
- Students must fulfill the required number of course clinical hours to obtain a satisfactory grade of 73% in all categories of the evaluation form.
- The student is responsible for notifying the assigned clinical instructor and clinical agency prior to absence.
- Absences may result in an incomplete or failure, or may be made up at the discretion of the faculty and the availability of clinical resources.
- Excused Medical Absences: See Excused Medical Absence Policy & Agreement in Appendix.
- Students are expected to be prepared for Report promptly at the start of assigned shift.

Agency Policies

- Students are expected to perform in accordance with basic rules of safety while in each clinical setting.
- Confidentiality is to be maintained at all times in accordance with LCSC and clinical agency policies and HIPAA.
- Students are required to follow the policies and procedures of the clinical agency in which they are functioning for patient care. These policies are located at the agency for student reference.
- Clinical agencies may impose additional requirements on students beyond those identified by LCSC for clinical practica. Examples include drug testing and fingerprinting. Students are expected to submit to all requirements.
- The student is responsible to know these guidelines and review them as needed prior to each clinical experience.
- Supplies and/or equipment inadvertently taken from the clinical setting must be immediately returned upon discovery. Pilfering or misuse of hospital supplies and/or equipment is unacceptable and may be grounds for dismissal from the Program and/or College-level sanctions.

Special Requirements

- **All students who are to perform invasive, first-time, or any procedure specified by the faculty must be observed by faculty unless prior arrangements are made by the faculty.**
- Prescription drug use or medical conditions which could alter judgment or clinical performance must be reported to the clinical instructor prior to caring for any patient. The instructor will assess the student's ability to participate in patient care and will direct the student accordingly. If a safe assignment for the student cannot be found, the student will be asked to leave the agency. This will count as a clinical absence. The policy on clinical attendance will apply.
- Pregnancy: Students who are pregnant or may become pregnant should be aware that certain clinical situations may not be appropriate for them. It is the student's responsibility to speak with their physician about limitations, obtain written documentation of the limitation, and to notify the instructor.

Error/Incident

- Any student who makes an error or is involved in an incident in the clinical setting must notify the clinical instructor immediately.
- The student will complete the LCSC incident report form (see Appendix) and the clinical agency incident report form within 24 hours.
- The completed form is to be given to the clinical instructor who will forward it appropriately.
- The Division Chairperson will receive the final notification of this report.
- The clinical agency incident report form should be given to the charge nurse.

Clinical Conference

Pre- and post-clinical conference is a combination group discussion and planning session that allows the group to focus on the learning objectives for the clinical session. Time is allowed for students to express their thoughts and feelings, analyze their learning experience, share new learning, review the plan of care for assigned clients and clarify relationships between theory and practice. Student concerns are addressed and nursing actions and learning experiences are identified.

- Attendance is required at all clinical conferences. Failure to attend is treated as a partial clinical absence.
- Students are expected to be on time for conferences; the ability to be on time is considered a part of time management skills for evaluation.

- Students must be prepared for discussion and regular participation in order to attain satisfactory performance grades for communication, analytical thinking, and teamwork in the clinical evaluation. Students who are not prepared for the pre-clinical conference will be asked to leave the clinical setting. This will be treated as a clinical absence.

Unsafe Clinical Behavior

Definition of Safe Practice: The student will demonstrate patterns of professional behaviors which follow the legal and ethical codes of nursing; promote the actual or potential well being of clients, health care workers, and self in the biological, psychological, sociological, and cultural realms; demonstrate accountability in preparation, documentation, and continuity of care; and show respect for the human rights of individuals.

Unsafe Clinical Practice: Unsafe clinical practice is any act, practice or omission during clinical practice that fails to conform to the accepted standards of the nursing profession which may directly or indirectly cause physiological and/or emotional harm to others.

The following are examples, not a comprehensive list, of behaviors that may denote unsafe clinical practice:

- Administration of medications without knowing indications for patient side effects or precautions.
- Acts of negligence in the care of clients (Negligence is defined as the failure to do something that a reasonable person of ordinary prudence would do in a certain situation or the doing of something that such a person would not do.)
- Attempting activities without adequate orientation, theoretical or clinical preparation
- Attempting activities without appropriate assistance or supervision
- Failure to maintain confidentiality in interactions or records
- Dishonesty
- Use of any substance that may impair clinical judgment or be harmful to self or others
- Failure to display stable mental, physical, or emotional behavior(s) which may affect self or other's well being
- Unethical behavior

A student whose behavior denotes unsafe or potentially harmful clinical practice will be terminated from clinical practice, will receive a grade of 'Fail' for the clinical course, and will be dismissed from the program. The student may appeal the decision as previously specified in Division policy and may appeal to a college Hearing Board as specified in the LCSC Student Grade Complaint Procedure.

Dress Code

Acute Care Guidelines: The following standards are in place to ensure:

1. Students present a positive personal and professional image to patients, visitors, physicians, staff, and fellow students.
2. Students are identifiable by the consistency of the uniform among students.
3. Students present an appearance that promotes confidence and trust from others, and pride in LCSC.
4. Students maintain safety, observe infection control standards, and maximize productivity.

See Appendix for General Appearance Guidelines.

- The student uniform includes a top in the specified NHS program color: Navy (BSN), Maroon (Radiography), or Royal Purple (PN). White, gray or short-sleeved shirts coordinating with the uniform top may be worn under the clinical uniform but should only be visible at the neck line. No printing should be visible.
- School identification patch for the appropriate program is to be attached or sewn over the left breast pocket.
- Long-sleeved lab jackets which match the uniform top may be worn for warmth.
- Uniforms or approved lab coats are to be worn for simulation experiences and during scenario testing.
- Long white uniform pants are required for all students. Pants should skim top of shoes and must not drag on ground. Radiography students have the option of wearing pants that match the uniform top. This applies *only* to Radiography. A white skirt of knee length may also be worn by female students (hose are then required). Undergarments must be white or skin-toned with no design.
- Clean, white, close toed shoes that are worn only to the clinical facilities and are appropriate for the clinical setting are required. Athletic shoes may be worn but must be clean with minimal decoration. Socks need to be white or flesh toned with minimal decoration. Appropriateness will be at the discretion of the course clinical instructor.
- The uniform includes the equipment required for patient care. Nursing students are required to carry the following: stethoscope, watch with a second hand, bandage scissors, pen, hemostat, goggles, and penlight.
- Radiography students must wear name tags, carry Right and Left markers and wear their Radiation Detection Devices (film badges). Radiation detection devices must be worn by all Radiography Faculty and students during all laboratory and clinical experiences.
- Nametags: Picture nametags are to be worn at all times. First name and picture identification is to be visible on each nametag. If a nametag is forgotten, a legible temporary nametag should be worn. Nametags should be easily visible on the front of the uniform.

- The student uniform is designed only for the clinical setting or to be worn during scenario testing. It should be laundered following each clinical day to remove "airborne germs" and odors. DO NOT wear the Lewis-Clark State College nursing student uniform outside the clinical facility except while traveling to or from clinical experiences.
- A lab coat must be purchased and worn over professional street clothes (and clinical uniform if desired) to obtain clinical assignment information in the clinical settings or at agencies requiring it. The LCSC name pin must be worn with the lab coat. The lab coat must be clean and not unduly wrinkled. (No jeans, shorts, sweat pants, sweat shorts or tee shirts with slogans.)
- Cell phone use for personal reasons is prohibited during the clinical experience. Use of cell phone to contact the clinical instructor is permitted if allowed by the individual clinical faculty member.
- When visiting relatives or friends who are hospitalized, students should wear street clothes and abide by established rules and regulations of the agencies. The student must make it clear that they are *not* present in the role of a student nurse, but are present only as a friend or relative of the patient. While assigned to the clinical setting, students must obtain permission from the respective clinical instructor to visit friends or relatives.

Professional Standards: In addition to the regular uniform standards listed above, appropriate professional dress for the clinical setting is required in some courses. These standards the dress code policies of the clinical institutions the students attend.

- Students will manifest good body and oral hygiene.
- Hair will be neat, clean and well-groomed and of a naturally occurring color; blue, green, bright red, yellow colors are not appropriate for the clinical setting. Hair should not interfere with the safe delivery of patient care or the completion of work duties. Hair longer than the shoulder should be off the collar and secured away from the face.
- Make-up is not to be worn in excess.
- Jewelry:
 - Students with pierced earlobes may wear small, studded earrings or unadorned gold or silver hoops that do not dangle below the lobe of the ear.
 - Small studs less than 2 mm in size may be worn if there are multiple piercings of the ear.
 - Small studs are to be used if a piercing is present in the nose. Eyebrow, tongue, and other visible piercings may not be worn in the clinical setting.
 - A single modest finger ring may be worn. Other jewelry is not appropriate. LCSC is not responsible for jewelry settings lost during the clinical experience.
 - Necklaces and bracelets are not acceptable for safety reasons. A watch with a second hand is required for all students.

- Tattoos:
 - NHS students who have permanent skin coloring or tattoos have such tattoos or permanent skin colorings covered by their clinical uniform or lab coat in an appropriate manner. Permanent eyeliner, eyebrows or related aesthetic facial coloration is acceptable.
 - Any student with a tattoo must notify his clinical instructor prior to exposure to MRI. Clinical instructor will determine appropriateness and safety of student exposure. If the skin coloring or tattoo is ferromagnetic in nature (i.e.: attracted to a magnet) adverse effects may occur if the student approaches a magnetic resonance imaging (MRI) unit while observing the performance of an MRI examination.
 - Possible adverse effects include the following:
 - Burning sensations
 - Transient skin irritation
 - Cutaneous swelling
 - Other unpleasant sensations or occurrences
- Perfumes, after-shaves, and scented cosmetics are not allowed. These may be offensive to individuals who are ill and/or allergic. Uniforms, breath and hair are to be smoke free.
- Fingernails need to be clean, short, trimmed, and without polish. Artificial nails are not acceptable.
- No tobacco use is allowed during the clinical experience.
- Chewing gum is not permitted in the clinical setting.
- Situations not covered here will be addressed individually.

Disciplinary action: Students arriving at the clinical agency improperly groomed or dressed, or who violate the tobacco policy will be instructed to leave. Being instructed to leave will be treated as a clinical absence. Violations of the dress code may be noted on the remediation form.

Health Documentation Requirements

All LCSC nursing and radiography students are required to provide official (health care provider) documentation to Student Health Services regarding currency of immunizations and CPR requirements. If documentation is not provided to Student Health Services by the specified dates, you will be considered out of compliance with this policy and unable to attend clinicals. It is recommended that all health requirements be completed via Student Health Services.

_____ **Tetanus (Td or Tdap):** Provide a copy of the record of your last Tetanus. If you have not had a Tetanus booster in more than 10 years, you are required to have a Td booster. It is strongly recommended that you receive an adult Tdap for that booster.

_____ **MMR Vaccine (Measles, Mumps, Rubella):** Provide a copy of the official immunization record of your MMR vaccinations. You are required to have received two doses of MMR vaccine. If you have no record of having received two MMR vaccine you will need to:

Receive MMR series or booster

OR • Demonstrate immunity via titre or lab draw for a titre:

_____ Rubella Titre

_____ Rubeola Titre

_____ **Varicella (Chicken Pox):** evidence of immunity by submitting records of one of the following:

- Documentation of receiving two doses of varicella vaccine;
- Blood tests showing immunity to varicella or laboratory confirmation of prior disease;
- Receipt from a healthcare provider of (a) a diagnosis of chickenpox or herpes zoster (shingles); or (b) verification of a history of chickenpox or herpes zoster (shingles).

_____ **Current Tuberculin Skin Test:** Provide copy of results of PPD within the past 12 months. This should include: test date, reading date, signature or initials of person reading test, institution where test was given. A negative QuantiFERON TB Gold test (QFT-G) is also acceptable.

OR • Receive a test if actual or suspected TB exposure since last PPD

_____ **Hepatitis B Vaccine:** This is a series of 3 injections. Documentation of date of immunization is to be provided to Student Health Services as you receive each vaccine. BSN students should have received the 2nd dose of vaccine **by July (fall admission) or January (spring admission)**; PN students **by February**; Rad Tech students **by August**.

_____ **Current American Heart Association Health Care Provider CPR Card or American Red Cross Professional Rescuers CPR Card:** content covers adult, infant, and child, 1-man, 2-man. Web-based certification without documentation of hands-on testing will **not** be accepted. **Update every 2 years.** *RN students may provide a copy of current ACLS (Advanced Cardiac Life Support) or BLS (Basic Life Support) certification or a letter from their agency verifying currency in ACLS, BLS or CPR.*

Declination of Immunizations

If the student chooses NOT to be immunized, s/he must sign the Declination Form for each declined immunization at LCSC Student Health Services. A notation will be made in the student's file. 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, the student will be removed from clinical for the duration of the outbreak. In signing the declination form (See Appendix for an example), the student acknowledges that s/he may not be able to complete the required number of clinical hours if removed from clinical setting. This may affect the student's ability to progress in the program.

Special Procedures for Negative Titers for Rubella, Rubeola, & Varicella

The following procedures are required. Please read carefully.

RUBELLA

If the student has a negative titer for rubella AND:

1. The student is younger than 35 years of age, the Division of Nursing & Health Sciences strongly recommends immunization. Documentation needs to be provided.
2. The student is older than 35 years of age, the Division of Nursing & Health Sciences recommends consideration of immunization in consultation with a physician.

RUBEOLA AND VARICELLA

If the student has a negative titer for rubeola or varicella:

1. Nursing & Health Sciences strongly recommends immunization. The student can be immunized at the Public Health Department or by a physician. Documentation must be provided.

Special Procedures for 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. Obtain medical records release form from LCSC Student Health Services.
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 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.

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

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

1. 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.

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

*** IF 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.

Other 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.

Performance Standards¹

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

Category Description and Standard	Examples
<p>Critical thinking ability sufficient to exercise sound nursing judgment</p> <p>Reasoning skills sufficient to perform deductive/ inductive thinking for nursing decisions</p>	<ul style="list-style-type: none"> • Identify cause/effect relationships and make appropriate judgments in clinical situations • Develop nursing care plans • Calculate medications
<p>Communication abilities sufficient for effective interaction in verbal and written form</p>	<ul style="list-style-type: none"> • Able to obtain information, explain treatment procedures, initiate health teaching, describe patient situations, perceive nonverbal communications
<p>Gross and fine motor function sufficient to provide safe and effective care</p>	<p>Gross Motor:</p> <ul style="list-style-type: none"> • Gross motor skills sufficient to provide the full range of safe and effective nursing care activities [move within confined spaces, reach above shoulders (IV poles), reach below waist (plug into electrical wall outlets)] <p>Fine Motor:</p> <ul style="list-style-type: none"> • 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)] <p>Physical Strength:</p> <ul style="list-style-type: none"> • 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)]
<p>Auditory ability sufficient to monitor and assess needs of clients</p>	<ul style="list-style-type: none"> • Able to hear monitor alarm and emergency signals, able to listen to breath and hear signs, able to hear normal speaking levels sounds

¹ References:

- Heartland Community College: Functional Abilities Required for the Nursing Program. <http://www.heartland.edu/divisions/hs/nurs/functionalabilities.html>
- Clayton College & State University: Performance Standards for Baccalaureate Degree Nursing http://healthsci.clayton.edu/nursstud/Student_Forms/BSNstandards.pdf
- Southern Regional Education Board, Council on Collegiate Education for Nursing. (1993). *The Americans with Disabilities Act: Implications for nursing education*. <http://www.sreb.org/programs/nursing/publications/adareport.asp>

Visual ability sufficient for observation and assessment necessary for care	<ul style="list-style-type: none"> • Able to observe patients, visualize appearance of a surgical wound, depth perception, peripheral vision, distinguish color and color intensity
Tactile ability sufficient for physical assessment	<ul style="list-style-type: none"> • Able to perform palpation of a pulse, perceive temperature or functions of a physical exam
Emotional health sufficient to totally utilize her or his intellectual abilities. Able to function effectively during stressful situations	<p>Interpersonal:</p> <ul style="list-style-type: none"> • Interpersonal abilities sufficient to interact with individuals, families, and groups, respecting social, cultural, and spiritual diversity • 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.

Liability Insurance

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

Excused Medical Absence

In order 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 made arrangements 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.

The Division of 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 Appendix for an agreement that must be signed by the student, instructor, Lead course faculty, and 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.

Clinical Resource Center Student Use Policy

- a. Students must adhere to the Invasive Skills Biosafety Policy (see below) when practicing ANY invasive procedures on another student or faculty member, such as IV start, venipuncture, injection, NG insertion, etc.
- b. Students who have a latex allergy are to immediately notify their clinical instructor and Clinical Resource Center instructor/personnel. Latex-free gloves are available for use in the Clinical Resource Center.
- c. Students are not to take ANY equipment or supplies from the Clinical Resource Center except when approved by faculty.
- d. Use of the Clinical Resource Center is restricted to posted supervised hours only. All students must sign in and out on the form designated for this purpose.
- e. Children are not allowed in the Clinical Resource Center.
- f. If unsure how to operate equipment, ask for assistance from Clinical Resource Center personnel. Damage resulting from improper use or abuse of equipment will be the financial responsibility of the user.
- g. When in the Clinical Resource Center, each student is responsible for maintaining lab equipment/supplies. This includes:
 - 1) Repackaging supplies in useable manner
 - 2) Refolding linen appropriately
 - 3) Notifying staff of need for additional/alternative supplies
 - 4) Replacing chairs to classroom format when done
- h. Respect a quiet environment when fellow students are videotaping, testing, etc. Any student causing a disturbance will be asked to leave the Clinical Resource Center by the Coordinator or other authorized personnel. Repeat offenders will be subject to disciplinary action.

- i. Recognize the role of Clinical Resource Center staff as one of resource and access, not one of housekeeping.
- j. Students may make individual appointments with a faculty member or the Clinical Resource Center coordinator.
- k. Equipment needs to be tidy and recharged after use.
- l. If any injury or incident occurs in the Clinical Resource Center, notify the Division of Nursing & Health Sciences immediately. An incident report must be completed.
- m. No liquids or food are allowed in the Clinical Resource Center.

Simulation Lab

The simulation lab is a clinical learning environment. Uniforms are to be worn during simulation exercises. Students participating in scenarios shall have the respect and attention of all others in the room. One goal of simulation is to educate individuals to enhance their performance in clinical practice. To do that, particularly challenging events are created and participants are subjected to conditions that may exacerbate the likelihood of errors and lapses in performance. As a participant in these activities, in whatever role, you are asked to maintain and hold strictly confidential all information regarding the performance of specific individuals and/or the details of the training scenarios. ANY breach of confidentiality during or after the simulation experience will result in failure of the session, and potential failure of the course as deemed by the Simulation Coordinator and specific course instructor.

- a. The effectiveness of the scenarios relies in part on the element of surprise and the ability to work in a non-judgmental venue. The effectiveness of training will be lessened for future groups if specifics of the scenarios are discussed with others. **Divulging the technical details of the scenarios used is prohibited.** Doing so will result in initiation of the Remediation Policy.
- b. No food or drink is allowed in the simulation lab.
- c. Gloves must be worn during “patient care” of SimMan and SimBaby.
- d. No betadine, ink pens or markers shall be used near the simulation manikins.

Prevention of Transmission of Communicable Disease – Standard/Universal Precautions

Definition of Potentially Dangerous Fluids:

Avoiding occupational blood and other body fluid exposure is the primary way to prevent transmission of hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV) in health care settings. However, hepatitis B immunization and post-exposure management are integral components of a complete program to prevent infection following blood borne pathogen exposure and are important elements of workplace safety.

An exposure that might place health-care personnel (HCP) at risk for HBV, HCV or HIV infection is defined as a percutaneous injury (e.g. needle stick or cut with a sharp object) or contact of mucous membrane or non-intact skin (e.g. exposed skin that is chapped, abraded or afflicted with dermatitis) with blood, tissue or other body fluids that are potentially infectious.

In addition to blood and body fluids containing visible blood, the following fluids also are considered potentially infectious: cerebrospinal fluid, synovial fluid, peritoneal fluid, pericardial fluid and amniotic fluid.

Invasive Skills Biosafety Policy

This policy was constructed in an effort to strike a balance between (a) providing “hands-on” invasive skills practice to LCSC nursing students, (b) protecting the LCSC Division of Nursing & Health Sciences from liability for unforeseen injuries resulting from such practice, and—most importantly—(c) protecting students from physical harm during invasive skills practice.

A “Consent and release to have invasive procedure performed on person” form (hereinafter “Invasive Procedures Consent/Release Form”) is located in the Appendix.

- a. To minimize the potential for harm to both students and the Division, all students and faculty will strictly adhere to the following guidelines:
 - 1) Performance of all invasive skill procedures shall be under direct faculty supervision at all times.
 - 2) A current (< 12 months old) signed Invasive Procedures Consent/Release Form must be in the student’s administrative folder prior to engaging in invasive skills practice.
 - 3) Didactic instruction on the skill(s) to be performed must be received by the student prior to performance of the skill.

- 4) Appropriate hand-washing techniques shall be done before and immediately after all invasive skills procedures to avoid cross-contamination.
 - 5) Gloves shall be readily available and used when performing all invasive skill procedures.
 - 6) Aseptic technique and product sterility are required in the performance of all invasive skill procedures.
 - 7) All disposable blood-contaminated and/or sharp items including needles, stylets, surgical blades, and plastic syringes shall be discarded in a non-permeable, tamperproof “sharps” container.
 - 8) Non-disposable items (e.g., sheets, towels, bedside tables, etc.) requiring decontamination and/or cleaning shall be immediately processed in a manner that avoids risk of injury to those handling the item.
 - 9) Spills and accidents are to be immediately reported to a faculty member or LCSC staff.
 - 10) Any injury whatsoever that occurs as a result of invasive skill procedures must be reported to a faculty or LCSC staff immediately. An incident report must be completed.
 - 11) Division representative(s) will investigate each reported injury and present findings to the Chair along with recommendations for corrective actions that will prevent such incidents in the future.
 - 12) The NHS will revise and/or issue new policy guidelines to implement corrective action regarding reported injury incidents.
 - 13) No invasive skill equipment shall be taken from the Clinical Resource Center (MLH 140) by any student for any purpose whatsoever.
- b. Violation of any component of the Invasive Skills Biosafety Policy by a student will result in immediate probation and may result in dismissal from the program.

Clinical Exposure Policy

Policy

Students who experience an exposure to bodily fluids (needle stick, splash, spills) or who are exposed to other medical hazards while in the clinical setting must report the incident to the 1) clinical agency and 2) nursing program Director/Coordinator. This is done with the assistance of the clinical faculty responsible for the assigned course in which the accident occurred.

NOTE: Students are required to follow all LCSC and clinical agency policies for Isolation Procedures and universal safety precautions. The Exposure Policy should be followed for treatment and reporting even if proper precautions were not followed.

Procedures:

Exposures:

Definition: Exposure to substances that are harmful or may be harmful to humans. This includes:

- Blood or bodily fluids received to mucus membranes or open skin through splash, needle puncture, or spillage.
- Chemical agents received to skin, ingested or inhaled.
- Radioactive agents through improper protective or monitoring protocols.
- Viral agents which are highly contagious or harmful to pregnant individuals.
- Other unusual incidents or exposures out of the ordinary.

See area below for initial treatment of specific injuries.

1. Notify clinical instructor (students in an observation experience or preceptorship, notify the agency RN you are assigned to. That nurse will assist you to contact the LCSC clinical faculty).
2. Complete Incident Reports.
 - a. Agency Incident Reports – ask agency staff for assistance
 - b. LCSC Incident Reports – see appendix for a copy. Copies need to be given to
 - i. LCSC faculty who teaches the course
 - ii. DNHS Chair
 - iii. BSN Director/Coordinator

Initial Treatment Protocols:

Clean Needle Stick

Definition: Needle or instrument injury penetrating the skin. Implement has not been used on a patient or other student; has been used only in preparation for injection or procedure.

1. Clean area, washing with soap and water.
2. Bandage as needed.
3. No prophylactic medications are needed.
4. No laboratory testing is necessary for HIV, hepatitis, etc.

Contaminated or “Dirty” Needle Stick

Definition: Needle or instrument injury penetrating the skin, regardless of depth. Implement has been used on either a patient or another student in the practice setting.

1. Remove the instrument or needle; do not discard.
2. Wash the area immediately with soap and water. Encourage bleeding from the site with use of gentle pressure.
3. Apply betadine or antibiotic ointment to the site.
4. Apply pressure to control any bleeding before bandaging.

Chemical Agents

Definitions: Exposure to hazardous chemicals used in the hospital setting either through splash, spillage, accidental ingestion, or inhalation.

1. Immediately wash or flush the agent from the skin/mucus membrane. Use MSDS Information sheets available on each unit. Chemical exposures require specialized treatment.
2. Follow information provided on the MSDS sheet.
3. Visit the agency Emergency Department for emergency treatments needed (flushing of eyes, reversal medications, etc.).

Radioactive Exposure (See Addendum C)

Definition: Exposure to radioactive particles through testing and patient care settings.

1. Follow MSDS sheets for skin or body contact with agents.
2. Other exposures will require follow up with a personal physician for treatment.

Viral Exposures

Definition: Exposure to viral agents known to be potentially harmful to humans or fetus.

1. Exposure is typically reported to the student or nursing program once a patient is found to have the virus.
2. Treatment is directed by the hospital or healthcare agency.
3. Students who discover contact has occurred or who have questions should talk immediately with the clinical faculty.

Faculty Responsibilities:

1. Refer student to the Emergency Department if true emergency treatment is needed.
2. If emergency care is not needed, contact the agency’s nursing supervisor, or Safety/Infection Control Officer.
3. Follow the agency’s policies for immediate exposure and assist student to complete the needed action.
4. All contaminated needle sticks or exposures to blood or bodily fluid must be treated as if there is potential risk of pathogen exposure.
5. Assist student to complete incident forms:

- a. Agency's Incident Report form
 - b. LCSC Incident Report Form.
6. Students with SHIP need to contact Student Health Services (SHS) within 72 hours in order for Student Health Insurance coverage to apply for the costs of treatment. (see Student Health Insurance pamphlet)
- a. When the evaluation of the exposure is done within the agency where the exposure occurs; the faculty/student should first call SHS to receive a waiver for charges that are covered by Student Health insurance.
 - b. If SHS is not open, the student may choose to receive care within the agency and report the incident within 12 hours. Charges for care may not be covered by student insurance without prior approval in non-emergent cases.
 - c. Students may also report to SHS for evaluation and possible referral for follow up evaluation.
7. Students with their own health insurance are responsible to follow the requirements of their individual insurance plans.
8. Students may also seek care by their personal care provider. Notification of SHS is the responsibility of the student. Costs of care are not necessarily covered by student insurance.
9. Report Incident and actions to DNHS Chair and appropriate Program Director/Coordinator through e-mail. Assure that the student provides the Incident Report to the appropriate personnel.

Special Notes for Faculty:

Viral Exposures:

- If student exposure to a viral agent is reported to the clinical faculty by the agency, report this to the DNHS Chair immediately.
- Report the actions being taken to protect the student(s).
- Complete an LCSC Incident Report for the students involved in the exposure.
- Examples are Neisseria meningitidis, avian flu, etc.

Student Breakage/Waste Charges

Equipment belonging to a clinical facility that is broken during the course of clinical practice should be removed from the patient care area and properly tagged according to clinical agency policy. It is the student's responsibility to report the breakage to the clinical instructor.

Parking at Clinical Facilities

Clinical facilities request that students avoid parking in areas designated for patients and visitors. Students participating in clinical courses at St. Joseph Regional Medical Center should, whenever possible, park at LCSC and walk to clinical.

OTHER POLICIES & INFORMATION

Student Background Check Policy

The DNHS requires an annual Background Check (BGC) on all students because it is required by the clinical agencies in which students participate in clinical practice. The agencies require the BGC for client safety and to meet policies set by their accrediting bodies. All DNHS students who will be enrolled in courses that involve the direct delivery of patient care services are covered under this policy. All covered students must have a clean background check before being fully admitted into a DNHS program and before being allowed to take a course involving the delivery of direct patient care.

1. The background check will be obtained from a company identified by the DNHS 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
 - e. General Services Administration (GSA) List of Parties Excluded from Federal
 - f. Programs
 - g. US Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN)

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 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 to be 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 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 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.
 - c. If the student wishes to appeal this decision the student must, within 10 days of receipt of notification, present to the Chair of the DNHS a written explanation regarding the information contained in the BGC and why the prospective student should not be considered a risk to patients, faculty or student safety.
 - d. After consideration of the appeal the Chair (or designee) will make the final admission decision in consultation with the Idaho Board of Nursing.
 - e. The prospective student will be notified in writing of the final decision.
 5. Background checks are maintained online in the Certified Background Check database for a limited time frame. Those background checks which lead to program dismissal will be maintained in a locked file cabinet in the DNHS. Records will be destroyed five (5) years after (a) an applicant is denied admission or (b) a student graduates.

6. 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.
7. Students who leave the program, regardless of reason, must repeat the BGC before being considered for readmission.
8. All students will repeat a complete BGC annually in accordance with the above guidelines.

Consensual Relationships

The educational mission of the College and the Division of Nursing & Health Sciences is promoted by professionalism in student/faculty and student/clinical preceptor/facilitator relationships. Policies on student/faculty relationships are addressed in the LCSC Faculty-Staff Handbook and the Student Handbook.

Professionalism is fostered by an atmosphere of mutual trust and respect. Actions on the part of an NHS student or NHS clinical preceptor/facilitator which potentially endanger this atmosphere of mutual trust and respect must be avoided during the time frame in which the student and preceptor are participating in an NHS course or clinical requirement. Student and preceptors/facilitators should be aware of the possibility that an apparent consensual relationship with a student may be interpreted (either now or at a later date) as non-consensual and, therefore, sexual harassment. The power differential inherent in student/preceptor relationships may compromise the student's or ability to decide and thus call into question the bona fide consensual nature of the relationship.

The potential exists for the student to perceive a coercive element in suggestions regarding activities outside those appropriate to professional relationships. Moreover, preceptors and facilitators, particularly in relationships with students under their supervision, need to be aware of potential conflicts of interest and the possible compromise of their evaluative capacity. They also need to be aware that a relationship may give rise to a perception on the part of others that the evaluative capacity of the preceptor/facilitator has been compromised.

- It is a violation of this policy for a student to undertake an amorous relationship or permit one to develop with a preceptor/facilitator or clinical agency staff member when under that person's supervision or evaluation, even when both parties appear to have consented to the relationship.
- The NHS does recognize that consensual amorous relationships may exist prior to the time a student is assigned to a preceptor/facilitator or is placed in a situation where the preceptor/facilitator must supervise or evaluate the student. Should this occur, it is the student's responsibility to notify his/her clinical coordinator or lead faculty for reassignment.

- A student should not be assigned to a preceptor or facilitator with whom that student has or has had a recent consensual amorous relationship.
- A student who fails to follow this policy will be subject to the NHS remediation policy, with probation or program dismissal as a possible outcome.
- A preceptor/facilitator who fails to follow this policy shall be removed from his/her clinical preceptor/facilitator status with NHS and Lewis-Clark State College.
- Persons who are married, or were married, are included within the definition of those persons having, or who have had, a consensual amorous relationship.
- A complaint alleging violations of the policy regarding consensual relationships may be filed by any person.

Transportation

Students are required to provide their own transportation and bear the expenses for all travel and most housing related to clinical experiences.

Student 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.

Student Representation at Faculty Meetings

Students are given the opportunity to select representatives to participate in selected faculty 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.

References for Students

A student may need references for a summer job, a scholarship, etc. Please use the Reference Request form available in the Appendix of this Handbook or on the NHS web site. If the student plans to use a faculty member for a reference, please ask the faculty member for permission to use his/her name. Provide the faculty member with a current resume which includes student name and address, career objective, education, certification or licensure, work experiences, professional activities, special skills, projects or course, honors, publications, contributions to the community and references. Provide faculty with at least two weeks advance notice when requesting a reference.

School Pin

An official school pins 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.

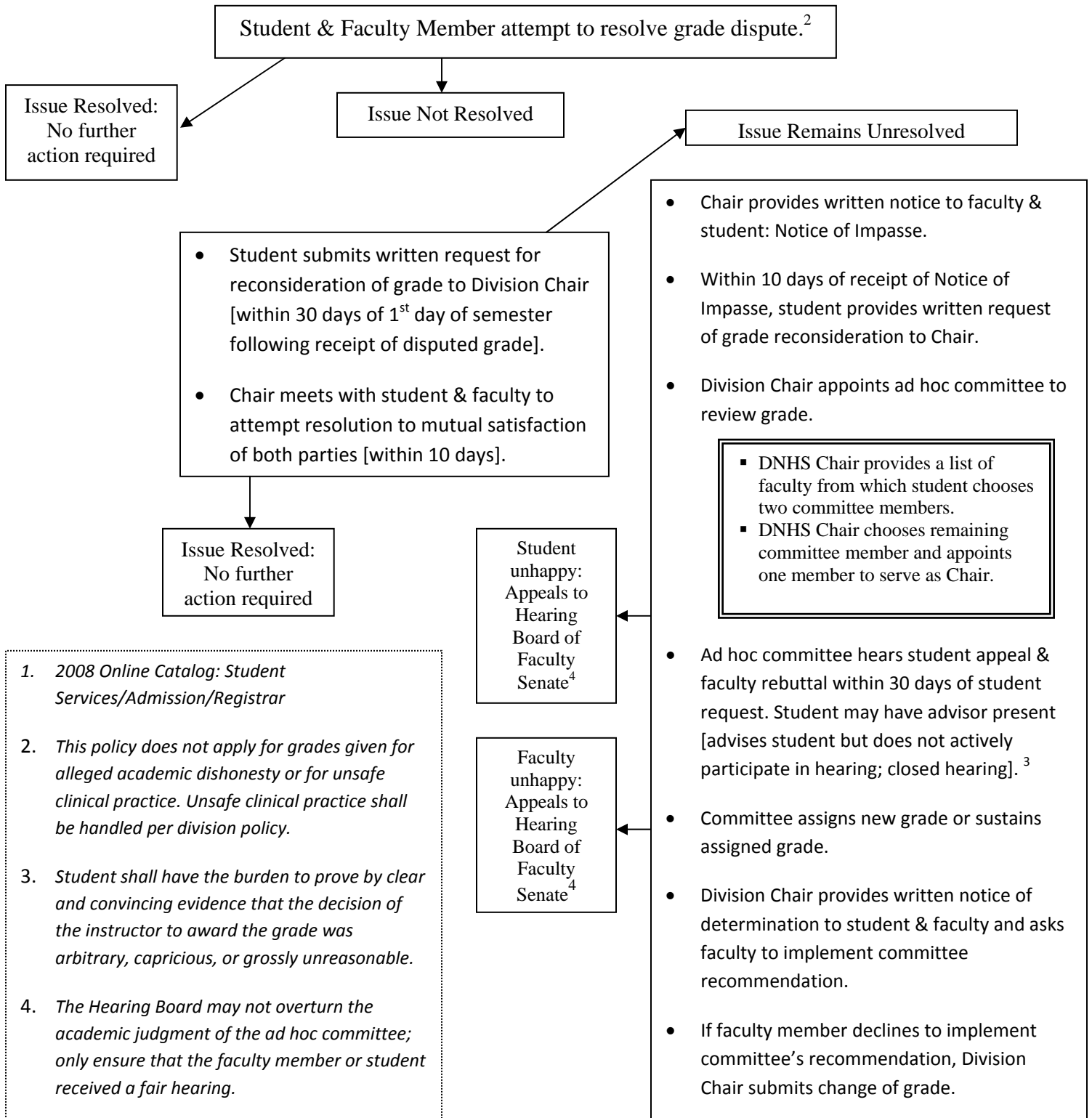
Student Health Services

The Lewiston campus has a health clinic located in the Sam Glenn Complex which Coeur d'Alene students may also utilize. Services are available Monday through Friday from 8:00 a.m. to 5:00 p.m. to assist students with health problems including emergency first aid, physical examinations, immunizations, health education, nursing care and student insurance information. Local physicians and nurse practitioners are on campus part-time to see students by appointment. Questions or concerns regarding immunization requirements and student health insurance should be directed to Student Health (208-792-2251).

APPENDIX

LCSC Grade Appeal Process/Procedure¹ for Appeals in the Division of Nursing & Health Sciences

Purpose: Applied when a student believes s/he has received an incorrect grade.



1. 2008 Online Catalog: Student Services/Admission/Registrar
2. This policy does not apply for grades given for alleged academic dishonesty or for unsafe clinical practice. Unsafe clinical practice shall be handled per division policy.
3. Student shall have the burden to prove by clear and convincing evidence that the decision of the instructor to award the grade was arbitrary, capricious, or grossly unreasonable.
4. The Hearing Board may not overturn the academic judgment of the ad hoc committee; only ensure that the faculty member or student received a fair hearing.

LCSC Division of Nursing & Health Sciences

Remediation Form

Student Name: _____ Program/ Year: ____/____
 Course: _____

The purpose of this form is to notify you that your performance is not at the expected level for your placement in the program. This form outlines the steps that must be taken in order to successfully continue toward completion of the course. Failure to reach the outlined objectives will result in further steps in the disciplinary process with the potential of failure in the program. Refer to the Student Handbook for details on the disciplinary process and consequences.

Description of event/Date of event/Signature (If necessary, see attached for details):

- Written Warning
- Probation

Plan (add additional pages if necessary): _____ Date of next review: _____

Student may provide response in written form to faculty member initiating document. Your signature indicates you have read this document.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Date	Skills Remediated	Faculty Signature

____ Student has attained expected level of performance following remediation Date: _____

Initials: _____ Recommendations:

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

General Appearance Guidelines

	ACCEPTABLE	UNACCEPTABLE
UNIFORMS	<ul style="list-style-type: none"> ▪ 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 ▪ Pants are white ▪ White or gray short-sleeve shirts are visible only at neckline 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Mouth and eyebrow jewelry ▪ Necklaces and bracelets ▪ Decorative rings or adornments ▪ Hoop earrings
NAMETAGS	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Defaced by pins or stickers ▪ Old, dirty, discolored ▪ ID picture that no longer looks like student

**LEWIS-CLARK STATE COLLEGE
DIVISION OF NURSING & HEALTH SCIENCES**

**Consent and Release to have Invasive Procedures Performed
on Person**

Please read carefully before signing

In consideration of receiving live “hands-on” skills practice in (check all that apply):

- venipuncture,
- parenteral injections,
- intravenous therapy access, or
- other invasive procedures associated with my student level
(please specify: _____),

I agree to allow the invasive procedures specified above to be performed upon my person by other Lewis-Clark State College nursing students and/or faculty who shall practice “standard precautions” (CDC, 1994) during said procedures. I assume full responsibility for any and all consequences of such procedures. I understand that **I may at any time withdraw my consent without any penalty** to my grade or clinical evaluation. If I decide to withdraw my consent, **I will promptly notify** an LCSC nursing faculty of my decision.

I have been advised and I am aware that risks are associated with venipuncture, parenteral injections, or the other invasive procedures noted above. For example, risks related to venipuncture and parenteral injections include, but are not limited to, bleeding, bruising, or infection at the venipuncture/injection site. There is also a risk of allergic response to the solution used for cleansing the site.

I, my successors, assignees, and personal representatives shall be bound by this release. I further jointly, and severally, hereby agree to hold harmless, release, and indemnify the Idaho State Board of Education and any and all agents, servants, and students of LCSC and employees including, but not limited to, nursing faculty, from any and all injury, causes of actions, claims, demands, or liability incurred during the performance of venipuncture, parenteral injections, and other specified invasive procedures upon my body by other Lewis-Clark State College nursing students and/or faculty.

By signing this release I affirm that I have read and understand the preceding. I also understand that **STUDENTS CAN ONLY PRACTICE INVASIVE PROCEDURES** (e.g., venipuncture, parenteral injections, etc.) in an LCSC-approved clinical/laboratory setting **UNDER THE DIRECT SUPERVISION OF AN LCSC NURSING FACULTY INSTRUCTOR.** This release and consent is hereby fully, freely, and voluntarily executed by me.

PERTINENT HEALTH HISTORY

CIRCLE

- | | | |
|---|-----|----|
| 1. Has there been any change in your general state of health in the last year? | Yes | No |
| 2. Have you ever had any excessive bleeding requiring special treatment?
If yes, describe: | Yes | No |
| 3. Do you have any known allergies to alcohol, betadine, or tape? | Yes | No |
| 4. Are you currently taking medications that may prolong clotting time? | Yes | No |

LCSC Nursing Student

Date

LCSC Nursing Faculty

Date

Lewis-Clark State College

Permission to Release Non-Director/Coordinatory Education Record Information

Date:

This is my formal request that

 print faculty/advisor name

provide a personal/professional reference for me.

I authorize the person named above to disclose any and all information related to my class performance, general academic performance, or class/lab attendance in both written and oral form to

 print person's name who is to receive the recommendation

for the purpose of

 print reason for recommendation (job, grad school, etc.)

I waive my right to review a copy of a written recommendation now and in the future.

Student Name: _____
 print

Student Signature: _____

Faculty/Staff member: Be aware that once you write a letter of recommendation that document is considered an official part of the educational record. Therefore, you should retain a copy of the recommendation provided to the student.

Excused Medical Absence Agreement

I, _____, (Student Name) am asking for a medical release from clinical, _____ (Course Name and Number), for _____ (up to 4) clinical days. If granted this request, I will make up all hours and experiences associated with these clinical absences. My proposed plan is attached on a separate page.

I understand I must provide a medical release from my physician prior to returning to my regular clinical setting and schedule.

If I choose to work clinical hours in excess of a typical clinical day (8 – 8 ½ hours) my physician must state that I am physically healthy and able to perform my duties as a student nurse in the selected care setting for up to 12 continuous hours.

I am aware that I must always meet Nursing & Health Sciences Performance Standards.

Student Signature

Date

Clinical Instructor Approval

Date

Course Lead Faculty Approval

Date

Program Director/Coordinator Approval

Date

CC Clinical Instructor
 Academic Advisor
 Student file



DIVISION OF NURSING & HEALTH SCIENCES

Program Re-Entry Form

Name: _____

Address: _____

Telephone: _____ Current GPA: _____

1. Reason for leaving the Program: (Attach type written statement)
2. Plan of Action to correct deficiencies/to continue in the Program: (Attach type written statement)
3. Advisor's Comments: (Attach type written statement)

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____



Division of Nursing & Health Sciences

Immunization Declination Form Example

VARICELLA 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 Varicella (Chicken Pox). 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 to not take the Varicella Vaccine. I understand that the immunization is a preventative measure in case I might become exposed to the Varicella 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 Varicella virus I may be at risk of acquiring the disease. I have been given the opportunity to be vaccinated with Varicella Vaccine. However, I decline Varicella vaccination at this time.

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

I understand that I may not be admitted to clinical sites during outbreaks of the illness.

I have read and understand the preceding Declination to be Immunized statement.

Signature: _____ Date: _____

Witness: _____ Date: _____

Writing Papers – APA Style

The Lewis-Clark State College Division of Nursing & Health Sciences requires that all papers be written using “APA Style” in accordance with the 5th edition of the *Publication Manual of the American Psychological Association* (2001).

There are three main elements addressed by the “APA Style.” Those are 1) content and organization of the manuscript, 2) the expression of ideas and reduction of bias in language, and 3) the APA editorial style.

The following represents examples of APA editorial style rules for manuscript formatting, in-text citation, listing of references, and other common elements typically used in LCSC nursing papers.

Please reference the entire Style Guide for grammar, punctuation, and other elements of content and expression of ideas.

Manuscript Format (APA, 2001, pp. 284-291)

- Paper: 8½" x 11" white.
- Spacing: Double-spaced (entire paper, including references) (APA, 2001, p. 326).
- Margins: 1" at top, bottom, left, and right of every page. No more than 27 lines of text on a page. Do not justify the right margin. Word processing programs should use 12 point font size.
- Use only one space at the end of each sentence. Use only one space after initials in personal names, commas, colons, and semicolons.
- Title page: The title page contains a page header, a running head, the title of the work and finally the affiliation of the author (APA, 2001, p. 296).
 - o The page header: An abbreviated title that appears at the top right margin, followed by 5 spaces and the page number, on each page. The page header and page number are positioned 1" from the right margin, and within the 1" top margin.
 - o Running head: An abbreviated version of the title of the work. The words “Running head: (abbreviated title, in all caps)” appear on one line. This is double-spaced below the page header and is flush with the left margin. Do not exceed 50 characters including spaces and punctuation.
 - o Title: Includes the full title of the work, author’s name, college name. The title should summarize the main idea of the paper and be fully explanatory when standing alone. (APA, 2001, p. 11). The title is centered on the page both horizontally and vertically and is double spaced. The Division would also like you to include the course number, course name and date in this section.

Example of title page:

(Set in Header of paper) Nursing Theorists 1
Running head: NURSING THEORISTS OF THE TWENTIETH CENTURY
Nursing Theorists of the Twentieth Century
Jennifer Marks
NU 490
April 12, 2008 (centered left to right and top to bottom)

- Page numbering: Starting with title page, number all pages consecutively, in upper right-hand margin using Arabic numerals (1, 2, 3...).
- Components of papers written in APA format are:
 - o Title page
 - o Abstract (if needed)
 - o Text
 - o References
 - o Appendixes (if needed)
 - o Tables and figures (if needed)
- Title Page
- Abstracts: A brief, comprehensive summary of the contents of the manuscript. It would include purpose, methods, results, conclusions, and implications. (McGuire, et al., 2001, p. 415). It should be no longer than 120 words. *The faculty for the course will determine if this is to be included.*
- Text: Writing style, grammar, and the correct use of headings and references are crucial in this section. (McGuire, et al., p. 415). The text begins on a new page after the abstract. It is double spaced.
 - o Introduction: No heading is used for the introduction. It is integrated into the text (APA, 2001, p. 15-16). The topic is introduced and purpose of paper is stated.
 - o Paragraphs: Indent first line of every paragraph 5-7 spaces from left-hand margin.

- o Headings: For a short paper, one level of heading may be sufficient. For organization of content, two headings are advisable.
 - The first level of heading is centered, using uppercase and lowercase letters. Secondary headings are flush left and italicized. (APA, 2001, pp. 113-115, 289-290)

Reference Citations in the Text

In the text of your paper you must cite any material that you borrow from another source, whether you are paraphrasing or quoting an author directly (APA, 2001, p. 207-214).

Direct Quote

Material directly quoted from another author's work must be reproduced word for word. Cite the author, year, and specific page in the text, and include a complete reference in the reference list. Incorporate short quotations (fewer than 40 words) into text, and enclose the quotation with double quotation marks (Example 1). Display a quotation of 40 or more words in a freestanding block, and omit the quotation marks (Example 2). Start such a "block quotation" on a new line, and indent the block 5 spaces from the left margin.

Example 1:

She stated, "The 'placebo effect' disappeared when behaviors were studied in this manner"

(Miele, 1993, p. 276), but she did not clarify which behaviors were studied.

Example 2:

Miele (1993) found the following:

The "placebo effect," which had been verified in previous studies, disappeared when behaviors were studied in this manner. Furthermore, the behaviors were never exhibited again when real drugs were administered. Earlier studies (e.g., Abdullah, 1984; Fox, 1979) were clearly premature in attributing the results to a placebo effect.
(p. 276)

If the author's name appears as part of the text, enclose only the year in parentheses (Example 1a). Otherwise, place both name and date, separated by a comma, in parentheses (Example 2a). When there are three, four, or five authors, all authors are cited the first time the reference occurs; in subsequent citations, include only the surname of the first author followed by et al. and the year (Example 3a).

Within a paragraph, you need not include the year in subsequent references to a study as long as the study cannot be confused with other studies cited in the article. (Example 4a)

Example 1a: Johnson and Dalton (1985) compared the cores...

Example 2a: In a recent study of reaction times (Jones, 1987) the...

Example 3a: The first study (Williams et al., 1983) found...

Example 4a: In a recent study of reaction times, Walker (2000) described the method... Walker also found

Paraphrasing

When paraphrasing or referring to an idea contained in another work, the original source should be credited both in the text and in the reference list. While it is not required to provide a page or paragraph number, this notation helps the reader to locate the place in the original work if they want to read more on the idea (APA, 2001, p. 121, 349).

Interviews

Personal communications such as letters, phone calls, and personal interviews do not provide recoverable data. Therefore, although they must be cited in the text, personal communications are not included in the reference list. To cite a personal communication in the text, give the initials as well as the surname of the communicator, and provide as exact a data as possible (APA, 2001, p. 214).

T. K. Lutes (personal communication, April 18, 2001) found that...

Punctuation and Use of Special Symbols

Italics

Use italics infrequently (APA, 2001, p. 100).

Use for: 1) Titles of books, periodicals, and microfilm publications, 2) Introduction of a technical, new or key term (do not italicize it after it has been used once), 3) Words that could be misunderstood, and 4) periodical volume numbers in reference lists.

Example: Seigal calls this group his *exceptional patients*. The qualities of exceptional patients are...

Double Quotation Marks

Other than for direct quotes from text, use quotation marks for (APA, 2001, p. 82):

- Introducing a word or phrase used as an ironic comment, slang, or coined expression; use quotations only the first time this word is introduced.
- To set off the title of an article or chapter in a book when the title is mentioned in the text.

Example1: Some consider risk taking to be “normal” behavior...

Example 2: In reviewing chapter 5 entitled “Love and Death”...

Do not use quotations to hedge:

The teacher “rewarded” the class with tokens. *Incorrect*
The teacher rewarded the class with tokens. *Correct*

Reference List

The in-text information cited in parentheses must point to one or more specific references in the alphabetical “References” list at the end of the paper. Each reference is listed utilizing a hanging indent: the first line is flush left, and subsequent lines indented 5-7 spaces (APA, 2001, pp. 231-281).

Books

Lemmon, J. A. (1985). *Family mediation practice*. New York: Free Press.

Edited Book

Offer, D., & Sabshin, M. (Eds.). (1984). *Normality and the life cycle: A critical integration*. New York: Basic Books.

Article or Chapter in an Edited Book

Richmond, J.B., & Janis, J. M. (1982). Health care services for children in day care programs. In E. F. Zigler & E. W. Gordon (Eds.), *Day care: Scientific and social policy issues* (pp. 445-456). Boston: Auburn House.

Journal Articles

Pardeck, J. T. (1988). Social treatment through an ecological approach. *Clinical Social Work Journal*, 16, 92-104.

Lester, D. (1988). Economic factors and suicide. *Journal of Social Psychology*, 128(2), 10-14.

Magazine Articles

Hall, H. (1987, February). The homeless: A mental-health debate. *Psychology Today*, 21, 65-66.

Newspaper Articles

Cohen, R. (1986, October 7). Back when schools taught values. *The Washington Post*, p. A17.

Creativity and mental illness. (1987, January 2). *The New York Times*, p. 18.

For further information and examples of APA Style, please refer to *Publication Manual of the American Psychological Association* (5th ed.) or visit the APA website:

<http://www.apastyle.org/elecref.html>

ADDENDUM A – BSN Program

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 and graduate education programs preparing effective nurses. For accreditation 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.

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 Expected Outcomes

Expected Outcomes of the LCSC BSN Program include:

1. Graduates well prepared for entry level professional nursing practice.
[Tools/Indicators: NCLEX-RN® Pass Rate, Graduate Survey; Anecdotal Student Feedback; Exit Interview; Employer Survey].
2. Graduates who develop, implement, and evaluate evidence-based care rooted in ethical, legal, and professional values and standards.
[Indicators: HESI, Employer Surveys, Advisory Board, Nursing Research Projects, Graduate Survey, NCLEX Pass Rates].
3. Graduates who are satisfied with their educational experience at LCSC.
[Indicators: Graduate Survey; Anecdotal Student Feedback; Exit Interview].
4. Graduates who reflect the rich diversity of those we serve.
[Indicators: Demographics of Graduates; Advisory Board; Employer Survey; Alumni Surveys; Idaho Nursing Workforce Center Data; Idaho Board of Nursing data].
5. Graduates whose values and behaviors demonstrate respect for human diversity.
[Indicators: Transcultural Health Care Course grades/projects; IAPCC-R Assessment; Employer Survey; Graduate Survey; Nursing Research Projects; HESI].
6. Graduates committed to continued professional growth.

[Indicators: Exit Interview; Graduate Survey; Employer Survey].

7. Graduates who advocate for patients and the nursing profession.
[Indicators: Graduate Surveys; Employer Surveys focused on political involvement, participation in a professional nursing organization, mentoring students, involvement in community, and other volunteerism].

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 interdisciplinary 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 takes into account 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 life long 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.

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.

American Association of Colleges of Nursing. (2008). *Essentials of baccalaureate education for professional nursing practice*. Washington, DC.

Professional Values (AACN, 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.

Caring is a concept central to the practice of professional nursing. Caring, as used here, encompasses the nurse's empathy for, connection to, and being with the patient, as well as the ability to translate these affective characteristics into compassionate, sensitive, and patient-centered 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 Association of Colleges of Nursing. (2001). *Essentials of baccalaureate education for professional nursing practice*. Washington, DC.

ANA Code 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 profession 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.

*American Nurses' Association. (2001). *Code for nurses with interpretive statements*. Washington, DC: American Nurses' Association.

Expected Student Outcomes

The BSN Faculty has set the following Expected Student Outcomes for each student in the program. Additional detail is available in the Program's Systematic Plan for Evaluation.

Expected Student Outcomes	Tools/Indicators
<p>I. Generalist Nurse Practice</p> <p>*Definition: Generalist nursing practice is the ability to provide compassionate care informed by a scientific base of knowledge in a complex and evolving healthcare environment. The generalist nurse graduates provides care for patients across the lifespan, to diverse individuals, in a variety of practice settings; demonstrates knowledge related to health and wellness and illness and disease management; demonstrates psychomotor skills critical to practice; and, demonstrates the ability to self-evaluate/assess and reflect.</p> <p>Components of Generalist Nurse Practice include:</p> <ul style="list-style-type: none"> ▪ Consistent delivery of safe, competent, ethical nursing care, incorporating technology as appropriate ▪ Critical thinking/Clinical judgment ▪ Caring Practices: creating a compassionate & therapeutic environment for patients ▪ Appreciation of and respect for human diversity across the lifespan 	<ul style="list-style-type: none"> • Clinical Evaluation Tool • HESI® & other Outcomes Testing • NCLEX-RN® Pass Rates • IAPCC-R Cultural Assessment • Exit Interview • BSN Graduate Survey • Employer Assessment • Student Course Evaluation (SCE)
<p>II. Professional Role Development</p> <p>*Definition: Development of the self through engagement in professional activities and professional roles. Includes adoption of professional values or beliefs that are reflected in the professional nurse roles of provider and designer / coordinator / manager of care (AACN, 1998).</p> <p>Components of Professional Role Development include:</p> <ul style="list-style-type: none"> ▪ Member of an inter-professional team. ▪ Communication: Capacities to use language skills (critical writing, critical listening, speaking, critical reading, non-verbal communication, information processing, and group processing skills) and information technology to promote mutual understanding of ideas, feelings, and actions ▪ Advocacy for the patient and the profession 	<ul style="list-style-type: none"> • Clinical Evaluation Tool • Exit Interview • BSN Graduate Survey • Employer Survey • Professional Service Survey

Expected Student Outcomes	Tools/Indicators
<p>III. Leadership in the Health Care 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.</p> <p>Components of Leadership in the Health Care System include:</p> <ul style="list-style-type: none"> ▪ Quality improvement ▪ Evidence-based practice ▪ Information management ▪ Role of the nurse as member of the profession/political activism ▪ Prevention & population focused care 	<ul style="list-style-type: none"> • Clinical Evaluation Tool • BSN Graduate Survey • Employer Survey • Professional Service Survey • Course Grades: NU 477; NU 478 • Nursing Research Presentations & Grades

BSN Standard Paper Rubric for Major Papers

BSN papers are to be professional in nature reflecting concise and cogent expression of ideas in a consistent format. It is recommended that 90% of the total points be assigned to content & quality of the paper; 10% of the total points be assigned to APA formatting, grammar, spelling, and syntax.

The following is an example of the wording that may be used for **Content, Quality, Synthesis**

<u>Allotted Points</u> 90% of the total points assigned to the paper	_____ points	_____ points	_____ points	_____ points
Content	Original thought with citations that augment key ideas; presents new ideas	Original thought and restatement of ideas Meets expectation of assignment	Some original thought with supporting citations	Little original thought Content does not address all elements of the assignment
Quality	Writing demonstrates professional thinking and insight into multiple elements of the assignment. Use of additional resources	Writing demonstrates professional thinking and statements/examples pertaining to assignment	Writing demonstrates understanding of the assignment, few examples	Paper does not fully address assignment <u>or is</u> not professional
Synthesis (if applicable)	Contains 2-3 points demonstrating specific descriptions of the circumstances in synthesis	Contains 1 point describing specific synthesis of the information	Contains discussion of synthesis which is very generally described	Brief statement of synthesis
Earned Points	_____ points	_____ points	_____ points	_____ points
Comments:				
<u>Allotted Points</u> 10% of the total points assigned to the paper	_____ points	_____ points	_____ points	0 points
APA formatting	Rare APA errors	Several (1-2) different errors in paper	Errors on many pages	Failure to use APA formatting
Professional Writing: spelling, syntax, grammar, structure of paper	Writing is consistently organized	Writing is organized; at times lacks transition or flow of ideas	Reading of paper is difficult due to lack of professional writing; casual or colloquial writing style	Paper lacks organization or is missing sections; use of 1 st person writing
Earned Points	_____ points	_____ points	_____ points	_____ points
Comments:				
TOTAL POINTS: _____				

Program Progression & Online Coursework

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

Course	Pre-requisite for this course	Co-requisite for this course	Program admission required	Online sections RN only	Open to Non-degree seeking licensed RN
NU 306/307 Health Assessment	None	None	Course is approved for students enrolled as LCSC pre-RN to BSN and pre-LPN to BSN	Yes + pre-RN to BSN and pre-LPN to BSN	With written permission of the course faculty
NU 360 Transcultural Health Care	None	None	Course is approved for students enrolled as LCSC pre-RN to BSN and pre-LPN to BSN	Yes + pre-RN to BSN and pre-LPN to BSN	With written permission of the course faculty
NU 370 Transitions to Baccalaureate Nursing	None	None	Course is approved for students enrolled as LCSC pre-RN to BSN and pre-LPN to BSN	No	No
NU 413 Professional Role Development III	None	None	Yes	Yes	No
NU 414 Professional Role Development IV	NU 413	NU 413	Yes	No	No
NU 440 Community Health Nursing			Yes	Yes	No
NU 442 Practicum: Community Health		NU 440	Yes	Yes	No
NU 445 Nursing Research I	PSYC 300 Statistical Methods	None	Yes	Yes	No
NU 446 Nursing Research II	NU 445	None	Yes	Yes	No
NU 469 Healthcare Policy & Economics		NU 413	Yes	Yes	No
NU 478 Practicum: Leadership for the RN	NU 413 NU 469	NU 414	Yes	Yes	No

RN to BSN Progression

To ensure progression through the program, students must complete all nursing coursework (NU prefix) with six (6) 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.

RN to BSN and LPN to BSN Licensure Requirement

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, the student must immediately notify his/her advisor and the Division Chairperson, and must withdraw from all clinical courses.

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 members of the LCSC Chapter of the Student Nurse Association (SNA). Membership is mandatory; dues are paid through course fees. Students complete membership information once classes begin. The Registered Nurse student who is completing the BSN degree online may join his or her local state Student Nurse Association; please provide membership information to the RN to BSN Track Coordinator. If the RN to BSN or LPN to BSN student is a member of the Idaho (or another state) Nurses Association and the American Nurses Association, please alert the RN to BSN Track Coordinator.

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 expected of 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.

ADDENDUM B – PN Program

Practical Nursing Program Mission

In accordance with the mission of Lewis-Clark State College, the Practical Nursing Program exists to prepare students to assume entry-level positions as licensed practical nurses. Through a dynamic curriculum, the nursing faculty stimulates a commitment to lifelong learning, challenging students to pursue academic excellence and to provide high quality, nursing care, grounded in the principles of nurse caring.

The purposes of the Practical Nursing Program include:

1. Prepare practical nurses to contribute to the well-being of the rural population in our service area through nurse caring and the roles of caregiver, patient educator, and healthcare team member.
2. Provide a foundation for advancement to baccalaureate nursing education.
3. Stimulate in students a thirst for professional growth and life-long learning.
4. Prepare graduates who are sensitive to human diversity in an ever-changing global environment.

Practical Nursing Program Goals/Objectives

The goals/objectives are derived from the program mission and philosophy. Upon completion of the practical nursing program, students will have demonstrated the ability to apply the following skills in the health care community:

1. Provide direct nursing care under the direction of the licensed professional nurse, physician or dentist using nurse caring values.
2. Provide nurse caring based on values and standards to promote, maintain, palliate or restore the health of individuals, families in structured health care settings in the community (Swanson, 1991, 1993).
3. Apply critical thinking skills to synthesize knowledge from nursing and basic biological sciences to participate in the assessment and delivery of care.
4. Use communication abilities to promote the well-being of individuals and families.

Apply principles of human diversity in the care of individuals and families.

Practical Nursing Program Philosophy

The philosophy of the Practical Nurse program is based on the synthesis of two concepts: nurse caring and nursing education. Through nurse caring, practical nurses can contribute to the general well being of society.

Nurse Caring

The nursing faculty member believe that nurse caring, with the nursing process and informed caring at the core, is the essence of the nurse-client relationship (Swanson, 1991, 1993). From this over-arching construct, the program outcomes of therapeutic nursing interventions, critical thinking abilities, professional and practical nurse role development, communication abilities, and application of knowledge of human diversity are derived.

Practical nursing is an evolving discipline of art and science that contributes to the health assessment of individuals and families and is responsive to changes in health care technology and delivery. A vital role of practical nursing is to enhance the well-being of individuals, families and groups in structured settings.

Under the direction of and in collaboration with the registered nurse, physician, or dentist the practical nurse provides care for clients, families and groups in a variety of structured settings with goals of health promotion, maintenance, restoration or palliation.

Practical nurses are integral and valued members of the health care team. They collaborate with team members in caring for and facilitating client empowerment and decision making.

The Practical Nurse is prepared to participate, under supervision, with clients, their families and/or support systems to identify common, well-defined nursing problems. They assist in nursing interventions with the goal of promoting and maintaining an individual's optimal level of well-being and, when necessary, assisting the individual to prepare for a peaceful death.

Swanson, K.M. (1993, Winter). Nursing as informed caring for the well-being of others. *Image: Journal of Nursing Scholarship*, 25, 352-357.

Swanson, K.M. (1991, May/June). Empirical development of a middle range theory of caring. *Nursing Research*, 40, 161-166.

Nursing Education in a Caring Model

Nursing education is the caring interactive process of teaching and learning. The faculty view education as a dynamic process of teaching and learning. The Nurse Caring Model provides a framework which explains how the student, through multiple learning experiences, transitions into the role of professional practical nurse. Defining standards and evaluating terminal outcomes are responsibilities of the teacher. The goal of teaching is to facilitate learning and it involves the assessment of learner needs and goals, the delineation of the body of knowledge to be transmitted, the utilization of structured and informal learning experiences, and the provision

of support and challenge. The faculty members serve as role models and managers of the learning environment, facilitating open inquiry and guiding students to become active participants in the learning process. The interaction of teaching and learning shape the student's future development and efforts in learning throughout life.

Learning is life long and is facilitated by a learning environment that is learner focused and fosters caring, empathy, critical thinking and creativity. Learning is a unique experience for each learner and is influenced by interests, values, life experiences, and readiness to learn. Learning is the responsibility of the learner. Learners possess prior knowledge that has value and relevance to build nursing knowledge. Prior experiences and learning fosters a commitment to life-long learning. Creating an environment conducive to learning is a shared responsibility of the teacher and learner.

ADDENDUM C – RS/MDI Programs

Radiographic Science Mission

The mission of the radiographic science program at Lewis-Clark State College is to provide a high quality education in medical radiography in order to produce competent practitioners in the field of diagnostic imaging with a high degree of professional responsibility, advancement and leadership potential in the profession.

Radiographic Science Program Expected Outcomes

1. **Academic and Clinical Excellence:** The program must maintain a climate which promotes and sustains student academic and clinical excellence.
2. **Integrity and Honesty:** All individuals associated with or who come in contact with anyone associated with the program are entitled to fair and honest communication and professional ethical behavior. Students and program faculty will adhere to the Code of Ethics advocated by the American Registry of Radiologic Technologists (ARRT) and the American Society of Radiologic Technologist (ASRT).
3. **Respect for Human Dignity and Diversity:** This program will prepare graduates who are sensitive to human dignity and diversity. Faculty and students will strive for mutual respect of diverse cultures, opinions and viewpoints, recognizing that all patients, peers, faculty, students, patient and clinical affiliates have the right to be heard and treated with an open and caring attitude.
4. **Professional preparation:** The LCSC Radiographic Science Program allows radiographic science students the opportunity to practice in a variety of institutional settings and to perform the following:
 - Provide standard radiographic care in a compassionate, professional manner at all times.
 - Gain special clinical skills from each clinical rotation/site.
 - Become an active member of the profession.
 - Contribute to the well being of the public and patients whom we come in contact with.
5. **Educational Advancement/Life Long Learning:** The Radiographic Science Program at LCSC provides a foundation for professional and academic advancement at the Associate of Science degree level. Graduates of the program are eligible to take the American Registry of Radiologic Technologists (ARRT) Radiography examination and if they pass, are then eligible for state licensure in states that have radiography licensure.

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 which 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).

Student Goals/Objectives/Strategies

The goals/objectives/strategies are derived from the program mission and philosophy.

Goals/Objectives

1. Be eligible to take the radiography certifying examination of the American Registry of Radiologic Technologists (ARRT).
2. Be technically proficient, being able to consistently produce radiographs of high diagnostic quality on any given part of the human body. This includes proper positioning techniques and the proper setting of all exposure factors.
3. Consistently employ principles of radiation protection and safety, and electrical safety to avoid hazards to both patients and equipment operators.
4. Be successfully employed in an entry level or advanced level diagnostic imaging position(s), displaying the ability to adapt to new clinical, departmental, equipment,, managerial, professional, and technical situations.
5. Consistently manifest a professional attitude and honor the ASRT/ARRT Code of Ethics, thus positively influencing the public image of the diagnostic imaging science profession.

Strategies

In order to achieve its mission and objectives, the program and its personnel will strive to:

1. Conduct continuing assessment activities of students and employers needs in the field of diagnostic imaging.
2. Maintain and enhance partnerships with pertinent healthcare institutions, including institutions offering specialized or advanced training in the diagnostic or therapeutic imaging sciences.
3. Prepare students for a technologically and managerially dynamic workplace by providing instruction, equipment, clinical, and managerial experiences utilizing current best practices and future technology.
4. Appoint and retain high quality faculty and clinical coordinators and supervisors.
5. Offer a comprehensive and up-to-date radiography curriculum as suggested by the imaging science professional organizations including, but not limited to the ASRT/ARRT/JRCERT/ARMRIT and other appropriate agencies/organizations. Regularly and consistently evaluate student competencies in proper positioning, techniques, technical factor selection, radiation protection, patient safety, in addition to the various specific cognitive, affective and psycho-motor domain objectives of this program.
6. Maintain a safe instructional environment that encourages personal growth, recognized academic achievement, and provides adequate support mechanisms to foster student success.
7. Provide opportunity for students to attend and participate in local and regional professional meetings and educational seminars.
8. Address short-term and long-term continuing education needs of current and future radiographic science practitioners in the local, regional, state, national, and international communities.
9. Apply critical thinking skills to synthesize knowledge in providing optimal care our patients at all times.
10. Properly utilize communication skills with members of the public, colleagues, patients and other healthcare providers.
11. Apply knowledge of human diversity in the provision of optimal care to our patients and in all interactions with the public, colleagues and other healthcare professionals.

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 themselves 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 mankind.
3. The radiologic technologist delivers patient care and services unrestricted by the 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.

(ARRT/ASRT, 2001)

Radiation Exposure Policy for LCSC Student Handbook (2008)

Proper radiation safety protocols are always followed in by LCSC Radiographic Science student & 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. If accidental radiation exposure does occur from an x-ray machine (i.e.: Radiography and Fluoroscopy (R & F) unit, portable unit, mobile unit, DXA unit, CT unit and/or fluoroscopy/C-Arm unit) it will be treated as an unusual occurrence and an incident/unusual occurrence report shall be filled out by the individual accidentally exposed to ionizing radiation.

Approximate dosage will be calculated by the radiation safety officer (RSO) of LCSC using appropriate formulas and protocols. A copy of the unusual occurrence report and the approximate dosage based on a phantom exposure using the same technique and machinery with a phantom and radiation detector in place of the person accidentally exposed will be performed.

It is important to note that once a person has been exposed to x-radiation accidentally, nothing can be or needs to be done from a medical perspective, because the doses are low and there will be no radiation related health effect that is discernable with current medical technology.

All documentation and reporting of this incident shall go to the Division Chairperson of Nursing and Health Sciences at Lewis-Clark State College and to the Idaho Department of Health and Welfare Laboratory Division.

Proper radiation safety and operation of equipment is covered in Technical Imaging and Radiobiology, and a radiation safety training course shall be conducted for all faculty and staff using x-ray equipment in the LCSC Radiographic Science Department as needed to reduce the likelihood of such occurrences. The training will be conducted by the LCSC RSO.