



*Division of Nursing
& Health Sciences*

**PRE-PROGRAM
POLICIES & INFORMATION**

2009 - 2010

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

The rights and responsibilities of all students are detailed in the Lewis-Clark State College Catalog, while policies and procedures specific to students 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. This handbook details policies and information pertinent to all Pre-Program NHS students. NHS handbooks are updated annually and as changes are needed. Changes are communicated to students via LCMail and 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

Program Admission

Current admission criteria, processes, and application materials are posted to the NHS web site: www.lcsc.edu/nurdiv.

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.

Students are encouraged to contact faculty members and advisors directly. A directory of contact emails and phone numbers can be found on the NHS home page (www.lcsc.edu/nurdiv). Students are expected to use LCMail for all electronic communication with faculty.

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.

Course Challenge for Admitted Students

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 Catalogue 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.

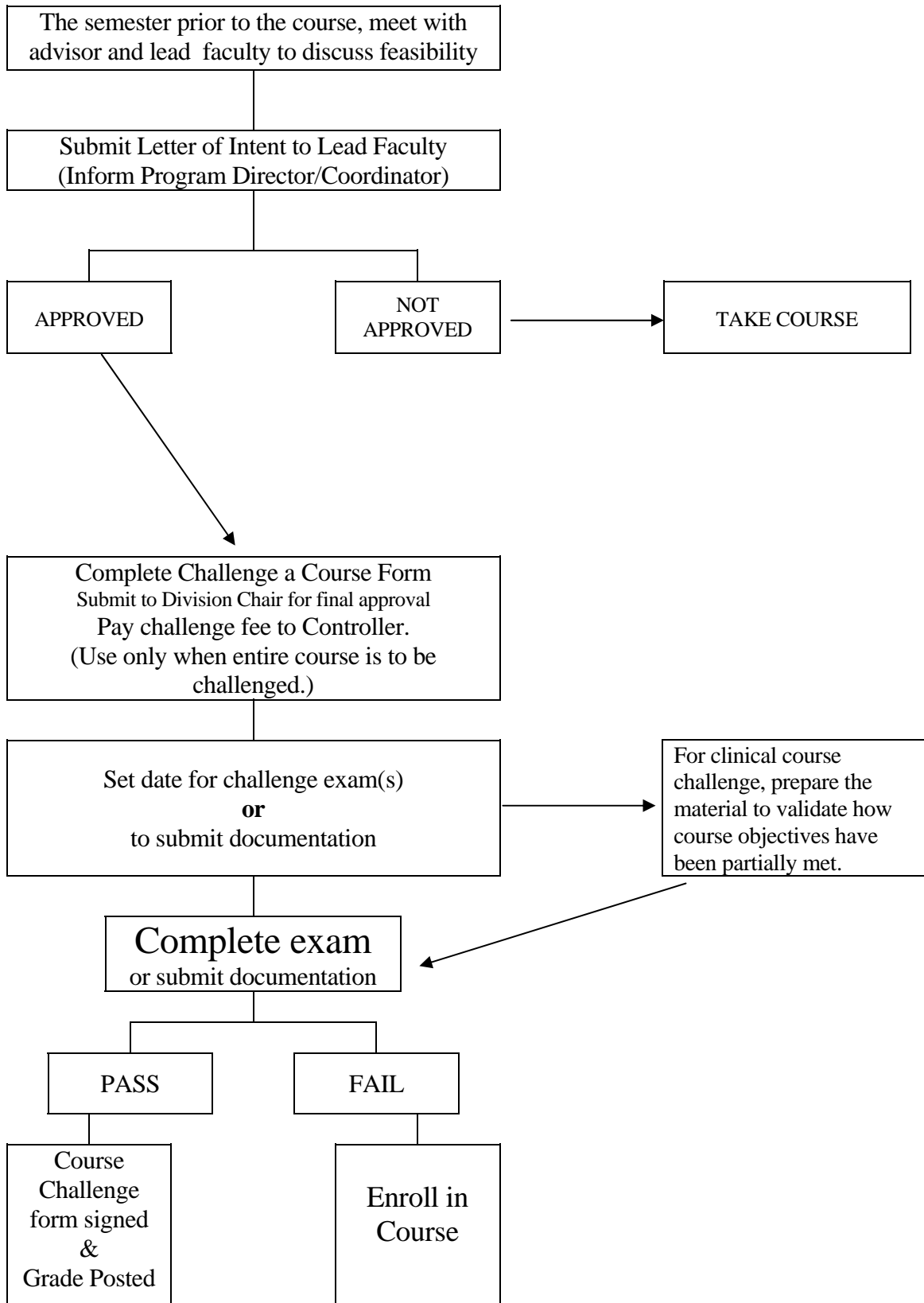
The Lead Faculty Role:

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 coursework 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 coursework 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:
 - o Student, Advisor, and Program Director/Coordinator are notified in writing
 - o Student meets with academic advisor for registration and advising
 - o Student completes updated background check
 - B. If not re-admitted:
 - o Meet with Academic Advisor to review options
 - o Meet with LCSC Career & Advising Services for career opportunities

Criteria information 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

Policy

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 Requirements 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.

Pre-Program (BSN) Progression

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

Non-Acceptance (BSN)

Qualified students who are not accepted into the Bachelor of Science program may reapply at the next time of application. An Associate of Arts degree is available to those students awaiting a second application period. Nine credits are needed for the Associate of Arts degree in addition to those courses required for application to the nursing program. See your Academic Advisor or Career & Advising Services for assistance.

RN to BSN Program Entry

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

- Students wishing to participate in classes in the BSN curriculum (courses with NU prefix), must apply for and attain admission to the BSN program.
- Registered nurses who wish to complete a Bachelor of Science degree in Nursing must be admitted to the RN to BSN Track in order to register for courses within the RN to BSN curriculum plan.
- Registered nurses who are non-degree seeking and wish to participate in classes in the BSN curriculum may register for non-clinical course in the basic BSN program with written permission of the course faculty.

Exceptions to the above restrictions:

The 300-level RN to BSN coursework) may be completed very successfully by the non-admitted student. Those courses are open to all registered nurses, licensed practical nurses, and associate degree students who are admitted to LCSC as pre-RN to BSN or pre-LPN to BSN. These courses are open to non-degree seeking registered nurses with written permission of the course faculty.

Admission to the program assures that BSN classes are comprised of students properly prepared through course sequencing to participate knowledgeably in the nursing courses.

	Non-degree seeking Licensed RN students (with permission)	Students accepted to and enrolled in an ADN program	Registered Nurse student
All courses in the Basic BSN track with NU prefix taken only by basic students (excludes courses also in the RN to BSN Track)	NU 313/NU 314 Professional Role Development I and II NU 312 Pharmacology in Nursing NU 352 Psychiatric/Mental Health Nursing NU 354 Geriatric Nursing NU 325/NU 341 Alterations in Health I and II Excludes: NU 413/414 Professional Role Development III or IV, NU 445/446 Nursing Research I or II, NU 440/442 Community Health Nursing and Practicum, NU 469 Healthcare Policy & Economics		
All courses in the RN to BSN Track Curriculum Plan	Program admission is required for NU prefix courses; exceptions below:		
NU 306/307 Health Assessment & Lab	Requires written permission of the course faculty for registration	Permitted for pre-RN to BSN student	Permitted for pre-RN to BSN student
NU 360 Transcultural Nursing	Requires written permission of the course faculty for registration	Permitted for pre-RN to BSN student	Permitted for pre-RN to BSN student
NU 370	Requires written permission of the course faculty for registration	Permitted for pre-RN to BSN student	Permitted for pre-RN to BSN student

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 Programs
 - f. 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).
- a. The check will be reviewed by the Division Chair (or designee) to determine if the background check is clean.
 - b. If the check is clean the student will be eligible for full admission to the program.
 - c. 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.
 - d. 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.
 - e. After consideration of the appeal, the Chair (or designee) will make the final admission decision in consultation with the Idaho Board of Nursing.
 - f. 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.

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 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).

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.*

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.

APPENDIX

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.	<i>Incorrect</i>
The teacher rewarded the class with tokens.	<i>Correct</i>

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

Science of Nursing

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

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

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

Art of Nursing

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

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

- Commitment – Commitment to relationship is essential to caring. Nursing is a mutual interactive process producing an experience where both the client and nurse benefit.
- Compassion – Compassion means having an understanding of and being sensitive to situations and needs, understanding an experience from another’s perspective.
- Confidence – Encourages trust, truth, and respect without fear or conditions.
- Competence – Combining judgment and skills with knowledge and experience to best serve the client.
- Conscience –A process of valuing self and others. Conscience encompasses the principles of humanistic nursing care and the American Nurses Association Code of Ethics.
- Collaboration – working with others in a way that promotes/encourages each person’s contributions toward achieving optimal/realistic patient/family goals. Involves inter-disciplinary work with colleagues and community.
- Cultural Sensitivity - to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values.

Teaching/Learning Environment

We believe in providing an environment that requires the student to be actively involved and to take responsibility for their learning.

We believe in and strive to create an interactive teaching-learning environment which embraces various teaching methods and modalities and 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
<p>III. Leadership in the Health Care System</p> <p>*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</p>	<ul style="list-style-type: none"> • Clinical Evaluation Tool • BSN Graduate Survey • Employer Survey • Professional Service Survey • Course Grades: NU 477; NU 478

<p>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">• Nursing Research Presentations & Grades
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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**

Allotted Points 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</u> is 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:				
Allotted Points 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) 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.

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 Statement

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 Statement

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.
6. 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.
7. Maintain a safe instructional environment that encourages personal growth, recognized academic achievement, and provides adequate support mechanisms to foster student success.
8. Provide opportunity for students to attend and participate in local and regional professional meetings and educational seminars.
9. 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.
10. Apply critical thinking skills to synthesize knowledge in providing optimal care for patients at all times.
11. Properly utilize communication skills with members of the public, colleagues, patients and other healthcare providers.
12. 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 an 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 the Radiographic Science department at Lewis-Clark State College (LCSC). 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.

The Radiographic Science lab at LCSC does not include radioisotopes or radiation therapy equipment, so such exposures are not possible, and hence are not covered by this policy.