LEWIS CLARK STATE COLLEGE

NURSING & HEALTH SCIENCES

Nursing & Health Sciences Division

STUDENT HANDBOOK

2024-2025

7/10/24

TABLE OF CONTENTS

Contents

TABLE OF CONTENTS **1**

STUDENT HANDBOOK DECLARATION FORM **1**

Student Photo/ Video Consent **2**

HEALTH AND BACKGROUND CHECK REQUIREMENTS **4**
- Health Requirements of NHS Students 4
- Declination of Immunization 5
- Liability Insurance 5
- Personal Health Insurance 5
- Background Check Policy 5

CORONAVIRUS (COVID-19) POLICIES **8**
- COVID-19 *(revised 1-20-21)* 8

ACADEMIC POLICIES **9**
- Academic Advising 9
- Academic Dishonesty 10
- Accountability by NHS Students 11
- Grievance, Complaint, Grade Appeal 13
- NHS Student Code of Conduct & Responsibility 13
- Misconduct Policy 15
- Disciplinary Process 16
- Progression Policy 16
- NHS Grading Scale 18
- Re-Entry Policy 18

CLINICAL POLICIES **21**
- Clinical Conduct/ Performance Expectations 21
- Evaluation of NHS Students: Clinical Practicum 22
- Performance Improvement Plan (PIP) 23
- Clinical Conference 25
- Dress Code 25
- Error/Incident 26
- Performance Standards 27
- Special Requirements 29

Illness/Health/Safety of Student **30**
- Chronic or Unstable Medical/Emotional Illness 30
- Excused Medical Absence 30
- Medications: Personal Prescriptions 31

Prevention of Transmission of Communicable Disease: Standard/Universal Precautions **31**
- Clinical Exposure Policy 32
- Clinical Injury Policy 34

Protection Orders (Order of Protection/Restraining Order) **35**

Clinical Resource Center Student Use Policy **35**
Clinical Resource Center Lab Definitions 36

Simulation Lab **37**

Site/ Agency Policies **38**

OTHER POLICIES & INFORMATION **40**
Assessment/ Program Evaluation Process 40
Children in the Classroom 40
Confidentiality Statement 40
Consensual Relationships 41
Papers/Written Assignments 42
Pregnancy and Breastfeeding Statement 42
References for NHS Students 42
Student Representation at NHS Meetings 42
Transportation/ Expenses for Clinical 42
Voice Recording 42

APPENDIX **43**

NHS: General Appearance Guidelines **44**

NURSING & HEALTH SCIENCES DIVISION DRUG AND ALCOHOL TESTING POLICY **46**

NHS Course Status Form: Course Grade Less than "C"/Course Requirement **51**

NHS Course Status Form: Incomplete Course Status **52**

Course Request Form: Re-entry Student **53**

Program Re-Entry Application **54**

BSN Student Performance Improvement Plan Form **55**

Incident Report **56**

Immunization Declination Form Example **58**

Excused Medical Absence Agreement **59**

APPENDIX A **60**

BSN PROGRAM **60**

Accreditation **61**

BSN Program Mission Statement **61**

Vision **61**

Guiding Principles 61

BSN Foundation 61

Science of Nursing 61

Art of Nursing 62

Teaching/ Learning Environment 62

AACN Professional Values (2008) 62

American Nurses Association (ANA) Code of Ethics for Nurses* 63

Nursing Code of Ethics and Social Networking Policy 63

BSN Student and Program Outcomes 66

BSN Standard Paper Rubric for Major Papers 67

BSN Student Transfer Policy 68

Course Challenge Procedure 69

Student Membership in Professional Organizations 69

BSN Program Testing Policy including HESI Testing and Remediation 71

NHS HESI Remediation Rubric: ..... Error! Bookmark not defined.

APPENDIX B 76

RS PROGRAM 76

Radiographic Science Mission 77

Radiographic Science Program Expected Outcomes 77

Radiographic Science Program Philosophy 77

ARRT/ASRT® Code of Ethics for Radiographers 78

Radiation Exposure/ Safety Policy 79

MRI Safety Screening Policy/Protocol 80

Procedure for Acquisition and Replacement of Damaged/Lost Radiation Monitoring Devices 80

Declaration of Pregnancy Policy: Radiation Protection 80

Declaration of Pregnancy Form 83

Revocation of Declaration of Pregnancy 84

Equitable Learning Opportunities Provided for All NHS Students Policy **85**

Direct vs. Indirect Supervision in Clinical Experience Courses **86**

Escrow Credits: Radiography Students **86**

APPENDIX C CLINICAL RESOURCE CENTER AND SIMULATION LABS **88**

RULES **89**

LAB EQUIPMENT **91**
MANIKINS 91
BEDS/EQUIPMENT 91
MEDICATION CARTS 91
CRASH CARTS 91

Simulation Lab / Clinical Rotation Experience/Waiver **92**

STUDENT HANDBOOK DECLARATION FORM

To be completed by all NHS Students

All NHS Students accepted to a Nursing & Health Sciences Program must print a copy of this form and upload a signed copy to their CastleBranch account.

Accountability Statement

I,_____, hereby declare that I am responsible and
Print Full Name
accountable for the information set forth in the 2024-2025 NHS Student Handbook, including the program specific content in the appropriate Appendix. I understand this handbook is subject to change. I also understand that I will be informed via my LC Mail account or a posting to the division web page (www.lcsc.edu/nursing) of any policy changes made during this academic year. My signature below indicates my agreement to familiarize myself with the contents of this Handbook and abide by these Nursing & Health Sciences policies to the best of my ability. I understand I am to refer to the LCSC College Catalog for college-related policies and procedures. I understand I am to use LCMail for all electronic communication with faculty and that I am responsible for accessing LCMail and the division website on a regular basis.

_____	_____	_____
Signature	Program	Date

Confidentiality Statement

I,_____, hereby declare that I have read the confidentiality statement in this handbook. I have been provided the opportunity to ask questions and understand what constitutes confidential information. I agree, as a student of Lewis-Clark State College, to keep confidential, information to which I am exposed during all clinical and classroom experiences. This includes information presented in clinical mid or post conference, case studies and classroom discussions, as well as information associated with patients to whom I provide care. I understand that if I am found to have shared confidential information with unauthorized individuals in any form (verbal, written, electronic, or through any social medium), it may be grounds for immediate termination from the NHS program.

_____	_____	_____
Signature	Program	Date

Student Photo/ Video Consent

I consent for the Nursing and Health Sciences Division at Lewis-Clark State College to place my photo in my NHS student file. The photo will be a replica of the one taken for my LCSC-NHS Student ID badge. I understand the purpose is to help faculty and staff become acquainted with NHS Students and to aid in identifying NHS Students should an emergency arise. I give Lewis-Clark State College permission to copyright and publish all or any part of photographs, video, voice recordings and/ or written/ spoken statements taken of me for use in any public relations and/ or marketing campaigns or collateral for Lewis-Clark State College. I understand that I will receive no compensation for the use of my likeness.

In addition, if I have supplied my testimonial, it has been done by my own free will, involving no type of incentive or coercion. I understand that my testimonial may be used in connection with promoting Lewis-Clark State College. I authorize Lewis-Clark State College to use my name, brief biographical information, and the testimonial as defined on this form. Additionally, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I am 18 years of age or older, and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing before signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature_____ Program_____ Date_____

Student Code Violations Consent Disclosure

I hereby authorize the Vice President for Student Affairs to release any records of LCSC Student Code violations that have occurred while I have been enrolled at the college. I understand that these records will be reviewed as a part of a formal background check related to admission to my program of study.

Signature_____Program_____Date_____

Authorization for Release of Record

I hereby authorize the Nursing and Health Sciences Division to release information as requested by clinical agencies. Such information may include, but is not limited to maintenance of health requirements and background check results.

Signature_____Program_____Date_____

Drug Testing Consent

I,_____, have read the LCSC Nursing and Health Sciences Drug and Alcohol Testing Policy. I understand and agree to comply with the policies and procedures and specifically consent to Drug and Alcohol Testing as provided for in the Drug and Alcohol Testing Policy. I understand some clinical agencies may require students to have an additional drug screen or other testing performed prior to allowing students to complete their clinical in their agencies. I further understand I am responsible for the cost of such testing.

Signatu**re**_____Program_____Date_____

NURSING & HEALTH SCIENCES DIVISION STUDENT HANDBOOK

The rights and responsibilities of all NHS students are detailed in the Lewis-Clark State College Catalog, while policies and procedures specific to NHS students enrolled in one of the Nursing & Health Sciences programs are detailed in the current year NHS Student Handbook. The NHS Student Handbook is updated annually and as needed. Changes are communicated to all NHS Students via LCMail, posting on department bulletin boards in Sacajawea Hall, and on the division website.

NURSING & HEALTH SCIENCES DIVISION MISSION STATEMENT

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

HEALTH AND BACKGROUND CHECK REQUIREMENTS

Health Requirements of NHS Students

Immunization, CPR, and Background Check Requirements

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

In addition to uploading immunization and CPR documentation, NHS students document this data on the LCSC/NHS Student Clinical Passport form that is maintained by the student and accompanies them to all clinical rotations for review as necessary by authorized agency personnel.

Current immunization and CPR requirements, as well as the Student Clinical Passport form, are accessed under Student Resources on the NHS website.

Declination of Immunization

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

Specific healthcare institutions may require vaccination without exception (e.g., no declination). Some clinical agencies require any person that declines influenza vaccine to wear a mask at all times when providing patient care during the entire influenza season.

COVID-19 Vaccination: as the healthcare environment continues to evolve, we continue to collaborate with our clinical partners to provide the best practicum experiences for NHS students. Many of our partner clinical agencies require COVID-19 vaccination for students completing experiences at their facilities. Some clinical agencies will allow for approved medical or religious exemptions. However, some clinical agencies require vaccination without opportunity for exemption. A student requesting medical or religious exemption must contact the NHS Division office for instructions. Approval of an exemption request is NOT guaranteed. Some clinical agencies will evaluate requests for exemption through their own facility process. As such, an exemption approved through the LC process may vary from the clinical agency process, and the clinical agency has final authority. Be advised that clinical agency requirements may change at any time and as such, there is no guarantee of clinical placement for a student that has received an approved exemption. Inability to complete clinical requirements may result in inability to progress in the NHS program.

Liability Insurance

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

Personal Health Insurance

All NHS students are required to maintain personal health insurance throughout enrollment in the program. Students must provide documentation of coverage with health requirements.

Background Check Policy

Prior to admission to any NHS program and annually thereafter, all students enrolled in NHS programs are required to undergo a criminal background check (BGC). Failure to comply with BGC timelines will result in program dismissal. All NHS students must have a clear record on the BGC before being fully admitted or progressing in an NHS program. The background check will be obtained from an NHS designated third-party vendor and the student is responsible for costs associated with the annual background check. Agencies may have additional, specific requirements.

NHS cannot guarantee clinical placement or the ability to complete clinical hours if the student does not meet the agency requirements. ***Results of your background check may be released to authorized agencies or clinical/field experience/ internship sites***.

1. The background check will include the following:
   a. Social Security number and identity verification
   b. Criminal search (7 years) national, state, 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)
   g. Additional requirements may be added at any time

2. Derogatory information gathered as a result of a criminal background investigation, is the basis for eliminating a candidate from consideration for NHS program admission or for program dismissal, as clinical placement will not be possible and the student would be unable to complete clinical requirements. <u>Timeframe is for the last seven (7) years unless otherwise noted:</u>

   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, 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
   f. Homicide committed at any time
   g. Any conviction related to illegal drugs such as (but not limited to) possession of drugs or paraphernalia, or trafficking
   h. Abuse, exploitation or neglect of a vulnerable adult (disabled or elderly) committed at any time
   i. Assault or Battery
   j. Misdemeanor theft committed during the last 5 years or grand theft committed during the previous seven years
   k. 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
   l. DUI within the last 3 years or more than one DUI in the past five years
   m. Withheld judgement for DUI within the last 3 years or more than one withheld judgement for 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 place patients, faculty and/or NHS students at risk

3. NHS students will be provisionally admitted to the program, pending submission of a clear background check. All provisionally admitted NHS students will be provided instructions for obtaining a background check.

4. The initial and annual background check will be reviewed by the Division Chair (or designee) to determine if the background check is free of derogatory information.
   a. If the check is clear (without derogatory information), the student will be eligible for full admission to or continuation in the program.
   b. If the background check contains convictions for an offense listed above, or demonstrates a pattern of behavior deemed to potentially put patients, faculty, and/or students at risk, the student will be informed that derogatory information was identified as part of the background check process. If the student is an applicant for an NHS program, she/he may no longer be eligible for admission. If the student is currently in an NHS program, she/he may be dismissed from the program.

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

6. Background checks are maintained online by an approved third-party vendor. Those background checks that lead to program dismissal will be maintained in a locked file cabinet in NHS.

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

8. NHS students who leave the program, regardless of reason, must repeat a full BGC prior to being considered for readmission.

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

10. NHS will not address student questions about individual background checks results.

CORONAVIRUS (COVID-19) POLICIES

COVID-19 ***(revised 1-20-21)***

The health and well-being of students is the priority. All NHS students are expected to follow college, division, and clinical agency guidance and requirements in response to the coronavirus pandemic. Updated information can be found on the college Coronavirus (COVID-19) webpage. Students are encouraged to review the site on a regular basis.

Students are required to complete the Self-Screening Attestation (Appendix C) each day prior to entering any NHS lab or clinical setting.

Prior to entering the clinical setting, students will be instructed in the proper use of personal protective equipment (PPE) and procedures related to caring for patients in isolation precautions. Depending on clinical facility requirements, students may be fit-tested and provided with N-95 masks for use in the clinical setting. If approved by the clinical agency and the clinical instructor, students may care for patients diagnosed with COVID-19. Students may also be allowed to participate in COVID-19 vaccine clinics. Students agree to adhere to all clinical agency requirements, policies and protocols.

ACADEMIC POLICIES

Academic Advising

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

Student Responsibilities

- Be proactive in the advising experience.
- Schedule appointments and 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/ Student Planning to assist in this process.
- Demonstrate professional behavior.
- Clarify personal and academic goals.
- Become knowledgeable about the NHS program, policies, and procedures.
- Access and utilize campus resources as needed or advised.
- Participate in evaluating the advising process.
- Notify advisor of any issues that may affect academic performance.

Academic Advisor Responsibilities

- Advise NHS students regarding educational goals and assist with the development of clear, realistic educational plans.
- Maintain confidentiality.
- Inform NHS students of available resources.
- Identify NHS students requiring additional support, and refer accordingly.
- Use Warrior Web/ Student Planning to access official student documents such as transcripts, TRER, and class schedule.
- Assist NHS 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 NHS students in meeting LCSC core and graduation requirements.
- Assist NHS students in accessing and completing college forms.
- Assist NHS students in problem solving and in developing decision-making skills.
- Support NHS students in taking responsibility for their learning and educational experiences.

Credit Transfer

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

- NHS students must arrange for a copy of all college transcripts to be sent to LCSC's Admissions office.
- NHS students are notified when the transcripts have been received. NHS students may access transcript information via Warrior Web Transfer Equivalency Guide (TRER).
- The TRER shows the evaluation completed by the Admissions office. NHS students/faculty who wish to conduct an informal evaluation of courses may use the College Source: TES to determine course equivalencies.
- NHS 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 admissions policies and core requirements.

Petitions/Course Substitutions

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

Academic Dishonesty

Nursing & Health Sciences adheres to the policies described in the LCSC Catalog under Student Code of Conduct. Consequences for academic dishonesty are determined by the course faculty in accordance with NHS and College policies.

Academic dishonesty in any form is not tolerated. All work completed 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:

- Use of unauthorized notes when demonstrating a skill in the lab setting.
- Downloading or printing electronic copies of tests to a personal computer or as a paper copy.
- Use of online papers, presentations, or other material represented as the student's own work.
- Copying answers off another student's test or accessing unauthorized resources when taking an online exam.
- 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 or references for a scholarly paper.
- Claiming that you have looked at a clinical policy/procedure in the healthcare setting and then proceeding to perform a skill without having done so.
- Charting assessments/ actions from another health care professional's findings rather than your own findings.
- Charting medications as administered when they have not been given.
- Failure to complete an incident report that should have been completed.
- Charting patient care that was not provided; for instance, charting that a patient was repositioned every two hours when the patient was repositioned only 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 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: The deliberate adoption or reproduction of ideas or words or statement of another person as one's own without acknowledgement. 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 Nursing & Health Sciences Division requires that all formal papers be written using APA style. Please see Appendix for more detail.

Examples:
- Use of online quotes, wording, or data without proper citation of the source.
- 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.

Accountability by NHS Students

Class Attendance

Due to the nature of the content in NHS program courses, it is expected that NHS students will attend each class session. Refer to specific course syllabi for additional expectations regarding class

attendance.

Clinical Attendance

See Clinical/Lab Policies. Attendance is mandatory and required for all clinical experiences throughout an NHS program.

Conduct in Classroom Settings

Civil behavior is expected in all Teaching-Learning situations, whether face-to-face, virtual, or online classroom settings. Each faculty member has the right and the responsibility to set specific ground-rules pertaining to each course at the beginning of the semester. Respectful freedom of expression, conduct, and discourse is encouraged in class situations. Rude or discourteous behavior or communication that disrupts the Teaching-Learning environment is regarded as uncivil and will not be tolerated. Any behavior that negatively affects the Teaching-Learning environment or faculty-student well-being will be addressed directly and fairly. In general, keep the following in mind:

- Professional behavior is expected (e.g. timely submission of assignments, respectful discussion posts).
- Under no circumstance is a student permitted to post publicly (Facebook, social media venues, and other forms of electronic file sharing) any video or audio recording of an NHS lecture or activity without the written permission of the course faculty.
- Cell phones and other electronic devices should be turned off or set to silent mode.
- Minimize entering or leaving the classroom during instruction to avoid class disruption.
- Computers are to be used for note-taking or classroom activities only.
- Limit side discussions with your neighbor to points of clarification only.
- Electronic equipment is not permitted in the testing environment while test taking. Cell phones and other texting/ electronic devices are to be placed well away from students and in the "off" mode. Hats are not allowed, bags must be placed on the floor away from the desk, and calculators may be used only with permission of faculty. *NHS students using any notes or communication during testing will be sanctioned using the college policy of "cheating*".
- Specific patient information discussed during class is to be kept confidential.
- Leaving the classroom during test taking will not be allowed.

Late Assignments

NHS students are expected to complete all course assignments in accordance with the course syllabus and submit assignments by the stated due dates. 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
>4 days late = No credit

If the student anticipates that s/he will not be able to submit an assignment on time, the student must

communicate by 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.

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 communicate with the instructor, a 15% reduction will be made. Individual faculty may include alternate information regarding missed exams or quizzes in course syllabi.

Grievance, Complaint, Grade Appeal

NHS adheres to the Student Complaints/ Grievances policies of the College.

An appeal or formal complaint in NHS is defined as one submitted in writing through the appropriate department channels. The complaint must include a detailed description of the circumstances, the parties involved, and the action the complainant wishes to take.

The procedure for an appeal or formal complaint begins at the instructor/program/division level. There must be written evidence of progression through the appropriate channels at each step of the grievance.

Consistent with LCSC College policy, the appropriate channels are:

1. Course faculty member (attempt to resolve issue)
2. NHS Chair
3. College level (Student Affairs)

Related policies:

- Academic Dishonesty: Academic Policies
- Disciplinary Process: Appendix
- Performance Improvement Plan: Clinical Policies & Appendix
- Unsafe Clinical Practice: Clinical Policies
- Progression Policy: Academic Policies

NHS Student Code of Conduct & Responsibility

The Nursing & Health Sciences Division at Lewis-Clark State College upholds the following as guiding principles for student responsibilities and accountabilities while at Lewis-Clark State College:

- College Student Code of Conduct Policy

The radiographic sciences students at Lewis-Clark State College have added accountability to the

following (Appendix B):

- American Society of Radiologic Technologist (ASRT)
- Joint Review Committee on Education in Radiologic Technology (JRCERT)

Nursing students at Lewis-Clark State College have added accountability to the following (Appendix A):

- American Nurses Association Code of Ethics
- American Association of College of Nursing Professional Values
- Nursing Code of Ethics/ Social Networking Policy

The Nursing & Health Sciences Division has the mission in all programs to graduate students who will demonstrate the inherent values of *professionalism*. The NHS Student Code of Conduct is based on the understanding that to practice in the health professions is to uphold the trust that society has placed in members of the health professions. The statements of the Student Code of Conduct provide guidance for the student in the personal development of an ethical foundation for academic, clinical, and personal environments.

Failure to comply with student conduct codes will result in disciplinary action, which may include dismissal from the program.

The following are **Standards for Conduct** to be upheld by NHS students in nursing and radiographic science programs in all settings:

1. Models the LCSC Student Code of Conduct.
2. Models the professional standards of conduct for individual NHS programs (nursing and radiography).
3. Upholds personal accountability to act in a manner that reflects the highest moral and ethical integrity in the classroom, clinical lab and clinical settings.
4. Models concern for the well-being of others through supportive interactions with peers, faculty, and the community.
5. Models positive regard for the beliefs of others by acknowledging differences and supporting ideals that respect humanity.
6. Demonstrates respect for the inherent worth of all individuals and teachings associated with the programs within NHS.
7. Demonstrates honesty and safety in all activities associated with the program.
8. Communicates internally and externally in a truthful and accurate manner to ensure the integrity of information and data associated with the college and programs.
9. Models respectful behavior and use of constructive communication techniques when addressing problems.

10. Uses every opportunity to improve faculty and clinical staff understanding of the learning needs of NHS students.
11. Abstains from the influence of alcoholic drinks or any substance that impairs judgment in the academic and clinical setting. A positive drug screen may lead to dismissal from the program.
12. Models positive behaviors of citizenship to the individuals and communities we work beside and serve, demonstrating compassion, fairness, and conscience without regard to age, gender, citizenship, national origin, religion, race, socio-economic level, disability or sexual orientation.
13. Refrains from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.
14. Refrains from use of social media communication that is in conflict with professional standards of confidentiality, privacy, and respect. Use of social media respects the rights and welfare of all individuals and holds in high regard individual integrity in all cases.
15. Assists the staff nurse or preceptor in ensuring there is full disclosure and that proper authorizations are obtained from clients regarding any form of treatment or research.
16. Provides care for the client in a timely, compassionate and professional manner.
17. Communicates client care in a truthful, timely and accurate manner.

References

National Student Nurses Association (2001). *Code of academic and clinical conduct*. Retrieved from Code of Ethics.pdf (dropbox.com).

Misconduct Policy

Student misconduct is in direct conflict with the principles and philosophy of professional nursing. Student misconduct of any type will not be tolerated as it lowers the standards of nursing practice, and consequently jeopardizes the safe provision of client care, affecting the lives and well-being of the public.

Academic Misconduct is based on academic performance as measured by grades or through evaluation of clinical performance (see Progression Policy).

Discipline for Misconduct stems from the student's failure to comply with Lewis-Clark State College and Nursing & Health Sciences Division Codes of Conduct, Nursing Code of Conduct/ Social Networking Policy, or with any college or NHS clinical rules and regulations (syllabi or NHS Student Handbook). Examples of misconduct include, but are not limited to, cheating, allowing access to information to support cheating, plagiarism, alcohol or substance use, or behavior not in alignment with the standards and ethics of the nursing profession.

Violations of the NHS Student Code of Conduct will be documented by the faculty member who has witnessed the offense. Documentation will be shared with the student and the student will sign the document, indicating the complaint has been shared with them. The complaint will be forwarded to

the Division Chair. Further actions both for improvement and discipline will be determined by the Division Chair in conjunction with the course/ lead faculty. Violations of any NHS conduct policy may also be referred to the Vice President for Student Affairs and may result in course or program dismissal.

Disciplinary Process

NHS adheres to the LCSC Student Code of Conduct and follows the process outlined in the policy.

Purpose: Applied when a student violates the LCSC Student Code of Conduct, including prohibitions against Academic Dishonesty, or violates any more stringent standard of conduct set out in this Nursing & Health Sciences Student Handbook.

Progression Policy

Progression is the term used for advancing from one semester to the next while in an NHS program. Many criteria must be met to facilitate program progression, including:

1. Background Check/ Health Requirements: Upon admission and throughout the program, NHS students must maintain department/ clinical agency policies for health requirements, CPR, and background checks.
2. Grades: NHS students must achieve minimum program grades in all required courses (general education, support, and program courses). NHS students must earn a "Pass" in Pass/Fail courses and the minimum required program or course grade in graded courses (73-80% for BSN; 75% for RS).
    a. **NHS students earning a "Fail" grade or grade less than that required by the program or the specific course (noted in course syllabus), are dismissed from the program.**
    b. NHS students who are at risk for, or who have, failed a course should initiate a meeting with their faculty advisor prior to the end of the semester in which the course was taken to develop an academic plan. See Course Failure or Grade Less than "C" / Program/ Course Requirement section below.
    c. See the NHS Re-Entry Policy.
    d. NHS students earning a failing grade in a course with the NU or RS prefix are eligible to retake the course one time only (if re-entry is approved); if student is re-admitted to the program and a course is failed after a second attempt, the student may not continue in the program and the Re-Entry process does not apply.

Special Notes:

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

Students who earn a failing grade in a nursing course must successfully repeat that course (if re-entry is approved) prior to advancing to other nursing classes or programs.

Course Failure or Grade Less than "C" / Program/ Course Requirement

Faculty Roles:

Course Faculty:

- Makes course grades available at midterm for student awareness of risk of failure in course
- Assists NHS students seeking help for remediation and plan for success
- At end of semester, completes Course Status Form: Grade Less than "C" for NHS students failing to meet minimum course grade. Forwards to: Chair, Admissions and Progression Committee; Student's academic advisor

Academic Advisor:

- Advises student related to nursing/radiography major and course standing
- Meets with student to assess options and develop plan:
    - Potential change of major
    - Re-entry application to program
    - Completes necessary paperwork and forwards to appropriate faculty depending on decisions (see Re-entry Policy)

Incomplete "I" Grade

A grade of "incomplete (I)" is assigned in cases when substantial progress toward completion of coursework (including attendance requirements) has been accomplished at a satisfactory level, but, because of extenuating circumstances, is not fully completed by the end of the semester. If "I" timelines are not met, a 'failing' grade is earned and the student is dismissed from the program.

Faculty Roles:

Course Faculty:

- Notifies student of "I" grade.
- Completes Course Status Form: Incomplete Grade (Appendix or NHS faculty website), including a written description of work to be finished together with relevant timelines.
- Distributes form as indicated, including a copy to the Student File and to the Academic Advisor.
- Notifies student of all program decisions resulting from the academic plan.

NHS Grading Scale

(Course Specific Policies Apply*)

GRADE	QUALITY POINTS	PERCENTAGE BSN	PERCENTAGE RS
A	4.00	93	93
A-	3.67	90	90
B+	3.33	87	87
B	3.00	83	83
B-	2.67	80	80
C+	2.33	77	77
C	2.00	73-75*	75
**	Non-Progression	<73-80*	<80

**NHS uses the college grading scale as an overall minimum requirement. Within some courses there is a higher minimum requirement to pass the course. Grading criteria for each course is clearly defined and communicated to students through individual course syllabi.

Re-Entry Policy

Re-entry within two (2) academic semesters.

If qualified, NHS students who have been separated from an NHS program for two (2) or fewer academic semesters may apply for re-entry using the Re-Entry Application. If the application is approved, the student will re-enter the program at the level following the level that was last successfully completed. Re-entry is not guaranteed.

Re-entry following more than two (2) academic semesters.

NHS students who seek to return to the program after an absence of more than two (2) academic semesters must complete the regular program application and compete with all other applicants in the admission cycle. Students in this situation are responsible to contact Financial Aid to understand financial aid implications.

General Information

It is recommended that NHS students who separate from an NHS program for not meeting grade requirements do not seek to immediately re-enter the program.

Re-entry is granted one time only and is not guaranteed. Re-entry is not granted in cases of Academic Suspension. If re-entry is denied, the NHS internal petition process may not be used to request further consideration.

Re-entry is generally <u>not</u> granted if any of the following conditions exist: The student:

- acquired <u>more than one</u> probationary status while in the program
- earned less than a “C” grade in <u>more than one program course</u>
- violated the Student Code of Conduct (College or Division)

Required Re-Entry Coursework (all BSN students)*:*

1. Together with your Academic Advisor, complete the **Course Request Form: Re-entry Student**.
2. Include the **Course Request Form** with your re-entry application.
3. See the following table for required coursework in each program and level. These requirements apply to all applications for re-entry.
4. The NHS student is responsible to contact Financial Aid for the impact on any assistance the student receives.

BSN Nursing	**Theory**	**Clinical**	**Failed Course**
Returning student in good standing	Evaluate	Evaluate	NA
J-1 semester Failed any course in the J-1 semester	NU 325	NU 332	Yes
J-2 semester Failed any course in the J-2 semester	NU 341	NU 342	Yes
S-1 semester Failed any course in the S-1 semester	Evaluate	Evaluate	Yes
S-2 semester Failed any course in the S-2 semester	NU 421	NU 477	Yes
RN to BSN Nursing	Evaluate	N/A	Yes
Radiography	Evaluate	Evaluate	Yes

NHS students enrolled in any nursing course are permitted access to CRC Open Lab for practice of skills.

***Re-Entry Requirements*:**

NHS Students in Good Standing

NHS students who separated from the program in *good standing*, including NHS students who*:*

1. Left the program for personal reasons or emergency situations
2. Successfully completed with passing grades, all program courses for which they registered
3. Consistently demonstrated compliance with college and Division Code of Conduct and NHS Student Handbook policies
4. Have no academic or behavior warnings or probations on file

NHS students submit the following:

1. Re-entry application (see procedure for all materials needed)
2. Letter explaining the request to return a written statement detailing a plan for the ability to successfully complete the program.

At-Risk NHS Students

NHS students who have separated from the program and who have academic or conduct issues

include:

1. NHS students who have failed one or more nursing courses
2. NHS students whose record includes warnings or probationary status from the College or NHS division

At-Risk NHS students submit the following:

1. Re-entry application (see procedure for all materials needed)
2. Narrative Plan of Action*
3. Course Request Form: Re-entry NHS students (available on Nursing & Health Sciences website)

*What is a Narrative Plan of Action?
This written plan thoroughly addresses reasons for leaving the program and a detailed plan for academic success. A short narration to explain the following is required:

- Statement of the problem/situation that interfered with successful program/course completion.
- Changes in circumstances that have occurred since exit from the program that correct the initial situation that prevented completion.
- Action steps that that you have taken and observed improvements in the situation so that success in re-entry is more likely.

Re-entry Decisions

Decisions for re-entry of individual NHS students are based on:

1. Student's overall performance in program coursework
    a. academic performance
    b. scenario testing
    c. clinical evaluations
2. Student's record of accountability and initiative taken toward successful resolution of issues and problems encountered while in the NHS program
    a. course failure or Grade Less than "C" form
    b. advising and faculty records
    c. record of professional communications and conduct
3. Student's self-reflection and insight into the issues that contributed to leaving the program in a *Narrative Plan of Action*.
    a. identifies problems that led to course failure
    b. identifies steps taken by the student toward resolution of the problem
4. Grade information from pre-program coursework
5. Available resources

Withdrawal from an NHS Program

Regardless of the reason, NHS students are encouraged to meet with their academic advisor prior to deciding to withdraw from an NHS program. NHS students who elect to withdraw from an NHS program must do so in writing to the Division Chair and should include the reason for withdrawal, including date of withdrawal and terms of course withdrawals. Withdrawals ("W") count as one attempt in the course for application eligibility or Re-Entry purposes.

CLINICAL POLICIES

Clinical Conduct/Performance Expectations

- Clinical attendance is required. Three (3) clinical 'tardies' are equivalent to one (1) clinical absence.
- NHS students must fulfill the required number of course clinical hours to obtain a satisfactory grade of "P" [73% in all categories of the clinical evaluation tool (CET) or 75% for radiography].
- The student is responsible for notifying the assigned clinical instructor and clinical agency (if precepted experience) prior to absence. Radiography students notify the Clinical Coordinator and the clinical agency (contact information is found in course syllabi).
- Absences may result in a course grade of incomplete or failure or may be made up at the discretion of the faculty and the availability of clinical resources. If a radiography student fails to follow the attendance policy, yet is allowed to remain in the program, the student will do so under *probationary* status.
- Excused Medical Absences: See Excused Medical Absence Policy & Agreement in Appendix.
- Some clinical agencies require drug testing prior to students performing clinical/preceptorship at their agencies. A positive drug screen may lead to academic dismissal from the NHS program.
- Nursing students are expected to be prepared for report promptly at the beginning of the assigned shift.
- Radiography students may not go to clinical if:
    - Film badge was lost and/or damaged (also includes if the student is awaiting replacement badge).

Clinical Practice: Unsafe Clinical Practice

Definition of Safe Practice
The student will demonstrate patterns of professional behavior, which follow the legal and ethical codes of the profession; 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.

Definition of 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 or radiography professions, 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 or contrast media without knowing indications for patient precautions or adverse effects
- Administration of medications or contrast media, or performance of invasive procedures without notification of the clinical faculty prior to administration (direct supervision required for all nursing and radiography students)
- Negligence in the care of a client which could reasonably cause injury or harm to a client or to co-workers (*Negligence is defined as the failure to do something that a reasonable person of ordinary prudence who has been given a similar level of training would do in a certain situation, or doing something that such a person would not do*).
- Attempting activities without adequate orientation, theoretical or clinical preparation
- Attempting activities without appropriate assistance or supervision
- Use of patient care equipment without proper orientation
- Failure to report life-threatening changes in a patient's status
- 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
- Outside employment or other activities that, in conjunction with clinical hours (immediately before or after clinical practicum), exceeds standard shift length (nursing and radiography)
- Unethical behavior of a serious nature

A student whose behavior denotes unsafe or potentially harmful clinical practice <u>will be removed</u> from the clinical setting. In such cases, a final determination of "Unsafe Clinical Behavior" is made by course faculty in consultation with the lead faculty and program coordinator/director/ leadership team. The student may earn a grade of "Fail" for the clinical course when actions are deemed "unsafe", and may be dismissed from the program. NHS and College Grade Appeal processes are available to the student who is assigned the grade of "Fail" as a result of "unsafe" practice.

Evaluation of NHS Students: Clinical Practicum

Clinical Evaluation Tools (CET) are used to evaluate student performance in clinical practicum courses.

1. Each clinical course has an evaluation tool.
2. Performance is based on the student's ability to perform consistently the behaviors listed on each of the assessments.
3. (P) pass and (F) fail grading:
    a. (P) = satisfactory performance indicates that the student has adequately met all criteria for each objective with 73% or greater on the clinical evaluation tool (CET)
    b. (F) = unsatisfactory performance indicates the student has not adequately met all criteria for

each objective, earning less than 73% on the clinical evaluation tool (CET)

4. The student is expected to maintain satisfactory performance gained in previous nursing courses as s/he progresses through the program.
5. The student must adhere to the policies contained within the NHS Student Handbook under "Clinical Policies" and specific course policies found in each syllabus.
6. 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 Performance Improvement Plan (see Performance Improvement Plan) or the student may be dismissed from the program.

Performance Improvement Plan (PIP)

All NHS students are expected to perform within professional, program, and course guidelines for student conduct. These guidelines are outlined within the NHS Student Handbook, course syllabi, and Clinical Evaluation Tool, and include professional standards and clinical policies.

In the clinical, lab, or simulation setting, when conduct violates the above standards or policies, a Performance Improvement Plan (Appendix) documents the issue, states the plan for performance improvement and identifies the expected student outcome. This documentation becomes part of the permanent NHS student file. Student conduct and performance that reflects the high standards set within NHS is expected throughout the course of study. Therefore, faculty members examine student files for trends or continuation of problem behavior. Accumulation of multiple Performance Improvement Plans in the student file may result in further action, including probation or dismissal from the program.

The use of performance improvement applies to clinical performance. The nature of the problem will determine the level of performance improvement required. Examples include but are not limited to:

- clinical performance that has not progressed to meet level standards
- failure to meet policies outlined in the Student Handbook
- conduct that is unprofessional or disrespectful to patients, NHS students, or faculty
- unethical behavior

Minor problems/issues, appearing once but do not present a concern for patient or student safety (such as student appearance or absences) will be documented on the student evaluation form (CET) or in the student file, and discussed with the student. If the problem is not corrected immediately, it may be pursued as a violation of the Student Code or Nursing Code of Ethics and a Performance Improvement Plan will be initiated.

Written Warning:
Indicates performance may not meet expected level in accordance with the course progress indicators or fails to show progression in learning. Examples include, but are not limited to clinical skill inefficiency, the need to continually look up common medications, lack of communication or patient teaching, the need to repeatedly ask basic questions, or professional issues such as disrespect. Failure to complete the Performance Improvement Plan may result in further action.

Probation:
Indicates the student's performance 1) is deficient for critical behaviors listed on the course CET, 2) is potentially endangering to patients, faculty, or NHS students 3) violates ethical/legal standards, or 4) is consistently below expected standards for the course level. These behaviors indicate that the student is in jeopardy of course failure. Examples include, but are not limited to: continued offenses requiring written

warnings; failure to remediate successfully; impaired practice; safety problems in skills involving patients or hospital staff; medication administration errors, or blatant disregard for professional standards of behavior.

During a probationary period, if the student remains below 73% for nursing or 75% for radiography in any component of the evaluation form, the student will fail the clinical course.

Probation initiated near the end of a clinical course, when time for performance improvement is limited may result in a clinical course failure. Probationary status for a student may be initiated only two (2) times during the program. A third incident may result in a clinical course failure and dismissal from the program.

Notes:

- NHS students must respond to the initiation of a Performance Improvement Plan within **48 hours** by contacting the designated person who will assist them with the plan.

- Performance improvement is required for the partners in any Peer Skills Check-off for skills that have been verified/checked-off by the partner and are later found to be deficient.

- If performance improvement relates to a clinical skill, that specific skill may not be performed in the clinical setting until the Performance Improvement Plan is satisfied.

- If a plan involves a skill that is pervasive to the clinical experience, the student may be asked to leave clinical until the Performance Improvement Plan is successfully satisfied. Any missed clinical days count as clinical absences.

- NHS students must be self-directed for performance improvement since the skills have been previously taught. This means that the independent use of class material, practice in Open Lab hours, and use of supplemental video resources is expected. The lab faculty and/or CRC Coordinator are to be used for clarifications or to answer questions. NHS faculty or the CRC Coordinator must sign the Performance Improvement Plan indicating that the skill or performance measure is successfully addressed/ completed.

Immediate Program Dismissal:
Immediate dismissal from the program may occur when a student demonstrates negligent or "unsafe" clinical behavior. In this instance, a grade of 'Fail' for the course is posted immediately; the student may not drop or withdraw from the clinical course if the clinical performance has been deemed unsafe. In cases of questionable performance in the clinical setting the student may be asked by faculty to leave the clinical area until a determination of course status is made.

Grade Appeal Process:
The Grade Appeal process is available to the student who receives a failing grade under this Performance Improvement Plan policy.

Clinical Conference

Nursing
Clinical conference is a discussion and planning session that allows the group to focus on the learning objectives for the clinical session. Time is allowed for NHS 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 considered a partial clinical absence.
- NHS students are expected to be punctual for conferences; punctuality is evaluated as a component of time management skills.
- NHS students must be prepared for discussion and regular participation to attain satisfactory performance grades for communication, analytical thinking, and teamwork in the clinical evaluation. NHS students who are not prepared for the clinical conference may be asked to leave the clinical setting. This will be treated as a clinical absence.

Radiography
Post-clinical conferences will be scheduled intermittently. Conferences provide NHS students an opportunity to present interesting cases from their current clinical site. NHS students may present perfect images, problematic images, or interesting pathology. This is also a time for NHS students to discuss experiences that may elicit emotional responses (e.g., a behavior observed at the clinical site that students felt to be inappropriate, death of a patient, etc.). Concerns are addressed and learning experiences are identified. Attendance is required at all clinical conferences.

Dress Code

NHS faculty believes the image portrayed to the patients and public about our programs is of great importance. The clinical uniform and personal hygiene practices exhibited by students can reinforce our dedication to high quality, safe, and evidence-based care.

The dress code is in place to ensure:

1. NHS students are easily identifiable to the patient and staff to assure patient safety through the consistency of the uniform and personal identification as a student.
2. NHS students present a positive personal and professional image to patients, visitors, providers, staff and fellow NHS students.
3. NHS students present an image that promotes confidence and trust among others and represents pride in LCSC while balancing comfort and practicality.
4. NHS students maintain standards of hygiene and universal safety precautions which decrease the risks inherent in the role of apparel in the cross-transmission of pathogens which may result in healthcare-associated infections.

Consequences of dress code violations:

NHS students arriving at the clinical agency improperly groomed or dressed or who violate any of the NHS guidelines will be dismissed from the clinical setting. The absence will count as a clinical

absence. Inability to meet these policies must immediately be reported to the clinical instructor. Ongoing violations will be managed through the Performance Improvement Plan process. Consistent disregard for dress code policies may result in dismissal from the program.

Dress Code Expectations/Guidelines

NHS students wear the approved student uniform as outlined in the Appendix (determined for each program) while in the clinical setting, during scenario testing and simulation, as well as in lab courses, if so directed by course instructors.

- *Professional-casual attire:* situations may arise in which NHS students are present in a clinical agency or healthcare setting on school-related visits in which a uniform is not required. In these situations, NHS students are expected to dress in "professional casual attire": slacks/chinos/skirts (no jeans/sweats), blouse or buttoned shirt/sweater (no T-shirts/sweats), casual socks/hose/shoes (no sneakers/Crocs/flip-flops). Program approved attire (polo shirt/vest/jacket) with the LCSC/NHS logo may also be worn in these situations.
- The student uniform may be worn to and from the clinical setting but is not to be worn in public on personal business (e.g. errands, shopping, visiting, classroom).
- When visiting relatives or friends who are hospitalized, NHS 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, NHS students must obtain permission from the respective clinical instructor to visit friends or relatives.
- The LCSC/NHS insignia is to be embroidered on the upper left sleeve of all uniform tops and on the left chest of uniform jackets.
- Uniforms must be laundered after each clinical day.
- Shoes are to be reserved for clinical use only and a clean appearance must be maintained.
- NHS students are to wear LCSC photo nametag and "Student" identifying information at all times when in the clinical setting (includes in-services, conferences, etc.). Nametags must always be visible to patients and staff.
- Hospital-specific dress code policies may supersede NHS policy. Students assigned to such locations are expected to follow agency-specific policy and be prepared to accommodate all requests.
- NHS students must maintain personal appearance and hygiene that meets the guidelines stated in this Handbook (jewelry, tattoos, hygiene, etc.).
- Chewing gum, tobacco products of any kind, and vaping are prohibited during the clinical rotation.
- Personal medical equipment for nursing students includes stethoscope, bandage scissors, goggles, timepiece with a second hand, pen, hemostat, and penlight.
- Personal medical equipment for radiography students includes right and left markers and radiation detection devices (film badges).
- Other Personal Protective Equipment (PPE) may be required (i.e. face masks, surgical cap, etc.). Obtaining and maintaining this equipment will be the student's responsibility.

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 NHS incident report form (see Appendix) and the clinical agency incident form within 24 hours.
- The clinical agency incident form is given to the charge nurse, clinical supervisor, or radiography manager/director.
- The completed LCSC/ NHS form is given to the clinical instructor who will forward it to the Program Coordinator/ Director with a copy to be placed in the student's file.

Performance Standards

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

Category Description and Standard	Examples
Critical thinking ability sufficient to exercise sound clinical judgment **Reasoning** skills sufficient to perform deductive/ inductive thinking for healthcare decision-making	• Identify cause/effect relationships and make appropriate judgments in clinical situations • Develop health care plans/ concept maps • Calculate medication dosages
Communication abilities sufficient for effective interaction in verbal and written form	• Able to obtain information, interpret provider orders, explain treatment procedures, initiate health teaching, describe patient situations, perceive nonverbal communications
Gross and fine motor function sufficient to provide safe and effective care	**Gross Motor:** • Gross motor skills sufficient to provide the full range of safe and effective patient care activities (move within confined spaces, reach above shoulders {IV poles}, reach below waist {plug into electrical wall outlets}) **Fine Motor:** • 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}) **Physical Strength:** • 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)
Auditory ability sufficient to monitor and assess needs of clients	• Able to hear monitor alarm and emergency signals, able to listen to breath sounds and to hear normal speaking level sounds
Visual ability sufficient for observation and assessment necessary for care	• Able to observe patients, and visualize physical alterations and abnormalities
Tactile ability sufficient for physical assessment	• Able to perform palpation of a pulse, perceive temperature and functions of a physical exam
Mental Alertness sufficient to interact appropriately with the environment.	• Able to stay attentive and respond appropriately, wakeful, not fatigued

Category Description and Standard	Examples
Emotional health sufficient to utilize totally her or his intellectual abilities. Able to function effectively during stressful situations. Able to perform effective communication and therapeutic interventions with patients.	**Interpersonal:** • 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 • Able to listen objectively to patient concerns, able to complete communications without outbursts, tears, fears or other encumbrances to patient interactions; personal judgments and persuasions are not promoted; communication is based on professional values and ethics
Professionalism that befits a student healthcare provider and enables proper conduct when representing LCSC at clinical sites	• No vulgar/inappropriate language or actions • Communication that is controlled, focused and respects the serious nature of the healthcare environment • Respectful interactions with staff, clients, and peers (polite, calm, listening, accepting of feedback) • Ability to attend clinical physically and psychologically rested and ready to perform in the student role.

Special Requirements

- **Nursing:** All students who are to perform invasive, first-time, or any procedure specified by the faculty must be directly observed by faculty unless prior arrangements are made by the faculty and observation is delegated to a supervising RN.

- **Radiography direct supervision:** All students who are to perform invasive procedures, C-arm procedures in the O.R. or the Pain Clinic, or any procedure specified by a patient requisition for which the student has not yet earned a competency must be directly observed by a registered technologist.

- Prescription drug use or medical conditions that 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: NHS 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 healthcare provider about limitations, to obtain written documentation of the limitation, and to notify the instructor. A letter of release may be required from the student's healthcare provider. The instructor will assess the student's ability to participate in patient care

and will direct the student accordingly (Radiography students: see Pregnancy Policy under Radiation Safety in Appendix B).

- Illness/Injury/Surgery: Students who become ill, are injured, or have surgery during enrollment in an NHS program should be aware that certain clinical situations may not be appropriate. It is the student's responsibility to speak with their health care provider about limitations, to obtain written documentation of the limitation, and to notify the instructor. The instructor will assess the student's ability to participate in patient care and will direct the student accordingly.

- If a student has exited a workplace under disagreeable conditions, and if that site is a potential clinical site for the student, the student should notify the instructor of this circumstance. This avoids a potentially difficult situation for both the student and clinical site personnel.

Illness/Health/Safety of Student

Chronic or Unstable Medical/Emotional Illness

All NHS students who participate in practicum experiences must be of stable physical and emotional health sufficient to provide patient care that upholds acceptable standards of safety and professionalism.

It is the responsibility of the student to disclose to the Program Coordinator/Director any new or chronic personal medical or emotional condition that could potentially jeopardize the maintenance of a safe environment and safe care for the patient or student. See Performance Standards.

The Program Coordinator/Director, in conjunction with the student and academic advisor, will determine a course of action which may include:

- Notification of faculty and clinical staff who need to know about the situation for patient and student safety.
- Removal of the student from the clinical setting until the problem is resolved. Clinical attendance policies apply if the student is unable to attend clinical.
- Requirement of a primary healthcare provider's release to document the student's ability to return to the clinical setting.
- Referral to the College Accessibility Services and/or Student Counseling Center, as appropriate, for additional resources and assistance.
- Clinical agency policies apply and may exceed those of the nursing/radiography program.
- Examples include (but are not limited to) diabetes in which the student could suffer hypoglycemia, frequent panic attacks, minor surgeries which could influence movement and pain, seizure disorders, unstable asthma, chest pains, back injuries/disabilities.

Excused Medical Absence

- To earn a passing grade in a clinical course, all required clinical hours must be completed. Due to the nature of the clinical experiences, it is very difficult to make up missed time. Absences anticipated to extend longer than 2 clinical days place the student in jeopardy of failing a clinical course.
- When extenuating circumstances present and the student has arranged in advance, faculty will make every effort to provide opportunities for the student to acquire hours needed to fulfill

course requirements. It remains the student's responsibility to meet the terminal objectives of the course. If an equivalent and timely make-up experience cannot be provided, the student may receive a grade of "I" (incomplete) for the clinical course. The student may not progress in the program until the "I" is satisfactorily resolved. Clinical make-up experiences are typically not available during official college breaks (Fall, Winter, Spring, and Summer breaks) or holidays.

Medications: Personal Prescriptions

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

- In these circumstances, clinical faculty reserves the right to remove a student from the clinical setting. Clinical attendance policies apply if NHS students are unable to attend clinical due to their medication therapy.
- A primary healthcare provider's release may be required to assure the student's safety in some situations.

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

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

See the Appendix for an Excused Medical Absence Agreement form. Following an excused clinical absence, the student must provide a statement from a primary healthcare provider prior to returning to clinical and/or beginning an alternate experience.

Communicable Diseases

If a student has a potentially communicable disease (e.g., COVID-19, hepatitis A, mumps, giardia, shigella, salmonella, or similar), s/he must notify clinical instructor immediately and action will be determined in consultation with Student Health Services and/or the Public Health Department.

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.

Clinical Exposure Policy

NHS students who experience an exposure to bodily fluids (needle stick/sharps injury, splash, spills, etc.) or who are exposed to other medical hazards while in the clinical setting must report the incident to the 1) clinical agency and 2) clinical faculty/ NHS Program Director/ Coordinator.

Any costs incurred due to a clinical exposure are the responsibility of the student.

NOTE: NHS students are required to follow all LCSC and clinical agency policies for isolation procedures and universal safety precautions. The Clinical 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 <u>may</u> 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 highly contagious or harmful to pregnant individuals.
- Other unusual incidents or exposures out of the ordinary.

See area below for Initial Treatment Protocols.

1. Immediately notify LCSC clinical instructor (NHS students in an observation experience or preceptorship, notify the agency RN/CI to whom you are assigned. That nurse/CI will assist you to contact the LCSC clinical faculty).
2. Seek treatment if indicated.
3. Complete Incident Reports.
    a. Agency Incident Report – work with assigned RN/CI to complete
    b. LCSC Incident Report – see appendix for form; work with clinical instructor to complete.

<u>COVID-19 Protocols:</u> if exposure to COVID-19 is suspected or confirmed, student will follow guidance, policies, and procedures of the clinical agency, the college, and the local Public Health Department (Coronavirus | Lewis-Clark State (lcsc.edu)).

Initial Treatment Protocols:

Clean Needle Stick

Definition: Needle or sharp instrument injury poking or penetrating the skin. Instrument has not been used on a patient or other person; 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 for HIV, hepatitis, etc. is necessary.

Contaminated or "Dirty" Needle Stick

Definition: Needle or instrument injury poking or penetrating the skin, regardless of depth. Instrument has been used on a patient or other person.

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.
5. Together with primary RN/CI and NHS clinical instructor, follow protocol of facility for contaminated needle/sharps injury. *Costs incurred for evaluation are the responsibility of the student.*
    - If immediate care is required, go to the ER
    - Notify/consult with Employee Health/Infection Control officer
    - Ensure testing of source patient as determined by facility
    - If non-emergent, seek care from primary care provider or Student Health for testing (HBV, HCV, HIV, and/ or other as necessary)

Splashes or Exposure to Mucous Membranes

1. Flush splashes with water and wash skin with soap and water.
2. Irrigate eyes and flush mucous membranes with clean water, saline, or sterile irrigants.

Chemical Agents

Definitions: Exposure to hazardous chemicals used in the hospital setting 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 Appendix B)

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 healthcare provider for evaluation and treatment.

Viral Exposures
Definition: Exposure to viral agents known to be potentially harmful to humans (including fetus).

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

Faculty Responsibilities:

1. Refer student to the Emergency Department if emergency treatment is needed.
2. If emergency care is not needed, contact the agency's nursing supervisor, or Safety/Infection Control/Employee Health officer.
3. Follow the agency's policies for immediate exposure care 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. NHS Incident Report form
6. NHS students are responsible to follow the requirements of their individual insurance plans.
7. NHS students are encouraged to seek care from their personal care provider for necessary post-exposure blood draw (HBV, HCV, HIV, etc.). All costs incurred in relation to the exposure or events are the responsibility of the student.
8. Report incident and actions to NHS 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 (e.g. Neisseria meningitis, Avian flu, H1N1, etc.) Is reported to the clinical faculty by the agency, immediately report this to the NHS Chair.
- Report the actions being taken to protect the student(s).
- Complete an LCSC Incident Report for the NHS students involved in the exposure.

Clinical Injury Policy

NHS students who experience a physical injury while in the clinical setting must immediately report the incident to the 1) clinical agency and 2) clinical faculty/ NHS program Director/ Coordinator. *Any costs incurred due to a clinical injury are the responsibility of the student.*

Procedures:

1. Immediately notify the agency RN/CI to whom you are assigned and notify your LCSC faculty
2. Complete Incident Reports.
    a. Agency Incident Report – work with assigned RN/CI to complete
    b. LCSC Incident Report – see appendix for a copy; work with LCSC clinical instructor to complete.

Initial Treatment Protocols:

1. Refer student to the Emergency Department if emergency treatment is needed.
2. If emergency care is not needed, contact the agency's department supervisor, or Employee Health/Infection Control officer.
3. Follow the agency's policies for accidental injury and assist student to complete the needed action.

Faculty Responsibilities:

1. Assist student to complete incident forms:
    a. Agency's Incident Report form
    b. NHS Incident Report form
2. NHS students are responsible to follow the requirements of their individual insurance plans.
3. NHS students are encouraged to seek care by their personal care provider. All costs incurred in relation to the injury or events are the responsibility of the student.
4. Report incident and actions to NHS Chair and appropriate Program Director/Coordinator through e-mail. Assure that the student provides the Incident Report to the appropriate personnel.

Protection Orders (Order of Protection/Restraining Order)

Any student who has obtained a protection order against another individual must notify and provide a copy of the document to LCSC Campus Security. Campus Security will notify the Division Chair, all involved faculty and staff, and the appropriate campus offices.

The clinical instructor will assist the student to notify the clinical site supervisor and document the action and date in the student's NHS file.

Clinical Resource Center Student Use Policy

1. NHS students who have a latex allergy must immediately notify their clinical instructor and Clinical Resource Center instructor/personnel. Latex-free gloves are available for use in the Clinical Resource Center.
2. NHS students are not to take ANY equipment or supplies from the Clinical Resource Center except as approved by faculty. NHS students may never take from the lab any sharps or any other supplies with needles.
3. Use of the Clinical Resource Center is restricted to posted supervised hours only. All NHS students must sign in and out of the lab following announced lab protocols.

4. Children are not allowed in the Clinical Resource Center (labs).
5. 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.
6. When in the Clinical Resource Center, each student is responsible for maintaining lab equipment/supplies. This includes:
    a. repackaging supplies in a useable manner
    b. refolding linen appropriately
    c. notifying staff of need for additional/alternative supplies
    d. replacing chairs to classroom format when done
    e. recharging equipment when appropriate
    f. obtaining clarification for proper use of equipment
7. Respect a quiet environment when fellow NHS students are practicing/ 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.
8. Recognize the role of Clinical Resource Center staff as one of resource and access, not one of housekeeping.
9. If any injury or incident occurs in the Clinical Resource Center, immediately notify the Clinical Resource Center staff. An NHS incident report must be completed by the student assisted by CRC staff.
10. No liquids or foods are allowed in the Clinical Resource Center, but are allowed in the designated report rooms.
11. Supplies and/or equipment inadvertently or intentionally taken from the CRC/SIM Lab setting must be immediately returned upon discovery. Pilfering or misuse of lab supplies and/or equipment is unacceptable and may be grounds for dismissal from the program and/or College-level sanctions.

Clinical Resource Center Lab Definitions

Structured/Guided lab: Lab occurs as part of a course. Course instructors are present, skills of specific content are taught, followed by student practice. Skills check-off may occur.

Independent Lab: Lab is a required component of a course. NHS students of that course bring skills bags and independently practice previously learned course-specific skills. Course instructors are present to answer questions and conduct skills-check off.

Open Lab: This lab is open to all NHS students for independent practice on learned skills. The lab session is not formal and NHS students are encouraged to work with one another to refine skills and ask critical thinking questions. Faculty, the CRC Coordinator or senior level NHS students are available to assist with general questions and clarifications. Reference texts will be used to answer skill-specific questions and other nursing questions. Skills check-off may be available by prior arrangement and sign-up with the CRC Coordinator.

Skills Check-Off Process

- NHS students will use the Skills List provided in course syllabi for skills check-off.
- Faculty will use the Fundamental Skills text and procedure check-off lists used in the clinical course as the reference for the steps to be taken in the evaluation of the skills

check-off.

- Individual NHS students will demonstrate their skills independently to an individual faculty assigned to the Independent Lab session.
- At faculty discretion, NHS students may complete Skills Check-Off during a clinical practicum if the student has previously learned the skill in the class/lab setting and the clinical faculty member is available to evaluate the student.

Peer Skills Check-Off

- Certain skills have been designated by faculty members as ones that can be validated through a peer check system.
- The *Peer Skills Check-Off* requires diligent observation by a partnered student.
- The "Peer" is responsible to assess the skill, dexterity, and confidence of their partner during the demonstration of individual skills. The partner initials their approval of the peer demonstration.
- If a student receives a Performance Improvement Plan for a skill that has been checked by a peer, the peer *may* also be given a Performance Improvement Plan also. This determination is made by clinical faculty.

Supply Bags

- NHS students use supplies contained in their skills bag for all lab practice.
- If a student forgets to bring their skills bag to lab for practice, students must share supplies with a peer, returning the favor to the peer on another day.
- Faculty are not able to provide supplies from the storage area to NHS students who have forgotten their personal supplies.
- Select supplies may be kept at each patient bay. These supplies are to be reused during practice sessions. Supplies should be re-packaged at the end of use in preparation for the next student.

Simulation Lab

Objectives:

1. To incorporate additional creative learning activities into basic nursing education
2. To provide NHS students exposure to situations encountered infrequently during traditional clinical rotations
3. To allow NHS students to practice skills without risk of harm to actual persons
4. To foster critical thinking/clinical judgment
5. To foster effective group communication and interdisciplinary collaboration related to patient care
6. To provide NHS students access to a range of simulated nursing experiences that will complement their clinical education ensuring standards of quality and safety

Rules:

1. The simulation lab is a safe learning environment. The simulation lab is to be treated like a REAL clinical environment and is part of your clinical experience. NHS students participating in simulations shall have the respect and attention of all others in the room. Situations in the lab are to be used as a learning tool and will not be discussed outside of the simulation lab.

2. Professional behavior is expected at all times and clinical uniform is required.
3. All simulations are for learning purposes only. Information about simulation scenarios will not be shared with other NHS students outside of your clinical simulation group.
4. NHS students must wash hands before manikin contact and should wear gloves during patient care. Products in the lab may contain **latex;** please notify the lab staff and your clinical instructor if you have a latex allergy.
5. No food or drink in the simulation lab
6. No Betadine, ink pens or markers near simulation manikins.
7. As a healthcare professional, you are to treat the simulator like your patient:
   a. You are expected to introduce yourself to your patient and provide your credentials.
   b. You are to inform your patient of their plan of care, lab results, procedures, and medications as applicable.
   c. You are to use professional communication to manage the simulation; including using SBAR to give and receive report and update other members of the healthcare team.
   d. When performing procedures, you are to perform them as taught during skills instruction. You may not "pretend" to wash hands, use an alcohol swab, etc.
8. Actors are sometimes utilized in simulation as family members and patients, you are to treat them with respect as you would in your clinical experience. Confidentiality agreement includes the actors and your experience with the actors.

Site/ Agency Policies

- NHS students are expected to perform in accordance with basic rules of safety while in each clinical setting.
- NHS 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 NHS students beyond those identified by LCSC for clinical practicum. Examples include COVID-19 vaccination, drug testing, and fingerprinting. NHS students are expected to submit to all requirements at their expense.
- Confidentiality must be maintained at all times in accordance with LCSC and clinical agency policies and HIPAA.
- 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.
- NHS students must remain in compliance with all CPR, health/immunizations, and background check policies in order to attend clinical practicum experiences. NHS students who are out of compliance may not be allowed in the clinical setting and will earn an "absence" for all missed days. Clinical attendance policies apply.
- Parking at Clinical Facilities: Clinical facilities request that NHS students avoid parking in areas designated for patients and visitors. NHS students participating in clinical courses at St. Joseph Regional Medical Center should, whenever possible, park at LCSC and walk to clinical.

- 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.

OTHER POLICIES & INFORMATION

Assessment/ Program Evaluation Process

1. All LCSC students have the opportunity to evaluate faculty and each course using the college Student Course Evaluation (SCE) process; NHS has included additional questions to more fully assess the NHS students' perspective of clinical, simulation and other program experiences. NHS students also have the chance to provide informal feedback to faculty throughout the semester via class discussion or informal feedback forms. Participation in the evaluation process is strongly encouraged. It is recommended the student provide his/her comment(s) in an objective, professional, and ethical manner.
2. End of Program Evaluations: All NHS students are required to participate in college and program outcomes assessments, including completion of an exit survey.

Children in the Classroom

According to LCSC policy, "Disruption of the classroom is prohibited. NHS students have the obligation to respect the education rights of others as they seek to maximize their learning" (See LCSC College Catalog). To comply with college policy and minimize distraction, enhance learning, and ensure safety, children are not permitted in the classroom, clinical, or learning laboratory settings for any reason.

Confidentiality Statement

The College and Division abide by the Health 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 (PHI) 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.

Protected Health Information (PHI) refers to individually identifiable health information held or transmitted by a covered entity. All information related to healthcare clients in any agency setting is strictly confidential. Any notes containing PHI used during clinical must be destroyed prior to leaving the agency. Any student who knowingly or unknowingly reveals information related to a healthcare client in other than appropriately designated settings will be referred to the Division Chairperson. Such behavior could result in dismissal from the program. NHS students who need to access patient records at clinical agencies must submit the appropriate facility request form.

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 PHI. When copying any client records from any setting, all copies must have PHI removed. Confidentiality also includes the security of any electronic data, e.g., hospital computers, telephone, e-mail, fax, and cell phone conversations. Preparation forms, concept maps/care plans, and any other data must contain no PHI.

Consensual Relationships

The educational mission of the College and the Nursing & Health Sciences Division 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 instructor, preceptor/facilitator, which potentially endanger this atmosphere of mutual trust and respect, must be avoided during the period in which the student and preceptor are participating in an NHS course or clinical requirement. Students and clinical instructors/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 ability to decide and thus call into question the bonafide 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, instructors, preceptors and facilitators, particularly in relationships with NHS students under their supervision, must be aware of potential conflicts of interest and the possible compromise of their evaluative capacity.

They also must also be aware that a relationship may give rise to a perception on the part of others that the evaluative capacity of the clinical instructor/ 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 an instructor, 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.
- NHS does recognize that consensual amorous relationships may exist prior to the time a student is assigned to a clinical instructor/ 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 an instructor, 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 Performance Improvement Plan policy, with probation or program dismissal as a possible outcome.
- An instructor, 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.

Papers/Written Assignments

1. The original copy of student papers may be kept on file in the Nursing & Health Sciences Division. NHS students are expected to keep a duplicate copy of all papers submitted.
2. The current edition of the APA style guide is to be used in writing and formatting formal papers.
3. The student is responsible to reference the most recent APA style guide in formatting papers. In disputes about APA grading criteria, the current APA style guide will be used. Faculty preferences for formatting that do not adhere to the APA style guide will be explicitly stated in the syllabus to be used for grading.

Pregnancy and Breastfeeding Statement

Lewis-Clark State College and Nursing and Health Sciences Division supports the achievement of the school/life balance of its students, and values the diversity of its student population. Reasonable attempts to provide accommodations will be made for pregnancy and breastfeeding on a case-by-case basis. Please notify faculty as early as possible of need for pregnancy leave and intentions to breastfeed to ensure adequate opportunity for planning.

References for NHS Students

A student may request a professional reference for a job, scholarship, etc. Students that wish to use a faculty member as a reference must first receive permission from the faculty member. Students must then complete the "Recommendation Letter Request" form available on the Registrar's website. Please 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.

Student Representation at NHS Meetings

NHS students are given the opportunity to select student representatives to participate on selected NHS committees. 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.

Transportation/ Expenses for Clinical

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

Voice Recording

Students must request permission from individual faculty members if they wish to record a lecture. Video and audio recordings of faculty lectures will only be permitted if permission is granted. Any recordings made are to be used for personal use only. No posting of recordings shall be made to any social media site or be shared among fellow students.

APPENDIX
All NHS Programs

NHS: General Appearance Guidelines

	ACCEPTABLE	UNACCEPTABLE
Clothing	• Role-appropriate attire that is well-fitting and appears professional in accordance with uniform guidelines for each program. • Long pants that appropriately cover the torso. • Undershirt without logo/lettering may be worn. • Clean socks or hosiery.	• Tight, ill-fitting, or inappropriate length pants. • Jogger style, workout, or yoga pants • Sweatshirts and hoodies • Stained, dirty, wrinkled attire • Undershirt with logo/lettering. • Bare skin/feet
Shoes	• Mostly white or black • Close-toed	• Multi-colored • Open-toed or sandals
Personal Appearance & Grooming	• Appearance and grooming standards that reflect highly upon LCSC and yourself. • Use "no fragrance" products • Neat, clean, & groomed hair. • Hair longer than shoulder length must be pulled back and secured when providing patient care. • Modest/natural colored hair • Adornments which serve to hold hair in place. • Headgear r/t cultural or religious beliefs may be worn • Facial (and neck) hair must be neatly trimmed and not interfere with Personal Protective Equipment (PPE) • Fingernails must be clean, short, trimmed, & unadorned. • Modest/natural-appearing makeup.	• Offensive odors of any kind, including but not limited to the odor of smoke on uniforms, breath or hair. • Perfumes, after-shaves, and other scented body care products. • Non-naturally occurring hair color. • Decorative hair adornments. • Facial hair that interferes with PPE • Artificial nails • Nail polish, stickers, gel and/or acrylic colored applications • Excessive or unnatural appearing makeup.
Jewelry	• Small earrings minimal in number • Other facial piercings or gauge holes will be closed with plugs/studs that match the skin tone. • A single modest ring may be worn. • Watch that complies with infection control practices	• Dangling earrings or excessive in number • Unnecessary adornments (necklaces, bracelets, etc.)
Tattoos	• Follow specific clinical site policy	• Tattoos of any size which contain swear words, racially or sexually inappropriate, offensive, or gang related content.
LCSC Nametag	• Worn at chest level. Facing upright and visible	• Defaced, dirty, or difficult to read

NHS Program Specific Clinical Uniform

	Basic BSN Track	**Radiography**
NHS Logo	Left Upper Sleeve *Some tops in smaller sizes **cannot** accommodate logo placement	Left Upper Sleeve
	TOP	
Color/ style	Any modest, solid black, appropriately fitting scrub top. *Note that XS shirt sleeves may not fit the mandatory logo in all brands.	Wine Any V-neck option
	PANT	
Color	Pants must match the scrub top in color and material. No jogger style, workout, or yoga pants.	Wine or Black
	Optional Items	
Warm-up jacket	Color: Black Style: Any	Color: Wine Style: Any
Undershirt	Color: Grey, White, or Black	Color: Grey, White, or Black

Situations not addressed here will be covered individually based on criteria stated above.

NURSING & HEALTH SCIENCES DIVISION DRUG AND ALCOHOL TESTING POLICY

I.
Philosophy/Statement of Purpose

The Nursing and Health Sciences (NHS) Division at Lewis-Clark State College (LCSC) is committed to the physical and mental health and safety of the clients in the facilities where NHS students practice. During the course of their training, NHS students in these programs are involved in the provision of health care and work with equipment which can cause serious injury or death to clients, the student, his/her fellow NHS students and instructors if not properly performed and/or operated.

The safety of the client is our priority. The risk of injury to the client is substantially increased if a student is Under the Influence of drugs or alcohol. For these reasons, the NHS is committed to being a Drug and Alcohol-Free Program and has instituted this Drug and Alcohol Testing Policy ("Policy'). Any student who is tested and is found to be Under the Influence, or who refuses to undergo Drug or Alcohol Testing when directed to so pursuant to this Policy, or who attempts to manipulate the results of any Drug or Alcohol Testing, is in violation of this Policy and may be suspended or expelled from the NHS program.

II.
Definitions

1. "Drug or Alcohol Testing" means, for the purpose of this Policy, a drug or alcohol test a student is required to submit to because a "Testing Event" has occurred.
2. "Illegal Drug" means any drug which is not legally obtainable in Idaho or which has not been legally obtained or is not being used in a legally permissible manner. This includes prescription drugs not legally obtained and prescription drugs not being used for a prescribed purpose or in the prescribed dosage or being used by someone other than the person for whom it was prescribed. As used in this policy, the term "drug" includes a drug, chemical substance or immediate precursor listed in Schedules I through VI of Idaho Code § 37-2704 through § 37-2713 as from time to time amended. The term also includes "designer drugs," which are those chemical substances made where the molecular structure of those listed drugs is altered to create a drug that is not explicitly banned by state law.
3. "Prescribed Drug" means a drug that has been prescribed by a licensed health care provider and which is used for the prescribed purpose at the prescribed dosage.
4. "Participating in the Laboratory or Clinical Process" means, for the purpose of this Policy, that a student is participating in an NHS laboratory or clinical course in any setting, including, but not limited to, acute, long-term care, outpatient or community-based, and regardless of direct or indirect instructor supervision, or in other educational activities which involves direct client care, or in any additional off-campus educational activities (e.g., service-learning, volunteer activities, directed learning, conference, ISNA) related to an NHS program.
5. "Reasonable Suspicion" means, for the purposes of this Policy, a belief based upon reliable, objective and articulated facts derived from direct observation of specific physical behaviors, odorous presence, or performance indicators and being of sufficient import and quantity to lead a prudent person to suspect that a student is in violation of this policy.
6. "Under the Influence" means, for the purposes of this policy, having an Illegal Drug in one's system and/or having a blood alcohol concentration greater than 0.02. Being "Under the

Influence" is not limited to situations where a student misbehaves or where there is obvious impairment of physical or mental abilities, such as slurred speech or difficulty in maintaining balance. A finding that a student is "Under the Influence" can be established by

Drug or Alcohol Testing as described in this Policy. A student is conclusively presumed to be "Under the Influence" if Drug or Alcohol Testing establishes that the student has in his/her body at the time of testing Illegal Drugs at a level exceeding the scientifically accepted confirmatory testing levels established from time to time, or if a confirmed breath or other scientifically valid test establishes that the blood-alcohol concentration of the student exceeded 0.02 at the time he or she was tested.

III.
Policy

1. It is the policy of Lewis-Clark State College Nursing and Health Sciences Division that NHS students shall be Drug and Alcohol Free while Participating in the Laboratory or Clinical Process. NHS students are prohibited from Participating in the Laboratory or Clinical Process while Under the Influence. To maintain this Drug and Alcohol-Free environment and uphold the safety of clients, NHS Students, faculty, and staff, LCSC implements the Drug and Alcohol Testing program set forth below.
2. The Division Chair or his/her designee may require Drug and/or Alcohol Testing of a student for any of the following reasons, each of which is referred to herein as a "Testing Event":
   (a) When a Division faculty member develops a Reasonable Suspicion, based upon his or her observations, that a student is Under the Influence while Participating in the Laboratory or Clinical Process, which suspicion will be corroborated by consultation with another Health Care Professional and promptly documented.
   (b) When a Division faculty member has received a report that a student is suspected to be Under the Influence while Participating in the Laboratory or Clinical Process.

   The Division Chair or his/her designee will then confer with the reporting party and then personally corroborate that suspicion through observation of the student and promptly document it.
   (c) When the student caused or contributed to an accident or injury occurring while the student was Participating in the Laboratory or Clinical Process.
3. This policy shall apply to all NHS Students who register in any NHS Program for the Fall 2015 semester and thereafter. All such NHS students shall be required to read this policy and to sign and return to the Division office a Drug Testing Policy and Program participation form acknowledging receipt of a copy of this Policy and the student's agreement to participate in the Drug-Testing program outlined herein. A copy of that participation form is attached hereto as Exhibit B. NHS students registering in the Fall of 2015 and thereafter will not be allowed to register in NHS programs without signing and returning the aforementioned participation form to the Division office.
4. A student who is found to be Under the Influence while Participating in the Laboratory or Clinical Process or who refuses to undergo Drug or Alcohol Testing when directed to so pursuant to this Policy, or who attempts manipulate the results of any Drug or Alcohol Testing, will be in violation of this policy and will also be deemed to have violated the NHS and/or LCSC's Student Code of Conduct. Any such violation will result in disciplinary action which may include the student's suspension or expulsion from any of the NHS programs. The student shall have the same rights and be entitled to the same procedures

available to NHS students charged with violating the Student Code of Conduct. The student shall be referred to the student judicial process as is outlined in the LCSC Student Handbook. If student undergoes a Drug or Alcohol test pursuant to this Policy and it is determined that the conduct which created the Reasonable Suspicion was the result of using a drug prescribed for the student at the prescribed dosage, the student shall not be disciplined pursuant to this Policy. However, the student may still face discipline pursuant to the NHS Unsafe Clinical Practices Policy.

5. All information, interviews, reports, statements, memoranda and/or test results received by Lewis-Clark State College through its Drug and Alcohol Testing program are confidential communications and may not be disclosed in any public or private proceedings, except in an administrative or disciplinary proceeding or hearing initiated pursuant to this Policy, or in civil litigation arising out of Drug or Alcohol Testing conducted pursuant to this Policy, or in response to a subpoena.
6. The Division Chair is responsible for the overall compliance with this Policy. The Division Chair or his/her designee shall be responsible for administering the Drug and Alcohol Testing program; determining when Drug Testing is appropriate; receiving, acting on and holding confidential all information received from the testing services provider; and collecting appropriate information necessary for the defense of LCSC in the event of legal challenge.

IV.
Procedure

1. The Division Chair or his/her designee may require a Drug and/or Alcohol Testing of a student when a Testing Event has occurred. See to Policy 2(a), (b) and (c) for the definition of "Testing Event." When the Division Chair or his/her designee requests that a student submit to Drug and/or Alcohol Testing after the occurrence of a Testing Event, the student shall immediately make himself or herself available for testing.
   (a) Testing must occur within no more than three (3) hours after the initial observation of the Testing Event.
   (b) The Division Chair or his/her designee shall contact the testing facility and facilitate expeditious testing.
   (c) The student, upon request of the testing provider, shall inform the testing provider of any prescription or non-prescription medication which he or she has taken within the timeframe specified by the testing provider and shall promptly present that medication to the testing provider for examination for confirmation that it was prescribed to the student and of the prescribed dosage.
2. Collection and testing services shall be performed by a Drug and/or Alcohol Testing Provider chosen by LCSC or its designee. If the Testing Event occurs at a facility where testing can be fairly and confidentially conducted, the testing should occur at the facility. If not, then the student shall be transported to a location designated by the Drug and/or Alcohol Testing Provider by a designee of the Division Chair, who shall wait with the student at that location until the Drug and/or Alcohol Testing is completed and then transfer the student back to the location from which the student was transported. The student may not transport themselves to the Drug and/or Alcohol Testing facility.
3. The Drug and/or Alcohol Testing Provider shall comply with the following:
   (a) All specimen collections will be performed in accordance with applicable federal and state regulations and drug and alcohol testing industry guidelines to ensure the integrity of specimens and the privacy of the individuals tested.
   (b) Chain of custody forms shall be provided to ensure the integrity of each urine specimen

by tracking its handling and storage from the point of collection to final disposition.

(c) Positive test results, other than positive alcohol breath tests, shall be confirmed by a certified laboratory.

(d) Blood alcohol testing shall be performed by the Drug and/or Alcohol Testing Provider through use of a properly maintained and calibrated breath testing device, and positive breath tests shall be confirmed with a second breath test conducted no earlier than fifteen (15) minutes after the initial test, or through the use of any other confirmatory test meant to demonstrate a higher degree of reliability.

(e) The student shall be informed by the Drug and/or Alcohol Testing provider in writing of any confirmed positive drug and/or alcohol test results, including the substance involved. The Drug and/or Alcohol Testing provider shall then give the student the opportunity to discuss and explain the positive test result with a medical review officer.

(f) If the student declines to speak with a medical review officer, or if the medical review officer concludes after speaking with the student that the student's explanation is not valid, the positive test results shall be reported by the Drug and/or Alcohol Testing provider to the Division Chair.

(g) If the Drug Testing results are negative, or if the medical review officer concludes that the NHS students' explanation is valid, those results shall be reported by

the Drug Testing provider to the Division Chair as negative and no disciplinary action shall be taken against the student related to the Drug Testing pursuant to this Policy. Provided, however, that if it is determined that the student was using a drug prescribed for the student at the prescribed dosage, that fact shall be reported to the Division Chair for evaluation of potential discipline pursuant to the NHS Unsafe Clinical Practices Policy.

4. The Division Chair will meet with the student to discuss any positive Drug Testing results. The student will be given the opportunity to explain the positive Drug Testing results. The student may attend classes at the discretion of the Division Chair, but shall have no client contact until the re-testing results have been returned.
5. Variations in the above procedures shall not invalidate any test result unless such variation substantially compromises the integrity of the specimen/sample tested and/or the scientific validity of the test result.

Exhibit A

The lab will test a panel that at a minimum, screens for:

1. phencyclidine (PCP)
2. cocaine
3. opiates
4. amphetamines
5. cannabinoids
6. benzodiazepines
7. barbiturates
8. ETOH
9. Methadone
10. oxycodone
11. buprenorphine
12. MDMA

Panel may change from time to time depending on the company doing the testing. The screening

threshold and confirmatory threshold for above shall be the generally acceptable screening and confirmatory thresholds employed in the drug testing industry.

Drug Testing

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

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

NHS Course Status Form: Course Grade Less than "C"/Course Requirement

This is to be completed by course lead faculty when course failure is known.

Student Name ID#:		**Sem/Yr**	
Student Contact Information during semester break			
Course # Name		**Grade:**	
Course faculty		**Advisor**	

Course Faculty Comments (used during re-entry process): Please identify your assessment of student issues that led to course failure and any help or actions taken by the student during the semester to avoid course failure:

_____
_____
_____
_____
_____
_____
_____

◯ **First failure of this course** ◯ **Second failure of this course**

Signature of lead faculty:_____**Date:**_____

Advisor Comments (used during re-entry process): Please comment on your meeting with the student and recommendations that will assist the admissions committee in decisions about re-entry.

_____
_____
_____
_____
_____
_____
_____

◯ **Recommend re-entry** ◯ **Recommend with reservation** ◯ **Unable to support re-entry**

◯ **No plan to re-enter**

Signature of advisor:_____**Date:**_____

NHS Course Status Form: Incomplete Course Status

Completed prior to end of semester in which failing grade will be received. Forward to Program Coordinator/ Director prior to the end of the semester in which the failing grade is received.

Student Name/ID#		**Semester And Year**	
Student contact information during break			
Course # Name		**Grade:**	**Incomplete**
Course Faculty		**Advisor:**	

To Course Faculty: The grade of "I" indicates that work is satisfactory but, because of extenuating circumstances during the semester, has not been completed by the end of the term. The grade is given at the discretion of the instructor when the student has made substantial progress toward completion of coursework.

Course Faculty with student: List outstanding coursework and due dates (if attachment, add signature)

_____

_____

_____

Student's Initials _____ Faculty Signature_____ Date_____

Student is to meet with course faculty and the Program Coordinator/Director prior to the end of the semester in which an Incomplete grade is assigned in an NHS course. A plan will be developed to address progression issues. Normal progression to the next semester in NHS program is jeopardized when successful course completion has not occurred.

Program Coordinator/Director Plan:

Classes to register for: _____
Petitions needed: _____
Faculty contacts needed/reason: _____

Student Signature:_____Date:_____

Coordinator Signature:_____Date:_____

Date "I" Resolved:_____Initials:_____Change of Grade Form submitted to registrar:_____

Program Coordinator/Director sends copies to:
Assessment Director, Advisor, Adm Asst for NHS students (Lew or CDA), Coordinator/Director, Course Faculty, Student

Course Request Form: Re-entry Student

Today's Date:_____ Request re-entry for: **Fall** **SP** **SU** **Year**___
(circle one)

Student Name_____**Student ID**_____

Contact Information: Phone: _____LCmail: _____

Course Failed: **(students failing >1 course do not qualify for re-entry)**

Course Name	Semester/Yr	Grade	Instructor(s)

Academic Plan for returning semester (see policy for requirements):

◯ Clinical Course: **List**_____

◯ Failed course: **List**: _____

◯ Clinical theory course: **List:**_____

Advisor Information:

◯ **Financial Aid review of resources Signature (Fin Aid)** _____**Date**_____

Advisor Comments:_____

_____

◯ **Narrative from student attached** ◯ **Re-entry application attached** ◯ **Fee paid**

◯ **Certified profile attached.** ◯ **Basic Skills registration attached**

◯ **Immunization, CPR, background check are in compliance**

Student Signature _____ Date_____

Advisor Signature _____ Printed Name_____

Program Chair Signature _____ Date _____

LEWIS CLARK STATE COLLEGE
NURSING & HEALTH SCIENCES

Application Fee ($35)
Pay at the Cashier's Office
Account 11-01-187602-41003

Receipt # _____

Date_____Cashier's Initials _____

Program Re-Entry Application

_____ Basic Track ____ LPN to BSN Track _____ RN to BSN Track

_____Radiography

Applying for: ***(See current program application on the NHS web site for application window dates.)***

- **Fall Semester Admission _____ (Year)**
- **Spring Semester Admission _____ (Year)**

Personal Information

First Name	**Middle** Name	**Last** Name	Maiden Name
Permanent Address (Street, Apt #)		City, State, Zip	
Local Address (if different from above)		City, State, Zip	
Primary Phone	Secondary Phone	LCSC Student I.D. Number	Social Security Number
E-mail Address	State of Legal Residence	Current Certificate or License (circle all that apply) CNA LPN EMT Paramedic RN Provide license #_____or certificate.	
Person to contact in case of emergency	Telephone	Relationship	

Submit application with other materials as a packet; requirements detailed in the NHS Student Handbook.

Student Performance Improvement Plan 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 level in the program. To continue toward successful completion of the course, the steps outlined here must be achieved. Failure to do so may result in course failure. Refer to the current year NHS Student Handbook.

Written Warning ☐ **Probation** ☐

Description of Event/Performance & Date:

- *(Add description of performance factors)*

Date of Next Review:

Upon Initiation of PIP:

Student Signature: _____ Date: _____

Signature of Faculty initiating PIP: _____ Date:_____

Date	Remediation *(Faculty to describe skill(s) or behaviors to be remediated below)*	Peer/Faculty Signature

Upon Completion of PIP:

Student Signature: _____ Date: _____

Receiving Faculty Signature: _____ Date: _____

Form initiated *by course faculty with copies to: Academic Advisor, Course Lead Faculty, Program Coordinator/Director, CRC Coordinator (if necessary), and student.* ***Final Copies****: Original completed, signed and placed in NHS Student file on Redwood; Copies to Academic Advisor; Course level lead; BSN Clinical Coordinator; BSN Coordinator (if necessary).*

LCSC: NURSING & HEALTH SCIENCES

Incident Report

Note: An agency incident report must also be completed.

NAME OF STUDENT:_____DATE: _____

COURSE: _____

LOCATION OF INCIDENT: _____

To be completed by student:

1. Describe in detail what occurred. Give specific times wherever possible.

2. What action was taken by you or others after this event occurred and who was notified. Give specific times wherever possible.

3. What negative effect (if any) did this occurrence have on the patient? What assessment findings validate your conclusion?

4. What suggestions do you have to either prevent this from occurring again or for alternative ways to handle a similar situation?

To be completed by instructor and/or program coordinator/ director:

5. What needs to be done to correct this error?

6. Remedial action carried through. Cite dates when Performance Improvement Plan will be complete and any further action taken.

_____
Instructor

_____
Date

_____
Nursing & Health Sciences Chair

cc: Program Director/ Coordinator,
Assessment Director, Student file

To be completed by instructor and/or program coordinator/ director:

7. What needs to be done to correct this error?

8. Remedial action carried through. Cite dates when Performance Improvement Plan will be complete and any further action taken.

_____
Instructor

_____
Date

_____
Nursing & Health Sciences Chair

cc: Program Director/ Coordinator
Assessment Director
Student file

Revised 7/18

LCSC: Nursing & Health Sciences

Immunization Declination Form Example

_____ VACCINE DECLINATION FORM
Insert vaccine name

The Nursing & Health Sciences Division at Lewis-Clark State College requires that all NHS students demonstrate proof of immunity to (_____). Proof includes documentation of titers (blood test to detect positive antibody).

NHS students not demonstrating immunity may not be admitted to clinical sites during outbreaks of the illness to protect patients from student exposure.

I understand specific healthcare institutions may require vaccination without exception (i.e. no declinations).

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

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

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

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

Signature:_____Date: _____

Witness:_____Date: _____

LCSC: Nursing & Health Sciences

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 there is limited opportunity to make up clinical hours and this may impact my ability to complete clinical course requirements.

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

The release must state in writing 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's file

APPENDIX 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, graduate and residency programs in nursing. CCNE serves the public interest by assessing and identifying programs that engage in effective educational practice.

As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and post-baccalaureate nurse residency programs (http://www.aacn.nche.edu/ccne-accreditation). For accreditation questions or concerns please contact CCNE, 655 K Street NW, Suite 750, Washington, DC, 20036, (202)-887-6791.

The Program is also approved by the Idaho Board of Nursing, PO Box 83720, 280 N. 8th Street, Suite 210, Boise, ID 83720-0061, 208-577-2476.

BSN Program Mission Statement

To provide a supportive student-centered learning environment that prepares nursing graduates with the

- knowledge and skills to meet the nursing needs of the clients they serve
- ability to become engaged citizens, advocates, and lifelong learners
- competencies to be effective nurse leaders

Vision

To be recognized as a pioneering nursing program responsive to the needs and expectations of our students and other stakeholders.

Guiding Principles

- We focus on **Patient Safety** and **Quality of Care**
- We embrace the art of nursing as reflected through **Professional Values** and **Ethical Principles**
- We value **Partnerships, Teamwork, and Inter-professional collaboration**
- We emphasize the science of nursing through **Quality Improvement** and **Evidence-Based Practice**
- We create an **Inclusive** environment that promotes **Diversity**

BSN Foundation

We believe the Science of Nursing and the Art of Nursing are synergistic and within the Teaching-Learning environment, provide the foundational basis for the BSN program.

Science of Nursing

We believe that evidence-based practice guides the nursing process, providing a scientific methodology whereby nurses plan and implement holistic care. It is the critical process of the

science of nursing, a deliberate problem-solving approach to meeting people's health care and nursing needs.

Art of Nursing

We believe that caring practices create a compassionate, supportive, and therapeutic environment. Our aim is to promote comfort and healing, and to prevent unnecessary suffering for ourselves and others.

Teaching/ Learning Environment

We believe that adult learning principals guide the curriculum, and that faculty develop curriculum that facilitates learning responsive to the changing health care environment.

We believe in and strive to create an interactive environment that embraces various teaching methods and modalities and takes into account student learning styles.

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

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

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

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

AACN Professional Values (2008)

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

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

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

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

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

Integrity is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care

based on an ethical framework that is accepted within the profession.

Social Justice is acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation.

American Nurses Association (ANA) Code of Ethics for Nurses*

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

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

3. The nurse promotes, advocates for, and strives toprotect 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. (2015). *Code for nurses with interpretive statements.* Washington, DC: American Nurses' Association.

Nursing Code of Ethics and Social Networking Policy

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

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

ANA Code of Ethics

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

- It is the profession's nonnegotiable ethical standard
- It is an expression of nursing's own understanding of its commitment to society
- It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession" (NursingWorld Code of Ethics, 2015)

ANA Social Networking Policy

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

ANA's Principles for Social Networking
(ANA Fact Sheet, Navigating the World of Social Media, 2011)

- Nurses must not transmit or place online individually identifiable patient information.
- Nurses must observe ethically prescribed professional patient — nurse boundaries.
- Nurses should understand that patients, colleagues, institutions, and employers may view postings.
- Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
- Nurses should bring content that could harm a patient's privacy, rights, or welfare to the attention of appropriate authorities.
- Nurses should participate in developing institutional policies governing online conduct."

ANA Code of Ethics for Nurses, Provision 1.5

The relationships with peers, colleagues and others are of particular importance for the Student Code for nursing students. "The principle of respect for others extends to all individuals with

whom the nurse interacts. The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to fair integrity-preserving compromise, and to resolving conflicts." (NursingWorld, ANA Code of Ethics, 2001)

References

American Nurses Association (2011). *ANA Fact Sheet: Navigating the world of social media*. Retrieved from: fact_sheet_-_navigating_the_world_of_social_media_web.pdf (nursingworld.org)

BSN Student and Program Outcomes

The BSN faculty has established the following Student and Program Outcomes. Additional detail is available in the Program's Systematic Plan for Evaluation.

Expected Outcomes	Tools/Indicators
Student Outcomes	
I. Upon graduation, students are well prepared to function as a baccalaureate nurse in various healthcare settings. Nursing core competencies include: • Solid base in liberal education • Well-grounded in prevention and population focused care. • Demonstration of professionalism through the application of nursing's professional values and standards. • Ability to practice with patients, families, groups, communities, and populations across the lifespan and across the continuum of healthcare. • Creation of a compassionate and inclusive environment.	• HESI® & other Outcomes Testing • NCLEX-RN® Pass Rates • Exit Survey • Alumni Survey • Employer Survey
II. Upon graduation, students are well-prepared to participate as a member of interdisciplinary healthcare teams. Nursing core competencies include: • Demonstration of knowledge and skills in information management and patient care technology. • The ability to participate in inter-professional teams. • Engagement in collaboration with inter-professional partners.	• Exit Survey • Alumni Survey • Employer Survey
III. Upon graduation, students are well prepared to understand and assume leadership roles in the healthcare system. Nursing core competencies include: • Demonstration of leadership skills that emphasize ethical and critical decision-making abilities. • Participation in the completion of a quality improvement initiative and/ or evidence-based practice project. • Application of an understanding of healthcare policy to issues of access, equity, and social justice. • Demonstration of a desire for lifelong learning.	• HESI® & other Outcomes Testing • Exit Survey • Alumni Survey • Employer Survey
Expected Outcomes	**Tools/Indicators**
Program Outcomes	
IV. Stakeholders who are satisfied with the BSN curriculum and educational experience.	• Exit Survey • Alumni Survey • Employer Survey • Course Feedback forms • Employment rates
V. Students who successfully complete and graduate from the program.	• Graduation rates

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.

Dimensions	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Content (40%)	37-40 Points	31-36 Points	0-30 Points
	• The written work contains all of the criteria listed in the assignment. • All objectives of the assignment are met • Work is complete and all aspects of the topic are addressed.	• The written work is missing one to two critical components of the assignment • One to two of the objectives of the assignment are not met	• The written work does not contain 3 or more of the components of the assignment • 3 or More objectives of the assignment are not met
Critical Thinking (40%)	37-40 Points	31-36 Points	0-30 Points
	• The written work demonstrates an understanding of the content presented. • Contains original presentation of ideas along with factual or evidence-based content.	• There lacks a complete understanding of the content presented • The written work lacks original presentation of ideas and facts and evidence is weak or lacking credibility	• There is a lack of understanding of the content presented • The written work does not contain any original presentation of ideas. Facts are weakly supported and there is a lack of evidence-based ideas.
Writing Style (10%)	9-10 Points	6-8 Points	0-5 Points
	• Paper consists of an introduction that provides reader with foreshadowing of paper's content and conclusion that provides closure. • There is a clear thesis or theme of the paper • Ideas transition smoothly and fluidly • Logical sequencing • Style is appropriate for the style of the paper	• The introduction is recognizable and the conclusion provides a summary of the content but it lacks clarity of a beginning and an ending. • The theme or thesis is ambiguous or lacks clarity and focus. • Ideas are introduced abruptly, lacking smooth transition • Sequencing lacks logic • Style does not quite match the subject matter.	• There is no real introduction that sets up the content of the paper and weak or no conclusion • No clear thesis • Ideas are loosely connected or not connected • Illogical sequencing • Lack of focus or coherent ideas • Style is inappropriate for the subject matter
Grammar and Spelling (5%)	5 Points	3-4 Points	0-2 Points
	• Less than 2 errors in spelling and/or grammar	• Less than 5 mistakes in grammar and/or spelling	• 5 or more mistakes in grammar and/or spelling
References and Citations (5%)	5 Points	3-4 Points	0-2 Points
	• Original thought with appropriate APA citations. • Uses 3(+) current journal or peer- reviewed references with high level of scientific validity. • Less than 2 errors in APA in-text citations and reference page.	• There are less than 5 citation mistakes within the body of the paper and/or there are fewer than 5 mistakes on the reference page. • Uses fewer than 3 current journal or peer-reviewed references	• There are 5 or more mistakes in citations within the body of the text and/or 5 or more mistakes on the reference page • Uses unscholarly references

BSN Student Transfer Policy

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

NOTE: Graduates from the LCSC BSN program must meet all lower and upper division core requirements, complete 32 residency credits, 36 upper division credits, and a total of 120 credits.

Transfer Request Process

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

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

Transfer Credits

- Students requesting transfer to the LCSC BSN Traditional Track must have completed the final semester at the transfer school within two academic semesters of the application date at LCSC.
- Students must have earned a minimum grade of "C" in all BSN coursework in order for the course to be considered for transfer.
- Students will successfully complete pre-nursing coursework required by the BSN Traditional Track prior to application to the BSN program as a transfer student.
- BSN coursework will be evaluated by course faculty on a case-by-case basis for equivalency. Non-equivalent courses may count toward total college credits for graduation, but not towards the LCSC BSN program courses.

Application

The student will complete an application for the BSN Traditional Track and submit the application during the usual application cycle.

Decisions for Admission

Decisions for *admission* are based upon:

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

Decisions for *placement* are based on:

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

Course Challenge Procedure

Students may earn college credit for specific college-level learning achieved through life and work experience. BSN students that meet requirements may apply to receive credit through a Challenge Exam. Visit the Challenge Exam website to see what courses may be challenged by exam and meet with your academic advisor to discuss the process.

Student Membership in Professional Organizations

(National Student Nurse Association and Idaho Nursing Student Association)

A student who is pre-nursing or nursing in any state approved program preparing for registered nurse licensure is eligible and encouraged to join the National Student Nurses' Association (NSNA). Membership dues paid to NSNA will also enroll a student into the State Student Nurses' Association (INSA). Student who have paid these dues are considered members of the LCSC Student Nurses' Association (LCSC-SNA) when an active chapter exists.

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 NSNA, INSA, and the LCSC-SNA promotes the development of these values held by the nursing profession. Active involvement shows a commitment by BSN students to learn these values.

The NSNA is the only national organization for nursing students and the largest independent student organization in the United States. The mission of the NSNA is to bring together and mentor students, convey the standards and ethics of the profession, promote development in students, and advocate for advances in nursing education and healthcare.

Membership benefits include:

1. Scholarships
2. Leadership opportunities
3. Awards and recognition
4. Discounts: On study tools/apparel/conferences/etc.
5. Subscription to *Imprint*: the only magazine published by nursing students for nursing students.
6. Building a professional network: Students will work with faculty and professionals within these organizations. Both INSA and NSNA collaborate with or hold conventions independently where students can capitalize on education, recruitment, and networking opportunities.

LCSC-SNA meetings are held on the main campus and scheduled so that there is no class conflict for attendance. A faculty advisor(s) assists the student organization. Membership, attendance, and participation is encouraged for all BSN students. Student members serve as LCSC-SNA officers by a formal election process outlined in the bylaws. Additional details regarding this organization can be found in the bylaws.

BSN Program Testing Policy including HESI Testing and Remediation

Purpose:

The BSN program is committed to implementing evidence-based strategies for program development and improvement in regard to established program outcomes. Although there are multiple ways to assess a student's knowledge and ability to perform competently, high-stakes testing is one method used within the curriculum. Testing is used to evaluate student achievement, support student learning, and to evaluate and improve teaching practices and program effectiveness. This policy seeks to standardize testing processes across the curriculum in accordance with the **NLN Fair Testing Guidelines.**

Academic and Testing Integrity

Students must complete all testing and remediation with academic integrity. Use of illegally obtained test content, sharing of information, and working with other students without specific instructor approval is considered academic dishonesty and may lead to student dismissal from the BSN program.

The NHS Division reserves the right to nullify scores and re-administer an exam, at student expense, based on the results of an investigation indicating that student(s) may have had prior knowledge of the exam/question content.

Accessibility

Students who require accommodations for academic purposes are responsible for connecting with the LC State Accessibility Services Office to provide documentation. Faculty will honor accommodations as outlined by that office for testing purposes.

Course Exams: Creation

NHS faculty should create course exams using the NLN Fair Testing Guidelines (2020) with the assistance of textbook, publisher, and other academically validated resources. Faculty should recognize that textbook test banks and previous versions of course exams may be easy for students to obtain. This could create skewed assessment results and falsely elevated student scores. This requires intentional creation and use of exams, standardized testing policies, and adherence to those policies.

Individual course exams should:

1. Be given using *Respondus Lockdown Browser* in the campus Learning Management System
2. Be "live" proctored (given in class or in an approved testing center)
3. Utilize exam settings recommended by eLearning
    a. This includes question and answer randomization, one question at a time delivery without backtracking, and restricted viewing of completed exams
4. Utilize challenging passwords that are changed for all exams
5. Follow the recommended exam delivery guidelines as outlined in this policy

Course Exams: Delivery

Course faculty are responsible for scheduling and administering course exams. This should include clear communication with students to convey essential information via the course syllabus. Essential information includes; scheduling, scoring, use of exams for decision making within the course, and the testing processes (exam delivery and completion).

Alternate delivery plans should be considered and communicated with students each semester to account for unforeseen instances including alternate course delivery or technical problems. Staggering start times for classroom testing may limit internet connectivity issues. Exam availability for testers should be restricted by physical date and time. If multiple dates must be utilized consider the use of a different exam version. When utilizing alternate proctors, faculty are responsible for providing this and all testing related policies and instructions regarding testing processes.

All individuals within a testing environment will be asked to utilize test etiquette which includes maintenance of a quiet and distraction free environment. Bathroom breaks may be approved by a proctor during an exam; however, only one student may leave the room at a time. Once students have completed and left the room no bathroom breaks will be allowed.

Faculty:

1. Assign student seating
2. Assess student's testing device prior to beginning an exam
3. Designate a central site for student belongings during exams
4. Distribute approved scratch paper
5. Walk throughout the entire exam room every 20 minutes
6. Ensure student's testing device is logged out of exam browser and gather scratch paper before dismissing student from the classroom

Students:

1. Sit in assigned seat
2. Ensure all electronic devices are silenced or off
3. Remove any hat/hoodies
4. Use earplugs (not music delivery devices) for convenience as desired
5. Place bags, phones, watches, and other electronic devices in a designated spot upon entering the classroom
6. May have one drink on their desk during the exam. No snacks/food allowed

HESI Exams

To promote nursing program excellence, HESI evaluation data are used to drive the curriculum with the goal to measure student achievement of course outcomes, determine gaps in the curriculum, compare student achievement with like populations, and achieve consistently high NCLEX-RN pass rates.

HESI Specialty exams are determined by NHS administration (Chair, Program Coordinator(s), and Assessment Director) and faculty based on the BSN curriculum and workplan. In an attempt to standardize processes as recommended by the literature (Elsevier, n.d.; NLN, 2020; Riley & Gouveia, 2022) specialty exams will be administered by course faculty with adherence to established policies and procedures.

1. Standardized proctored assessments are administered to all nursing students at each level.
2. The BSN Program benchmark score for all HESI exams is 850. This benchmark can be met utilizing either version of a specialty exam.
3. Students who fail to accomplish the benchmark score on a Specialty Exam may not progress within the BSN program without further assessment and remediation.
4. HESI proctored assessments will be weighted at 10% of the course final grade.
5. Failure to take a scheduled HESI exam (as established in a course) results in a zero grade for that exam.

NHS HESI Scoring Table:

HESI Scoring Interval	Performance Level	Suggested Grade Book Score
>1050	Recommended Performance	100
1001-1050		95
950-1000		90
900-949		85
875-899	Acceptable Performance	82
850-874		80
800-849	Below Acceptable Performance	78
750-799		75
700-749	Needs Further Preparation and Retesting	71
<699		67

HESI Remediation

Remediation is an effective strategy to improve student retention and academic success. Remediation is most effective when it is multimodal, individualized, and there is a consistent process utilized across a curriculum (Elsevier, n.d.; Elsevier, 2020 July). Each HESI exam provides students with targeted remediation study packets to reinforce understanding of content, when the exam is completed. Faculty should allow adequate time for remediation (approximately 2 weeks between the first and second versions of a specialty HESI). Students who do not achieve required progression benchmark score on any HESI exam will complete remediation according to the HESI Remediation Rubric on the next page and comply with course specific requirements as posted in the syllabi.

NHS HESI Remediation Rubric:

1. Remediation is required for all exam scores.
    a. Points will be assigned for remediation associated with any score <850
2. Details of the remediation requirements based on exam scores are listed below.
3. Time lines for completing remediation will be described within each course.
4. Second versions of a HESI exam may not be taken without complete remediation.
5. Incomplete remediation requirements may result in an incomplete grade in a course and failure to progress in the BSN program

HESI Score 850 or above	**HESI Score 800-849**	**HESI Score 750-799**	**HESI Score 700-749**	**HESI Score <700**
On Track	Below acceptable performance	Below acceptable performance	Needs further preparation	At Risk
Remediation is required				
Review your HESI exam results to determine areas of weakness. Create a personalized study guide with this information.				
Complete all HESI Essential remediation packets				
Complete all assigned HESI Case Studies with a minimum score of 80%				
Utilize ***Saunders Comprehensive review for the NCLEX-RN exam*** text to practice questions in your area of weakness.				
	Create and submit proof of 2 concept area exams with 25 questions each	Create and submit proof of 3 concept area exams with 25 questions each	Create and submit proof of 5 concept area exams with 25 questions each	Create and submit proof of 5 concept area exams with 25 questions each
			Meet with course faculty/HESI champion to develop a course specific remediation plan	Meet with course faculty/HESI champion to develop a course specific remediation plan
2 Points added to final HESI grade upon completion of remediation				

References

Elsevier. (n.d.). *HESI® implementation guide* [PDF]. https://evolve.elsevier.com/education/training/hesi-exam-testing/exam-administration/

Elsevier. (2020, July). *HESI® remediation: Getting started guide.* https://evolve.elsevier.com/education/training/hesi-exam-testing/remediation/

Elsevier. (2020, December). *HESI®: Next generation remediation.* https://myevolve.us/HESIempowers

National League for Nursing. (2020). *The National League for Nursing: Fair testing guidelines for nursing education.* https://www.nln.org/docs/default-source/uploadedfiles/advocacy-public-policy/fair-testing-guidelines2e88cc5c78366c709642ff00005f0421.pdf

Riley, T.A. & Gouveia, C. (2022). *2022 scientific evidence for the HESI® Admission Assessment (A2) for nursing and healthcare education programs* [White Paper]. Elsevier. https://tinyurl.com/mnenvs5a

Shah, M., Fuller, B., Gouveia, C., Mee, C., Baker, R., & San Pedro, M. O. (2022). NCLEX-RN readiness: HESI Exit Exam validity and nursing program policies. *Journal of Professional Nursing, 39*, 131-138. https://doi.org/10/1016/j.profnurs.2022.01.010

Silvestri, L. (2022). *Saunders comprehensive review for the NCLEX-RN examination* (9th ed.). Elsevier.

Created 1/11/2023; Updated 1/10/2024

APPENDIX B
RS PROGRAM

Radiographic Science Mission

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

Radiographic Science Program Expected Outcomes

Program Effectiveness Measures of the LCSC Radiographic Science Program include:

1. Graduates will pass the national registry on the 1st attempt
2. Graduate pass rates will meet the national average
3. Graduates will be gainfully employed within 6 months of graduation
4. Students will complete the program
5. Graduates will be satisfied with their education
6. Employers will be satisfied with the performance of newly hired technologists

Radiographic Science Expected Student/Graduate Outcomes

Upon completion of the program, Students/ Graduates will:

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

Radiographic Science Program Philosophy

The philosophy of the Nursing and Health Sciences Division and the Radiographic Science program 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.

Appropriate Care:/Program Outcomes

The radiographic sciences program faculty believes 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 individual who maintains and uses equipment to produce images of the human body on x-ray film, computed images or digital images for diagnostic purposes. This individual may also supervise or teach others" (Tabers, 14th ed., p. 1215, 1983). A vital role of radiographic science is to enhance the well-being of individuals via the appropriate performance of diagnostic and/or therapeutic imaging procedures.

Associate of Science Radiography Education

The radiographic science program faculty view education as a dynamic process of teaching and learning. Learning is a continuous, life-long process of formal and informal, planned and unplanned, structured and intuitive experiences through which knowledge, skills, and values are compared and modified. The ASRT/ARRT Code of Ethics and Professional Conduct provide a framework that explains how the student, through multiple learning experiences, transitions into the role of professional radiographer. The interaction of teaching and learning shape the student's future development and efforts in learning throughout life. An associate degree in radiography 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, 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.

ARRT/ASRT® Code of Ethics for Radiographers

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

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

5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with accepted standards of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidence entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice. (http://www.asrt.org/docs/practice-standards/codeofethics.pdf, 2003)

Radiation Exposure/ Safety Policy

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

A copy of the Incident Report will be placed in the student's NHS file.

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

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

Radiographic science students learn about proper radiation safety and operation of equipment in RS 240 Quality Assurance/Technical Imaging, RS 330 Radiobiology, as well as throughout laboratory practice for RS 221&222 Radiographic Methods I & II. Training may be conducted as needed, for all faculty and staff using x-ray equipment in the LCSC Radiographic Science suite to reduce the likelihood of such occurrences.

Students must not hold image receptors during any radiographic procedure and should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

MRI Safety Screening Policy/Protocol

Students are not permitted to enter any MRI zones until they have been appropriately screened for magnetic wave or radiofrequency hazards. For students to gain access to any MRI zones, the student is required to review magnetic resonance safe practices provided by the imaging facility. Upon completion of the screening, the student is required to sign and submit a copy of the MRI screening protocol. A new MRI screening protocol must be signed for each facility the student rotates through. All students will watch a MRI video introducing the characteristics of MRI prior to attending any clinical rotations.

Procedure for Acquisition and Replacement of Damaged/Lost Radiation Monitoring Devices

1. NHS students purchase a personal radiation monitoring device in the first semester of the ASRS Program. The device is used through the duration of the program.
2. When a device is damaged or lost, NHS students must notify the Clinical Coordinator within 24 hours and are responsible, at their own cost, to purchase a replacement device. Payment is made at the LCSC Cashier's window.
3. NHS students may not participate in any clinical activities without a radiation badge device.

Declaration of Pregnancy Policy: Radiation Protection

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

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

> A woman who is an occupational radiation worker and has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception (see 10 CFR 20. 1003 and 20.1208).

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

Program Responsibilities:

1. Provide training on "declared" pregnant category including the NRC's prenatal radiation exposure limits, and the specific steps that must be taken by the Program once a student declares her pregnancy. The following information shall be emphasized:
   a. According to the NRC, if the student voluntarily declares her pregnancy, she grants consent to the program to limit her dose as measured on her radiation monitoring device to 0.5rem (5 millisievert) to the embryo/fetus throughout the entire pregnancy. If no declaration is made to the program, the occupational dose limits to the student remain unchanged.
   b. The National Council on Radiation Protection and Measurements (NCRP) recommends the monthly reading not exceed 0.05 rem (0.5 mSv) / month to the embryo/fetus for each month after the pregnancy has been declared in writing. A monthly dose greater than 0.1 rem (1 mSv) should be recognized as a substantial variation above a uniform monthly dose rate.
   c. If the dose equivalent to the fetus/embryo is found to have exceeded 0.5 rem (5 mSv), or is within 0.05 rem (0.5 mSv) of this dose, by the time the student declares pregnancy to the Program faculty, the program shall be deemed to be in compliance with NRC regulations if the total additional dose equivalent to the embryo/fetus does not exceed 0.05 rem (0.5 mSv) during the remainder of the pregnancy.
2. Provide a copy of the Declaration of Pregnancy form for the student to sign. The original will be stored permanently in the student's program file.
3. Instruct the student in correct use of the additional radiation monitoring device for fetal exposure monitoring
4. Collect monthly reports to be stored in student's program file.

Responsibilities of "Declared" Pregnant Student:

1. Complete and sign the Declaration of Pregnancy form and give it to the advisor, Clinical Coordinator, or Program Director (faculty).
2. Receive additional, focused instruction for a declared pregnant student from faculty.
3. Purchase an additional radiation monitoring device for fetal monitoring
4. Review precautions to be followed to limit radiation exposure to the embryo/fetus
   a. to below 0.5 rem (5 mSv) for the entire pregnancy
   b. to under 0.05 rem (0.5 mSv) / month for each month following declaration of the pregnancy
   c. using protective devices (such as a lead apron) and following standard ALARA (As Low As Reasonably Achievable) principles
5. Decide whether or not to continue in the Radiographic Science program – including clinical experience courses – without modification of any activities. Alternatively, the student may choose another option, such as:
   a. Continue in the Program, but with the following modification:
      i. Excused from fluoroscopic procedures in the Imaging Dept.
      ii. Excused from surgical procedures
      iii. Excused from pain clinic

iv. Other _____

v. For the following duration:

1. Remainder of first trimester / Modifications to end on (date): _____

2. Duration of pregnancy

b. Step out of the clinical experience entirely

i. Until end of first trimester / date: _____

ii. Remainder of the pregnancy

6. The "declared" pregnant student may revoke her declaration (in writing) at ***any time*** for ***any reason.***

LCSC Nursing & Health Sciences Division: ASRS Program

Declaration of Pregnancy Form

Student Name:_____ID #_____Date of conception (Mo/Yr):_____/___

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

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

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

Student Signature:_____Date: _____

Faculty Signature/Title:_____Date: _____

Acknowledgement of Declaration of Pregnancy

Faculty Name & Title:_____/ _____

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

Faculty Signature:_____Date: _____

Revocation of Declaration of Pregnancy

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

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

Student Signature:_____ Date: _____

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

Equitable Learning Opportunities Provided for All NHS Students Policy

To assure compliance with JRCERT Standard 1.2, no student will be afforded a unique learning opportunity that is not provided to all students in the program. Clinical Rotations will be assigned to provide equitable experiences, and daily clinical schedules and/or rotations will reflect the intent of this standard as well.

Explanation from JRCERT Standards:

The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all program students regarding learning activities and clinical assignments. For example, if an opportunity exists for program students to observe or perform breast imaging, then all program students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all program students.

Program Responsibilities:

- Inform all students in the Radiographic Science (RS) program of the JRCERT Standard with clearly defined examples of activities covered here.
- Remind students that they can only ***observe*** examinations that they have not been taught to perform in Radiographic Methods classes.
- Observation of special procedures not addressed in Radiographic Methods is allowed, but ***only if that observation is offered to all NHS students.*** Specifically, observation of exams that are generally considered to be gender-specific, such as mammography or hysterosalpingography **cannot** be offered to the female program students only.
- Inform Clinical Instructors of the JRCERT Standard 1.2
    - Discuss examples of how this standard is applied in clinical courses.
    - Expand education to new Clinical Instructors to include specific examples of this standard.

Student Responsibilities:

- Sign the Student Handbook signature page, including the Equitable Learning Opportunities page.
- If/when offered an opportunity to observe an exam of a traditionally gender-specific nature, the student must question the CI to determine whether or not all classmates are offered the same opportunity.

    - This serves as a reminder to the CI
    - Student accepts responsibility to uphold JRCERT Standard 1.2
    - Student failing to uphold Standard 1.2 is subject to dismissal from the program

Direct vs. Indirect Supervision in Clinical Experience Courses

***Policy*:** All Radiographic Science program students will abide by the definitions of Direct & Indirect Supervision as put forth by the JRCERT:

> **Standard 4.4**: Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

Explanation:
Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image

Students must be directly supervised until competency is achieved.

> **Standard 4.5:** Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

Explanation:
Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as:

> *Supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement*

"Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

Any student found to be working unsupervised at any location in the clinical site is subject to immediate dismissal from the program.

Escrow Credits: Radiography Students

Escrow credits, which are a means for LCSC students to be granted academic credits for previous radiography knowledge. These credits are held in "escrow" until the student successfully completes the RSBS program. At that time, the student's Academic Advisor calculates how many escrow credits are needed to fulfill institutional policies for graduation.

These institutional policies include total number of credits needed for the RSBS, which is usually 120, as well as number of credits earned at LCSC, or "Institutional Credits," which is 32. For example, if a student transfers in 90 credits from a prior degree and completes 30 credits in pursuit of

his or her RSBS degree, that student will have earned 120 total credits. Since the student has earned just 30 institutional credits, rather than the required minimum of 32, he or she will be granted two escrow credits to accommodate the difference.

There is an administrative fee of $20.00 per escrow credit to have these credits appear on the student's transcript. In the example used above, this student would pay $20.00 each for two escrow credits, or $40.00.

APPENDIX C
CLINICAL RESOURCE CENTER AND SIMULATION LABS

RULES

1. Children are not allowed in lab areas at any time
2. No food or drinks in the lab areas
    - Food and drink are allowed only in REPORT ROOMS
        i. Use a sturdy lid on cups and glasses
        ii. Clean up spills & trash, use recycling bins for plastic products.
        iii. Remember: this privilege is subject to change as the report rooms serve as a student study area.
3. The report rooms are used as conference rooms during SIM training and will not be available to lab students during that time.
4. Must have your SKILLS BAG—bring to EVERY LAB throughout the program.

LAB LINGO

1. **Independent lab** is for skills sign-off and is specific to NU 313 students only.
    - Students should come prepared as if to teach the skill to the instructor.
    - Instructors will advise further practice if students are not prepared in a skill.

2. **Open lab** is for skills practice
    - All BSN and Radiography students may attend.
    - Faculty and senior student workers will be available to assist with skills practice.
    - Open lab is not intended for (Nursing) skills sign-off. On occasion open lab will have sign-off times and those will be announced prior to the scheduled lab time.

    *****Health Assessment practice does not satisfy NU 313 required skills practice hours*****

SIMULATION

1. Personal recording of fellow students in simulation activities is prohibited.
2. Discussion of simulation scenarios outside of your simulation group and discussion of scenario testing scenarios is prohibited.

ADDITIONAL LAB INFORMATION (BSN)

1. Assistance with a Performance Improvement Plan must be scheduled at least one day in advance.

    Make appointments with CRC Coordinator by email or in person in their office and await confirmation. Ability to schedule appointments is at the discretion and availability of the CRC Coordinator. CRC Coordinator will provide you with an appointment confirmation slip when the appointment is officially scheduled. This is your proof of a scheduled appointment and completion of appointments in the lab.

    *****Performance Improvement hours DO NOT count toward open lab and independent lab hours for NU 313.*****

2. Lab time may be scheduled above & beyond independent and open lab.

    Make appointments with CRC Coordinator by email or in person in their office. CRC Coordinator will provide you with an appointment confirmation slip when the appointment is officially scheduled. This is your proof of a scheduled appointment and completion of appointments in the lab.

Special lab hours may or may not count toward open lab and independent hours depending on practice content.

WHERE TO FIND IT

1. Open lab hours are subject to change and changes will be communicated to students
    - The schedule will be posted on Canvas for NU 313 students and is posted on the doors of labs SAC 152 and 158
    - Labs may be cancelled due to unforeseen circumstances
    - Every attempt will be made to keep all scheduled labs

2. Scholarship opportunities and job listings may be posted on the NHS Student Opportunities website and on the student bulletin boards in the SAC hallways.

BOOK BAG BINS

Book bags, coats and personal items may be kept in the book bag bins. These are located at the back of the labs by the corridor between labs. Please keep labs free of book bags and personal items. "Lost & Found" is a bin in the book bag bins area of lab 158.

SKILLS BOXES

1. Skills boxes will be available at the bedside on the first day of learning a new skill. After the first day, boxes will be kept in the book bag bins of lab 152/ 158.
    - You may use these boxes for practice
    - Please return items to the correct boxes before returning them to the bins (A list of items for each box is taped inside the box lid)
    - Please notify faculty if replacement items are needed for a box

2. Medication, glucometer, syringe/needle and reusable manikin sharps skill boxes are kept in the medication room in lab 152.

SHARPS CONTAINERS

1. Only needles or sharp items such as glass, needles with syringes, scalpels, vacutainer tubes, syringes with blood, etc. are to be placed in sharps containers.
    - Please do not put paper, cotton balls, syringes or other non-sharp items in the sharp containers
    - The following items with blood on them may be placed in regular trash, i.e.:
        - Items with small amounts of blood such as glucose test strips, cotton balls, paper towels, sanitary wipes.
        - If in doubt please check with instructors or lab personnel before placing items in sharps containers

2. Sharps Containers/Gloves/Hand Sanitizers/Sinks
    - Please let faculty know if refills are needed or if sinks are not working properly
    - Use and care for these items as you would in the clinical setting

LAB EQUIPMENT

MANIKINS

- No pens, pencils or printed materials on or near the manikins. These items will permanently mark the manikin's skin.
- Please remove all adhesives from manikins when finished with a skill
- Manikin and bed areas are to be clean, neat & tidy after each use
- Vital Sim manikin power packs and controllers may be signed out for use during lab hours; request sign out from faculty

Please treat the lab areas as you would a patient's room while in clinical or in nursing practice

BEDS/EQUIPMENT

- Please let faculty know if beds and equipment are not working properly
- Use and care for these items as you would in the clinical setting

MEDICATION CARTS

- Become familiar with the carts during open labs
- It's important to know where to find items in the med carts for easy use during scenario testing
- Please DO NOT use items from the cart for lab practice
- Ask lab personnel if you need additional supplies
- All med carts in all the labs are set up similarly

CRASH CARTS

- These will be used during your senior year
- You may review the drawers of the crash carts at your leisure
- Please RETURN items used after lab practice

Simulation Lab / Clinical Rotation Experience / Waiver

Disclaimer/Waiver:

Simulation scenarios are video recorded by the simulation computer program for educational purposes (i.e. group learning, performance evaluation). Such recorded sessions will not be accessed by unauthorized persons and will not be posted to the Internet. Recordings for program levels will be destroyed upon completion of the program and/or graduation.

Still photos of students and short video clips may be taken by approved NHS faculty/ staff with the intention of use in public relations and/ or marketing campaigns related to Lewis-Clark State College. These photos and video clips may be posted on the Internet via social media outlets.

I have read the above and agree to the content herein.

_____ _____

(Signature) (Date)

_____

(Printed Name)

Latex allergy? (Please Circle) YES NO